



2021 Federal Tax Return Filing Instructions
FOR THE YEAR ENDING
December 31, 2021

Prepared for	KATHRYN A VINCENT																
Tax Summary	<table style="width: 100%;"><tr><td style="width: 60%;">Gross Income.....</td><td style="text-align: right; border-top: 1px solid black;">\$18696</td></tr><tr><td>Adjusted Gross Income.....</td><td style="text-align: right; border-top: 1px solid black;">\$18696</td></tr><tr><td>Total Deductions.....</td><td style="text-align: right; border-top: 1px solid black;">\$12550</td></tr><tr><td>Total Taxable Income.....</td><td style="text-align: right; border-top: 1px solid black;">\$6146</td></tr><tr><td>Total Tax.....</td><td style="text-align: right; border-top: 1px solid black;">\$613</td></tr><tr><td>Total Payments.....</td><td style="text-align: right; border-top: 1px solid black;">\$863</td></tr><tr><td>Refund Amount.....</td><td style="text-align: right; border-top: 1px solid black;">\$250</td></tr><tr><td>Amount You Owe.....</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$0</td></tr></table>	Gross Income.....	\$18696	Adjusted Gross Income.....	\$18696	Total Deductions.....	\$12550	Total Taxable Income.....	\$6146	Total Tax.....	\$613	Total Payments.....	\$863	Refund Amount.....	\$250	Amount You Owe.....	\$0
Gross Income.....	\$18696																
Adjusted Gross Income.....	\$18696																
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Total Taxable Income.....	\$6146																
Total Tax.....	\$613																
Total Payments.....	\$863																
Refund Amount.....	\$250																
Amount You Owe.....	\$0																
Make check payable to																	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.



2021 STATE TAX RETURN FILING INSTRUCTIONS

CALIFORNIA
FOR THE YEAR ENDING
December 31, 2021

Prepared for	KATHRYN A VINCENT																						
Tax Summary	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>1,301</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>4,803</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>0</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>0</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>0</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>86</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>0</td></tr></table>		Adjusted Gross Income.....	\$	1,301	Total Deductions.....	\$	4,803	Total Taxable Income.....	\$	0	Total Tax.....	\$	0	Total Payments.....	\$	0	Refund Amount.....	\$	86	Amount You Owe.....	\$	0
Adjusted Gross Income.....	\$	1,301																					
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Total Tax.....	\$	0																					
Total Payments.....	\$	0																					
Refund Amount.....	\$	86																					
Amount You Owe.....	\$	0																					
Make check payable to																							
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																						

Special Instructions

Keep A Copy

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

2021 TWO YEAR COMPARISON

KATHRYN A VINCENT
621-98-6118

Keep for Your Records

	2021	2020	Difference
Filing status	Single	Single	
INCOME:			
Wages, salaries, tips, etc.	1,301	19,821	-18,520
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation	17,395		17,395
Other income			
Total income	18,696		18,696
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction. ...			
Self-employed health insurance			
IRA contributions			
Student loan interest deduction			
Other adjustments			
Charitable contributions if taking standard deduction	N/A		
Total adjustments			
ADJUSTED GROSS INCOME:	18,696		18,696
DEDUCTIONS:			
Standard deduction or Itemized deductions	12,550	12,400	12,550
Charitable contributions if taking standard deduction,		N/A	
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	314		314
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
TAXABLE INCOME:	6,146		6,146
TAX COMPUTATION (BEFORE CREDITS):			
Tax	613	743	-130
Tax calculation method	TABLE		
Schedule 2 - Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment			
Total taxes	613		613
Tax rate	10%		

