

Review your print out for checklist items.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Fentaw B		Last name Abitew		Your social security number 841-45-7193	
If joint return, spouse's first name and middle initial Rabia S		Last name Endris		Spouse's social security number 700-30-0526	
Home address (number and street). If you have a P.O. box, see instructions. 3555 Georgia Ave NW				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Washington			State DC	ZIP code 200101743	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☒ **Yes** ☐ **No**

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
ILAN F	ABITEW	805-89-7650	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	118,349.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	82.
	8	Other income from Schedule 1, line 10	8	-4,404.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	114,027.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	114,027.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.
	c	Add lines 12a and 12b	12c	25,400.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
	14	Add lines 12c and 13	14	25,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	88,627.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	10,995.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,995.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	300.
21	Add lines 19 and 20	21	300.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,695.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	10,695.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	19,148.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	19,148.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	2,700.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	500.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	3,200.
33	Add lines 25d, 26, and 32. These are your total payments	33	22,348.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	11,653.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	11,653.
Direct deposit? See instructions.	b Routing number 054001220 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 2677448660		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Spouse's signature. If a joint return, both must sign.	Date Date	Your occupation Tax Analyst Spouse's occupation Registered Nurse	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
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Phone no. (202) 290-4258 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> Self-Prepared	Firm's address <input type="checkbox"/>			Phone no. <input type="text"/>
Firm's EIN <input type="checkbox"/>				

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Fentaw B Abitew & Rabia S Endris

Your social security number

841-45-7193

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	-5,750.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	1,346.
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-4,404.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶ _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Fentaw B Abitew & Rabia S Endris

Your social security number

841-45-7193

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	300.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	300.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	500.
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
z	Other payments or refundable credits. List type and amount ► _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	500.
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	500.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Fentaw B Abitew		Social security number (SSN) 841-45-7193
A Principal business or profession, including product or service (see instructions) CONSULTING	B Enter code from instructions ► 5 4 1 6 0 0	
C Business name. If no separate business name, leave blank. WOGLO HOLDINGS, LLC	D Employer ID number (EIN) (see instr.) 8 7 0 9 4 6 1 9 1	
E Business address (including suite or room no.) ► 3555 Georgia Ave NW City, town or post office, state, and ZIP code Washington, DC 20010-1743		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input checked="" type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	500.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	500.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	500.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	500.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	350.	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,700.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	1,000.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	100.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	3,100.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	6,250.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-5,750.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 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 instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-5,750.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and 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:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

BUSINESS REGISTRATION COST	1,100.
Startup Costs	2,000.
.....	
.....	
.....	
.....	
.....	
48 Total other expenses. Enter here and on line 27a	48 3,100.

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/ScheduleD for instructions and the latest information.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

Fentaw B Abitew & Rabia S Endris

Your social security number

841-45-7193

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	5,271.	5,196.	7.	82.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 82.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

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Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	82.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Fentaw B Abiteu & Rabia S Endris

Social security number or taxpayer identification number

841-45-7193

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

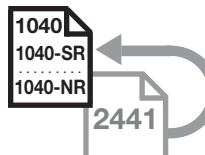
- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	00847G705 AGENUS INC. COMMON STOCK 1	12/28/20	01/04/21	3.	3.			0.
	268158201 DINAVAX TECHNOLOGIES CORPORATI ON COMMON STOCK 1	12/28/20	01/04/21	5.	5.			0.
	68375N103 OPKO HEALTH, INC. COMMON STOCK 1	12/28/20	01/04/21	4.	4.			0.
	G9604C107 MEINU TECHNOLOGY COMPANY LIMIT ED ORDINARY SHARES 0	12/18/20	04/16/21	4.	41.			-37.
	14888U101 CATALYST PHARMACEUTICALS, INC. COMMON STOCK 1	04/29/21	05/10/21	5.	5.			0.
	91381U101 UNITY BIOTECHNOLOGY, INC. COMM ON STOCK 1	04/29/21	05/10/21	4.	5.			-1.
	14888U101 CATALYST PHARMACEUTICALS, INC. COMMON STOCK 1	04/29/21	11/30/21	7.	5.			2.
	29076N206 EMAGIN CORPORATION 628	11/30/21	11/30/21	1,062.	1,016.			46.
	91381U101 UNITY BIOTECHNOLOGY, INC. COMM ON STOCK 0	VARIOUS	11/30/21	0.	1.			-1.
	248356107 DENISON MINES CORP 659	12/01/21	12/03/21	1,014.	1,000.			14.
	29076N206 EMAGIN CORPORATION 891	VARIOUS	12/03/21	1,523.	1,500.	W	5.	28.
	44974L103 IMV INC. COMMON SHARES 50	12/01/21	12/08/21	78.	69.			9.
	29076N206 EMAGIN CORPORATION 923	12/03/21	12/08/21	1,505.	1,505.	W	2.	2.
	594960304 MICROVISION, INC. COMMON STOCK 4	12/22/20	04/22/21	57.	37.			20.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				5,271.	5,196.	7.	82.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Child and Dependent Care ExpensesDepartment of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form2441 for instructions and
the latest information.

OMB No. 1545-0074

2021Attachment
Sequence No. **21**

Name(s) shown on return

Fentaw B Abitew & Rabia S Endris

Your social security number

841-45-7193

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box ☐

B For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box ☒

Part I Persons or Organizations Who Provided the Care—You must complete this part.If you have more than three care providers, see the instructions and check this box ☐

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
	ASTEDE ABEBE	3555 Georgia Ave Nw Washington DC 20010	SEE STMT	<input type="checkbox"/>	500.
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		
ILAN F	ABITEW	805-89-7650	1,000.

3	Add the amounts in column (c) of line 2. Don't enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	1,000.
4	Enter your earned income . See instructions	4	11,497.
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	101,102.
6	Enter the smallest of line 3, 4, or 5	6	1,000.
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 114,027.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. • If line 7 is \$125,000 or less, enter .50 on line 8. • If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter. • If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.	8	X .50
9a	Multiply line 6 by the decimal amount on line 8	9a	500.
b	If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10	9b	
10	Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your refundable credit for child and dependent care expenses ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11	10	500.
11	Nonrefundable credit for child and dependent care expenses. If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2	11	

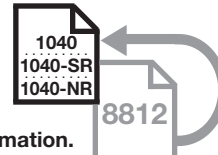
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

**Credits for Qualifying Children
and Other Dependents**

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

Fentaw B Abitew & Rabia S Endris

Your social security number

841-45-7193

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	114,027.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	114,027.
4a	Number of qualifying children under age 18 with the required social security number	4a	1.
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	1.
c	Subtract line 4b from line 4a	4c	0.
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	3,600.
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	0.
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	3,600.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,600.
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	0.
b	Subtract line 14a from line 12	14b	3,600.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	0.
e	Add lines 14b and 14d	14e	3,600.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	900.
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	2,700.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	2,700.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

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Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13**Caution:** If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.			
1. You are not filing Form 2555.			
2. Line 4a is more than zero.			
3. Line 12 is more than line 15a.			
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)**Caution:** If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.**Caution:** If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.			

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25	26	
Next, enter the smaller of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Fentaw B Abitew & Rabia S Endris

Your social security number

841-45-7193

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	1,500.
11	Enter the smaller of line 10 or \$10,000	11	1,500.
12	Multiply line 11 by 20% (0.20)	12	300.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	13	180,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	114,027.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	65,973.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	300.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	300.

Name(s) shown on return

Fentaw B Abitew & Rabia S Endris

Your social security number

841-45-7193



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Fentaw B Abitew	21 Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">841-45-7193</div>
22 Educational institution information (see instructions)	
a. Name of first educational institution GEORGE MASON UNIVERSITY (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 4400 University Drive FAIRFAX VA 22030 (2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. <div style="text-align: center;">54-0836354</div>	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? <input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28
29 Multiply line 28 by 25% (0.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31
	1,500.

**Qualified Business Income Deduction
Simplified Computation**► **Attach to your tax return.**► **Go to www.irs.gov/Form8995 for instructions and the latest information.****2021**Attachment
Sequence No. **55**

Name(s) shown on return

Fentaw B Abitew & Rabia S Endris

Your taxpayer identification number

841-45-7193

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	WOGLO HOLDINGS, LLC	87-0946191	-5,750.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-5,750.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		0.
11	Taxable income before qualified business income deduction (see instructions)	11	88,627.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	88,627.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		17,725.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ►	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(5,750.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**

Name(s) shown on return Fentaw B Abitew & Rabia S Endris	Business or activity to which this form relates Sch C CONSULTING	Identifying number 841-45-7193
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Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	1,700.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	Computer Dell	1,700.	1,700.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,700.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,700.
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	114,299.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	1,700.
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	0.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,700.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**▶ Go to www.irs.gov/Form4868 for the latest information.

OMB No. 1545-0074

2021

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment*, later.
2. You can file Form 4868 electronically by accessing IRS e-file using your tax software or by using a tax professional who uses e-file.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due (optional).



**It's Convenient,
Safe, and Secure**

IRS e-file is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order. See *Pay by Check or Money Order*, later.

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to www.irs.gov/FreeFile.

**Pay Electronically**

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. The IRS will automatically process an extension of time to file when you pay part or all of your estimated income tax electronically. You can pay online or by phone. See *Making Payments Electronically*, later.

**E-file Using Your Tax Software
or Through a Tax Professional**

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2020 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868*, later.

**File a Paper Form 4868**

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown under *Where To File a Paper Form 4868*, later.

For information on using a private delivery service, see *Private Delivery Services*, later.

Note: If you're a fiscal year taxpayer, you must file a paper Form 4868.

General Instructions**Purpose of Form**

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined later under *Taxpayers who are out of the country*) and a U.S. citizen or resident) to file Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Gift and generation-skipping transfer (GST) tax return (Form 709). An extension of time to file your 2021 calendar year income tax return also extends the time to file Form 709 for 2021. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2021. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2021, see the instructions for Forms 709 and 8892.

Qualifying for the Extension

To get the extra time, you must:

1. Properly estimate your 2021 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty, later. Any remittance you make with your application for extension will be treated as a payment of tax.

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

▼ DETACH HERE ▼

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2021, or other tax year beginning , 2021, and ending , .

REV 09/09/22 INTUIT.CF.CFP.SP 1555

2021

Part I Identification		Part II Individual Income Tax	
1	FENTAW B ABITEW & RABIA S ENDRIS	4	Estimate of total tax liability for 2021 . . . \$ 0.
	3555 GEORGIA AVE NW	5	Total 2021 payments . . . 4,590.
	WASHINGTON, DC 20010-1743	6	Balance due. Subtract line 5 from line 4. See instructions . . . 0.
2	841-45-7193	7	Amount you're paying (see instructions) ▶
3	700-30-0526	8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions . . . ▶ <input type="checkbox"/>
	841457193 VK ABIT 30 0 202112 670	9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding . . . ▶ <input type="checkbox"/>

**Special Depreciation Allowance Elections under
IRC Section 168(k)(7)**

► Attach to your income tax return

Name(s) Shown on Return	Identification Number
Fentaw B Abitew & Rabia S Endris	841-45-7193

Tax Year: 2021

Election Out of Qualified Economic Stimulus Property

Attach to your income tax return

Taxpayer hereby elects under IRC Section 168(k)(7) out of having Qualified
Economic Stimulus property for the following asset classes placed in service during
the tax year ending: 12/31/2021

5 Year Property

Election Out of Qualified Second Generation Biofuel Plant Property

Taxpayer hereby elects under IRC Section 168(l)(3)(D) out of having Qualified Second
Generation Biofuel Plant property for the following asset classes placed in service during
the tax year ending: _____

Tax History Report

► Keep for your records

2021

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

	Five Year Tax History:				
	2017	2018	2019	2020	2021
Filing status					MFJ
Total income					114,027.
Adjustments to income					
Adjusted gross income					114,027.
Tax expense					8,105.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					25,400.
Exemption amount . .					0.
QBI deduction					0.
Taxable income					88,627.
Tax					10,995.
Alternative min tax . .					
Total credits					300.
Other taxes					
Payments					22,348.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					11,653.
Effective tax rate % . .					7.01
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.00 (the "RPS fee"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Green Dot Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	\$39.00 ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, and Green Dot Bank Refund Processing Service Agreement ("Agreement")Name: Fentaw B Abitew & Rabia S EndrisSocial Security No.: 841-45-7193

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2021 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX, TURBOTAX PLUS, OR SUCH OTHER INTUIT TAX PRODUCTS PURCHASED IN CONNECTION WITH THIS AGREEMENT (EACH A "TAX PRODUCT"). YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS (OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2022). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2021 federal tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and Processor to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 11,653.00
Less Tax Product fees.	\$
Less TurboTax Fees.	\$ 168.00
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 11,446.00

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2021 federal tax refund(s) from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Tax Product fees; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees, Tax Product fees, and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax, or if your refund proceeds are delayed (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement. You also authorize any amounts outstanding pursuant to this Agreement to be deducted from refunds that you may receive up to 24 months after the date of this Agreement and process through the Processor.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2021 federal tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2021 federal tax refund(s). Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 70010, Pasadena, CA 91117 or via the Internet at <http://sbtptg.com>

7. Disbursement Method: You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 054001220

Account # 2677448660

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund(s) but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund(s) is received by us, upon receipt of your federal tax refund(s) from the IRS we will return your tax refund(s) to the IRS after deducting our TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund(s) to the IRS and you will need to work with the IRS directly for disbursement.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO Box 70010, Pasadena, CA 91117 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

10. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

10.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

10.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

10.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

10.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

10.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

10.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. Section 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

11. Taxpayer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2021 federal tax refund(s) from the IRS and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2021 TurboTax^(Registered Trademark) User Agreement, (iii) You consent to the release of your 2021 federal tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) You consent to the automatic debiting of your personal bank account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 10; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 10/2019

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and checking account information • transaction history and payment history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	Reasons we can share your personal information	Does Green Dot Bank share?
	For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	Yes
	For joint marketing with other financial companies.	Yes
	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes
	For our affiliates' everyday business purposes — information about your creditworthiness	No
	For our affiliates to market to you.	No
	For nonaffiliates to market to you.	No
Questions?	Call Toll Free: 800-901-6663	

Page 2

What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • tell us where to send the money or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies, such as Santa Barbara Tax Products Group, LLC.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Green Dot Bank does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>

Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, and Civista Bank Refund Processing Service Agreement ("Agreement")

Name: Fentaw B Abitew & Rabia S Endris
 Social Security No.: 841-45-7193

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2021 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX, TURBOTAX PLUS, OR SUCH OTHER INTUIT TAX PRODUCTS PURCHASED IN CONNECTION WITH THIS AGREEMENT (EACH A "TAX PRODUCT"). YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS (OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2022). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2021 federal tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and Processor to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 11,653.00
Less Tax Product fees	\$
Less TurboTax Fees	\$ 168.00
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 11,446.00

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2021 federal tax refund(s) from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Tax Product fees; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees, Tax Product fees, and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax, or if your refund proceeds are delayed (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your

consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement. You also authorize any amounts outstanding pursuant to this Agreement to be deducted from refunds that you may receive up to 24 months after the date of this Agreement and process through the Processor.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2021 federal tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2021 federal tax refund(s). Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 70010, Pasadena, CA 91117 or via the Internet at <http://sbtpg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 054001220

Account # 2677448660

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund(s) but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund(s) is received by us, upon receipt of your federal tax refund(s) from the IRS we will return your tax refund(s) to the IRS after deducting our TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund(s) to the IRS and you will need to work with the IRS directly for disbursement.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO Box 70010, Pasadena, CA 91117 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

10. **Arbitration Provision.** You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

10.1. **Arbitration of Claims:** Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

10.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

10.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

10.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

10.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

10.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

11. Taxpayer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2021 federal tax refund(s) from the IRS and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2021 TurboTax User Agreement, (iii) You consent to the release of your 2021 federal tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) You consent to the automatic debiting of your personal bank account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 10; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 02/2015

Civista Bank Tax Product Privacy Policy**FACTS** What does Civista Bank do with your Personal Information?

Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none">• Social Security number and account balances• payment history and transaction history• overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Call Toll Free: 800-901-6663 or go to www.civista.bank	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Our joint marketing providers include: financial service providers that offer additional payment products.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. You specify that your consent is valid for three years from the date of this signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2021 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

Fentaw
First Name

Abitew
Last Name

Please type the date below:

06/10/2022

Date

Rabia

Endris

06/10/2022

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2021 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Fentaw

Abitew

Please type the date below:

06/10/2022

Date

Rabia

Endris

06/10/2022

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

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Sign this agreement by entering your name:

Please type the date below:

Date

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2021

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ►
QuickZoom to Schedule 2 — Additional Taxes ►
QuickZoom to Schedule 3 — Additional Credits and Payments ►

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2021, or other tax year
beginning _____, 2021, ending _____, 20 ____.

Your First Name	MI	Last Name	Your Social Security No.
Fentaw	B	Abitew	841-45-7193
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
Rabia	S	Endris	700-30-0526
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
3555 Georgia Ave NW			
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
Washington DC			20010-1743
Foreign country name		Foreign province/state/county	Foreign postal code

QuickZoom to explanation statement for overseas extension ►

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
Checking a box will not change your tax or refund. ☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise
dispose of any financial interest in any virtual currency? ☒ Yes ☐ No

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☐ Single
- ☒ Married filing jointly (even if only one had income)
- ☐ Married filing separately. Enter spouse's SSN above and full name here.
- ☐ Head of household (with qualifying person). (See instructions) If the qualifying person is a child but not your dependent, enter the child's name here. ►
- ☐ Qualifying widow(er) (See instructions)

Dependents If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for: under age 18 qualifying for child tax credit	Credit for other dependents
ILAN F	ABITEW	805-89-7650	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

- ☐ Someone can claim you as a dependent
☐ Someone can claim your spouse as a dependent

a Check if: ☐ **You** were born before January 2, 1957 ☐ Blind
☐ **Spouse** was born before January 2, 1957 ☐ Blind
Total boxes checked **a** ☐

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **b** ☐

QuickZoom to required PPP loan forgiveness statement to report tax-exempt income.

Form 1040 or Form 1040-SR, Lines 1 - 7

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	118,349.
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends 3a		
b	Ordinary dividends	3b	
4 a	IRA distributions 4a		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a		
b	Taxable amount	5b	
6 a	Social security benefits 6a		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>	7	82.

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income

Form 1040 or Form 1040-SR, Lines 8 - 11

8	Other income from Schedule 1, line 10.	8	-4,404.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9		114,027.
10	Adjustments to income from Schedule 1, line 26 10		
11	Subtract line 10 from line 9. This is your adjusted gross income 11		114,027.
	AGI including excludable Puerto Rico Income		114,027.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> People who checked blind or over 65 or who can be claimed as a dependent, see instructions. All others: <ul style="list-style-type: none"> Single or Married filing separately: \$12,550 Married filing jointly or Qualifying widow(er): \$25,100 Head of household: \$18,800 If you checked any box under <i>Standard Deduction</i>, see instructions. QuickZoom to the Standard Deduction Worksheet.		
a	Itemized deductions (from Schedule A) or your standard deduction , see above 12 a	25,100.	
	Enter the smaller of these cash contributions made or \$300 (\$600 if married filing jointly) on line 12b below if you take the standard deduction 300.		
b	Charitable contributions if you take the standard deduction. 12 b	300.	
c	Add lines 12a and 12b. 12 c		25,400.
	Subtract itemized or standard deduction from adjusted gross income amount		88,627.

Form 1040 or Form 1040-SR, Lines 13 - 18

13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
14	Add lines 12c and 13	14	25,400.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	88,627.

16	Tax. Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		
17	Amount from Schedule 2, line 3.	17	10,995.
18	Add lines 16 and 17	18	10,995.
QuickZoom to Schedule 2 — Additional Tax section ▶			

Form 1040 or Form 1040-SR, Line 19 - 24

19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8.	20	300.
21	Add lines 19 and 20	21	300.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,695.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.	23	0.
24	Add lines 22 and 23. This is your total tax ▶	24	10,695.
QuickZoom to Schedule 3 — Additional Credits and Payments ▶			

Form 1040 or Form 1040-SR, Lines 25 - 33

25	Federal income tax withheld from:		
a	Form(s) W-2	25 a	19,148.
b	Form(s) 1099	25 b	
c	Other forms	25 c	
d	Add lines 25a through 25c.	25 d	19,148.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27	If you have a qualifying child, attach Sch. EIC.		
a	Earned income credit (EIC) No Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC ▶ <input type="checkbox"/>	27 a	
b	Nontaxable combat pay election	27 b	
c	Prior year (2019) earned income	27 c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	2,700.
29	American opportunity credit from Form 8863, line 8.	29	
30	Recovery rebate credit.	30	
31	Amount from Schedule 3, line 15	31	500.
32	Add lines 27a and 28 through 31. These are your other payments and refundable credits ▶	32	3,200.
33	Add Lines 25d, 26, and 32. These are your total payments ▶	33	22,348.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶			
QuickZoom to "due diligence checklist" substitute for Form 8867. ▶			
QuickZoom to Schedule 3 — Additional Credits and Payments ▶			

Form 1040 or Form 1040-SR, Lines 34 - 36**Refund:**

34	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	34	<u>11,653.</u>
35 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35	<u>11,653.</u>
Direct deposit?			
▶ b Routing number <u>054001220</u>			
▶ c Type:			
<input checked="" type="checkbox"/> Checking			
<input type="checkbox"/> Savings			
▶ d Account number <u>2677448660</u>			
36	Amount of overpayment on line 34 you want applied to your 2022 estimated tax	36	<u> </u>

Form 1040 or Form 1040-SR, Lines 37 and 38**Amount You Owe:**

37	Subtract total payments from total tax ▶ 37	<u> </u>
Note: Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2021. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty ▶ 38	<u> </u>
QuickZoom to Late Penalties and Interest Worksheet ▶ QuickZoom.		

