£1040		6. Individual Income Ta		n	202		MB No. 1545	-0074	IRS Use C	nly-Do ı	not write	or staple i	n this	s 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 and middle initial				Last name Your social security number								ımber			
If joint return, spouse's first name and middle initial				Last name							Spouse's social security numbe				
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 pos	st office	e. If you have a foreign address, also co	mplete spac	es below.		State		ZIP cod	le	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	oreign postal code your tax of			•			
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, 19							2, 195	57	☐ Is bi	lind			
Dependents If more	`	nstructions): irst name Last name		(2) Social security number (3)			(3) Relation to yo	nship u	(4) Chec		1	or (see ins		,	
than four dependents,										1			井		
see instructions and check here															
	1	Wages, salaries, tips, etc. Attach I	orm(s) W-	2						-	1		_		
Attach Sch. B if	2a	Tax-exempt interest	2a	. .			Taxable interest • •			• •	2b				
required.	3a 4a	Qualified dividends IRA distributions	3a	 			rdinary dividends axable amount				3b 4b		—		
	4 а 5а	Pensions and annuities 5a				b 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					128	1		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.

15

Form **1040** (2021)

15

Form 1040 (2021)										F	Page 2
	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 a	applied from 2020 r	eturn .				L	26			
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 .	
		signee's me ▶	Phone no.				Personal number (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 Your occupation							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	upation					nt your sp ection PIN		
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	e no.	I		\neg			'
Use Only		m's name										
222 2		n's address ▶										
								1				

Firm's EIN

SCHEDULE C (Form 1040)

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service (99)

OMB No. 1545-0074

Social security number (SSN)

Sequence No.

09

A	Principal business or profession, including product or service (see instructions)							B Enter code from instructions						
							<u> </u>							
С	Business name. If no separate business name, leave blank.						D Employer ID number (EIN) (see instr.)							
E	Business address (including suite	e or room no.)												
	City, town or post office, state, an	nd ZIP code												
F	Accounting method: (1)	Cash (2) Accrual	(3)	Other (specify) 🕨										
G	Did you "materially participate" in	n the operation of this business d	luring 2021	? If "No," see instructions for limi	on lo	sses .		Yes	No					
Н	If you started or acquired this bus	siness during 2021, check here					▶ _		_					
I	Did you make any payments in 2	2021 that would require you to file	e Form(s) 1	099? See instructions				Yes	No					
J	If "Yes," did you or will you file red	quired Form(s) 1099?						Yes	No					
Part	I Income													
1	Gross receipts or sales. See insti				_									
	Form W-2 and the "Statutory emp	ployee" box on that form was ch	ecked .)	• 📙	1								
2						2								
3	0000.0000 =					3								
4	Cost of goods sold (from line 42)													
5	Gross profit. Subtract line 4 from													
6	Other income, including federal a	and state gasoline or fuel tax cre	dit or refund	d (see instructions)		6								
7	Gross income. Add lines 5 and 6				. ▶	7								
Part		penses for business use of	of your h	ome only on line 30.										
8	Advertising	8	18	Office expense (see instruction	s) • •	18								
9	Car and truck expenses (see		19	Pension and profit-sharing plan	s	19								
	instructions)	9	20	Rent or lease (see instructions)	:									
10	Commissions and fees	10	а	Vehicles, machinery, and equipme	nt	20a								
11	Contract labor (see instructions)	11	b	Other business property		20b								
12	Depletion	12	21	Repairs and maintenance		21								
13	Depreciation and section 179		22	Supplies (not included in Part I	l)	22								
	expense deduction (not included in Part III) (see		23	Taxes and licenses		23								
	instructions) • • • • • •	13	24	Travel and meals:										
14	Employee benefit programs		а	Travel		24a								
	(other than on line 19)	14	b	Deductible meals (see										
15	Insurance (other than health)	15		instructions)										
16	Interest (see instructions):		25	Utilities		25								
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credi	ts)	26								
b	Other	16b	27a	Other expenses (from line 48)										
17	Legal and professional services	17	b	Reserved for future use		27b								
28	Total expenses before expenses	s for business use of home. Add li	ines 8 throu	ıgh 27a	. ▶	28								
29	Tentative profit or (loss). Subtract					29								
30	Expenses for business use of you	our home. Do not report these ex	penses els	ewhere. Attach Form 8829										
	unless using the simplified metho	od. See instructions.												
	Simplified method filers only:	Enter the total square footage of ((a) your ho	ne:										
	and (b) the part of your home use	ed for business:		. Use the Simplifi	ed									
	Method Worksheet in the instruct	tions to figure the amount to ente	er on line 3	0		30								
31	Net profit or (loss). Subtract line	e 30 from line 29.												
	 If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 													
	checked the box on line 1, see ins	structions). Estates and trusts, en	nter on For	n 1041, line 3.	•	31								
	• If a loss, you must go to line 3	32.			J									
32	If you have a loss, check the box													
	 If you checked 32a, enter the least 		32a	All investm	ont ic c	at rick								
	SE, line 2. (If you checked the bo	-	32a 32b											
	Form 1041, line 3.		3 ∠ D	Some inve at risk.	Sunent	1011 61								
	• If you checked 32b, you must	_		at nort.										

SSN Name(s) Part III Cost of Goods Sold (see instructions) 33 Method(s) used to Cost Lower of cost or market Other (attach explanation) value closing inventory: 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 36 Purchases less cost of items withdrawn for personal use 36 37 Cost of labor. Do not include any amounts paid to yourself 38 Materials and supplies 39 39 Add lines 35 through 39 40 40 41 41 Inventory at end of year . . . 42 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and Part IV are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) 44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for: **b** Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? No 45 Do you (or your spouse) have another vehicle available for personal use? 46 47 a If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30. Part V 48 **Total other expenses.** Enter here and on line 27a