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

2021 TWO YEAR COMPARISON

KATHRYN A VINCENT

621-98-6118

Keep for Your Records

	2021	2020	Difference
CREDITS:			
Child and other dependents tax credit			
Schedule 3 - Non-Refundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits			
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Health Care (Individual Responsibility)			
Other taxes			
TOTAL TAXES:			
PAYMENTS:			
Federal income tax withheld	660	1,126	-466
Estimated payments made			
Earned income credit	203		203
Refundable child tax credit or additional child tax credit			
American opportunity credit			
Recovery rebate credit			
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit		N/A	
Deferral for certain Schedule H or Schedule SE filers		N/A	
Other payments			
Total payments	863		863
AMOUNT DUE / REFUND:			
Amount overpaid	250		250
Overpayment applied to next year			
Refund	250	383	-133
Amount due			
Penalty			

Form	1040	Department of the Treasury--Internal Revenue Service (99) U.S. Individual Income Tax Return	2021	OMB No. 1545-0074	IRS Use Only--Do not write or staple in this space.
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Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only ☐ 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 one box. ☐ qualifying person is a child but not your dependent ▶

Your first name and middle initial KATHRYN A	Last name VINCENT	Your social security number 621-98-6118
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 6419 MONTEVERDE LN		Apt. no.	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, town, or post office. If you have a foreign address, also complete spaces below. CITRUS HTS	State CA	ZIP code 95621-4316	
Foreign country name	Foreign province/state/county	Foreign postal code	
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents

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

Attach Sch. B if required. 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 Standard Deduction, see instructions.	<table style="width:100%;"> <tr> <td style="width:50%;"> 1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest 2a 3a Qualified dividends 3a 4a IRA distributions 4a 5a Pensions and annuities 5a 6a Social security benefits 6a 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 8 Other income from Schedule 1, line 10 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12a Standard deduction or itemized deductions (from Schedule A) 12a 12,550 b Charitable contributions if you take the standard deduction (see instructions) 12b c Add lines 12a and 12b 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12c and 13 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- </td> <td style="width:50%;"> <table style="width:100%;"> <tr><td style="width:50%;">1</td><td>1,301</td></tr> <tr><td>2b</td><td></td></tr> <tr><td>3b</td><td></td></tr> <tr><td>4b</td><td></td></tr> <tr><td>5b</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>7</td><td></td></tr> <tr><td>8</td><td>17,395</td></tr> <tr><td>9</td><td>18,696</td></tr> <tr><td>10</td><td></td></tr> <tr><td>11</td><td>18,696</td></tr> <tr><td>12c</td><td>12,550</td></tr> <tr><td>13</td><td></td></tr> <tr><td>14</td><td>12,550</td></tr> <tr><td>15</td><td>6,146</td></tr> </table> </td> </tr> </table>	1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest 2a 3a Qualified dividends 3a 4a IRA distributions 4a 5a Pensions and annuities 5a 6a Social security benefits 6a 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 8 Other income from Schedule 1, line 10 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12a Standard deduction or itemized deductions (from Schedule A) 12a 12,550 b Charitable contributions if you take the standard deduction (see instructions) 12b c Add lines 12a and 12b 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12c and 13 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	<table style="width:100%;"> <tr><td style="width:50%;">1</td><td>1,301</td></tr> <tr><td>2b</td><td></td></tr> <tr><td>3b</td><td></td></tr> <tr><td>4b</td><td></td></tr> <tr><td>5b</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>7</td><td></td></tr> <tr><td>8</td><td>17,395</td></tr> <tr><td>9</td><td>18,696</td></tr> <tr><td>10</td><td></td></tr> <tr><td>11</td><td>18,696</td></tr> <tr><td>12c</td><td>12,550</td></tr> <tr><td>13</td><td></td></tr> <tr><td>14</td><td>12,550</td></tr> <tr><td>15</td><td>6,146</td></tr> </table>	1	1,301	2b		3b		4b		5b		6b		7		8	17,395	9	18,696	10		11	18,696	12c	12,550	13		14	12,550	15	6,146
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2021)