Schedule 1 – Additional Income and Adjustments to Income**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	<u> </u>
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Alimony Received Smart Worksheet

A	Taxpayer	Spouse	Date of divorce/sep	*
B	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable				
2 a	Alimony received. Taxpayer <u> </u> Spouse <u> </u>	2 a	<u> </u>	
b	Date of original divorce or separation agreement ▶ <u> </u>	3	<u>-5,750.</u>	
3	Business income or (loss). Attach Schedule C	4	<u> </u>	
4	Other gains or (losses). Attach Form 4797	5	<u> </u>	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	6	<u> </u>	
6	Farm income or (loss). Attach Schedule F	7	<u>1,346.</u>	
7	Unemployment compensation	8	<u> </u>	
8	Other income:			
a	Net operating loss	8 a	<u> </u>	
b	Gambling income	8 b	<u> </u>	
c	Cancellation of debt	8 c	<u> </u>	
d	Foreign earned income exclusion from Form 2555	8 d	<u> </u>	
e	Taxable Health Savings Account distribution	8 e	<u> </u>	
f	Alaska Permanent Fund dividends	8 f	<u> </u>	
g	Jury duty pay	8 g	<u> </u>	
h	Prizes and awards	8 h	<u> </u>	
i	Activity not engaged in for profit income	8 i	<u> </u>	
j	Stock options	8 j	<u> </u>	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8 k	<u> </u>	
l	Olympic and Paralympic medals and USOC prize money	8 l	<u> </u>	
m	Section 951(a) inclusion	8 m	<u> </u>	
n	Section 951A(a) inclusion	8 n	<u> </u>	
o	Section 461(l) excess business loss adjustment	8 o	<u> </u>	
p	Taxable distributions from an ABL account	8 p	<u> </u>	
z	Other income. List type and amount: <u> </u>	8 z	<u> </u>	
9	Total other income. Add lines 8a through 8z	9	<u> </u>	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.	10	<u>-4,404.</u>	
Total Income. Combine Form 1040 lines 1- 7 and Schedule 1, line 10, enter on Form 1040, line 9.			<u>114,027.</u>	

Quickzoom to 1040 Worksheet, line 9 — **Total Income** ▶ **QuickZoom.**

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A					
B					

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

19 a	Alimony paid	19 a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay	24 a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24 b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24 c	
d	Reforestation amortization and expenses	24 d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24 e	
f	Contributions to section 501(c)(18)(D) pension plans.	24 f	
g	Contributions by certain chaplains to section 403(b) plans	24 g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims	24 h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24 i	
j	Housing deduction from Form 2555	24 j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24 k	
z	Other adjustments. List type and amount:	24 z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25 These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

Schedule 2 – Additional Taxes**Part I Tax**

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		8	
9	Household employment taxes from Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959.		11	
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from W-2, box 12.		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	
17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount: ▶ _____	17 a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17 b		
c	Additional tax on HSA distributions. Attach Form 8889.	17 c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17 d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17 e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17 f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17 g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17 h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17 j		
k	Golden parachute payments	17 k		
l	Tax on accumulation distribution of trusts	17 l		
m	Excise tax on insider stock compensation from an expatriated corporation	17 m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17 n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17 p		
q	Any interest from Form 8621, line 24.	17 q		
z	Any other taxes. List type and amount: ▶ _____	17 z		
18	Total additional taxes. Add lines 17a through 17z.		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A.	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . .		21	0.
	Total tax (add line 21 and Schedule 3, line 7b)			10,695.

Schedule 3 – Additional Credits and Payments**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11.		
2	Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	300.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6 a	
b	Credit for prior year minimum tax. Attach Form 8801	6 b	
c	Adoption credit. Attach Form 8839	6 c	
d	Credit for the elderly or disabled. Attach Schedule R	6 d	
e	Alternative motor vehicle credit. Attach Form 8910	6 e	
f	Qualified plug-in motor vehicle credit.		
	Attach Form 8936	6 f	
g	Mortgage interest credit. Attach Form 8396	6 g	
h	District of Columbia first-time homebuyer credit.		
	Attach Form 8859	6 h	
i	Qualified electric vehicle credit. Attach Form 8834	6 i	
j	Alternative fuel vehicle refueling property credit.		
	Attach Form 8911	6 j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6 k	
l	Amount on Form 8978, line 14	6 l	
z	Other nonrefundable credits. List type and amount:		
	▶ _____	6 z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7.		
	Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	300.
a	Add line 8 plus child tax/other dep. credit on line 19 above		300.
b	Subtract total credits on line 8a from tax on line 18 above		10,695.

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom. . . ▶

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13 b	
c	Health coverage tax credit from Form 8885	13 c	
d	Credit for repayment of amounts included in income from earlier years	13 d	
e	Reserved for future use	13 e	
f		13 f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13 g	500.
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13 h	
z	Other payments or refundable credits. List type and amount . ▶		
	_____	13 z	

14	Total other payments or refundable credits. Add lines 13a through 13z.	14	500.
15	Total Payments: Part II, lines 9 through 12 and 14, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30	15	22,348.
	Other Payments and Refundable Credits (Form 1040, line 32) . ▶		3,200.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's Name ▶ _____
 Phone Number ▶ _____ Personal Identification Number (PIN) . . ▶ _____

Signature and Paid Preparer**Sign Here**

Joint return? See instructions.

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature

Date

Your Occupation

If the IRS sent you an Identity Protection PIN, enter it here

Spouse's Signature. If joint, **both** must sign.

Date

Tax Analyst

Spouse's Occupation

Daytime Phone No.

(202) 290-4258

Registered Nurse

Email Address

Paid Preparer's Use Only

Print/Type Preparer's name

Preparer's PTIN

Check if:

Preparer's Signature

Date

☐ Self-employed

Firm's Address (or yours if self-employed)

Firm's EIN.

Phone No.

Self-Prepared

State

ZIP Code

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Your SSN 841-45-7193
---	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2020 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0 .
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e)	6	
7	Lesser of line 5 or line 6.	7	
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border: 1px solid black; height: 40px; width: 450px; margin-top: 5px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5.	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

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Tax Year: 2021

The taxpayer elects under Section 195(b)(1) of the Internal Revenue Code to:

[illegible]

Schedule 1
Line 8

Other Income Statement

2021

Statement L8

Name(s) Shown on Return
Fentaw B Abitew & Rabia S Endris

Social Security Number
841-45-7193

	(a) Taxpayer	(b) Spouse
1 Child's investment income, from Form 8814.		
2 Winnings:		
a From Form W-2G		
b Gambling winnings not reported on Form W-2G		
c Total gambling winnings.		
d Winnings (prizes, etc.) from Form 1099-MISC, box 3.		
e Other non-gambling awards and prizes		
3 Taxable income from Forms 1099-MISC or 1099-NEC:		
a Substitute payments in lieu of interest or dividends		
b1 Other income from box 3 (Excluding Olympic prize money)		
b2 Other income from box 3 Olympic prize money		
b Total Other income from box 3		
c Alaska Permanent Fund.		
d Tribal Gaming		
e Non-Employee Compensation from Form 1099-NEC box 1		
f Rent from personal property from Form 1099-MISC box 1		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
c ABLE account distributions		
5 Taxable income from Form 1099-G:		
a Grants		
b RTAA payments		
6 Foreign earned income and housing exclusion, from Form 2555		
7 Net operating loss carryover from a prior year		
8 Other income, from Schedule(s) K-1		
9 Taxable distribution from:		
a Form 8853:		
1 Taxable Archer MSA distributions MSA		
2 Taxable Medicare Advantage distributions Med MSA		
3 Taxable long term care distributions LTC.		
4 Total Form 8853		
b Form 8889, Health Savings Accounts		
1 Taxable HSA Distributions from Form 1099-SA		
2 Last month rule and qualified HSA funding distribution amt		
3 Total Form 8889		
10 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
Type of Tax	State or Local ID	
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses		
f Other refunds or reimbursements		
11 Recoveries of bad debts deducted in a prior year.		
12 Jury duty pay		
13 Bartering income not reported elsewhere		
14 Income from the rental of personal property		
15 Income from the Cancellation of Debt:		
a From Form 1099-C:		
1 Amount of debt canceled from box 2		
2 Amount of canceled debt excluded from income		
3 Taxable amount of canceled debt.		
b From Schedule(s) K-1		
16 Taxable income from Form 1099-K:		
a Payment Card/Third Party Network Transactions		
17 Income from "not for profit" activities (hobbies):		

18	Limitation on business losses (Form 461)		
19	Global intangible low-taxed income (Form 8992)		
19	Does not apply to Form 1040NR		
20	Does not apply to Form 1040NR		
20	Section 965 deferred foreign income (Form 965)		
21	Unemployment income and repayment		
a	Union unemployment benefits		
b	Private fund unemployment benefits		
c	State employee unemployment benefits		
d	Repayment of non-government unemployment benefits		
22	Other taxable income:		
a	Employer stock compensation income for non-employee		
b			
23	Income from Community Property:		
a	Positive community property adjustment.		
b	Negative community property adjustment (enter as positive) . . .		
24	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 23. Enter here and on Schedule 1, line 8		

Federal Information Worksheet

► Keep for your records

2021

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Fentaw
Middle initial B Suffix
Last name Abitew
Social security no. 841-45-7193
Occupation Tax Analyst
Date of birth 09/27/1988 (mm/dd/yyyy)
Age as of 1-1-2022 33
Daytime phone (202) 290-4258 Ext
Legally blind
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? Yes ☐ No ☒
If yes, **was** taxpayer claimed as dependent on that person's return? Yes ☐ No ☒

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? Yes ☐ No ☐

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? Yes ☐ No ☒

Spouse:

First name Rabia
Middle initial S Suffix
Last name Endris
Social security no. 700-30-0526
Occupation Registered Nurse
Date of birth 08/27/1992 (mm/dd/yyyy)
Age as of 1-1-2022 29
Daytime phone Ext
Legally blind
Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? Yes ☐ No ☒
If yes, **was** spouse claimed as dependent on that person's return? Yes ☐ No ☒

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? Yes ☐ No ☐

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? Yes ☐ No ☒

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 3555 Georgia Ave NW Apt no.
City Washington State DC ZIP code 20010-1743

Foreign Address: Check this box to use foreign address ☐

Address Apt no.
City
Foreign code Foreign country
Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
Check to print phone number on Form 1040 Home ☐ Taxpayer daytime ☒ Spouse daytime ☐

Print Form 1040-SR instead of Form 1040 Yes ☐ No ☒

Federal filing status:

☐ 1 Single
☒ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year. ☐
Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☐ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name MI Last Name Suff
Child's social security number
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2019 ☐ 2020 ☐
Are you a dependent with a qualifying child Yes ☐ No ☐
Enter qualifying person's name:
Child's First name MI Last Name Suff
Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2021					
ILAN ABITEW	F	805-89-7650 Son	08/10/2018 3	L		1,000.		E	12		Yes

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2021? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2021 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2021 or
if you are ineligible to claim the EIC in 2021 for any other reason ☐

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☐ Wells Fargo

Check the appropriate box. ☒ Checking ☐ Savings

Routing number. ☐ 054001220 Account number ☐ 2677448660

Enter the payment date to withdraw from the account above ▶ _____
Balance-due amount from this return ▶ _____

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No
 Enter the payment date to withdraw from the account above
 Balance-due amount from this **amended** return

Standard Deduction/Itemized Deductions:
 Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐
 Check this box if you are married filing separately and your spouse itemized deductions ☐
 Check this box to take the standard deduction even if less than itemized deductions ☐

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Is the taxpayer a full-time student? ☐ Yes ☐ No
Is the spouse a full-time student? ☐ Yes ☐ No

For 2021, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands	_____
Excludable income from Puerto Rico	_____

Check this box if you are a dual-status alien ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040. ☐

Caution: Review transferred information for accuracy.
Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No
If Yes, complete the following:
Third party designee name
Third party designee phone number . .
Personal Identification number (enter any 5 numbers) . .

Check if you took a disaster distribution between 2018 and 2020 ☐

Part VI – Additional Information for Your Federal Return – Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2021 ▶ DC

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2021 ▶ DC

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☒

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN . . . _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 57193

Spouse's PIN used to sign the return 57193

Taxpayer:

Drivers license or state ID number 3261489

Issued by what state DC

License or ID license . ▶ ☒ ID . ▶ ☐ neither . ▶ ☐ decline. ▶ ☐

Spouse

Drivers license or state ID number 4186082

Issued by what state DC

License or ID license . ▶ ☒ ID . ▶ ☐ neither . ▶ ☐ decline. ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2021

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QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Fentaw Middle initial . B Last name . . . Abitew
Suffix
Social security no. . . . 841-45-7193 Member of U.S. Armed Forces in 2021? . . ☐ Yes ☒ No
Date of birth 09/27/1988 (mm/dd/yyyy) age as of 1-1-2022 33
Occupation Tax Analyst Daytime phone (202) 290-4258 Ext _____
Marital status . . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2021 ► ☐ 2021 . ► ☐ 2020 . ► ☐ 2019 . ► ☐ Before 2019 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy) _____
Were you under the age of 16 as of 1-1-2022 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Language in which you want the IRS to communicate with you ► _____
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 **Can** someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2021? ► ☒ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2021? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2021 DC
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ► _____
In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2021 _____
Unreimbursed medical expenses paid for qualifying person in 2021 _____
Employment taxes paid for dependent care providers in 2021 _____
Full-time student for 5 calendar months during 2021? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Student Information Worksheet

2021

► Keep for your records

Name of Student Fentaw B Abitew	Social Security Number 841-45-7193
------------------------------------	---------------------------------------

Part I – Student Status

- Was this person a student during 2021? ☒ Yes ☐ No
- What kind of school did the student attend during 2021? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input checked="" type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- Did the student receive scholarships or other education assistance? ☐ Yes ☐ No
- Qualified Tuition Program only:
 - Did the student make any education loan payments to treat as expenses? ☐ Yes ☒ No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2021? ☒ Yes ☐ No ☐ NA
- Was this student enrolled at an eligible education institution during 2021? ☒ Yes ☐ No ☐ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☒ Yes ☐ No ☐ NA
- Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- Is this student an eligible dependent of the taxpayer? ☐ Yes ☒ No ☒ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? ☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
- In how many prior years has a Hope Credit been claimed for this student ☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Part III – Education Credit Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No
 Already completed 4 years of college
 Already claimed 4 years of credits
- Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No
- Reserved ☐ Yes ☐ No

Part IV – Educational Institution and Tuition Summary

Received 2020 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
GEORGE MASON UNIVERSITY 54-0836354	4400 University Drive FAIRFAX VA 22030	0.	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals		0.	0.		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☒ Yes ☐ No

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2021 not allocable to 2021 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.		_____	
6 Total qualified education expenses from Part VI below.	2,500.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit	Lifetime Learning Credit	Reserved	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	Qualified Elementary and Secondary Expense for ESA and QTP
		Not Qualified			Not Applicable	Not Applicable	Not Applicable	Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition.	0.	0.	0.		0.	0.	0.	
Paid to institution as a condition of enrollment:								
2 Fees								
3 Books, supplies, equipment	1,500.	1,500	1,500		1,500	1,500		
Paid to other than institution or not a condition of enrollment:								
4 Books, supplies, equipment	1,000.	1,000			1,000	1,000		
5 Other course-related . . .								
6 Room and board								
7 Special needs expenses . .								
8 Computer expenses								
9 QTP or ESA contribution . .								
10 Academic tutoring								
11 Uniforms								
12 Transportation								
13 Total qualified expenses . .	2,500.	2,500.	1,500.		2,500.	2,500.	0.	
Adjustments:								
14 Refunds								
15 Tax-free assistance								

16	Deducted on Sched A							
17	Used for credit							
18	Used for exclusion		0.	0.				
See tax help								
19	Total adjustments.		0.	0.				
20	Adjusted qualified expenses	2,500.	2,500.	1,500.		2,500.	2,500.	0.

Fentaw B Abitew

841-45-7193 Page 3

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Reserved	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2021		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Education Loan Payments		
b Qualified Education Loan Payments applied		
c Qualified Apprenticeship Education Expenses		
d Qualified Apprenticeship Education Expenses applied		
e Qualified Elementary and Secondary Education Expenses		
f Qualified Elementary and Secondary Education Expenses applied		
g Adjusted Qualified Higher Education Expenses		
h Adjusted Qualified Higher Education Expenses applied		
3 Total qualified education expenses attributable to this QTP		
4 Excess distributions. Subtract line 3 from line 1.		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2		
6 Fraction. Divide line 3 by line 1.		
7 Multiply line 5 by line 6.		
8 Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses		
3 Qualified Elementary and Secondary Education Expenses applied		
4 Subtract line 3 from line 1.		
5 Adjusted Qualified Higher Education Expenses		
6 Qualified Higher Education Expenses applied to ESA distributions		
7 Excess distributions. Subtract line 6 from line 4.		
8 Distributions taxable to recipient		

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2021 for this student.	
2	Adjusted Qualified Higher Education Expenses.	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

Street address

Street address

City

State

Zip Code

City

State

Zip Code

**Personal Information Worksheet
For the Spouse**

2021

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I — Spouse's Personal Information

First name . . . Rabia Middle initial . S Last name . . Endris
Suffix
Social security no. . . 700-30-0526 Member of U.S. Armed Forces in 2021? . . ☐ Yes ☒ No
Date of birth 08/27/1992 (mm/dd/yyyy) age as of 1-1-2022 29
Occupation Registered Nurse Daytime phone Ext
Marital status
If widowed, check the appropriate box for the year your spouse died:
After 2021 ► ☐ 2021 . ► ☐ 2020 . ► ☐ 2019 . ► ☐ Before 2019 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy) _____
Were you under the age of 16 as of 1-1-2022 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Language in which you want the IRS to communicate with you ► _____
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 **Can** someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2021? ► ☐ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2021? ► ☐ Yes ☐ No

Part III — Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2021 DC
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ► _____
In which state (or foreign country) did this person reside before this change? ► _____

Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2021
Unreimbursed medical expenses paid for qualifying person in 2021
Employment taxes paid for dependent care providers in 2021
Full-time student for 5 calendar months during 2021? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Student Information Worksheet

2021

► Keep for your records

Name of Student Rabia S Endris	Social Security Number 700-30-0526
-----------------------------------	---------------------------------------

Part I – Student Status

- Was this person a student during 2021? ☐ Yes ☒ No
- What kind of school did the student attend during 2021? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input checked="" type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- Did the student receive scholarships or other education assistance? ☐ Yes ☐ No
- Qualified Tuition Program only:
 - Did the student make any education loan payments to treat as expenses? ☐ Yes ☐ No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2021? ☐ Yes ☐ No ☒ NA
- Was this student enrolled at an eligible education institution during 2021? ☐ Yes ☐ No ☒ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? ☐ Yes ☐ No ☒ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☐ Yes ☐ No ☒ NA
- Did this student take at least one-half the normal full-time workload for one academic period? ☐ Yes ☐ No ☒ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☐ No ☐ NA
- Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? ☐ NA
- In how many prior years has a Hope Credit been claimed for this student ☐ NA

Part III – Education Credit Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No
- Is this student qualified for the Lifetime Learning Credit? ☐ Yes ☒ No
- Reserved ☐ Yes ☐ No

Part IV – Educational Institution and Tuition Summary

Received 2020 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☒ Yes ☐ No

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2021 not allocable to 2021 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.	_____		
6 Total qualified education expenses from Part VI below.	_____ 0 .		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Oppor- tunity Credit	Lifetime Learning Credit	Reserved	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	Qualified Elementary and Secondary Expense for ESA and QTP
		Not Qualified	Not Qualified		Not Applicable	Not Applicable	Not Applicable	Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition.	_____							
Paid to institution as a condition of enrollment:								
2 Fees	_____							
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____							
4 Books, supplies, equipment	_____							
5 Other course-related . . .	_____							
6 Room and board	_____							
7 Special needs expenses . .	_____							
8 Computer expenses	_____							
9 QTP or ESA contribution .	_____							
10 Academic tutoring	_____							
11 Uniforms	_____							
12 Transportation	_____							
13 Total qualified expenses . .	_____							
Adjustments:								
14 Refunds	_____							
15 Tax-free assistance	_____							

16	Deducted on Sched A . . .							
17	Used for credit							
18	Used for exclusion		0.	0.				
See tax help								
19	Total adjustments.		0.	0.				
20	Adjusted qualified expenses	0.	0.	0.		0.	0.	0.

