£1040	1040 U.S. Individual Income Tax						OMB No. 1545-00		74 IRS Use O		nly-Do not write or staple in this space.				
Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the ron is a child but not your dependen	ame of you		eparately (Ne. If you che		Head of e HOH or Q								
Your first name a	st name and middle initial			Last name						Your social security number					
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number					
Home address (numbe	r and street). If you have a P.O. box, see	instructions	S.				А	pt. no.			ial Election		Campaign	
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code t						spo to g	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change								
Foreign country name				Foreign province/state/county				Foreign	preign postal code your tax				Г	Spouse	
At any time duri	ng 202	1, did you receive, sell, exchange,	or otherwis	e dispose	e of any fina	ncial in	terest in any	virtual	currency?	•	[Yes		No	
Standard Deduction		eone can claim: You as a d Spouse itemizes on a separate retu	•	_	our spouse al-status al		ependent		-						
Age/Blindness	You:	: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1							2, 195	57	☐ Is bi	lind			
Dependents If more than four dependents, see instructions and check here Attach Sch. B if required.	`	nstructions): irst name Last name		(2) Social security number			(3) Relation to yo	(3) Relationship to you (4) Check if Child tax of			t if qualifies for (see instructions): c credit				
							-						d		
	1	Wages, salaries, tips, etc. Attach I	orm(s) W-	2						-	1		_		
	2a	Tax-exempt interest	2a				able interest				2b				
	3a 4a	Qualified dividends IRA distributions	3a 4a				inary dividends •				3b 4b		—		
	4 а 5а	Pensions and annuities		4ab Taxable amountb Taxable amount						· ·	5b				
Standard	6a	Social security benefits	6a				able amount			:	6b				
Deduction for-	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								\Box	7				
Single or Married filing	8	Other income from Schedule 1, line 10									8				
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. ▶ [9				
Married filing	10	Adjustments to income from Schedule 1, line 26								[10				
jointly or Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income								. ▶ [11				
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a								Ī					
Head of	b	Charitable contributions if you take	the standa	ard dedu	ction (see ir	structio	ons) 12 k	<u> </u>							
household, \$18,800	С	Add lines 12a and 12b									12c				
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							[13					
any box under Standard	14	Add lines 12c and 13								[14	- <u></u>			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. EEA

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

Deduction, see instructions.

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	16	Tax (see instructions). Check if any from Fo	orm(s): 1 8814	2 49	72 3	B 🗌		[16			
	17	Amount from Schedule 2, line 3							17			
	18	Add lines 16 and 17						[18			
	19	Nonrefundable child tax credit or credit for c							19			
	20	Amount from Schedule 3, line 8 · · · · ·						L	20			
	21	Add lines 19 and 20 · · · · · · · ·						_	21			
	22	Subtract line 21 from line 18. If zero or less,	, enter -0-					L	22			
	23	Other taxes, including self-employment tax,	from Schedule 2, I	ine 21 •				L	23			
	24	Add lines 22 and 23. This is your total tax						. ▶ [24			
	25	Federal income tax withheld from:										
	а	Form(s) W-2				25a						
	b	Form(s) 1099			_	25b						
	С	Other forms (see instructions)				25c						
	d	Add lines 25a through 25c						· · <u> </u>	25d			
If you have a	26	2021 estimated tax payments and amount applied from 2020 return										
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)			٠٠ _	27a						
attacii ocii. Lio.		Check here if you were born after January 1	, 1998, and before									
		January 2, 2004, and you satisfy all the other	er requirements for		_							
		taxpayers who are at least age 18, to claim	the EIC. See instru	ctions	• ∐ ∥							
	b	Nontaxable combat pay election										
	С	Prior year (2019) earned income	27c									
	28	Refundable child tax credit or additional chi	ld tax credit from S	chedule 881	2	28						
	29	American opportunity credit from Form 8863	3, line 8 • • • •		• •	29						
	30	Recovery rebate credit. See instructions			• •	30						
	31	•			<u> </u>	31						
	32	Add lines 27a and 28 through 31. These are		-				-	32			
	33	Add lines 25d, 26, and 32. These are your to						. ▶	33			
Refund	34	If line 33 is more than line 24, subtract line 24	4 from line 33. This	is the amou	nt you c	verpaid		· <u>.</u> .	34			
	35a	Amount of line 34 you want refunded to yo	u. If Form 8888 is a				_		35a			
Direct deposit?	►b	Routing number		c Type:	\Box	Checking	∐ Sav	ings				
See instructions.	►d	Account number										
	36	Amount of line 34 you want applied to your	2022 estimated ta	ix	. ▶	36						
Amount	37	Amount you owe. Subtract line 33 from line				ructions		∙ ▶ ∟	37			
You Owe	38	Estimated tax penalty (see instructions)			. ▶	38						
Third Party		you want to allow another person to discuss										
Designee		structions				▶ ⊔	Yes. Compl			No	l .	
		Designee's Phone Personal iden no. ► number (PIN)							tion			
Cian				companying	schedule	es and sta	`		est of	my knov	rledge a	and
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p										
Here		ur signature	Date	ion If th					nt you an			
			- 3.10							N, enter	t here	
Joint return? See instructions.	—							(see ins				
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occ					e IRS sent your spouse an ntity Protection PIN, enter it here			
your records.								st.) 🕨				
	Ph	one no.	Email address									
-	Pre	eparer's signature			Date		PTIN			Check	if:	
Paid											f-emplo	ved
Preparer	Pre	eparer's name		Phone no.					\neg			'
Use Only		m's name										
222 2		n's address ▶										
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Firm's EIN