16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16 613
17 Amount from Schedule 2, line 3	17
18 Add lines 16 and 17	18 613
19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19
20 Amount from Schedule 3, line 8	20
21 Add lines 19 and 20	21
22 Subtract line 21 from line 18. If zero or less, enter -0-	22 613
23 Other taxes, including self-employment tax, from Schedule 2, line 21	23
24 Add lines 22 and 23. This is your total tax	24 613
25 Federal income tax withheld from:	
a Form(s) W-2	25a
b Form(s) 1099	25b 660
c Other forms (see instructions)	25c
d Add lines 25a through 25c	25d 660
26 2021 estimated tax payments and amount applied from 2020 return	26
27a Earned income credit (EIC). 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"/>	27a 203
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
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
32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32 203
33 Add lines 25d, 26, and 32. These are your total payments	33 863
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 250
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a 250
Direct deposit? <input checked="" type="checkbox"/> b Routing number 321171757 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings See instructions. d Account number 81273492	
36 Amount of line 34 you want applied to your 2022 estimated tax	36
Amount 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37
You Owe 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 ... <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> 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	Date
Your occupation	STUDENT
Spouse's signature. If a joint return, both must sign.	Date
Spouse's occupation	
Phone no. 916-220-7934	Email address katykat5bros@gmail.com
Paid Preparer Use Only	
Preparer's name	Preparer's signature
Date	PTIN
Firm's name	Check if: <input type="checkbox"/> Self-employed
Firm's address	Phone no.
	Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2021)

SCHEDULE 1

(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021Attachment
Sequence No. **01**Department of the Treasury
Internal Revenue Service

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

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

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

KATHRYN A VINCENT

Your social security number

621-98-6118

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	
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	17,395
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	17,395

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

Schedule 1 (Form 1040) 2021

2021 WAGES AND SALARIES SUMMARY ATTACHMENT

KATHRYN A VINCENT
621-98-6118

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
FIVE BELOW INC	75-3000378	T	437			27 CA	437		5
Premier Connections	81-0702860	T	864			54 CA	864		10

Total	1,301	81	1,301
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2021 FEDERAL TAX WITHHOLDINGS ATTACHMENT

KATHRYN A VINCENT
621-98-6118

1099-G

EDD

660

Total to Form 1040/1040-SR line 25d

660

2021 WORKSHEET A, EARNED INCOME CREDIT (EIC) – LINE 27a

KATHRYN A VINCENT
621-98-6118

Keep for Your Records

Before you begin: • Be sure you are using the correct worksheet. Use this worksheet **only** if you answered "No" to Step 5, question 2, in the instructions. Otherwise, use Worksheet B.

PART 1

All Filers Using

Worksheet A

1. Enter your earned income from Step 5

1	1,301
---	-------

2. Look up the amount on line 1 above in the EIC Table in the instructions to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here

2	203
---	-----

If line 2 is zero, **STOP**. You can't take the credit.

Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27a.

3. Enter the amount from Form 1040 or 1040-SR, line 11

3	18,696
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4. Are the amounts on lines 3 and 1 the same?
☐ **Yes.** Skip line 5; enter the amount from line 2 on line 6.
☒ **No.** Go to line 5.

PART 2

Filers Who Answered "No" on Line 4

5. If you have:
• No qualifying children who have a valid SSN, is the amount on line 3 less than \$11,650 (\$17,600 if married filing jointly)?
• 1 or more qualifying children who have a valid SSN, is the amount on line 3 less than \$19,550 (\$25,500 if married filing jointly)?

☐ **Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.

☒ **No.** Look up the amount on line 3 in the EIC Table in the instructions to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here

5	422
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Look at the amounts on lines 5 and 2.

Then, enter the **smaller** amount on line 6.

PART 3

Your Earned Income Credit

6. **This is your earned income credit**

6	203
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Enter this amount on Form 1040 or 1040-SR, line 27a.

Reminder –

If you have a qualifying child, complete and attach Schedule EIC.

Caution: If your EIC for a year after 1996 was reduced or disallowed, see the instructions to find out if you must file Form 8862 to take the credit for 2021.