Rabia S Endris

700-30-0526 Page 3

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Reserved	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2021	
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:	
a	Qualified Education Loan Payments	
b	Qualified Education Loan Payments applied	
c	Qualified Apprenticeship Education Expenses	
d	Qualified Apprenticeship Education Expenses applied	
e	Qualified Elementary and Secondary Education Expenses	
f	Qualified Elementary and Secondary Education Expenses applied	
g	Adjusted Qualified Higher Education Expenses	
h	Adjusted Qualified Higher Education Expenses applied	
3	Total qualified education expenses attributable to this QTP	
4	Excess distributions. Subtract line 3 from line 1.	
	If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2021 for this student.	
2	Adjusted Qualified Higher Education Expenses.	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

Street address

Street address

City

State

Zip Code

City

State

Zip Code

Dependent and Nondependent Information Worksheet

2021

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . ILAN Middle initial . F Last name . . ABITEW
 Suffix _____

Social security no. . . 805-89-7650

Date of birth 08/10/2018 (mm/dd/yyyy) age as of 12-31-2021 3
 Did this person pass away in 2021 (deceased)? . . ☐ Yes ☒ No Date of death _____

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,300 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
 Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2021? ☐ Yes ☐ No

Was the person placed with you for adoption after 2021, or was the adoption final in 2021 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
 Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
 You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care ExpensesQualified child or dependent care expenses incurred and paid in 2021 1,000.

Unreimbursed medical expenses paid for qualifying person in 2021 _____

Employment taxes paid for dependent care providers in 2021 _____

Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ NoChild is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No**Part V – Dependent's State Residency Information**

Enter this person's state of residence as of December 31, 2021 _____

Check the appropriate box:

This person is a resident of the state above for the entire year ☐This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

Student Information Worksheet

2021

► Keep for your records

Name of Student ILAN F ABITEW	Social Security Number 805-89-7650
----------------------------------	---------------------------------------

Part I – Student Status

- Was this person a student during 2021? ☐ Yes ☒ No
- What kind of school did the student attend during 2021? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input checked="" type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- Did the student receive scholarships or other education assistance? ☐ Yes ☐ No
- Qualified Tuition Program only:
 - Did the student make any education loan payments to treat as expenses? ☐ Yes ☐ No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2021? ☐ Yes ☐ No ☒ NA
- Was this student enrolled at an eligible education institution during 2021? ☐ Yes ☐ No ☒ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? ☐ Yes ☐ No ☒ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☐ Yes ☐ No ☒ NA
- Did this student take at least one-half the normal full-time workload for one academic period? ☐ Yes ☐ No ☒ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☐ No ☐ NA
- Is this student an eligible dependent of the taxpayer? ☒ Yes ☐ No ☐ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? ☐ NA
- In how many prior years has a Hope Credit been claimed for this student ☐ NA

Part III – Education Credit Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No
- Is this student qualified for the Lifetime Learning Credit? ☐ Yes ☒ No
- Reserved ☐ Yes ☐ No

Part IV – Educational Institution and Tuition Summary

Received 2020 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☒ Yes ☐ No

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2021 not allocable to 2021 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.	_____		
6 Total qualified education expenses from Part VI below.	0.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit Not Qualified	Lifetime Learning Credit Not Qualified	Reserved	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA and QTP Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition.	_____							
Paid to institution as a condition of enrollment:								
2 Fees	_____							
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____							
4 Books, supplies, equipment	_____							
5 Other course-related . . .	_____							
6 Room and board	_____							
7 Special needs expenses . .	_____							
8 Computer expenses	_____							
9 QTP or ESA contribution .	_____							
10 Academic tutoring	_____							
11 Uniforms	_____							
12 Transportation	_____							
13 Total qualified expenses . .	_____							
Adjustments:								
14 Refunds	_____							
15 Tax-free assistance	_____							

16	Deducted on Sched A							
17	Used for credit							
18	Used for exclusion		0.	0.				
	See tax help							
19	Total adjustments.		0.	0.				
20	Adjusted qualified expenses	0.	0.	0.		0.	0.	0.

ILAN F ABITEW

805-89-7650 Page 3

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Reserved	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2021	
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:	
a	Qualified Education Loan Payments	
b	Qualified Education Loan Payments applied	
c	Qualified Apprenticeship Education Expenses	
d	Qualified Apprenticeship Education Expenses applied	
e	Qualified Elementary and Secondary Education Expenses	
f	Qualified Elementary and Secondary Education Expenses applied	
g	Adjusted Qualified Higher Education Expenses	
h	Adjusted Qualified Higher Education Expenses applied	
3	Total qualified education expenses attributable to this QTP	
4	Excess distributions. Subtract line 3 from line 1.	
	If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2021 for this student.	
2	Adjusted Qualified Higher Education Expenses.	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

Street address

Street address

City

State

Zip Code

City

State

Zip Code

Part-Year Resident State Allocation Worksheet

2021

► Keep for your records

Check the box to activate this worksheet ☐

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
---	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips				
S Wages, salaries, tips				

* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T		See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T					
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 Certain business expenses T					
S					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid S Alimony paid					
23 T IRA deduction S IRA deduction					
24 T Student loan interest deduction S Student loan interest deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
25 T Self-employment tax						
S Self-employment tax						
26 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
27 T Self-employed health insurance . .						
S Self-employed health insurance . .						
28 T Reserved						
S Reserved						
29 Other adjustments T						
S						
	Federal Amount	From mm/dd	To mm/dd	Res St		Allocated Amount
30 Total adjustments T						
S						
31 Adjusted gross income T						
S						

► Keep for your records

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	17,247.	101,102.	118,349.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	1,484.	17,664.	19,148.
3 & 7	Total social security wages/tips	18,032.	101,102.	119,134.
4	Total social security tax withheld	1,118.	6,268.	7,386.
5	Total Medicare wages and tips	18,032.	101,102.	119,134.
6	Total Medicare tax withheld	261.	14.	275.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	785.	14.	799.
b	Elective deferrals to qualified plans	785.		785.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12		14.	14.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	17,247.	101,102.	118,349.
17	Total state tax withheld	966.	7,139.	8,105.
19	Total local tax withheld.			

Name
Fentaw B AbitewSocial Security Number
841-45-7193**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . 841-45-7193
b Employer ID number (EIN). . . 77-0034661
c Employer's name, address, and ZIP code
INTUIT INC
Street 7535 Torrey Santa Fe Road
City SAN DIEGO
State CA ZIP Code 92129
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

1 Wages, tips, other compensation
17,246.96
3 Social security wages
18,032.40
5 Medicare wages and tips
18,032.40
7 Social security tips

2 Federal income tax withheld
1,484.38
4 Social security tax withheld
1,118.01
6 Medicare tax withheld
261.41
8 Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number .0555884 WY/OX3**Transfer employee information from the Federal Information Worksheet**

e Employee's name
First Fentaw M.I. B
Last Abitew Suff. _____
f Employee's address and ZIP code
Street 3555 Georgia Ave NW
City Washington
State DC ZIP Code 20010-1743
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

9**10** Dependent care benefits**11** Nonqualified plans

Distributions from sect. 457 and nonqualified plans (Important, see Help)

12 Enter box 12 below

13 ☐ Statutory employee
☒ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	785.44	A: Enter amount attributable to RRTA Tier 2 tax .
		M: Enter amount attributable to RRTA Tier 2 tax .
		P: Double-click to link to Form 3903, line 4 . . .
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
DC	300000024209	17,246.96	965.86

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)

Name
Rabia S EndrisSocial Security Number
700-30-0526**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 700-30-0526
b Employer ID number (EIN). . . 52-1272129
c Employer's name, address, and ZIP code
 WASHINGTON HOSPITAL CNTR CORP
 Street 5565 STERRETT PLACE 5TH FLOOR
 City COLUMBIA
 State MD ZIP Code 21044
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
101,102.37
3 Social security wages
101,102.37
5 Medicare wages and tips
101,102.32
7 Social security tips

2 Federal income tax withheld
17,664.43
4 Social security tax withheld
6,268.35
6 Medicare tax withheld
14.17
8 Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number .**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Rabia M.I. S
 Last Endris Suff. _____
f Employee's address and ZIP code
 Street 3555 Georgia Ave NW
 City Washington
 State DC ZIP Code 20010-1743
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____
11 Nonqualified plans
12 Enter box 12 below

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	14.17	A: Enter amount attributable to RRTA Tier 2 tax . . .
		M: Enter amount attributable to RRTA Tier 2 tax . . .
		P: Double-click to link to Form 3903, line 4 . . .
		R: Enter MSA contribution for Taxpayer . . .
		Spouse
		W: Enter HSA contribution for Taxpayer . . .
		Spouse
		G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
DC	300000048150	101,102.37	7,139.37

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)

1098-T
Worksheet

Tuition Statement
► Keep for your records

2021

Taxpayer's name <u>Fentaw B Abitew & Rabia S Endris</u>	Social Security No. <u>841-45-7193</u>
--	---

1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2021. Yes ☒ No ☐
- B** A Form 1098-T was received from this institution for **2020** with Box 2 filled in and Box 7 checked Yes ☐ No ☒

Identify Student (Required):

- A** If student is Fentaw or Rabia
Double-click to link this 1098-T to the applicable **Taxpayer or Spouse Student Information Worksheet** ► Fentaw
- B** If student is ILAN
Double-click to link this 1098-T to the applicable **Dependent Student Information Worksheet** ► _____

Filer's name <u>GEORGE MASON UNIVERSITY</u> Street address <u>4400 University Drive</u> City State Zip Code <u>FAIRFAX VA 22030</u> Foreign province/county _____ Foreign postal code Foreign country _____		1 Payments received for qualified tuition and related expenses \$ <u>14,029.</u>	
Filer's Employer Identification Number <u>54-0836354</u>	Student's Taxpayer Identification Number <u>841-45-7193</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Student's name <u>Fentaw</u> Street address Apt. No. <u>3555 Georgia Ave NW</u> City State Zip Code <u>Washington DC 20010-1743</u>		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2022 ► <input type="checkbox"/>
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input checked="" type="checkbox"/>	9 Check if a graduate student . . ► <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2021 14,029.
- B** Enter box 1 amount actually paid during 2021 0.

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) _____
- C** Portion of box 5 amount from scholarships or grants _____
- D** Box 5 amount includes veteran- or employer-provided educational assistance ☐

► Keep for your records

Name(s) Shown on Return
Fentaw B AbitewYour Social Security No.
841-45-7193**Ownership:**Taxpayer ► ☒ Spouse ► ☐ Joint ► ☐ CORRECTED . . ► ☐**Note:** If filing electronically, all payer and recipient information **must** be entered. See page 2 for additional information **required** for boxes 1 through 9.**PAYER'S** name, street address, city, state, ZIP code, and telephone no.Government of District of Columbia
4058 Minnesota Ave, NE

Washington DC 20019

Check box to use Foreign Address . . ► ☐

Foreign Street Address

Foreign City .

Foreign Province . .

Foreign Postal Code

Country .

Payer's TIN Telephone number

52-1181079

Recipient's TIN

841-45-7193

Recipient's name, street address, city, state, ZIP code.Fentaw B Abitew
3555 Georgia Ave NW

Washington DC 20010-1743

Check box to use Foreign Address . . ► ☐

Foreign Street Address

Foreign City .

Foreign Province . .

Foreign Postal Code

Country .

Account number (optional)

1 Unemployment compensation . . . \$ 1,346.**2** State or local income tax refunds, credits, or offsets.
Do not enter here. Enter on Federal Carryover Worksheet.
QuickZoom to Federal Carryover Worksheet ►**3** Box 2 amount is for
tax year**4** Federal income
tax withheld

\$

5 RTAA payments

\$

6 Taxable grants

\$

7 Agriculture payments

\$

8 State or local income tax
refunds, credits, or offsets
from a trade or business

\$

9 Market gain. \$**10a** State**10b** State identification no.I confirm that the state withholding identification
number(s) are accurate ☐**11** State income tax withheld \$

\$

12 a Locality name**13** Local income tax withheld

\$

Additional Government Payments Information

Page 2

Name(s) Shown on Return

Fentaw B Abitew

Your Social Security No.

841-45-7193

State or local abbreviations:

State Local

Enter the abbreviation of the state or locality issuing the payment ▶

Unemployment repaid:

Enter the portion of the amount entered in box 1 that was repaid, if any

Agriculture payments:

(If there is an amount in box 7)

Required: Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . . ▶ Form 4835 line 3a ▶

Schedule F line 6a or 41 . . . ▶ Form 4835 line 5a ▶

Trade or business income:

(If there is an amount in box 8)

Enter the taxable portion of the refund amount reported in box 8.

Required: Double-click to select the form on which to report this income:

Schedule C line 6 ▶ Schedule F line 8 or 43 . . . ▶

Market gain:

(If there is an amount in box 9)

Required: Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . . ▶ Form 4835 line 3a ▶

QuickZoom to another copy of Form 1099-G ▶

Form 1099-Q Summary**2021**

► Keep for your records

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security No.

841-45-7193

Coverdell Educational Savings Account (ESA) Distributions**Recipient
Taxpayer****Recipient
Spouse**

- 1** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another ESA of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Return of 2021 contributions
- e** Less: Return of pre 2021 contributions. These are
reported on the tax return in the year the
contribution was made, not on the 2021 tax return
- 2** Balance of gross Coverdell ESA distributions
- 3** Education expenses not used as basis for credits
- 4** Amount of ESA distributions after return of basis
- 5** Earnings on return of 2021 contributions
- 6** Earnings on non-family member transfer
- 7** Taxable amount of ESA distributions on line 2
- 8** Taxable amount included on Schedule 1 (Form 1040), line 21
- 9** Non-taxable ESA distributions

Gross State Qualified Tuition Plan (QTP) Distributions

- 10** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another QTP of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Expenses refunded and recontributed
- 11** Balance of gross state QTP distributions
- 12** Earnings on state QTP distributions on line 11

Gross Private Qualified Tuition Plan (QTP) Distributions

- 13** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another QTP of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Expenses refunded and recontributed
- 14** Balance of gross private QTP distributions
- 15** Earnings on private QTP distributions on line 14

Taxable Qualified Tuition Plan (QTP) Distributions

- 16** Balance of gross QTP distributions.
- 17** Earnings on QTP distributions on line 16
- 18** Education expenses not used as basis for credits
- 19** Non-taxable QTP distributions
- 20** Taxable amount of earnings on line 17
- 21** Earnings on non-family member transfer (state)
- 22** Earnings on non-family member transfer (private)
- 23** Taxable amount included on Schedule 1 (Form 1040), line 21

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.					

Forms 1099-MISC / 1099-NEC Summary

2021

► Keep for your records

Name(s) Shown on Return
Fentaw B Abitew & Rabia S Endris

Social Security Number
841-45-7193

Box	Description	Taxpayer	Spouse	Total
	Form 1099-MISC Summary			
1	Total Rents			
	► Schedule C			
	► Schedule E			
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income			
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments			
9	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
10	Gross proceeds paid to an attorney			
	► Taxable amount			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14.			
	Form 1099-NEC Summary			
1	Total Nonemployee compensation			
	► Schedule C			
	► Schedule F			
	► Wages			
	► Other Income			
4	Federal tax withheld			
5	State tax withheld — total			

Wages, Salaries, & Tips Worksheet

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
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The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	17,247.	101,102.	118,349.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2021			
b _____			

10 Subtotal. Add lines 1 through 9	17,247.	101,102.	118,349.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	17,247.	101,102.	118,349.

Qualified Business Income Component Worksheet

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
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Aggregate trade or business name	WOGLO HOLDINGS, LLC
Aggregate trade or business ID number (EIN)	87-0946191
Social Security Number of owner if no EIN available	
Reason for no EIN or SSN if none available	

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
WOGLO HOLDINGS, LLC	87-0946191	-5,750.	0.	1,700.

1	Qualified business income (QBI)	-5,750.
If using Simplified Worksheet, stop here.		
2	Taxable Income	
3	Threshold Amount. \$329,800 if MFJ, \$164,925 if MFS, otherwise \$164,900	
4	Subtract line 3 from line 2. If less than 0, enter 0.	
5	Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.	
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	
8	Wages allocable to qualified business income.	
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	
Reductions for Specified Service Trades or Businesses		
Check if Specified Service Trade or Business (SSTB) <input type="checkbox"/>		
11	SSTB reduction to QBI	
12	SSTB reduction to allocable wages.	
13	SSTB reduction to allocable UBIA	
QBI, wages, and UBIA after applicable SSTB reductions		
14	Qualified business income	
15	Allocable wages	
16	Allocable UBIA	
Tentative QBI component		
17	Adjustments for QBI losses	
18	Loss-adjusted QBI (line 14 plus line 17)	
19	Tentative QBI component before limitations (20% of line 18)	
Wages and assets limits		
20	50% of W2 wages	
21	25% of W2 wages	
22	2.5% of UBIA	
23	Sum of 25% of W2 wages and 2.5% of UBIA	
24	Wage and Asset Limit. Larger of line 20 or line 23	
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)	
26	Reduction Amount. Multiply line 6 by line 25.	
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	
28	Qualified payments from agricultural or horticultural coop	
29	Wages allocable to qualified payments from coop	
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	
Qualified business income component amount		
31	Subtract line 30 from line 27	

Qualified Business Income Deduction Summary

2021

► Keep for your records

Name(s) Shown on Return	Social Security Number
Fentaw B Abitew & Rabia S Endris	841-45-7193

QuickZoom to QBI Component Worksheet	►	_____
QuickZoom to Form 8995.	►	_____
QuickZoom to Form 8995-A	►	_____
1 Trade or business name	Net QBI	
WOGLO HOLDINGS, LLC		-5,750.
2 Net qualified business income (QBI) from qualified trades or businesses		-5,750.
3 Loss from previous year		_____
4 Sum of activities with gains (only positive amounts from table on line 1)		_____
5 Sum of activities with losses (only negative amounts from table on line 1)		-5,750.
6 Check if using Simplified Computation (Form 8995)	<input checked="" type="checkbox"/>	
7 QBI component from Form 8995 line 5 or Form 8995A line 16		0.
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6		-5,750.
9 Total REIT dividends		_____
10 PTP Income from non-SSTBs		_____
11 PTP Income from SSTBs		_____
12 Allowed PTP Income from SSTBs		_____
13 Total Allowed PTP income (sum of line 10 and line 12)		_____
14 Carryover REIT/PTP losses from prior year		_____
15 Total REIT/PTP income		_____
16 20% of total REIT/PTP income		_____
17 Disallowed REIT/PTP loss		0.
18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income)		0.
19 Taxable income before qualified business income deduction.	88,627.	_____
20 Net capital gains	0.	_____
21 Taxable income minus net capital gains. If zero or less, enter -0-	88,627.	_____
22 20% of taxable income minus net capital gains	17,725.	_____
23 QBI deduction before DPAD.	0.	_____
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>		
24 Section 199A(g) deduction for domestic production activities		_____
25 Total 199A (QBI) deduction (sum of lines 23 and 24)		0.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Fentaw B Abitew & Rabia S Endris

Social Security Number
841-45-7193

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D	16	
a	Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2021

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
Fentaw B Abitew & Rabia S EndrisSocial Security Number
841-45-7193

1 a	Enter your taxable income from Form 1040, line 15	1 a	88,627.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . .	b	
c	Add lines 1a and 1b	1 c	88,627.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	82.
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	88,627.
15	Enter: • \$40,400 if single or married filing separately, • \$80,800 if married filing jointly or qualifying widow(er), or • \$54,100 if head of household.	15	80,800.
16	Enter the smaller of line 1c or line 15	16	80,800.
17	Enter the smaller of line 14 or line 16	17	80,800.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	88,627.
19	Enter the smaller of line 1c or: • \$164,925 if single or married filing sep, • \$329,850 if MFJ or qual widow(er), or • \$164,900 if head of household.	19	88,627.
20	Enter the smaller of line 14 or line 19	20	88,627.
21	Enter the larger of line 18 or line 20	21	88,627.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	0.
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	0.
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	0.
26	Enter: • \$445,850 if single, • \$250,800 if married filing separately, • \$501,600 if married filing jointly or qualifying widow(er), or • \$473,750 if head of household.	26	501,600.
27	Enter the smaller of line 1c or line 26	27	88,627.
28	Add lines 21 and 22	28	88,627.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.
30	Enter the smaller of line 25 or line 29	30	0.
31	Multiply line 30 by 15% (0.15)	31	0.
32	Add lines 24 and 30	32	0.
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	0.
34	Multiply line 33 by 20% (0.20)	34	0.
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>10,995.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>10,995.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>10,995.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	<u>10,995.</u>

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 16 ► Keep for your records

2021

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	_____
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	_____
3	Are you filing Schedule D?		
<input type="checkbox"/>	Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
<input type="checkbox"/>	No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	_____
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	_____
6	Enter:		
	\$40,400 if single or married filing separately,	}	6 _____
	\$80,800 if married filing jointly or qualifying widow(er),		
	\$54,100 if head of household.		
7	Enter the smaller of line 1 or line 6	7	_____
8	Enter the smaller of line 5 or line 7	8	_____
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	_____
10	Enter the smaller of line 1 or line 4	10	_____
11	Enter the amount from line 9	11	_____
12	Subtract line 11 from line 10.	12	_____
13	Enter:		
	\$445,850 if single,	}	13 _____
	\$250,800 if married filing separately,		
	\$501,600 if married filing jointly or qualifying widow(er),		
	\$473,750 if head of household.		
14	Enter the smaller of line 1 or line 13	14	_____
15	Add lines 5 and 9	15	_____
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	_____
17	Enter the smaller of line 12 or line 16	17	_____
18	Multiply line 17 by 15% (0.15)	18	_____
19	Add lines 9 and 17.	19	_____
20	Subtract line 19 from line 10	20	_____
21	Multiply line 20 by 20% (0.20)	21	_____
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.		
23	Add lines 18, 21, and 22	23	_____
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.		
		25	_____

- Keep for your records

Name(s) Shown on Return
Fentaw B Abitew & Rabia S Endris

Social Security No.
841-45-7193

Name of reporting financial institution ▶ Robinhood Securities LLC
Acct Number ▶ 889330940 Reporter's Tax ID . . . ▶ 38-4019216

Owner of account ▶

Transactions were not reported to IRS ▶ ☐

Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

Box D transactions to report directly on Sch D, Line 8a (long term)

(Do **not** duplicate any transactions summarized above when making entries in the table below.)

Proceeds	Cost Basis

Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	5,213.77	5,158.64	55.13	6.57	61.70	W
Short term sales with cost basis reported to the IRS						
Totals	5,213.77	5,158.64	55.13	6.57	61.70	

Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	5,214.00	5,159.00	7.00	W	62.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Total Federal Backup Withholding State ID

State Backup Withholding _____

Total State Backup Withholding

Total Collectible Gain

Qualified Small Business (QSB) gain (Sec 1202)

Maximum 50% exclusion gain			
Maximum 60% exclusion gain			
Maximum 75% exclusion gain			
Maximum 100% exclusion gain			

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

☐ _____

Name(s) Shown on Return
Fentaw B Abitew & Rabia S Endris

Social Security No.
841-45-7193

Name of reporting financial institution ▶ Robinhood Securities LLC
Acct Number ▶ 889330940 Reporter's Tax ID . . . ▶ 38-4019216

Owner of account ▶

Transactions were not reported to IRS ▶ ☐

Quick Entry Table

If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description	Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
Box	Adjustment Amount	Adjustment Code(s)	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?	
Additional fields for use by Step-by-Step and Import only (See help)						
1	00847G705	AGENUS INC. COMMON STOCK 1	Check here if this summarizes multiple sales. . . . ▶			
A	01/04/21	12/28/20	3.21	3.42	0.00	
		S	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶						
	0.00					X
X						
2	268158201	DYNAVAX TECHNOLOGIES CORPORATI ON COMMON STOCK 1	Check here if this summarizes multiple sales. . . . ▶			
A	01/04/21	12/28/20	4.51	5.30	0.00	
		S	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶						
	0.00					X
X						
3	68375N103	OPKO HEALTH, INC. COMMON STOCK 1	Check here if this summarizes multiple sales. . . . ▶			
A	01/04/21	12/28/20	4.03	4.25	0.00	
		S	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶						
	0.00					X
X						
4	G9604C107	MBIWI TECHNOLOGY COMPANY LIMIT ED ORDINARY SHARES 0	Check here if this summarizes multiple sales. . . . ▶			
A	04/16/21	12/18/20	3.54	41.20	0.00	
		S	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶						
	0.00					X
X						
	See TQUICK			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
Sale(s) missing info?						

Sale Results

[illegible]

- Keep for your records

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security No.

841-45-7193

Name of reporting financial institution ▶ Robinhood Securities LLC

Acct Number ▶ 961391315 Reporter's Tax ID . . . ▶ 38-4019216

Owner of account ►

Transactions were not reported to IRS ☐

Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

Box A transactions to report directly on Sch D, Line 1a (short term)

Box D transactions to report directly on Sch D, Line 8a (long term)

(Do **not** duplicate any transactions summarized above when making entries in the table below.)

Proceeds	Cost Basis

Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	57.42	37.00	20.42	0.00	20.42	
Short term sales with cost basis reported to the IRS						
Totals	57.42	37.00	20.42	0.00	20.42	

Totals gains/losses as they will appear on Form 8949 and Schedule D.

Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	57.00	37.00			20.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Total Federal Backup Withholding. **State ID** _____

State Backup Withholding _____

Total State Backup Withholding

Total Collectible Gain

Qualified Small Business (QSB) gain (Sec 1202)

Maximum 50% exclusion gain			
Maximum 60% exclusion gain			
Maximum 75% exclusion gain			
Maximum 100% exclusion gain			

PDF Attachment

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

[illegible]

Name(s) Shown on Return
Fentaw B Abitew & Rabia S Endris

Social Security No.
841-45-7193

Name of reporting financial institution ▶ Robinhood Securities LLC
Acct Number ▶ 961391315 Reporter's Tax ID . . . ▶ 38-4019216

Owner of account ▶

Transactions were not reported to IRS ▶ ☐

Quick Entry Table

If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description	Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box						
Adjustment Amount	Adjustment Code(s)	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?		
<i>Additional fields for use by Step-by-Step and Import only (See help)</i>						
1	594960304 MICROVISION, INC. COMMON STOCK 4		Check here if this summarizes multiple sales. . . . ▶			
A	04/22/21	12/22/20	57.42	37.00	0.00	
	S		Yes X	No	Yes X	No
Check to use worksheet (see help) ▶			O			
	0.00				X	
X			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No	Yes	No
Check to use worksheet (see help) ▶						
			Check here if this summarizes multiple sales. . . . ▶			
			Yes	No		

Sale Results

[illegible]

Social Security No.
841-45-7193

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

IRA Contributions Worksheet

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
---	---------------------------------------

Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2022 to 4/18/2022 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet.		
13	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2021

► Keep for your records

Fentaw B Abitew & Rabia S Endris

841-45-7193

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
20	Contributions recharacterized from a traditional IRA, (from In 4). . .		
21	Roth IRA contributions, from Schedule(s) K-1		
22	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions		
24	Roth IRA contributions. Combine lines 20 through 23		
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>		
26	Excess Roth IRA contribution credit		
27	Total Roth IRA contributions		
28	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation		
30	Excess Roth IRA contributions, to Form(s) 5329, line 23		
Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

2021

Name(s) Shown on Return
Fentaw B Abitew & Rabia S Endris

Social Security Number
841-45-7193

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/21		04/15/21			04/15/21		
2	06/15/21		06/15/21			06/15/21		
3	09/15/21		09/15/21			09/15/21		
4	01/18/22		01/18/22			01/18/22		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2021					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2021 extensions	0.				

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				19,148.	8,105.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				19,148.	8,105.	
20	Total Tax Payments for 2021				19,148.	8,105.	

Prior Year Taxes Paid In 2021 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2020 extensions				
22	2020 estimated tax paid after 12/31/2020				
23	Balance due paid with 2020 return				
24	Other (amended returns, installment payments, etc) . .				

25 Amount paid with 2020 federal extension _____ Date paid. . . . _____
(If blank, 5/17/2021 will be used)

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	114,027.
(2) Nontaxable income entered elsewhere on return	_____
(3) Available income: 2020 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	_____
(5) Total available income	114,027.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables _____

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items _____

f Total general sales tax per tables plus sales tax on specific items _____

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items). _____

h State and Local Income Taxes:

State and Local Income taxes 8,105.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 8,105.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098 _____

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real property taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2020 Amount Enter 2021 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2020 Amount Enter 2021 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real property taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above.	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
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State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	8,105.
2 2021 state estimated taxes paid in 2021	2	
3 2020 state estimated taxes paid in 2021	3	
4 Amount paid with 2020 state application for extension	4	
5 Amount paid with 2020 state income tax return	5	
6 Overpayment on 2020 state income tax return applied to 2021 tax	6	
7 Other amounts paid in 2021 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2021 local estimated taxes paid in 2021	10	
11 2020 local estimated taxes paid in 2021	11	
12 Amount paid with 2020 local application for extension	12	
13 Amount paid with 2020 local income tax return	13	
14 Overpayment on 2020 local income tax return applied to 2021 tax	14	
15 Other amounts paid in 2021 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17	17	
18 Total Add lines 1 through 17	18	8,105.
19 State and local refund allocated to 2021	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20.	21	
22 Total state and local income tax deduction Line 18 less line 21	22	8,105.

Nondeductible State Income Tax (Hawaii Only)

23 Nontaxable federal employee cost of living allowance	23	
24 Adjusted gross income	24	
25 Add lines 23 and 24	25	
26 Nondeductible percent. Line 23 divided by line 25	26	%
27 Hawaii state income tax included in line 18	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

Charitable Deduction Limits Worksheet For Current Year Contributions

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
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Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 100% limit organizations	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	114,027.
---	--	---	----------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	
10	Deductible amount. Enter the smaller of line 7 or line 9.	10	
11	Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12	
13	Subtract line 10 from line 12	13	
14	Deductible amount. Enter the smaller of line 6 or line 13.	14	
15	Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16	
17	Add lines 5, 6, and 7.	17	
18	Subtract line 17 from line 16	18	
19	Multiply line 8 by 0.3	19	
20	Add lines 3 and 4	20	
21	Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a	Cash portion of deductible amount - for Sch A line 11	a	
b	Non-cash portion of deductible amount - for Sch A line 12.	b	
22	Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23	
24	Add lines 6 and 7	24	
25	Subtract line 24 from line 23	25	
26	Multiply line 8 by 0.3	26	
27	Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28	Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
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Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	114,027.
	Percentage of line 8	Used in Current Year
a 60% AGI limit to line 9	68,416.	Less 0.
b 50% AGI limit to line 12	57,014.	Less 0.
c 30% AGI limit, Section C to line 19	34,208.	Less 0.
d 30% AGI limit, Section D to line 26	34,208.	Less 0.
e 20% AGI limit to line 35	22,805.	Less 0.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a Cash portion of deductible amount - for Sch A line 11	a	
b Non-cash portion of deductible amount - for Sch A line 12	b	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

- Keep for your records

Social Security Number
841-45-7193

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals: _____				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2021 contributions							
2 2021 contributions allowed							
3 Carryovers from:							
a 2020 tax year		N/A					
b 2019 tax year		N/A					
c 2018 tax year		N/A					
d 2017 tax year		N/A					
e 2016 tax year		N/A					
4 Carryovers allowed in 2021		N/A					
5 Carryovers disallowed in 2021		N/A					
6 Carryovers to 2022:							
a From 2021.							
b From 2020.		N/A					
c From 2019.		N/A					
d From 2018.		N/A					
e From 2017.		N/A					
f From 2016.		N/A					

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 60%/50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Fentaw B Abitew & Rabia S Endris

Social Security Number
841-45-7193

FOR STATE USE ONLY: Employee Business Expenses — Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees	7	
8	Entertainment expenses	8	
9	Other: _____ _____ _____	9	
10	Combine lines 1 through 9	10	

FOR STATE USE ONLY:
Miscellaneous Expenses — Subject to 2% Limitation
Check the box in investment column if an investment expense

Investment
Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	RESERVED		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other: a Prior year government unemployment benefits repaid in 2021 b _____ _____ _____	 	26	
27	Combine lines 11 through 26		27	

FOR FEDERAL AND STATE USE:
Other Miscellaneous Deductions — Not Subject to 2% Limitation

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity		35	
36	Ordinary loss attributable to certain debt instruments		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$750?			
	<input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total		►	1
	<input type="checkbox"/> No. Enter \$1,100			
2	Enter the amount shown below for your filing status.			
	• Single or married filing separately — \$12,550			
	• Married filing jointly — \$25,100		►	2
	• Head of household — \$18,800			
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b			3 a
3 b	If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,350 (\$1,700 if single or head of household)			3 b
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12			3 c

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.

Earned Income Worksheet

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	-5,750.		-5,750.
b Optional Method and Church Employee income			
c Add lines 1a and 1b	-5,750.		-5,750.
d One-half of self-employment tax			
e Subtract line 1d from line 1c	-5,750.		-5,750.
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	-5,750.		-5,750.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	-5,750.		-5,750.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	17,247.	101,102.	118,349.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	11,497.	101,102.	112,599.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	11,497.	101,102.	112,599.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	11,497.	101,102.	112,599.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	-5,750.		-5,750.
16 Wages, salaries, tips, etc	17,247.	101,102.	118,349.
17 Net self-employment loss	5,750.		5,750.
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	17,247.	101,102.	118,349.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees	-5,750.		-5,750.
24 Wages, salaries, tips, etc	17,247.	101,102.	118,349.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	11,497.	101,102.	112,599.

Form 1040
Line 27

Earned Income Credit Worksheet

2021

► Keep for your records

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	118,349.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	118,349.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	-5,750.
6	Medicaid Waiver Payments reported as nontaxable	6	
7	Earned income. Add lines 3, 4, 5, and 6	7	112,599.
8	Enter the credit, from the EIC Table , for the amount on line 7. Be sure to use the correct column for filing status and number of children.	8	0.
	If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.		
9	Enter your AGI from Form 1040, line 11	9	
10	If you have:		
	• No qualifying children, is the amount on line 9 less than \$11,650 (\$17,600 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 9 less than \$19,550 (\$25,500 if married filing jointly)?		
	<input checked="" type="checkbox"/> Yes. Go to line 11 now.		
	<input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 9. Be sure to use the correct column for filing status and number of children	10	
11	Earned income credit.		
	• If 'Yes' on line 10, enter the amount from line 8	11	
	• If 'No' on line 10, enter the smaller of line 8 or line 10		

Enter line 11 amount on Form 1040, line 27.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$21,430 (\$27,380 if married filing jointly) without a qualifying child. |
| <input checked="" type="checkbox"/> | \$42,158 (\$48,108 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$47,915 (\$53,865 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$21,430 (\$27,380 if married filing jointly) without a qualifying child. |
| <input checked="" type="checkbox"/> | \$42,158 (\$48,108 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$47,915 (\$53,865 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$10,000.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ **Without a qualifying child** - The married filing separate filing status is checked.
With a qualifying child - The married filing separate filing status is checked and taxpayer/spouse had the same principal residence for the last 6 months of 2021, and they did not live apart on 12/31 or had no written separation agreement or decree of separate maintenance.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, taxpayer (and spouse if filing joint) are under the minimum age to qualify for EIC.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 ☐ Have qualifying children, but all are qualifying children of another person.
(Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2021.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2021?

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2021?

2 ☐ **Yes**, my dependents lived with me at this address.

☐ **No**, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2021.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>	
Disqualified from Earned Income Credit.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Potential qualifying child count	▶	<u>1</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>1</u>

Schedule SE Adjustments Worksheet

2021

► Keep for your records

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ►	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	-5,750.	
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2	-5,750.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Education Tuition and Fees Summary

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Your Social Security No. 841-45-7193
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Part I - Qualified Education Expense Summary

(a) Student's name First Name MI Last Name Suffix Social Security Number	(b) Qualified Education Expenses	(c) Qualified for: Yes No	(d) Elected Credit if manual	(e) Elected Credit if automatic
Fentaw B Abitew 841-45-7193	2,500. 1,500. 2,500.	Amer Opp Cr . ► <input type="checkbox"/> <input checked="" type="checkbox"/> Lifetime Cr . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/> Reserved . . . ► <input type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
		Amer Opp Cr . ► <input type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . ► <input type="checkbox"/> <input type="checkbox"/> Reserved . . . ► <input type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Amer Opp Cr . ► <input type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . ► <input type="checkbox"/> <input type="checkbox"/> Reserved . . . ► <input type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total qualified expenses	2,500. 1,500.	American Opportunity Credit Lifetime Learning Credit		

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ► ☐
- 2 **Automatic** - Check to use the choices calculated in Part I, column (e) above ► ☒
or
- 3 **Manual** - Check to use the choices you entered in Part I, column (d) above ► ☐

Part III - Summary of Credits

Reserved			
1	Reserved	1	
2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
American Opportunity, Lifetime Learning Credits Summary			
1	Tentative American Opportunity Credit	1	
2	Tentative Lifetime Learning Credit	2	300.
3	Total Education Credits (after limitations)	3	300.

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris		Social Security Number 841-45-7193	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	82.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	88,627.
2	Additions to income	2	
3	Add lines 1 and 2	3	88,627.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	88,627.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	113,727.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	113,727.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	102,354.
6	Enter ATNOL carried to 2020 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	82.	82.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	0.
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	0.
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	0.

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$752,800:		
1 Alternative minimum taxable income, Form 6251	1	
2 Threshold amount	2	
3 Subtract line 2 from line 1	3	
4 Multiply line 3 by 25% (.25)	4	
5 Smaller of line 4 or \$57,300	5	
6 Add line 1 and line 5. Enter on Form 6251, line 4	6	

Exemption – Line 5

1 Enter \$73,600 if single or head of household, \$114,600 if married filing jointly or qualifying widow(er), \$57,300 if married filing separately	1	114,600.
2 Enter your alternative minimum taxable income from Form 6251, line 4	2	113,727.
3 Enter \$523,600 if single or head of household, \$1,047,200 if married filing jointly or qualifying widow(er), \$523,600 if married filing separately	3	1,047,200.
4 Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Multiply line 4 by 25% (.25)	5	0.
6 Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	114,600.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris		Social Security Number 841-45-7193	
1	Enter the amount from Form 6251, line 6	1	
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a	
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c	3	
4	Tax on the amount on line 3. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i> , later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result.	4	
5	Tax on amount on line 2c. If line 2c is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	

Federal Carryover Worksheet

2021

► Keep for your records

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
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2020 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2020 State Extension Information

(a) State	(b) Paid With Extension

2020 Locality Extension Information

(a) Locality	(b) Paid With Extension

2020 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2020 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2020 State Taxes Due Information

(a) State	(e) Paid With Return

2020 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2020 State Refund Applied Information

(a) State	(g) Applied Amount

2020 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2020 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2020 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Fentaw B Abitew & Rabia S Endris

841-45-7193

Other Tax and Income Information		2020	2021
1	Filing status	1	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2	
3	Itemized deductions	3	8,105.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>
5	Adjusted gross income	5	114,027.
6	Tax liability for Form 2210 or Form 2210-F	6	7,495.
7	Alternative minimum tax	7	
8 a	Federal overpayment applied to next year estimated tax	8 a	
b	Federal extension payment for 2020 return	b	

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2020	2021
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a	
b	Spouse's excess HSA contributions as of 12/31	b	

Loss and Expense Carryovers		2020	2021
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss	12 a	
b	AMT Short-term capital loss	b	
13 a	Long-term capital loss	13 a	
b	AMT Long-term capital loss	b	
14 a	Net operating loss available to carry forward	14 a	
b	AMT Net operating loss available to carry forward	b	
15 a	Investment interest expense disallowed	15 a	
b	AMT Investment interest expense disallowed	b	
16	Nonrecaptured net Section 1231 losses from:	16 a	
	a 2021	a	
	b 2020	b	
	c 2019	c	
	d 2018	d	
	e 2017	e	
	f 2016	f	
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a	
	a 2021	a	
	b 2020	b	
	c 2019	c	
	d 2018	d	
	e 2017	e	
	f 2016	f	

Credit Carryovers				2020	2021
18	General business credit			18	
19	Adoption credit from:	a	2021	19 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
		e	2017	e	
		f	2016	f	
20	Mortgage interest credit from:	a	2021	20 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2020	2021
24	Section 179 expense deduction disallowed			24	0.
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

2020 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					
2021 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2021					
b	2020					
c	2019					
d	2018					
e	2017					
28 Amount overpaid less earned income credit						

Qualified Business Income Deduction (Section 199A) carryovers

Qualified Business Income Deduction (Section 199A) carryovers				2020	2021
29	Qualified business loss carryforward			29	-5,750.
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		
		2020	b		

2020 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2021

► Keep for your records

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

Description	Amount
Income	
Wages	118,349.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	-5,750.
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	82.
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	1,346.
Other income	
Total income	114,027.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	114,027.

Depreciation Options

2021

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
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Depreciation for Miscellaneous 2% Itemized Deductions and Form 2106

- 1 Enable state depreciation calculation for assets and vehicles associated with Form 2106 that contain a miscellaneous 2% itemized deduction ☐ Yes ☒ No
- 2 Enable state depreciation calculation for assets associated with Miscellaneous 2% Itemized Deductions ☐ Yes ☒ No

MACRS Convention and Computation

☒ Compute convention (result shown below).

When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2021, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'

- 1 ☒ Half-year convention
- 2 ☐ Mid-quarter convention
- 3 Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited. If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

- | | | |
|--|-----|---|
| 1 a Elect to treat Qualified Real Property as "Section 179 Property" | 1 a | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b Calculated "Total cost of Section 179 property placed in service" | b | 1,700. |
| c Additions or subtractions to calculated total on line 1a | c | |
| 2 If Married Filing Separately, enter: | | |
| a Total cost of eligible property placed in service this year by spouse. | 2 a | |
| b Allocation percentage elected for your return, if other than 50%. | b | % |
| c Section 179 elected on Qualified Real Property this year by spouse | c | |
| 3 a Taxable income computed for the Section 179 limitation | 3 a | 114,299. |
| b Additions or subtractions to taxable income | b | |

State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.

Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
- Delete the entry in the "State" field, or change it to the desired state
- Check the "No" box for "Delete this state's depreciation data from the Federal file now"

States currently entered: DC

- | | | |
|---|---|--|
| State | DC | |
| Delete this state's depreciation data from Federal file when transferring to 2022 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| State | | |
| Delete this state's depreciation data from Federal file when transferring to 2022 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

State Section 179 Dollar Limitation

1	State.	1	DC
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	
c	Allocation percentage elected for state return	c	%
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property".	3 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	1,700.
c	Additions or subtractions to state calculated value	c	
4	State maximum amount	4	25,000.
5	State threshold cost of Section 179 property.	5	200,000.
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	0.
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	25,000.
8	Total state Section 179 elected (Cannot exceed line 7).	8	1,700.
9	Total state Section 179 elected on Qualified Real Property.	9	

State Defaults for post-2017 TCJA Autos/Trucks & Farm PropertyCheck box to reset all state Asset Class defaults shown below. ☐

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AZ	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AR	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
		See State Asset Class Default Statement				See State 2009 Economic Stimulus Default Statement	

State Defaults for Economic Stimulus Depreciation Allowance and 2021 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below. ☐

STATE CALC		STIMULUS BONUS DEPRECIATION			2021 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2027	Full	1,050,000.	2,620,000.
AZ	State	Full	12/31/2012	12/31/2027	Part	1,050,000.	2,620,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
					See State 2009 Economic Stimulus Default Statement		

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179Check box to reset all state Qualified Disaster Area defaults shown below. ☐

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
					See State Qualified Disaster Area Default Statement		

State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179Check box to reset all state Kansas Disaster Zone defaults shown below ☐

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State Kansas Disaster Zone Default Statement	

State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)Check box to reset all state CBEPP defaults shown below ☐

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2020
AZ	Federal	Full	12/20/2006	12/31/2020
AR	None	N/A	N/A	N/A
			See State CBEPP Default Statement	

State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179Check box to reset all state GO Zone defaults shown below ☐

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State GO Zone Default Statement	

State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/VansCheck box to reset all state SDA & Truck/Van defaults shown below ☐

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	Y
				See State Pre-2006 SDA Default Statement				

State Defaults for Sec 179 on Computer Software & Qualified Real PropertyCheck box to reset all state Sec 179 defaults shown below ☐

STATE CALC		COMPUTER SOFTWARE		STATE CALC		QUALIFIED REAL PROPERTY	
						& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AR	Federal	TY2003	PERMANENT	None	N/A	N/A	
			See State Software/Real Property Sec 179 Default Statement				

State Defaults for Asset Class on Qualified Real Property & Farm Machinery/EquipmentCheck box to reset all state Asset Class defaults shown below ☐

STATE CALC		FARM & RETAIL		STATE CALC		QUAL IMPROVEMENT PROP	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AZ	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AR	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017	
			See State Asset Class Default Statement				

State Defaults for Taking Economic Stimulus Depreciation Allowance on Fruit/Nut Tree/Vine in Year Planted/Grafted

 Check box to reset defaults shown below. ☐

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
AL	Federal	Full	12/31/15	12/31/27
AZ	State	Full	12/31/12	12/31/27
AR	State	N/A	N/A	N/A
			See Fruit/Nut Tree/Vine SDA in Year Planted/Grafted	

Two-Year Comparison

2021

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

Income	2020	2021	Difference	%
Wages, salaries, tips, etc		118,349.	118,349.	
Interest and dividend income				
State tax refund				
Business income (loss)		-5,750.	-5,750.	
Capital and other gains (losses)		82.	82.	
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above		1,346.	1,346.	
Total Income		114,027.	114,027.	
Adjustments to Income				
Adjusted Gross Income		114,027.	114,027.	
Itemized Deductions				
Medical and dental				
Income or sales tax		8,105.	8,105.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	0.	8,105.	8,105.	
Standard or Itemized Deduction		25,400.	25,400.	
Qualified Business Income Deduction		0.	0.	
Taxable Income		88,627.	88,627.	
Income tax		10,995.	10,995.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		10,995.	10,995.	
Nonbusiness credits		300.	300.	
Business credits				
Total Credits		300.	300.	
Self-employment tax				
Other taxes				
Total Tax After Credits		10,695.	10,695.	
Withholding		19,148.	19,148.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit		2,700.	2,700.	
Other payments		500.	500.	
Total Payments		22,348.	22,348.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		11,653.	11,653.	
Balance Due				

Current year effective tax rate 7.01 %

Tax Summary
► Keep for your records

2021

Name (s)

Fentaw B Abitew & Rabia S Endris

Total income	114,027.
Adjustments to income	
Adjusted gross income	114,027.
Itemized/standard deduction	25,400.
Qualified business income deduction	0.
Taxable income	88,627.
Tentative tax	10,995.
Additional taxes	
Alternative minimum tax	
Total credits	300.
Other taxes	
Total tax	10,695.
Total payments	22,348.
Estimated tax penalty	
Amount Overpaid	11,653.
Refund	11,653.
Amount Applied to Estimate	
Balance due	0.

2021

Social Security No.
841-45-7193

<p>1 Can you be claimed as a dependent on another person's 2021 return?</p> <p><input checked="" type="checkbox"/> No. Go to line 2</p> <p><input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet</p> <p>2 Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 6</p> <p><input type="checkbox"/> No. If you are filing a joint return, go to line 3.</p> <p style="padding-left: 40px;">If you aren't filing a joint return, go to line 5.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is not limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 5</p> <p>5 Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?</p> <p><input type="checkbox"/> Yes. Enter 0 on line 6 and go to line 7.</p> <p><input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>6 Enter:</p> <ul style="list-style-type: none"> • \$1,400 if single, head of household, married filing separately, qualifying widow(er). • \$1,400 if married filing jointly and you answered "Yes" to question 4, or • \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 <p>7 Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including identification number</p> <p>8 Add lines 6 and 7</p> <p>9 Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?</p> <ul style="list-style-type: none"> • Single or married filing separately-\$75,000 • Married filing jointly or qualifying widow(er)-\$150,000 • Head of household-\$112,500 <p><input type="checkbox"/> Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10</p> <p><input checked="" type="checkbox"/> No. Enter the amount from line 8 on line 12 and skip lines 10 and 11</p> <p>10 Is line 9 more than the amount shown below for your filing status?</p> <ul style="list-style-type: none"> • Single or married filing separately-\$80,000 • Married filing jointly or qualifying widow(er)-\$160,000 • Head of household-\$120,000 <p><input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p><input type="checkbox"/> No. Subtract line 9 from the amount shown above for your filing status.</p> <p>11 Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).</p> <ul style="list-style-type: none"> • Single or married filing separately-\$5,000 • Married filing jointly or qualifying widow(er)-\$10,000 • Head of household-\$7,500 <p>12 Multiply line 8 by line 11.</p> <p>13 Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount to enter here</p> <p>14 Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p>	<p>6 <u>2,800.</u></p> <p>7 <u>1,400.</u></p> <p>8 <u>4,200.</u></p> <p>9</p> <p>10</p> <p>11</p> <p>12 <u>4,200.</u></p> <p>13 <u>4,200.</u></p> <p>14 <u>0.</u></p>
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Compare to U. S. Averages

► Keep for your records

2021

Name(s) Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security No 841-45-7193
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Your 2021 adjusted gross income (AGI) 114,027.
National adjusted gross income range used below from 100,000. to 199,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	118,349.	123,820.
Taxable interest		1,849.
Tax-exempt interest		6,000.
Dividends		6,920.
Business net income less loss	-5,750.	18,862.
Net capital gain	82.	14,480.
Net capital loss		2,134.
Taxable IRAs pensions and annuities		53,255.
Rent and royalty net income less loss		5,334.
Partnership and S corporation net income less loss		27,882.
Taxable social security benefits		26,988.
Medical and dental expenses deduction		21,020.
Taxes paid deduction	8,105.	9,550.
Interest paid deduction		13,745.
Charitable contributions deduction		7,732.
Total itemized deductions	8,105.	33,246.
Child care credit		650.
Education tax credits	300.	1,457.
Child tax credit		3,132.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	114,027.	145,239.
Taxable income	88,627.	117,436.
Income tax	10,995.	16,252.
Alternative minimum tax		7,743.
Total tax liability	10,695.	17,042.

Estimated Taxes and Form W-4 Worksheet

Name: Fentaw B Abitew & Rabia S Endris
SSN: 841-45-7193

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2022 Federal Income Taxes

☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)
☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2022 withholding will be
 Overpayment from my 2021 return. 11,653.
 Amount of my 2021 overpayment to apply to 2022 instead of refunding it

Enter Your Filing Status and Other Information for Your 2022 Tax Return

Choose your filing status 2 - Married filing jointly

Taxpayer age as of the end of 2022 34
 Spouse age as of the end of 2022 30

Do you qualify for an additional standard deduction?

Taxpayer:
Spouse: **Total** 0

☐ Check if you must itemize in 2022. (See Tax Help.)

Dependent of Another

☐ Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:

	2021	2022
Number of qualifying children dependents age 16 and under	1	1
Number of qualifying children dependents age 17 to 23	0	0
Number of other dependents on return	0	0

Enter Your 2022 Income and Deductions in 2nd column

	2021 Actual	2022 Expected
Compensation:		
Annual wages and salary for taxpayer	17,247.	17,247.
Medicare wages for taxpayer (W-2 box 5)	18,032.	17,247.
Annual wages and salary for spouse	101,102.	101,102.
Medicare wages for spouse (W-2 box 5)	101,102.	101,102.
Self-employment Income:		
Schedule C income for taxpayer	-5,750.	-5,750.
Schedule C income for spouse		0.
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer	-5,750.	-5,750.
Annual net income from self-employment for spouse		0.

W-2: ☒ Check to populate W-2 table from 2021 return

Employer	Owner	Wages	2021 Withholding	2022 Wages	2022 Withholding
INTUIT INC	Taxpayer	17,246.96	1,484.38	17,247.00	1,484.00
WASHINGTON HOSPITAL CNTR CORP	Spouse	101,102.37	17,664.43	101,102.00	17,664.00

Schedule C: ☒ Check to populate Schedule C table from 2021 return

Name	Owner	2021 Income	2021 Expenses	2022 Income	2022 Expenses
CONSULTING	Taxpayer	500.	6,250.	500.	6,250.

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax		82.	82.
Qualified dividends			
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses		82.	82.
Net long-term capital gains or losses			
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>) . . .		1,346.	1,346.
Foreign income or housing exclusions.			
Adjustments:			
Deductible IRA contributions, alimony, etc			
Itemized Deductions:			
Total medical expenses			
State and local property and income taxes (or sales tax)		8,105.	8,105.
Deductible foreign income taxes			
Deductible mortgage interest			
Cash charitable contributions			
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Standard Deduction:			
Standard deduction		25,100.	25,900.
Charitable cash contributions if using the standard deduction		300.	

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	25,100.	25,900.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)	0.	
Credits:		
Earned Income Tax Credit		
Child Tax Credit		2,000.
Child and Dependent Care Credit		
Education Credits	300.	300.
Other Credits.	0.	0.

Fentaw B Abitew & Rabia S Endris

841-45-7193 Page 2

Income Tax Calculation for Your 2022 Tax Return	2021 Actual	2022 Expected
Taxable income	88,627.	88,127.
Income tax	10,995.	10,622.
Alternative minimum tax (Enter Alt Min tax expected in 2022) . . .		
Premium tax credit repayment (Enter amt expected for 2022) . . .		
Total credits (Enter credits expected in 2022)	300.	2,300.
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2022)	0.	
Total federal income tax	10,695.	8,322.
Enter the Tax Payments You've Already Made for Your 2022 Tax Return		
The federal income tax actually withheld from your paychecks to date		
Taxpayer		1,484.
Spouse		17,664.
Federal estimated tax payments you've already made		
Payment number 1 (April 18, 2022)		
Payment number 2 (June 15, 2022)		
Payment number 3 (September 15, 2022)		
2021 federal overpayment credited to 2022 (<i>from page 1 above</i>)		
Total taxes paid to date		19,148.
Balance of payments needed or (expected refund).		-10,826.

Summary of Taxes to be Paid for 2022	
Federal income taxes to be withheld from your paychecks	
Your 2021 federal overpayment you applied to 2022.	
Your 2022 federal estimated taxes,	
based on <u>100% of your 2021 actual tax</u>	
Estimate of total payments you will need to make for 2022	

Estimated Tax Payment Options

Name: Fentaw B Abitew & Rabia S Endris
SSN: 841-45-7193

Prepare My 2022 Estimated Taxes Based on		Tax Amount
<input type="checkbox"/>	90% of tax on your 2022 estimated taxable income	7,490.
<input type="checkbox"/>	100% of tax on your 2022 estimated taxable income	8,322.
<input type="checkbox"/>	66-2/3% of tax on your 2022 estimated taxable income (for farmers and fishermen only, see Tax Help)	5,548.
<input checked="" type="checkbox"/>	100% (110%) of your 2021 taxes (prior-year exception) Note: If your 2021 taxes were less than \$1000, see Tax Help	7,495.

Amount of Estimated Taxes to Pay in 2022	
Taxes based on method above	7,495.
Expected withholding for 2022 . . . (.2021 actual withholding)	19,148.
Taxes due after withholding	0.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	0.

Round My Payments Up	
<input type="checkbox"/>	To the next \$10
<input type="checkbox"/>	To the next \$100

Prepare Estimated Tax Payment Vouchers	
<input checked="" type="checkbox"/>	The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/>	Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/>	No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2022	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/>	Payment number 1, due April 18, 2022
<input type="checkbox"/>	Payment number 2, due June 15, 2022
<input type="checkbox"/>	Payment number 3, due September 15, 2022
<input type="checkbox"/>	Payment number 4, due January 17, 2023

Total estimated tax payments for 2022	
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Print Estimated Tax Vouchers	
<input checked="" type="checkbox"/>	Yes, print those prepared by program
<input type="checkbox"/>	No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Fentaw B Abitew & Rabia S Endris</u>
SSN:	<u>841-45-7193</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2022	Taxpayer	Spouse
Your annual salary for this year	<u> </u>	<u> </u>
Salary you have already received in 2022	<u> </u>	<u> </u>
Your remaining salary for this year	0 .	<u> </u>
Number of paychecks you have remaining this year	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
How often you are paid	<u> </u>	<u> </u>
Your gross salary per pay period	<u> </u>	<u> </u>

Form W-4 Personal Withholding Adjustments	Taxpayer	Spouse
Withholding status	<u> </u>	<u> </u>
Additional withholding per pay period	<u> </u>	<u> </u>
Estimated future withholding per pay period	<u> </u>	<u> </u>
Estimated future withholding through remainder of year	<u> </u>	<u> </u>
Top tax rate being withheld	<u> </u> %	<u> </u> %

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	<u> </u>	<u> </u>
Estimated future withholding per pay period	<u> </u>	<u> </u>
Increase/(decrease) in net pay per pay period	<u> </u>	<u> </u>

Summary of Federal Income Taxes to be Withheld in 2022: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	<u> </u>
Spouse's withholding	<u> </u>
Total withholding	<u> </u>

Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, and Green Dot Bank Refund Processing Service Agreement ("Agreement")

Name: Fentaw B Abitew & Rabia S Endris
 Social Security No.: 841-45-7193

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2021 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$39.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND(S), TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND(S) OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND(S) DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND(S) OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2021 FEDERAL INCOME TAX RETURN(S) AND ELECTING TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS (OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2022). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2021 federal tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and Processor to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 11,653.00
Less Processor Refund Processing Fee	\$ 39.00
Less TurboTax Fees	\$ 168.00
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 11,446.00

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2021 federal tax refund(s) from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Processor

to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax, or if your refund proceeds are delayed (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement. You also authorize any amounts outstanding pursuant to this Agreement to be deducted from refunds that you may receive up to 24 months after the date of this Agreement and process through the Processor.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2021 federal tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2021 federal tax refund(s). Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3, including the \$39.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund(s). No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 70010, Pasadena, CA 91117 or via the Internet at <http://sbtpg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 054001220

Account # 2677448660

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund(s) but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to

provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund(s) is received by us, upon receipt of your federal tax refund(s) from the IRS we will return your tax refund(s) to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refunds to the IRS and you will need to work with the IRS directly for disbursement.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO Box 70010, Pasadena, CA 91117 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. Compensation. In addition to any fees paid directly by you to Intuit Inc., Processor will pay compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

11. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

11.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

11.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

11.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

11.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

12. Taxpayer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2021 federal tax refund(s) from the IRS and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2021 TurboTax^(Registered Trademark) User Agreement, (iii) You consent to the release of your 2021 federal tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) You consent to the automatic debiting of your personal bank account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 11; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 11/2021

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and checking account information • transaction history and payment history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	Reasons we can share your personal information	Does Green Dot Bank share?
	For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	Yes
	For joint marketing with other financial companies.	Yes
	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For nonaffiliates to market to you.	No
Questions?	Call 1-800-901-6663	

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What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • tell us where to send the money or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies, such as Santa Barbara Tax Products Group, LLC.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Green Dot Bank does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>

**Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation,
a Delaware corporation, and Civista Bank Refund Processing Service Agreement ("Agreement")**

Name: Fentaw B Abitew & Rabia S Endris
 Social Security No.: 841-45-7193

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2021 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$39.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND(S), TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND(S) OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND(S) DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND(S) OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2021 FEDERAL INCOME TAX RETURN(S) AND ELECTING TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS (OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2022). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2021 federal tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and Processor to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 11,653.00
Less Processor Refund Processing Fee	\$ 39.00
Less TurboTax Fees	\$ 168.00
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 11,446.00

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2021 federal tax refund(s) from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax, or if your refund proceeds are

delayed (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement. You also authorize any amounts outstanding pursuant to this Agreement to be deducted from refunds that you may receive up to 24 months after the date of this Agreement and process through the Processor.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2021 federal tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2021 federal tax refund(s). Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3, including the \$ 39.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund(s). No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 70010, Pasadena, CA 91117 or via the Internet at <http://sbtptg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 054001220

Account # 2677448660

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund(s) but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund(s) is received by us, upon receipt of your federal tax refund(s) from the IRS we will return your tax refund(s) to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund(s) to the IRS and you will need to work with the IRS directly for disbursement.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO Box 70010, Pasadena, CA 91117 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. **Compensation.** In addition to any fees paid directly by you to Intuit Inc., Processor will pay compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

11. **Arbitration Provision.** You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

11.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

11.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

11.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

11.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

12. Taxpayer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2021 federal tax refund(s) from the IRS and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2021 TurboTax^(R) User Agreement, (iii) You consent to the release of your 2021 federal tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) You consent to the automatic debiting of your personal bank account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 11; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 09/2021

Civista Bank Tax Product Privacy Policy**FACTS** What does Civista Bank do with your Personal Information?

Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none">• Social Security number and account balances• payment history and transaction history• overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Call Toll Free: 800-901-6663 or go to www.civista.bank	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Our joint marketing providers include: financial service providers that offer additional payment products.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Fentaw B Abitew & Rabia S Endris

Primary SSN: 841-45-7193

Federal Return Submitted: Your return was electronically transmitted on 06/10/2022

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 06/10/2022

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2022. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on April 18, 2022, your Intuit electronic postmark will indicate April 18, 2022, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2022, and a corrected return is submitted and accepted before April 23, 2022. If your return is submitted after April 23, 2022, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 17, 2022. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2022, and the corrected return is submitted and accepted by October 22, 2022.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Green Dot Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	Free option with your purchase of a Tax Product ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2021

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐

Preparer Tax ID # (PTIN) _____

NY Tax Preparer Registration # _____ or NY Exclusion Code _____

For NM, OR Preparers Only: State ID# _____

Preparer E-mail _____ Print date on return? ☐

Preparer Phone _____ CAF # _____

Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
- ☐ File **state** returns electronically
- ☐ File **other** returns electronically

Select state returns to file electronically:

State(s)

Select other returns to file electronically:

Other Return(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
- ☐ State return printed and mailed to state agency
- ☐ Other return printed and mailed

Select state returns to file by mail:

State(s)

Select other returns to file by mail:

Other Return(s)

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- ☐ File **federal** amended return(s) electronically
- ☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal amended return printed and mailed
- ☐ State amended return printed and mailed

Select state amended return(s) to file by mail:

State(s)

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

☐ Sign return electronically using Practitioner PIN

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
- ☐ Taxpayer(s) entered own PIN(s)
- ☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Date PIN entered.