NUMBER OF QUALIFYING CHILDREN: 0

2022 CARRYFORWARD INFORMATION

KATHRYN A VINCENT
621-98-6118

Keep for Your Records

Itemized Returns Only - 2021 state and local tax refund (this amount may not be taxable in 2022)	_____
Charitable contributions carryover to 2022	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2021 tax liability (for 2022 Form 2210 purposes)	613
Form 8839: 2021 carryover of unqualified expenses	_____
Refund amount applied to 2022	_____
Disallowed investment interest in 2021	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2019	_____
Mortgage interest credit from 2020	_____
Mortgage interest credit from 2021	_____
Form 8801: Minimum tax credit carryforward	0
Potential 2022 IRA contribution from 2021 tax refund	_____

NOL carryforward:			
Regular Tax			
AMT Tax			
from 2001	_____	from 2011	_____
from 2002	_____	from 2012	_____
from 2003	_____	from 2013	_____
from 2004	_____	from 2014	_____
from 2005	_____	from 2015	_____
from 2006	_____	from 2016	_____
from 2007	_____	from 2017	_____
from 2008	_____	from 2018	_____
from 2009	_____	from 2019	_____
from 2010	_____	from 2020	_____
Gross NOL generated in 2021	_____	Gross AMT NOL generated in 2021	_____
To be absorbed in carryback period	_____	To be absorbed in carryback period	_____
Net carryforward from 2021	_____	Net carryforward from 2021	_____
Total carryforward to 2022	_____	Total carryforward to 2022	_____

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2022
- General Business Credit carryforward to 2022
- First-Time Homebuyer Credit Repayment carryforward to 2022
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2022.

TAXABLE YEAR

2021

California Online e-file Return Authorization for Individuals

FORM

8453-OL

Your first name and initial KATHRYN		Last name VINCENT		Suffix	Your SSN or ITIN 621-98-6118
If filing jointly, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 6419 MONTEVERDE LN		Apt. no./ste. no.	PMB/private mailbox		Daytime telephone number 916-220-7934
City CITRUS HTS				State CA	Zip code 956214316
Foreign country name		Foreign province/state/country			Foreign postal code

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income. See instructions	1	1,301
2	Refund or no amount due. See instructions	2	86
3	Amount you owe. See instructions	3	

Part II Settle Your Account Electronically for Taxable Year 2021 (Pay by 4/18/2022)

4	<input checked="" type="checkbox"/> Direct deposit of refund
5	<input type="checkbox"/> Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2022 These are NOT installment payments for the current amount you owe.

	First Payment 4/18/2022	Second Payment 6/15/2022	Third Payment 9/15/2022	Fourth Payment 1/17/2023
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8	Amount of refund to be directly deposited to account below 86	12	The remaining amount of my refund for direct deposit
9	Routing number 321171757	13	Routing number
10	Account number 81273492	14	Account number
11	Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2021 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.

Sign
Here

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.

Date

It is unlawful to forge a spouse's/RDP's signature.

2021 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

621-98-6118 VINC
KATHRYN A VINCENT

21

A
R
RP6419 MONTEVERDE LN
CITRUS HTS CA 956214316

PBA

08-13-1997

Principal Residence

Enter your county at time of filing (see instructions)

☒ SacramentoIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ ☐
If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste.no.

☒ ☐

City

State

ZIP code

☒ ☐ ☐If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly. See inst.5 ☐ Qualifying widow(er). Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 ☐ If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐ 6 ☐

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Exemptions

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7

Whole dollars only

X \$129 = ☒ \$ 1298 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;if both are visually impaired, enter 2 ☒ 8 X \$129 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1;if both are 65 or older, enter 2. See instructions. ☒ 9 X \$129 = ☒ \$

Your name: KATHRYN A VINCENT

Your SSN or ITIN: 621-98-6118

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
Last Name	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
SSN. See instructions.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
Dependent's relationship to you	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

Total dependent exemptions ● 10 X \$400 = ● \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ● 11\$ 129**12** State wages from your federalForm(s) W-2, box 16 ● 12 1,301**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 18,696**14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 17,395**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 1,301**16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 **17** California adjusted gross income. Combine line 15 and line 16 ● 17 1,301