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

	Driver's license
	State issued identification card
	Passport
	Account statement from financial institution
	Utility billing statement
	Credit card billing statement

	To indicate a client return download in FnF
	New Finish and File enabled

[illegible]

Loan Agreement

See the PDF version of this

☐ Show form in forms mode - developer option

Fentaw B Abitew & Rabia S Endris	NAME
841-45-7193	SSN

<input type="checkbox"/>	Agree
<input type="checkbox"/>	Not Agree

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39.00 FEE - paragraph 1	
11,653.00 L1 - para 3 - expected fed refund	
39.00 L2 - para 3 - processor refund processing fee - rtfee	
168.00 L3 - para 3 - TurboTax Fees	
ADDPKDS - para 3 - Additional products	
11,446.00 L4 - para 3 - expected proceeds	
39.00 FEE2 - para 6	

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BNDL - para 3 - Premium/MAX fees	
168.00	TTFEES - para 3 - TurboTax fees
L2 - para 3 - Additional products & services	
11,446.00	L3 - para 3 - expected proceeds

☐ Agree

☐ Not Agree

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11,653.00	L1 - paragraph 3 - expected fed refund
BNDL - para 3 - Premium/MAX fees	
168.00	TTFEES - para 3 - TurboTax fees
L2 - para 3 - Additional products & services	
11,446.00	L3 - para 3 - expected proceeds

☐ Agree

☐ Not Agree

Loan Agreement

See the PDF version of this

☐ Show form in forms mode - developer option

<u>Fentaw B Abitew & Rabia S Endris</u>	NAME
<u>841-45-7193</u>	SSN

<u>11,653.00</u>	L1 - paragraph 3 - expected fed refund
<u></u>	BNDL - para 3 - Premium/MAX fees
<u>168.00</u>	TTFEES - para 3 - TurboTax fees
<u></u>	L2 - para 3 - Additional products & services
<u>11,446.00</u>	L3 - para 3 - expected proceeds

<input type="checkbox"/>	Agree
<input type="checkbox"/>	Not Agree

Loan Agreement

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<u>11,446.00</u>	L3 - para 3 - expected proceeds

<input type="checkbox"/>	Agree
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<input type="checkbox"/>	Agree
<input type="checkbox"/>	Not Agree

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<u></u>	L2 - para 3 - Additional products & services
<u>11,446.00</u>	L3 - para 3 - expected proceeds

<input type="checkbox"/>	Agree
<input type="checkbox"/>	Not Agree

Smart Worksheets From 2021 Federal Tax Return

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address. . . 3555 Georgia Ave NW

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Washington DC 20010-1743

Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>		
A	QBI worksheet to report (double-click to link)	WOGLO HOLDINGS, LLC
B	Trade or Business Name	WOGLO HOLDINGS, LLC
C	Trade or Business ID Number	87-0946191
D 1	Is this a Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If No, is income attributable to a SSTB? (see Help)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	QBI worksheet for SSTB income (this will auto-populate if Yes)	
4	Percentage of qualified income attributable to SSTB	%
E 1	Tentative Sch C profit (loss) from this business	-5,750.
2	Adjustments to qualified business income	0.
3	Tentative Sch C profit (loss) from qualified business	-5,750.
4 a	Calculated QBI allowed after passive/at-risk limits	-5,750.
b	Adjustments to allowed QBI	
c	Allowable QBI after loss limits	-5,750.
5	Self employed deductions connected to this business	
a	Self employed health insurance for this business	0.
b	Total deduction for 1/2 self employment tax	
c	Deduction for 1/2 S.E. tax connected to this business	0.
d	Total deduction for S.E. retirement contributions	
e	S.E. retirement deduction connected to this business	0.
	Total self employed deductions connected to this business	0.
6	Sch C profit (loss) after S.E. deductions	-5,750.
7	Additional deductions related to this business reported on separate schedules	
8	Net profit (loss) after adjustments, limitations, and deductions	-5,750.
9	Allowable Sch C profit (loss) allocated to SSTB	0.
10	Allowable Sch C profit (loss) from this business	-5,750.
F 1	Ordinary gain (loss) from business assets	0.
2	Ordinary gain (loss) adjustments	
3	Qualified ordinary gain (loss)	0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.
b	Adjustments to allowed QBI	
c	Allowable short-term qualified gain (loss) after passive/at-risk limits	0.
5	Allowable ordinary gain (loss) allocated to SSTB	0.
6	Allowable ordinary gain (loss)/recapture from this business	0.
G 1	Section 1231 gain (loss) from business assets	0.
2	Section 1231 gain (loss) adjustments	
3	Section 1231 gain (loss) from qualified business	0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.
b	Adjustments to allowed QBI	
c	Allowable ordinary 1231 qualified gain (loss)	0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB	0.
6	Allowable ordinary 1231 gain (loss) from this business	0.

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	-5,750.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	
b Adjustments to previously disallowed losses	
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wksht for previously disallowed losses, if present	
I 1 Tentative wages	0.
2 Adjustments	
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	1,700.
2 Adjustments	
3 Qualified UBIA	1,700.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	
2 Wages allocable to qualified payments from coop	
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . .	
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . .	

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Carryovers to 2021 Smart Worksheet, Continued		
	Regular Tax	QBI
Disallowed Section 179 Deduction by Year		
Before 2018 . . . A Section 179 carryover.		0.
2018 B Section 179 carryover.		
2019 C Section 179 carryover.		
2020 D Section 179 carryover.		
Disallowed At-Risk Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		
Disallowed Passive Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule C			
D Tentative profit (loss)	-5,750.	-5,750.	-5,750.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-5,750.	-5,750.	-5,750.
Related Dispositions			
J Tentative profit (loss)		0.	
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed		0.	

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Carryforward to 2022 Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alt. Min. Tax
A Section 179 carryover	0.		
At-Risk Losses Carryover			
B Schedule C suspended loss			
C Schedule D short-term suspended loss			
D Schedule D long-term suspended loss			
E Form 4797 ordinary suspended loss			
F Form 4797 long-term suspended loss			
Passive Losses Carryover			
G Schedule C suspended loss			
H Schedule D short-term suspended loss			
I Schedule D long-term suspended loss			
J Form 4797 ordinary suspended loss			
K Form 4797 long-term suspended loss			

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

QBI (Section 199A) Losses by Year Smart Worksheet, Continued			
At-risk losses		Regular Tax	QBI
Previously disallowed at-risk losses by year			
Operating Loss	1 Total loss in 2021		
	2 Total allowed loss (all years)		
	3 Allowed loss in 2021		
	4 Freed up loss from before 2018		
	5 Freed up loss from 2018		
	6 If SSTB, reduced loss from 2018		
	7 Freed up loss from 2019		
	8 If SSTB, reduced loss from 2019		
	9 Freed up loss from 2020		
	10 If SSTB, reduced loss from 2020		
Form 4797 ordinary loss	11 Total loss in 2021		
	12 Total allowed loss (all years)		
	13 Allowed loss in 2021		
	14 Freed up loss from before 2018		
	15 Freed up loss from 2018		
	16 If SSTB, reduced loss from 2018		
	17 Freed up loss from 2019		
	18 If SSTB, reduced loss from 2019		
	19 Freed up loss from 2020		
	20 If SSTB, reduced loss from 2020		
Form 4797 long term loss	21 Total loss in 2021		
	22 Total allowed loss (all years)		
	23 Allowed loss in 2021		
	24 Freed up loss from before 2018		
	25 Freed up loss from 2018		
	26 If SSTB, reduced loss from 2018		
	27 Freed up loss from 2019		
	28 If SSTB, reduced loss from 2019		
	29 Freed up loss from 2020		
	30 If SSTB, reduced loss from 2020		
At-risk loss carryforwards to 2022			
Before 2018	A Operating loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

QBI (Section 199A) Losses by Year Smart Worksheet, Continued			
Passive losses		Regular Tax	QBI
Previously disallowed passive losses by year			
Operating Loss	1 Total loss in 2021		
	2 Total allowed loss (all years)		
	3 Allowed loss in 2021		
	4 Freed up loss from before 2018		
	5 Freed up loss from 2018		
	6 If SSTB, reduced loss from 2018		
	7 Freed up loss from 2019		
	8 If SSTB, reduced loss from 2019		
	9 Freed up loss from 2020		
	10 If SSTB, reduced loss from 2020		
Form 4797 ordinary loss	11 Total loss in 2021		
	12 Total allowed loss (all years)		
	13 Allowed loss in 2021		
	14 Freed up loss from before 2018		
	15 Freed up loss from 2018		
	16 If SSTB, reduced loss from 2018		
	17 Freed up loss from 2019		
	18 If SSTB, reduced loss from 2019		
	19 Freed up loss from 2020		
	20 If SSTB, reduced loss from 2020		
Form 4797 long term loss	21 Total loss in 2021		
	22 Total allowed loss (all years)		
	23 Allowed loss in 2021		
	24 Freed up loss from before 2018		
	25 Freed up loss from 2018		
	26 If SSTB, reduced loss from 2018		
	27 Freed up loss from 2019		
	28 If SSTB, reduced loss from 2019		
	29 Freed up loss from 2020		
	30 If SSTB, reduced loss from 2020		
Passive loss carryforwards to 2022			
Before 2018	A Operating Loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating Loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet

Note: Line 11 is presently calculated by subtracting line B from line A, and limiting Line 10 to that amount. If zero or less, **stop**; you cannot take the credit.

- A** Enter the amount from Form 1040, 1040-SR, or 1040-NR line 18 10,995.
B Enter the amount from Schedule 3 (Form 1040), line 1 _____

SMART WORKSHEET FOR: Schedule 8812: Additional Child Tax Credit

Principal Place of Abode and Letter 6419 Information Smart Worksheet

- A 1** Check 'Yes' if you (or your spouse if married filing jointly) have a principal place of abode in the United States for more than half of 2021, otherwise check 'No'. ☒ **Yes** ☐ **No**
2 Check 'Yes' if you (or your spouse if married filing jointly) are a bona fide resident of Puerto Rico for 2021, otherwise check 'No' ☐ ☐
B 1 Advance child tax credit payments received from Letter 6419 - **taxpayer**. 900.
2 Advance child tax credit payments received from Letter 6419 - **spouse** 0.
C 1 Number of qualifying children from Letter 6419 - **taxpayer**. _____
2 Number of qualifying children from Letter 6419 - **spouse** _____
D Check if on your **2020** tax return you filed married filing jointly and on your **2021** tax return you file married filing jointly with a **different** spouse ☐

SMART WORKSHEET FOR: Form 8863: Education Credits
Nonrefundable Credit -- Form 8863, Line 19

1	Enter amount from line 18, Form 8863.	1	<u>300.</u>
2	Enter amount from line 9, Form 8863	2	_____
3	Add lines 1 and 2	3	<u>300.</u>
4	Enter the amount from Form 1040 or 1040-SR, line 18.	4	<u>10,995.</u>
5	Enter the amount from Schedule 3 (Form 1040 or 1040-SR), lines 1 and 2, 6d, and 6l	5	_____
6	Subtract line 5 from line 4	6	<u>10,995.</u>
7	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19.	7	<u>300.</u>

SMART WORKSHEET FOR: Form 4868: Application for Automatic Extension

Mailing Address and Filing Instruction Smart Worksheet

WHERE TO FILE YOUR EXTENSION

MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
KANSAS CITY MO 64999-0045

SMART WORKSHEET FOR: Special Depreciation Allowance Elections

Economic Stimulus Property Smart Worksheet

For property placed in service in 2021
that is eligible to be Qualified Economic Stimulus Property

Check this box to elect OUT of having Qualified Economic Stimulus property
for ALL eligible classes of property ☐

A	3-Year Property	<input type="checkbox"/>
B	5-Year Property	<input checked="" type="checkbox"/>
C	7-Year Property	<input type="checkbox"/>
D	10-Year Property	<input type="checkbox"/>
E	15-Year Property	<input type="checkbox"/>
F	20-Year Property	<input type="checkbox"/>
G	Nonresidential Real Property	<input type="checkbox"/>
H	Computer Software defined under IRC Section 167(f)(1)(B)	<input type="checkbox"/>
I	Water Utility Property	<input type="checkbox"/>
J	Other Asset Class <input type="text"/>	
K	Other Asset Class <input type="text"/>	

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A	Tax 10,995.
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814
C	Additional tax from Form 4972
D	Tax from additional Form(s) 4972
E	Recapture tax from Form 8863
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative
H	Additional tax from Form 8621
I	Tax. Add lines A through G. Enter the result here and include in tax below. 10,995.
J	Form 8621 tax deferral from line 9c (to line 24)

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . .	<input type="checkbox"/>
Marital Status	
Filing Status Selected	

SMART WORKSHEET FOR: Personal Worksheet (Fentaw) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet	
A	Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program
B	Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each
1	Principal.
2	Interest
3	Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No
QuickZoom to Student Loan Interest Deduction Worksheet ►	

SMART WORKSHEET FOR: Personal Worksheet (Rabia) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet	
A	Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program
B	Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each
1	Principal.
2	Interest
3	Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No
QuickZoom to Student Loan Interest Deduction Worksheet ►	

SMART WORKSHEET FOR: Dependent Information Worksheet (ILAN)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you? The whole year
Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more
- B** Who are the parents of this person?
 (Used to determine if additional questions are necessary for children of divorced parents.)
 Both Taxpayer and spouse ☒ ☐
 Taxpayer ☐
 Spouse ☐
- C** Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No
- D** Was this person married on December 31, 2021 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No
 Detailed answers for this question. This dependent:
 - Was married on December 31, 2021 ☐ Yes ☐ No
 - If married, filed a joint return for the year ☐ Yes ☐ No
 - If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No
 - If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No
- E** Is this person a Full time student? ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,300? ☐ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
1 TurboTax Web Only:
 Is the other parent claiming this dependent per the custody agreement? ☐ Yes ☐ No
 Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ No
- H** Who will be claiming this person as a dependent as a result of:
 - an agreement between the parents
 - the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ☒
 Other parent in different return? ☐
 Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (ILAN)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,300 or more or

* They filed a joint return ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (ILAN) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet

- A** Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program _____
- B** Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each
- 1** Principal. _____
- 2** Interest _____
- 3** Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? ☐ Yes ☐ No
- QuickZoom** to Student Loan Interest Deduction Worksheet ► _____

SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

Additional Other Income Allocation Smart Worksheet						
<i>* Enter the state of source for this income (See Tax Help) ▼</i>						
	Federal Amount	Residency Info		Res St	* Src St	Allocated Amount
		From mm/dd	To mm/dd			
Y Not-for-profit (hobby) income . . T						
Not-for-profit (hobby) income . . S						
Z Stock options T						
Stock options S						
AA Miscellaneous other income . . T						
Miscellaneous other income . . S						

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet			
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>			
A	Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B	QBI worksheet to report ▶		
C	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D	I am not a statutory employee	<input type="checkbox"/>	

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>	
A	Is this activity a qualified trade or business under Section 199A? <input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report ▶ _____
C	Specified Service Trade or Business (SSTB)? <input type="checkbox"/> Yes <input type="checkbox"/> No
D	I am not a statutory employee <input type="checkbox"/>

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☒

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on line 5a below _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on line 6a below _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on line 7a below _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

- A** Enter Section 179 carryover from prior year _____
- B** **QuickZoom** to the Asset Entry Worksheet ►
- C** **QuickZoom** to the Depreciation/Amortization Reports ►
- D** **QuickZoom** to Form 4562 for Schedule A ►
- E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? ☐ Yes ☒ No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet**QuickZoom** to enter nontaxable combat pay on Form W-2 ►**A Taxpayer:**

1 Taxpayer, nontaxable combat pay

1a Taxpayer, prior year nontaxable combat pay from 2019

2 Election for earned income credit (EIC):Elect taxpayer's nontaxable combat pay as earned income for EIC? ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect taxpayer's nontaxable combat pay as earned income for DCB? ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ☐ Yes ☐ No**B Spouse:**

1 Spouse, nontaxable combat pay

1a Spouse, prior year nontaxable combat pay from 2019

2 Election for earned income credit (EIC):Elect spouse's nontaxable combat pay as earned income for EIC? ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect spouse's nontaxable combat pay as earned income for DCB? ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ☐ Yes ☐ No**C** You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:Overpayment 11,653. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet

Election to use 2019 earned income for Earned Income Credit

The "Yes" box must be marked on Line A for 2019 earned income to be used
for EIC calculations.**A Elect to use 2019 earned income for EIC** ☐ Yes ☐ No**B** Earned income for EIC from your 2019 return**C** Current year earned income for EIC 112,599.If Line C is equal to or greater than Line B the taxpayer is not eligible
to use 2019 earned income for EIC calculations.**D** You may compare the tax benefit of electing to use 2021 Earned
Income by checking the boxes on line AOverpayment 11,653. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income _____
C	Capital gain net income <u>82.</u>
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u>82.</u>

Is line H, **total investment income** over \$10,000?

☒ **No.** You may take the credit.

☐ **Yes. Stop.** You **cannot** take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Age Requirements Smart Worksheet	
Filers without a qualifying child have certain age requirements. Answer the questions below:	
<input type="checkbox"/>	Taxpayer is a qualified former foster youth, or a qualified homeless youth
<input type="checkbox"/>	Spouse is a qualified former foster youth, or a qualified homeless youth
<p>You qualify as a specified student if you were enrolled in a program that leads to a degree, certificate, or other recognized educational credential and carried at least one-half the normal workload for your course of study during at least 5 calendar months of the year. For purposes of determining whether you were enrolled during at least 5 calendar months, count any month during which you were enrolled for at least part of the month. The 5 months do not need to be consecutive.</p>	
<input type="checkbox"/>	Taxpayer qualifies as a specified student for EIC purposes when filing without a qualifying child
<input type="checkbox"/>	Spouse qualifies as a specified student for EIC purposes when filing without a qualifying child

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Married Filing Separately Smart Worksheet (with one or more qualifying child)	
MFS filers with a qualifying child have additional requirements. Answer the questions below:	
Did you and your spouse have the same principal residence for the last 6 months of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you lived apart from your spouse at the end of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet					
First name Last name	MI Suff	Social security number Relationship	Year of birth Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse, if filing jointly)?	Was the child permanently and totally disabled during any part of 2021?	Lived with taxpayer in the U.S.
ILAN ABITEW	F	805-89-7650 Son	2018 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	12
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only	
<input type="checkbox"/>	Permanent resident of Guam or U.S. Virgin Islands
<input type="checkbox"/>	Nonpermanent resident of Guam or U.S. Virgin Islands

Additional Information From 2021 Federal Tax Return

Form 2441: Child and Dependent Care Expenses

Line 31

Explanation Statement

Due Diligence in Requesting Care Provider Information
THE PROVIDER HAS MOVED AND I AM UNABLE TO FIND THE PROVIDER TO GET THE TIN.

Form 1099-B Worksheet (Robinhood Securities LLC) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

5	14888U101 CATALYST PHARMACEUTICALS, INC. COMMON STOCK 1	Check here if this summarizes multiple sales . . . ▶									
A	05/10/21	04/29/21	4.81	4.71	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ O											
0.00											
X											
6	91381U101 UNITY BIOTECHNOLOGY, INC. COMM ON STOCK 1	Check here if this summarizes multiple sales . . . ▶									
A	05/10/21	04/29/21	4.32	4.90	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ O											
0.00											
X											
7	14888U101 CATALYST PHARMACEUTICALS, INC. COMMON STOCK 1	Check here if this summarizes multiple sales . . . ▶									
A	11/30/21	04/29/21	6.95	4.73	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ O											
0.00											
X											
8	29076N206 EMAGIN CORPORATION 628	Check here if this summarizes multiple sales . . . ▶									
A	11/30/21	11/30/21	1,062.01	1,015.89	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ O											
0.00											
X											
9	91381U101 UNITY BIOTECHNOLOGY, INC. COMM ON STOCK 0	Check here if this summarizes multiple sales . . . ▶									
A	11/30/21	VARIOUS	0.28	0.50	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ O											
0.00											
X											
10	248356107 DENISON MINES CORP 659	Check here if this summarizes multiple sales . . . ▶									
A	12/03/21	12/01/21	1,014.20	1,000.00	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ O											
0.00											
X											
11	29076N206 EMAGIN CORPORATION 891	Check here if this summarizes multiple sales . . . ▶									
A	12/03/21	VARIOUS	1,523.14	1,500.04	4.70						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ O											
0.00											
X											
12	44974L103 IMV INC. COMMON SHARES 50	Check here if this summarizes multiple sales . . . ▶									
A	12/08/21	12/01/21	78.27	69.00	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ O											
0.00											
X											

Form 1099-B Worksheet (Robinhood Securities LLC) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

13	29076N206 EMAGIN CORPORATION 923	Check here if this summarizes multiple sales . . . ▶									
A	12/08/21	12/03/21	1,504.50	1,504.70	1.87						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶		O									
0.00											
X											

Form 4562 Depreciation Options

State Asset Class Default Statement

Continuation Statement

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
CO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
CT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
GA	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
HI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ID	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IA	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
KS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
KY	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
LA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ME	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MD	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MA	None	N/A	N/A	None	N/A	N/A	
MI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NH	None	N/A	N/A	None	N/A	N/A	
NJ	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
NM	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NY	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ND	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OH	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OK	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OR	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
PA	None	N/A	N/A	None	N/A	N/A	
RI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
SC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
UT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
VT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
VA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
WV	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
WI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
XX	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2021 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
CT	Federal	Part	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
DE	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.
GA	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.
ID	State	Full	12/31/2007	12/31/2009	Full	1,050,000.	2,620,000.
IL	State	Part	12/31/2007	12/31/2020	Full	1,050,000.	2,620,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,620,000.
IA	State	Full	12/31/2020	12/31/2027	Full	1,050,000.	2,620,000.
KS	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
KY	State	N/A	N/A	N/A	Full	100,000.	2,620,000.
LA	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
ME	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
MI	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
MN	Federal	Part	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
MS	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
MO	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
MT	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
NE	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
NH	State	N/A	N/A	N/A	Full	500,000.	2,000,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
NY	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
NC	Federal	Part	12/31/2007	12/31/2027	Part	1,050,000.	2,620,000.
ND	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
OH	Federal	Part	12/31/2007	12/31/2027	Part	1,050,000.	2,620,000.
OK	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
OR	State	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
SC	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
UT	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
VT	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
VA	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
WV	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
WI	State	Full	12/31/2007	12/31/2013	Full	1,050,000.	2,620,000.
XX	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.

Form 4562 Depreciation Options

State Qualified Disaster Area Default Statement

Continuation Statement

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
XX	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
XX	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

Form 4562 Depreciation Options**State CBEPP Default Statement****Continuation Statement**

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
CO	Federal	Full	12/20/2006	12/31/2020
CT	Federal	Full	12/20/2006	12/31/2020
DE	Federal	Full	12/20/2006	12/31/2020
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2020
HI	Federal	Full	12/20/2006	12/31/2020
ID	Federal	Full	12/20/2006	12/31/2020
IL	Federal	Full	12/20/2006	12/31/2020
IN	Federal	Full	12/20/2006	12/31/2020
IA	Federal	Full	12/20/2006	12/31/2020
KS	Federal	Full	12/20/2006	12/31/2020
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2020
ME	State	Full	12/20/2006	12/31/2007
MD	Federal	Full	12/20/2006	12/31/2020
MA	Federal	Full	12/20/2006	12/31/2020
MI	Federal	Full	12/20/2006	12/31/2020
MN	State	Full	12/20/2006	12/31/2017

Form 4562 Depreciation Options
State CBEPP Default Statement
Continuation Statement

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2020
MT	Federal	Full	12/20/2006	12/31/2020
NE	None	N/A	N/A	N/A
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A
NM	Federal	Full	12/20/2006	12/31/2020
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2020
ND	Federal	Full	12/20/2006	12/31/2020
OH	Federal	Full	12/20/2006	12/31/2020
OK	Federal	Full	12/20/2006	12/31/2020
OR	Federal	Full	12/20/2006	12/31/2020
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2020
VT	Federal	Full	12/20/2006	12/31/2020
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013
XX	Federal	Full	12/20/2006	12/31/2020

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
XX	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
XX	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

Form 4562 Depreciation Options
State Software/Real Property Sec 179 Default Statement
Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC	& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
GA	Federal	TY2003	PERMANENT	None	N/A	N/A
HI	None	N/A	N/A	None	N/A	N/A
ID	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IA	None	N/A	N/A	State	TY2018	PERMANENT
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MN	None	N/A	N/A	State	TY2010	PERMANENT
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT

Form 4562 Depreciation Options**State Software/Real Property Sec 179 Default Statement****Continuation Statement**

STATE CALC		COMPUTER SOFTWARE		STATE CALC	& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WV	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
XX	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT

Form 4562 Depreciation Options**State Asset Class Default Statement****Continuation Statement**

STATE CALC		FARM & RETAIL		STATE CALC	QUAL IMPROVEMENT PROP	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
CT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
GA	None	N/A	N/A	State	10/22/2004	12/31/2017
HI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ID	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IN	Federal	12/31/2008	12/31/2017	State	12/31/2011	PERMANENT
IA	None	N/A	N/A	State	12/31/2019	PERMANENT
KS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ME	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MD	None	N/A	N/A	State	10/22/2004	PERMANENT
MA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MN	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MS	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NY	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
NC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ND	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OH	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OK	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OR	State	12/31/2008	12/31/2017	State	10/22/2004	PERMANENT
PA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
RI	State	12/31/2013	12/31/2017	State	12/31/2013	PERMANENT
SC	State	12/31/2008	12/31/2009	Federal	10/22/2004	PERMANENT
UT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
VT	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
VA	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
WV	Federal	12/31/2008	12/31/2017	State	10/22/2004	PERMANENT
WI	State	12/31/2008	12/31/2013	State	10/22/2004	PERMANENT
XX	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT

Form 4562 Depreciation Options**Fruit/Nut Tree/Vine SDA in Year Planted/Grafted****Continuation Statement**

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
CO	Federal	Full	12/31/15	12/31/27
CT	Federal	Part	12/31/15	12/31/27
DE	Federal	Full	12/31/15	12/31/27
DC	State	N/A	N/A	N/A
GA	State	N/A	N/A	N/A
HI	State	N/A	N/A	N/A
ID	State	N/A	N/A	N/A
IL	Federal	Part	12/31/15	12/31/27
IN	State	N/A	N/A	N/A
IA	State	N/A	N/A	N/A
KS	Federal	Full	12/31/15	12/31/27
KY	State	N/A	N/A	N/A
LA	Federal	Full	12/31/15	12/31/27
ME	State	N/A	N/A	N/A
MD	State	N/A	N/A	N/A
MA	State	N/A	N/A	N/A
MI	Federal	N/A	12/31/15	12/31/27
MN	Federal	Part	12/31/15	12/31/27
MS	State	N/A	N/A	N/A
MO	Federal	Full	12/31/15	12/31/27
MT	Federal	Full	12/31/15	12/31/27
NE	Federal	Full	12/31/15	12/31/27
NH	State	N/A	N/A	N/A
NJ	State	N/A	N/A	N/A
NM	Federal	Full	12/31/15	12/31/27
NY	State	N/A	N/A	N/A
NC	Federal	Part	12/31/15	12/31/27
ND	Federal	Full	12/31/15	12/31/27
OH	Federal	Part	12/31/15	12/31/27
OK	Federal	Full	12/31/15	12/31/27
OR	Federal	Full	12/31/15	12/31/27
PA	State	N/A	N/A	N/A
RI	State	N/A	N/A	N/A
SC	State	N/A	N/A	N/A
UT	Federal	Full	12/31/15	12/31/27
VT	State	N/A	N/A	N/A
VA	State	N/A	N/A	N/A
WV	Federal	Full	12/31/15	12/31/27
WI	State	Full	12/31/15	12/31/13
XX	Federal	Full	12/31/15	12/31/27

2021 D-40E SUB
District of Columbia Individual Income Tax
Declaration for Electronic Filing

IRS Declaration Control Number (DCN) - - -

Your First name and initial	Last name	Taxpayer Identification Number (TIN)
FENTAW B	ABITEW	841457193

Spouse's/Registered domestic partner's First name and initial	Last name	Spouse's TIN
RABIA S	ENDRIS	700300526

Present Home Address (number, street and suite/apartment number if applicable)	Federal Filing Status
3555 GEORGIA AVE NW	2

City, Town, and State	Zip Code + 4	District of Columbia Filing Status
WASHINGTON DC	200101743	2

PART I - TAX RETURN INFORMATION**PLEASE ENTER WHOLE DOLLAR AMOUNTS**

1. DC Adjusted Gross Income, Form D-40, Line 16	112681.00
2. Total Tax, Form D-40, Line 26	5683.00
3. DC Income Tax Withheld, Form D-40, Line 31	8105.00
4. Total Amount Due, Form D-40, Line 42	.00
5. Net Refund, Form D-40, Line 43	2422.00

PART II - REFUND METHOD	<input checked="" type="checkbox"/> Direct Deposit	<input type="checkbox"/> ReliaCard	<input type="checkbox"/> Paper Check
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For Direct Deposit or Direct Debit enter the following information:

6. Routing Number*	054001220	*Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.
7. Account Number	2677448660	
8. Type of Account	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings

PART III - DECLARATION OF TAXPAYER

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2021 tax year, and to the best of my knowledge and belief, it is true, correct and complete. I/we further declare that the amounts in Part I above are the amounts from my/our electronic income tax return. I consent to allow my/our intermediate service provider, transmitter, or electronic return originator (ERO) to send my/our return to the District of Columbia (DC). I/we authorize DC and its designated financial institution to initiate an ACH electronic funds withdrawal (direct debit). Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

_____ Your Signature	_____ Date	_____ Spouse's Signature	_____ Date
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PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with DC. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above individual income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

_____ ERO's Signature	_____ Date	_____ TIN
--------------------------	---------------	--------------

SELF-PREPARED

_____ Paid Preparer's Signature	_____ Date	_____ TIN
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PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

2021 D-40 SUB Individual Income Tax Return



210404S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID #1555

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if filing an **Amended return**. See instructions.

Your telephone number

2022904258

Mark if
Deceased

Your taxpayer identification number (TIN) **and** Date of Birth (MMDDYYYY)

841457193

09271988

Spouse's/registered domestic partner's TIN **and** Date of Birth (MMDDYYYY)

700300526

08271992

Your first name

M.I. Last name

FENTAW

B ABITEW

Spouse's/registered domestic
partner's first name

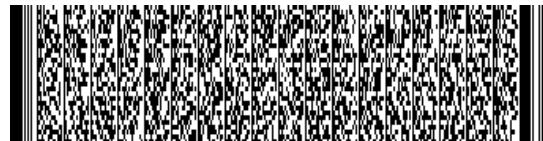
M.I. Last name

RABIA

S ENDRIS

Home address (number, street and suite/apartment number (if applicable))

3555 GEORGIA AVE NW



STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

City

WASHINGTON

State Zip Code + 4

DC 200101743

Email Address

Filing Status

1 **Mark only one:** Single, ☒ Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 **Mark if you are** Part-year resident in DC from (MMDDYYYY) to (MMDDYYYY) See instructions.

3 **Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year?** Yes ☒ No
If no, or if claiming an exemption, complete Schedule HSR (see instructions).

Complete your federal return first – Enter your dependents' information on DC Schedule S

Income Information

Round centsto nearest dollar. If amount is zero, leave line
if blank; minus, enter amount and fill in oval.

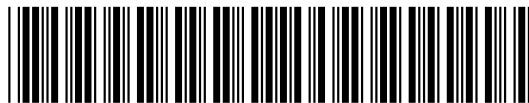
a Wages, salaries, unemployment compensation and/or tips, see instructions.	a	119695.00
b Business income or loss, see instructions.	Mark if loss <input checked="" type="checkbox"/> b	5750.00
c Capital gain or loss.	Mark if loss c	82.00
d Rental real estate, royalties, partnerships, etc.	Mark if loss d	.00

Computation of DC Gross and Adjusted Gross Income

4 **Federal adjusted gross income.** From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 114027.00

Enter your last name ABITEW

Enter your TIN 841457193



210404S21555

Additions to DC Income

5	Franchise tax deducted on federal forms, <i>see instructions</i> .	5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7	Add Lines 4, 5 and 6.	Mark if loss 7	114027.00

Subtractions from DC Income

8	Part year residents, enter income received during period of nonresidence, <i>see instructions</i> .	8	.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12	DC and federal government survivor benefits, <i>see instructions</i> .	12	.00
13	Unemployment Insurance Benefits, <i>see instructions</i> .	13	1346.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15	Total subtractions from DC income, Lines 8-14.	15	1346.00
16	DC adjusted gross income, Line 7 minus Line 15.	Mark if loss 16	112681.00

17 Deduction type. *Take the same type as you took on your federal return. Fill in which type* Standard ☒ or Itemized ☐ *See instructions for amount to enter on Line 17.*

18	DC deduction amount.	18	25100.00
----	----------------------	----	----------

19	DC taxable income. Subtract Line 18 from Line 16.	Mark if loss 19	87581.00
----	---	-----------------	----------

20	Tax. <i>If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.</i>	20	5843.00
----	--	----	---------

Fill in ☐ if filing separately on same return. Complete Calculation J on Schedule S.

21	Credit for child and dependent care expenses 500.00 X .32	21	160.00
----	---	----	--------

From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441

22	Non-refundable credits from DC Schedule U, Part 1a, Line 7. <i>Attach Schedule U.</i>	22	.00
----	---	----	-----

23	Total non-refundable credits. <i>Add Line 21 and Line 22.</i>	23	160.00
----	---	----	--------

24	Subtract Line 23 from Line 20. <i>If less than zero, enter zero</i>	24	5683.00
----	---	----	---------

25	DC Health Care Shared Responsibility. <i>See instructions. If fully covered or fully exempt, enter zero.</i>	25	0.00
----	--	----	------

26	Total tax and DC Health Care Shared Responsibility. <i>Add Line 24 and Line 25.</i>	26	5683.00
----	---	----	---------

27 DC Earned Income Tax Credit Fill in if prior year (2019) earned income *See instructions.*

27a	Enter the number of qualified EITC children.	27b	Enter earned income amount	27b	.00
-----	--	-----	----------------------------	-----	-----

27c	For filers with qualifying children. Enter federal EIC .00 X .40 Enter result >	27d	.00
-----	--	-----	-----

27e	For filers without qualifying children. <i>See instructions for special calculations.</i> Enter result >	27e	.00
-----	---	-----	-----

28	Property Tax Credit. <i>From your DC Schedule H; attach a copy.</i>	28	.00
----	---	----	-----

Enter your last name

ABITEW

Enter your TIN

841457193



210404S31555

29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29</i>	30	.00
31	DC income tax withheld <i>shown on Forms W-2 and 1099. Attach these forms.</i>	31	8105.00
32	2021 estimated income tax payments and amount applied from 2020 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2021 return, enter payments made with original 2021 D-40 return.	34	.00
35	If this is an amended 2021 return, enter refunds requested with original 2021 D-40 return.	35	.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	8105.00
37	Tax Due. <i>Subtract Line 36 from Line 26</i>	37	.00
38	Amount Overpaid. <i>Subtract Line 26 from Line 36.</i>	38	2422.00
39	Amount to be applied to your 2022 estimated tax.	39	.00
40	Underpayment Interest. Fill in the oval and attach Form D-2210.	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. <i>(Cannot exceed amount on Line 38)</i>	41	.00
42	Total Amount Due. <i>Add Lines 37, 40 and 41.</i>	42	.00
43	Net Refund. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	2422.00
Will this refund go to an account outside the U.S. ? Yes No <input checked="" type="checkbox"/> See instructions.			
44	Fill in _____ if either spouse is claiming injured spouse allocation. You must attach Form DC-8379.		

Refund Options: For information on the tax refund card and Program limitations, see instructions or visit our website [MyTax.DC.gov](https://mytax.dc.gov)

Mark **one** refund choice: ☒ Direct deposit or Reliacard (See instructions) or Paper check
 Direct deposit. *To have your refund deposited to your* ☒ **checking or** **savings** *account, fill in and enter bank routing and*
account numbers. See instructions.

Routing Number 054001220

Account Number 2677448660

Fill in ☒ if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee *To authorize another person to discuss this return with OTR, mark here _____ and enter the name and phone number of that person*

Designee's Name

Phone number

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature

Date

Preparer's signature

Date

SELF-PREPARED

Spouse's/registered domestic partner's signature if filing jointly or separately on same return

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

2021 SCHEDULE S Supplemental Information and Dependents



210400S31555

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Unless instructed otherwise -

If you fill in any part of this schedule, attach it to your D-40.

Enter your last name.

ABITEW

Enter your Taxpayer Identification Number(TIN)

841457193

Dependents *If you have more than 8 dependents, list them on an attachment.*

First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
ILAN	F	ABITEW	805897650	SON	08102018

First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
------------	------	-----------	--------------------------------	--------------	--------------------------

First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
------------	------	-----------	--------------------------------	--------------	--------------------------

First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
------------	------	-----------	--------------------------------	--------------	--------------------------

First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
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First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
------------	------	-----------	--------------------------------	--------------	--------------------------

First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
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First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
------------	------	-----------	--------------------------------	--------------	--------------------------

Head of household filers or qualifying widow(er)

Do not enter your information

First name of qualifying non-dependent person	M.I.	Last name	TIN of qualifying non-dependent person	Date of Birth of qualifying non-dependent person (MMDDYYYY)
---	------	-----------	--	---

2021 SCHEDULE S PAGE 2

Last name and TIN ABITEW

841457193



210400S41555

Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers

*If you were born before January 2, 1957, you are considered to be age 65 at the end of 2021

a	Basic standard deduction amount. See instructions.	a	25100.00
b	Enter 1 if you are age 65 or over*	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over*	d	
e	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply 1,350 (1,700 if single or head of household) by number on Line f. See instructions.	g	0.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	25100.00
i	Total number of dependents.	i	1

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Do not combine amounts until Line i.

	You	Your spouse/registered domestic partner
a Federal adjusted gross income Mark if minus a	.00	.00
<i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>		
b Total additions to federal adjusted gross income b	.00	.00
<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>		
c Add Lines a and b. Mark if minus c	.00	.00
d Total subtractions from federal adjusted gross income d	.00	.00
<i>Enter each person's portion of subtractions entered on D-40, Line 15.</i>		
e DC adjusted gross income Subtract Line d from Line c. Mark if minus e	.00	.00
f Deduction amount. Enter each person's portion of the amount entered on D-40, Line 18 (You may allocate this amount as you wish.) f	.00	.00
g Taxable income. Subtract Line f from Line e. Mark if minus g	.00	.00
h Tax. If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions. h	.00	.00
i Add the amounts on Line h, enter here and on D-40, Line 20. i	.00	Total tax

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i

District of Columbia Information Worksheet

2021

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name Fentaw
 Middle Initial B
 Last Name Abitew
 Suffix _____
 SSN or ITIN 841-45-7193
 Occupation Tax Analyst
 Date of Birth 09/27/1988
 Age as of 12-31-2021 or as of date of death . . . 33
 Date of Death _____

Blind

☐ Yes ☒ No

Disabled

☐ Yes ☒ No

Daytime Phone (202) 290-4258 * ☒
 Home Phone _____ * ☐

* Check one of these boxes to print daytime or home phone number on the government forms.

Spouse/Partner:

First Name Rabia
 Middle Initial S
 Last Name Endris
 Suffix _____
 SSN or ITIN 700-30-0526
 Occupation Registered Nurse
 Date of Birth 08/27/1992
 Age as of 12-31-2021 or as of date of death . . . 29
 Date of Death _____

Blind

☐ Yes ☒ No

Disabled

☐ Yes ☒ No

Daytime Phone _____ * ☐

Street Address 1 . . . 3555 Georgia Ave NW Apt Number . . . _____
 Street Address 2 . . . _____
 City Washington State DC ZIP Code 20010-1743
 Foreign Country . . . _____ Foreign State/Province . _____
 Foreign Postal Code . _____ Foreign Daytime Phone . _____
 Check to confirm address information is correct ☐
 Email address _____

Part II — Main Form

☒ Form D-40: Resident Tax Return (Long form) **QuickZoom to Form D-40** ➡
☐ Form D-40: Part-Year Resident Tax Return **QuickZoom to Form D-40** ➡
☐ Form D-40B: Nonresident Request for Refund
 Check for taxpayer copy of Form D-40B . . . ► ☐ **QuickZoom to taxpayer Form D-40B** ➡
 Check for spouse copy of Form D-40B . . . ► ☐ **QuickZoom to spouse Form D-40B** ➡
 Dates of residency in District of Columbia:
 Taxpayer ► From _____ to _____ Number of days in 2021 _____
 Spouse/Partner . . . ► From _____ to _____ Number of days in 2021 _____
☒ Check if you agree to receive your 1099-G Income Tax refund statement electronically. (For D-40 filers)
 Note: For D-40B filers, please check on taxpayer or spouse copy of Form D-40B directly.

Part III — Filing Status

☐ Single
☐ Head of household
☒ Married filing jointly
☐ Married filing separately
☐ Married filing separately on same return
☐ Dependent claimed by someone else
☐ Registered domestic partners filing jointly
☐ Registered domestic partners filing separately on same return
☐ Qualifying widow(er) with dependent child
Yes No
☐ ☒ Is either spouse claiming injured spouse protection?

Part IV — Healthcare shared responsibility questions

Did the taxpayer and, if applicable, all members of their health care shared responsibility family, have qualifying health coverage for every month in 2021?

Yes No
☒ ☐

If all members of the health care shared responsibility family were covered for the entire tax year, then check the 'Yes' box above. No further action is required. The oval on Line 3 of the D-40 will be marked and zero (0) will be entered on Line 25 of the D-40.

If answered "No", the Schedule HSR will be used for determining whether there is a health care penalty. Go to the Healthcare entry worksheet to enter months individuals had coverage and any coverage exemptions.

QuickZoom to Schedule HSR ► _____
QuickZoom to Healthcare entry worksheet ► _____

Part V – Direct Deposit and Direct Debit Information**Yes No**
☒
☐
Do you want to elect **direct deposit** of DC tax refund?Do you want to receive a Reliacard for **DC tax refund**?** **Note:** Refund in the amount less than \$2 or more than \$4,000 will be issued as a paper check.
☐ ☐ Use **direct debit** for **DC tax payment** (Electronic Filing Only)
International ACH Transactions**Yes No**

Will the fund go to or originate from an account outside the U.S.?

☐
☒

Enter the following information for direct deposit or direct debit:

Name of Financial Institution (optional) ▶ Wells Fargo

Check the appropriate box:

Checking. . . . ▶ ☒Routing number . . . ▶ 054001220Savings ▶ ☐Account number . . . ▶ 2677448660

Enter the payment date to withdraw from the account above

State balance-due amount from this return

Part VI – Extension Status**Yes No**
☐
☒

Has the tax return due date been extended by filing IRS Form 4868?

Extended due date

QuickZoom to Form **FR-127**, Application for Extension of Time to File ➔**Part VII - Amended Return**
☐ Filing an amended return this year?

Enter the tax year you are amending

Previous DC payment made

Previous DC refund received

Part VIII – Form 2210 Information
☐ Check this box if you were a 12-month DC resident in 2020

☐ Check if you want the DC Office of Tax and Revenue to figure the underpayment penalty Form D-2210
(See Tax Help for more information)
QuickZoom here to Form D-40 ➔**QuickZoom** here to Form D-40B ➔**QuickZoom** here to Schedule H ➔**QuickZoom** here to Form D-2210 ➔

District of Columbia
Healthcare entry worksheet

2021

Name as Shown on Return
Fentaw B Abitew & Rabia S Endris

Taxpayer Identification Number
841-45-7193

Months covered by Health Care Smart Worksheet

Check the below box to reset the entries below.

☐

a. Name c. DOB	b. SSN d. DOD	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Fentaw B Abitew 09/27/88	841-45-7193	*Nov 2020:			*Dec 2020:									
2 Rabia S Endris 08/27/92	700-30-0526	*Nov 2020:			*Dec 2020:									No months of coverage in 2021
3 ILAN F ABITEW 08/10/18	805-89-7650	*Nov 2020:			*Dec 2020:									No months of coverage in 2021
4		*Nov 2020:			*Dec 2020:									No months of coverage in 2021
5		*Nov 2020:			*Dec 2020:									
6		*Nov 2020:			*Dec 2020:									

*Coverage for November or December of 2020 may be needed in order to calculate the short gap coverage exemption if there was no coverage or exemptions in January or February of 2021. If an individual had an exemption in November or December of 2020, count that as coverage for that month above. (Note this is only for November or December of 2020.)

Request Exemptions Smart Worksheet

Enter requests for exemptions below **except** for short coverage gaps (Code B), shared responsibility family born or died during the year (Code H*), low income (Code L) or maintained minimum essential coverage (Code Z). They will be automatically included in the Health Care Individual Responsibility Calculation Smart Worksheet below this one

Check the below box to reset the entries below.

☐

If you need to add more than one exemption for an individual, add them to the table below. In order for the program to recognize the exemption for that individual the SSN must be correctly indicated.

a. Name of Individual	b. SSN	c. Exemption Type	d. Full Year
e. Jan f. Feb g. Mar h. Apr i. May j. Jun k. Jul l. Aug m. Sep n. Oct o. Nov p. Dec			
A Fentaw B Abitew	841-45-7193		No coverage exemption selected
B Rabia S Endris	700-30-0526		No coverage exemption selected
C ILAN F ABITEW	805-89-7650		No coverage exemption selected
D			
E			
F			

*Code H also includes months before and including the month an individual was added to the shared responsibility by **adoption**. This is not automatically included in the Health Care Individual Responsibility Calculation Smart Worksheet below and must be manually entered in the Request Exemptions Smart Worksheet.

Health Care Individual Responsibility Calculation Smart Worksheet

The letter represents the person's status for the month. Z=Covered, B=Short Gap, H=Before Birth, H=Deceased, L=Low Income, and X=Penalty. Exemption codes in the above table are also used.

Name	SSN	DOB	DOD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Fentaw B Abitew	841-45-7193	09/27/88													
Rabia S Endris	700-30-0526	08/27/92													
ILAN F ABITEW	805-89-7650	08/10/18													

Completion checkbox:

☒ Check this box once you are finished with all the healthcare related entries.

QuickZoom to Schedule HSR - DC Health Care Shared Responsibility ▶
 QuickZoom to Worksheet A - DC Flat Dollar Amount Calculation Worksheet ▶
 QuickZoom to Worksheet B - DC Percentage income Calculation Worksheet ▶
 QuickZoom to Worksheet C - DC Average Bronze Plan Premium Worksheet ▶

Name as Shown on Return

Taxpayer Identification Number

Calculation D - Part-Year Residents

- a** Total itemized deductions from federal 1040 or 1040-SR Schedule A, Line 17, or Form 1040NR, Schedule A, Line 8.
- b** Portion of Line a that applies to the time you were a DC resident
- c** Portion of your state and local tax deduction report on Form 1040 or 1040-SR, . . .
Schedule A, Line 7, or 1040NR, Schedule A, Line 1b, that was paid to DC
- d** Subtract Line c from Line b.
- e** Portion of your state and local real estate deduction from Form 1040 or 1040-SR,
Schedule A, Line 5b that was paid in DC.
- f** Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A,
Line 6 that was paid in DC.
- g** DC itemized deductions. Add Lines d, e and f. If your District Adjusted Gross
Income (AGI) is equal to or less than \$200,000 (\$100,000 if married
separately) stop here and enter this amount on Line 18 of the D-40
stop here and enter this amount on Line 18 of the D-40
DC AGI

Note: If your District AGI is greater than \$200,000 (\$100,000 if Married filing
separately) continue below to determine the allowable itemized deductions

- h** Enter the sum of Form 1040 or 1040-SR, Schedule A Lines 4, 9, & 15
allocable to the time you were a DC resident
- i** Subtract amount on Line h from Line g
- j** Enter the amount of DC AGI
- k** Enter \$200,000 (or \$100,000 if MFS)
- l** Subtract Line k from Line j.
- m** Multiply Line l by 5%.
- n** Subtract amount on Line m from amount on Line i (if < 0, enter 0)
- o** Add the amounts on Lines h and n (enter this on Line 18 of the D-40)

Calculation F - Full-Year Residents

- a** Total itemized deductions from federal Form 1040 or 1040-SR, Schedule A,
Line 17, or Form 1040-NR, Schedule A, Line 8
- b** Total state and local tax deductions. Enter the amount from your Form 1040
or 1040-SR, Schedule A, Line 7, or form 1040-NR, Schedule A, Line 1b.
- c** Subtract Line b from Line a.
- d** State and local real estate tax from Form 1040 or 1040-SR, Schedule A, Line 5b.
- e** Other taxes from Form 1040 or 1040-SR, Schedule A, Line 6.
- f** DC itemized deductions. Add Lines c, d, and e. If your District AGI is
equal to or less than \$200,000 (\$100,000 if Married filing separately)
stop here and enter this amount on Line 18 of the D-40
DC AGI

Note: If your District AGI is greater than \$200,000 (\$100,000 if Married filing
separately) continue below to determine the allowable itemized deductions

- g** Enter the sum of Form 1040 or 1040-SR, Schedule A Lines 4, 9, & 15
- h** Subtract amount on Line g from Line f
- i** Enter the amount of DC adjusted gross income.
- j** Enter \$200,000 (or \$100,000 if MFS)
- k** Subtract Line j from Line i
- l** Multiply Line k by 5%
- m** Subtract amount on Line l from amount on Line h (if < 0, enter 0).
- n** Add the amounts on Lines g and m (enter this on Line 18 of the D-40)

Tax Payments Worksheet

2021

► Keep for your records

Name Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
--	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year		
7	Amount paid with current year extension		
8	Total tax payments		

Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9 State withholding on Forms W-2	966.		7,139.
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-NEC			
c State withholding on Forms 1099-G			
d State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld	966.		7,139.
15 Date return will be filed and balance paid		15	

Name(s) Shown on Return

Fentaw B Abitew & Rabia S Endris

Your Social Security Number

841-45-7193

Part I 2022 Estimated Tax Amount Options**1 Select One of Five Ways to Calculate the Required Annual Payment for 2022 Estimates:**

- a 110% of 2021 taxes (default, see Tax Help) ☒ 6,251.
- b 90% of tax on 2022 estimated taxable income ☐ 5,158.
- c 100% of tax on 2022 estimated taxable income ☐ 5,731.
- d Equal to 100% of overpayment (no vouchers) ☐ 2,422.
- e Enter total amount you want to use for estimates and check box ☐

2 Selected estimated tax amount:

- a 2022 Required Annual Payment based on your choice above 6,251.
- b Estimated amount of 2022 state income tax withholding 8,105.
- c **Total of estimated tax payments required for 2022** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$100 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available (Form D-40, line 36 less line 38) 2,422.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐
- f Amount applied to 2022 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 2,422.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☐ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☒ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2022	2 Jun 15, 2022	3 Sep 15, 2022	4 Jan 17, 2023	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now May 10, check the box in col 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2022

Choose the 2022 filing status:

- ☐ Single
☐ Head of household
☒ Married filing jointly
☐ Married filing separately
☐ Married filing separately on same return
☐ Dependent claimed by someone else
☐ Registered domestic partners filing jointly
☐ Registered domestic partners filing separately on same return
☐ Qualifying widow(er) with dependent child

2021 income and deductions are shown in the '2021 Actual' column below.

***Note:** For each line in the '2022 Estimated' column, enter the estimated 2022 amount **if different** from 2021 or different from what we already calculated. Otherwise, the '2021 Actual' amount will be used for that line.

	2021 Actual	2022 Estimated
A Federal adjusted gross income	114,027.	114,027.
B Deduction amount. If you expect to itemize your deductions, enter the estimated deduction amount. If you expect to take a standard deduction, enter \$25,100 if married or registered domestic partner filing jointly or qualifying widow(er) with dependent children, \$18,800 if Head of Household. All others enter \$12,550.	25,100.	25,900.
C DC income tax to be withheld.	8,105.	
D Property tax credit		
E Other credits (EITC, Child Care Credit, nonrefundable credits)	160.	

Part VI 2022 Estimated Taxable Income and Tax

1 Federal adjusted gross income expected for 2022	1	114,027.
2a Estimated itemized deduction amount allowed for DC, OR	2a	
b Deduction amount, if you expect to take the standard deduction enter \$25,100 if married or registered domestic partner filing jointly or qualifying widow(er) with dependent children, \$18,800 if Head of Household. All others enter \$12,550.	b	25,900.
c Enter 1 if you are age 65 or older.	c	
d Enter 1 if you are blind	d	
e Enter 1 if married or registered domestic partner filing jointly or filing separately on the same return and your spouse/RDP is 65 or over	e	
f Enter 1 if married or registered domestic partner filing jointly or filing separately on the same return and your spouse/RDP is blind	f	

g	Total number of additions to standard deduction. Add lines c through f.	g	
h	Additional standard deduction amount for aged or blind. Multiply \$1,350 (or \$1,700 if the individual is also unmarried and not a surviving spouse) by number on line g	h	
3	Add lines 2b and 2h	3	25,900.
4	Estimated taxable income. If you itemize, subtract line 2a from 1. If you take the standard deduction, subtract line 3 from line 1.	4	88,127.
5	District of Columbia tax. Use the 2021 tax rate table in the instructions.	5	5,891.
6	Property tax credit	6	
7	Other credits. EITC, Child Care Credit, and other nonrefundable credits	7	160.
8	Add lines 6 and 7	8	160.
9	Estimated District of Columbia tax. Subtract line 8 from line 5	9	5,731.

Federal/State Depreciation Adjustment Summary

2021

Name as Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

Schedule C	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
CONSULTING	-5,750.	-5,750.			

Total Schedule C Depreciation Adjustment (Sum of Column E)

Schedule E	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule E Depreciation Adjustment (Sum of Column E)

Schedule F	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule F Depreciation Adjustment (Sum of Column E)

Form 4835	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 4835 Depreciation Adjustment (Sum of Column E)

Federal/State Depreciation Adjustment Summary

2021

Name as Shown on Return

Fentaw B Abitew & Rabia S Endris

Social Security Number

841-45-7193

Schedule K-1 Partnership	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E)

Schedule K-1 S Corporation	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Column E)

Schedule K-1 Estates & Trusts	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Column E).

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E)

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income.

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation.

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation

Federal/State Depreciation Adjustment Summary

2021

Name as Shown on Return Fentaw B Abitew & Rabia S Endris	Social Security Number 841-45-7193
---	---------------------------------------

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E)

Total Federal/State Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income

Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation

Depreciation Adjustment Included in Schedule A Subject to 2% Limitation

Sale of Assets

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
		Form 6252		(1) State	(F) Other Adjustments	
Date Acq	Date Sold	Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Section 179 recapture adjustment from pass-thru K-1 Partnerships and S Corporations

Total Sale of Asset Adjustment

Tax Summary
► Keep for your records

2021

Name(s) Fentaw B Abitew & Rabia S Endris	
Federal adjusted gross income (D-40)	114,027.
Additions (D-40)	
Subtractions (D-40)	1,346.
DC adjusted gross income	112,681.
Standard or itemized deduction	25,100.
Exemption amount	
Taxable income	87,581.
Tax	5,843.
Total non-refundable credits	160.
Net tax	5,683.
Total payments and refundable credits	8,105.
Overpayment	2,422.
Amount applied to 2022 estimated tax	
Tax due	
Contributions	
Refund	2,422.
Underpayment interest	
Total amount due	

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Fentaw B Abitew		Social security number (SSN) 841-45-7193
A Principal business or profession, including product or service (see instructions) CONSULTING	B Enter code from instructions ► 5 4 1 6 0 0	
C Business name. If no separate business name, leave blank. WOGLO HOLDINGS, LLC	D Employer ID number (EIN) (see instr.) 8 7 0 9 4 6 1 9 1	
E Business address (including suite or room no.) ► 3555 Georgia Ave NW City, town or post office, state, and ZIP code Washington, DC 20010-1743		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input checked="" type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	500.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	500.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	500.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	500.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	350.	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,700.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	1,000.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	100.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	3,100.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	6,250.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-5,750.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 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 instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-5,750.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and 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:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

BUSINESS REGISTRATION COST	1,100.
Startup Costs	2,000.
.....	
.....	
.....	
.....	
.....	
48 Total other expenses. Enter here and on line 27a	48 3,100.

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/ScheduleD for instructions and the latest information.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

Fentaw B Abitew & Rabia S Endris

Your social security number

841-45-7193

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	5,271.	5,196.	7.	82.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 82.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 09/09/22 Intuit.cq.cfp.sp

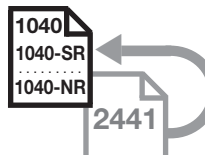
Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	82.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 			
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;">.</div> </div> </div>	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Child and Dependent Care ExpensesDepartment of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form2441 for instructions and
the latest information.

OMB No. 1545-0074

2021Attachment
Sequence No. **21**

Name(s) shown on return

Fentaw B Abitew & Rabia S Endris

Your social security number

841-45-7193

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box ☐

B For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box ☒

Part I Persons or Organizations Who Provided the Care—You must complete this part.If you have more than three care providers, see the instructions and check this box ☐

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
	ASTEDE ABEBE	3555 Georgia Ave Nw Washington DC 20010	SEE STMT	<input type="checkbox"/>	500.
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		
ILAN F	ABITEW	805-89-7650	1,000.

3	Add the amounts in column (c) of line 2. Don't enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	1,000.
4	Enter your earned income . See instructions	4	11,497.
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	101,102.
6	Enter the smallest of line 3, 4, or 5	6	1,000.
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 114,027.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. • If line 7 is \$125,000 or less, enter .50 on line 8. • If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter. • If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.	8	X .50
9a	Multiply line 6 by the decimal amount on line 8	9a	500.
b	If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10	9b	
10	Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your refundable credit for child and dependent care expenses ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11	10	500.
11	Nonrefundable credit for child and dependent care expenses. If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2	11	

Smart Worksheets From 2021 District of Columbia Tax Return Attachment

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address. . . 3555 Georgia Ave NW

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Washington DC 20010-1743

Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>		
A	QBI worksheet to report (double-click to link)	WOGLO HOLDINGS, LLC
B	Trade or Business Name	WOGLO HOLDINGS, LLC
C	Trade or Business ID Number	87-0946191
D 1	Is this a Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If No, is income attributable to a SSTB? (see Help)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	QBI worksheet for SSTB income (this will auto-populate if Yes)	
4	Percentage of qualified income attributable to SSTB	%
E 1	Tentative Sch C profit (loss) from this business	-5,750.
2	Adjustments to qualified business income	0.
3	Tentative Sch C profit (loss) from qualified business	-5,750.
4 a	Calculated QBI allowed after passive/at-risk limits	-5,750.
b	Adjustments to allowed QBI	
c	Allowable QBI after loss limits	-5,750.
5	Self employed deductions connected to this business	
a	Self employed health insurance for this business	0.
b	Total deduction for 1/2 self employment tax	
c	Deduction for 1/2 S.E. tax connected to this business	0.
d	Total deduction for S.E. retirement contributions	
e	S.E. retirement deduction connected to this business	0.
	Total self employed deductions connected to this business	0.
6	Sch C profit (loss) after S.E. deductions	-5,750.
7	Additional deductions related to this business reported on separate schedules	
8	Net profit (loss) after adjustments, limitations, and deductions	-5,750.
9	Allowable Sch C profit (loss) allocated to SSTB	0.
10	Allowable Sch C profit (loss) from this business	-5,750.
F 1	Ordinary gain (loss) from business assets	0.
2	Ordinary gain (loss) adjustments	
3	Qualified ordinary gain (loss)	0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.
b	Adjustments to allowed QBI	
c	Allowable short-term qualified gain (loss) after passive/at-risk limits	0.
5	Allowable ordinary gain (loss) allocated to SSTB	0.
6	Allowable ordinary gain (loss)/recapture from this business	0.
G 1	Section 1231 gain (loss) from business assets	0.
2	Section 1231 gain (loss) adjustments	
3	Section 1231 gain (loss) from qualified business	0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.
b	Adjustments to allowed QBI	
c	Allowable ordinary 1231 qualified gain (loss)	0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB	0.
6	Allowable ordinary 1231 gain (loss) from this business	0.

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	-5,750.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	
b Adjustments to previously disallowed losses	
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wksht for previously disallowed losses, if present	
I 1 Tentative wages	0.
2 Adjustments	
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	1,700.
2 Adjustments	
3 Qualified UBIA	1,700.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	
2 Wages allocable to qualified payments from coop	
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . .	
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . .	

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Carryovers to 2021 Smart Worksheet, Continued		
	Regular Tax	QBI
Disallowed Section 179 Deduction by Year		
Before 2018 . . . A Section 179 carryover.		0.
2018 B Section 179 carryover.		
2019 C Section 179 carryover.		
2020 D Section 179 carryover.		
Disallowed At-Risk Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		
Disallowed Passive Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule C			
D Tentative profit (loss)	-5,750.	-5,750.	-5,750.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-5,750.	-5,750.	-5,750.
Related Dispositions			
J Tentative profit (loss)		0.	
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed		0.	

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

Carryforward to 2022 Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alt. Min. Tax
A Section 179 carryover	0.		
At-Risk Losses Carryover			
B Schedule C suspended loss			
C Schedule D short-term suspended loss			
D Schedule D long-term suspended loss			
E Form 4797 ordinary suspended loss			
F Form 4797 long-term suspended loss			
Passive Losses Carryover			
G Schedule C suspended loss			
H Schedule D short-term suspended loss			
I Schedule D long-term suspended loss			
J Form 4797 ordinary suspended loss			
K Form 4797 long-term suspended loss			

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

QBI (Section 199A) Losses by Year Smart Worksheet, Continued			
At-risk losses		Regular Tax	QBI
Previously disallowed at-risk losses by year			
Operating Loss	1 Total loss in 2021		
	2 Total allowed loss (all years)		
	3 Allowed loss in 2021		
	4 Freed up loss from before 2018		
	5 Freed up loss from 2018		
	6 If SSTB, reduced loss from 2018		
	7 Freed up loss from 2019		
	8 If SSTB, reduced loss from 2019		
	9 Freed up loss from 2020		
	10 If SSTB, reduced loss from 2020		
Form 4797 ordinary loss	11 Total loss in 2021		
	12 Total allowed loss (all years)		
	13 Allowed loss in 2021		
	14 Freed up loss from before 2018		
	15 Freed up loss from 2018		
	16 If SSTB, reduced loss from 2018		
	17 Freed up loss from 2019		
	18 If SSTB, reduced loss from 2019		
	19 Freed up loss from 2020		
	20 If SSTB, reduced loss from 2020		
Form 4797 long term loss	21 Total loss in 2021		
	22 Total allowed loss (all years)		
	23 Allowed loss in 2021		
	24 Freed up loss from before 2018		
	25 Freed up loss from 2018		
	26 If SSTB, reduced loss from 2018		
	27 Freed up loss from 2019		
	28 If SSTB, reduced loss from 2019		
	29 Freed up loss from 2020		
	30 If SSTB, reduced loss from 2020		
At-risk loss carryforwards to 2022			
Before 2018	A Operating loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		

SMART WORKSHEET FOR: Schedule C (CONSULTING): Profit or Loss from Business

QBI (Section 199A) Losses by Year Smart Worksheet, Continued			
Passive losses		Regular Tax	QBI
Previously disallowed passive losses by year			
Operating Loss	1 Total loss in 2021		
	2 Total allowed loss (all years)		
	3 Allowed loss in 2021		
	4 Freed up loss from before 2018		
	5 Freed up loss from 2018		
	6 If SSTB, reduced loss from 2018		
	7 Freed up loss from 2019		
	8 If SSTB, reduced loss from 2019		
	9 Freed up loss from 2020		
	10 If SSTB, reduced loss from 2020		
Form 4797 ordinary loss	11 Total loss in 2021		
	12 Total allowed loss (all years)		
	13 Allowed loss in 2021		
	14 Freed up loss from before 2018		
	15 Freed up loss from 2018		
	16 If SSTB, reduced loss from 2018		
	17 Freed up loss from 2019		
	18 If SSTB, reduced loss from 2019		
	19 Freed up loss from 2020		
	20 If SSTB, reduced loss from 2020		
Form 4797 long term loss	21 Total loss in 2021		
	22 Total allowed loss (all years)		
	23 Allowed loss in 2021		
	24 Freed up loss from before 2018		
	25 Freed up loss from 2018		
	26 If SSTB, reduced loss from 2018		
	27 Freed up loss from 2019		
	28 If SSTB, reduced loss from 2019		
	29 Freed up loss from 2020		
	30 If SSTB, reduced loss from 2020		
Passive loss carryforwards to 2022			
Before 2018	A Operating Loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating Loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet

Note: Line 11 is presently calculated by subtracting line B from line A, and limiting Line 10 to that amount. If zero or less, **stop**; you cannot take the credit.

A Enter the amount from Form 1040, 1040-SR, or 1040-NR line 18 10,995.
B Enter the amount from Schedule 3 (Form 1040), line 1 _____

Additional Information From 2021 District of Columbia Tax Return Attachment**Form 2441: Child and Dependent Care Expenses****Line 31****Explanation Statement****Due Diligence in Requesting Care Provider Information**

THE PROVIDER HAS MOVED AND I AM UNABLE TO FIND THE PROVIDER TO GET THE TIN.