18 Enter the larger of

Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**

Your California **standard deduction** shown below for your filing status:

● Single or Married/RDP filing separately \$4,803

● Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,606

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions ● 18 4,803**19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 0**31** Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 ☐ FTB 3803 ● 31 **32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions ● 32 129**33** Subtract line 32 from line 31. If less than zero, enter -0- ● 33 **34** Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A ● 34 0**35** Add line 33 and line 34 ● 35 **40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 **43** Enter credit name code ● and amount ● 43 **44** Enter credit name code ● and amount ● 44

Your name: KATHRYN A VINCENT

Your SSN or ITIN: 621-98-6118

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540) ● 45
- 46 Nonrefundable Renter's Credit. See instructions ● 46
- 47 Add line 40 through line 46. These are your total credits ● 47
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61
- 62 Mental Health Services Tax. See instructions ● 62
- 63 Other taxes and credit recapture. See instructions ● 63
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions ● 64
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65

Payments

- 71 California income tax withheld. See instructions ● 71
- 72 2021 CA estimated tax and other payments. See instructions ● 72
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73
- 74 Excess SDI (or VPD) withheld. See instructions ● 74
- 75 Earned Income Tax Credit (EITC) ● 75 86
- 76 Young Child Tax Credit (YCTC). See instructions ● 76
- 77 Net Premium Assistance Subsidy (PAS). See instructions ● 77
- 78 Add line 71 through line 77. These are your total payments.
See instructions ● 78 86

Use Tax

- 91 Use Tax. Do not leave blank. See instructions ● 91 0
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR
Penalty

- 92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is
qualifying health care coverage. ● ☒
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions ● 92

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 86
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 ● 94
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93 ● 95 86
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then
subtract line 93 from line 92 ● 96

Your name: KATHRYN A VINCENT

Your SSN or ITIN: 621-98-6118

Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	<input checked="" type="radio"/> 97	<input type="text" value="86"/>
	98	Amount of line 97 you want applied to your 2022 estimated tax	<input type="radio"/> 98	<input type="text"/>
	99	Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/> 99	<input type="text" value="86"/>
	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	<input checked="" type="radio"/> 100	<input type="text"/>

Contributions

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund. See instructions	<input checked="" type="radio"/> 400	<input type="text"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401	<input type="text"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403	<input type="text"/>
California Breast Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 405	<input type="text"/>
California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406	<input type="text"/>
Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407	<input type="text"/>
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	<input type="radio"/> 408	<input type="text"/>
California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/> 410	<input type="text"/>
California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413	<input type="text"/>
School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/> 422	<input type="text"/>
State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423	<input type="text"/>
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	<input type="radio"/> 424	<input type="text"/>
Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/> 425	<input type="text"/>
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/> 431	<input type="text"/>
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438	<input type="text"/>
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	<input type="radio"/> 439	<input type="text"/>
Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/> 440	<input type="text"/>
Schools Not Prisons Voluntary Tax Contribution Fund	<input type="radio"/> 443	<input type="text"/>
Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 444	<input type="text"/>
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 445	<input type="text"/>
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	<input type="radio"/> 446	<input type="text"/>
110 Add code 400 through code 446. This is your total contribution	<input type="radio"/> 110	<input type="text" value="0"/>

Your name: KATHRYN A VINCENT

Your SSN or ITIN: 621-98-6118

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See inst. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . ● **111**Pay Online - Go to **ftb.ca.gov/pay** for more information.Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112****113** Underpayment of estimated tax.Check
the box:☐

FTB 5805 attached

☐

FTB 5805F attached

● **113****114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114****115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . ● **115**

86

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number
321171757

● Type

☒ Checking

● Account number

81273492

● **116** Direct deposit amount

86

☐ Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number

● Type

☐ Checking

● Account number

● **117** Direct deposit amount☐ Savings**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement,or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection.To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address.

katykat5bros@gmail.com

● Preferred phone number

916-220-7934

**Sign
Here**It is unlawful
to forge a
spouse's/
RDP's
signature.Joint tax
return?
(See
instructions)Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions

● ☐ Yes☐ No

Print Third Party Designee's Name

Telephone Number

2021

California Adjustments -- Residents

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

KATHRYN A VINCENT

SSN or ITIN

621-98-6118

Part I Income Adjustment Schedule**Section A - Income** from federal Form 1040 or 1040-SR**A Federal Amounts**
(taxable amounts from
your federal tax return)**B Subtractions**
See instructions**C Additions**
See instructions

1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	1	<input checked="" type="radio"/>	1,301	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	Taxable interest. a <input checked="" type="radio"/>	2b	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Ordinary dividends. See instructions. a <input checked="" type="radio"/>	3b	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	IRA distributions. See instructions. a <input checked="" type="radio"/>	4b	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Pensions and annuities. See instructions. a <input checked="" type="radio"/>	5b	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Social security benefits. a <input checked="" type="radio"/>	6b	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
7	Capital gain or (loss). See instructions	7	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Section B - Additional Income from federal Schedule 1 (Form 1040)

1	Taxable refunds, credits, or offsets of state and local income taxes	1	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
2a	Alimony received. See instructions	2a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
3	Business income or (loss). See instructions	3	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	Other gains or (losses)	4	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	5	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Farm income or (loss)	6	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Unemployment compensation	7	<input checked="" type="radio"/>	17,395	<input checked="" type="radio"/>	17,395
8	Other income:					
a	Federal net operating loss	8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
b	Gambling income	8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
c	Cancellation of debt	8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
d	Foreign earned income exclusion from federal Form 2555	8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
e	Taxable Health Savings Account distribution	8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
f	Alaska Permanent Fund dividends	8f	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
g	Jury duty pay	8g	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
h	Prizes and awards	8h	<input checked="" type="radio"/>		<input checked="" type="radio"/>	

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
i Activity not engaged in for profit income 8i	<input type="radio"/>		
j Stock options. 8j	<input type="radio"/>		
k Inc. 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	<input type="radio"/>		
l Olympic and Paralympic medals and USOC prize money. 8l	<input type="radio"/>		
m IRC Section 951(a) inclusion 8m	<input type="radio"/>	<input type="radio"/>	
n IRC Section 951A(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 461(l) excess business loss adjustment. 8o	<input type="radio"/>		<input type="radio"/>
p Taxable distributions from an ABLE account. 8p	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a Total other income. Add lines 8a through 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V. 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school. 9b4	<input type="radio"/>	<input type="radio"/>	
10 Total. Combine Section A, ln. 1 through ln. 7, and Sec. B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through ln. 7, and Sec. B, ln. 1 through ln. 7, ln. 9a and ln. 9b1 through ln. 9b4 in col. B and column C (as applicable). See instructions 10	<input type="radio"/> 18,696	<input type="radio"/> 17,395	<input type="radio"/>

Section C – Adjustments to Income from federal Schedule 1 (Form 1040)

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>	

Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18	Penalty on early withdrawal of savings	18		
19 a	Alimony paid.	19a		
b	Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
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	24a		
b	Deductible exp. related to inc. reported on Ln. 8k from the rental of personal prop. engaged in for profit.	24b		
c	Nontaxable amt. of the value of Olympic & Paralympic medals and USOC prize money reported on Ln. 8l.	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to IRC Section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to IRC Section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for info. you provided that helped the IRS detect tax law violations.	24i		
j	Housing deduction from federal Form 2555	24j		
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount. <input type="radio"/> _____	24z		
25	Total other adjustments. Add lines 24a through 24z.	25		
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	26		
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	27	18,696	17,395

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Sch. A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11. <input checked="" type="radio"/> <u>18,696</u> 2			
3 Multiply line 2 by 7.5% (0.075). <input checked="" type="radio"/> <u>1,402</u> 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 0 4			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/> 314 <input checked="" type="radio"/> 314			
b State and local real estate taxes 5b <input checked="" type="radio"/>			
c State and local personal property taxes 5c <input checked="" type="radio"/>			
d Add line 5a through line 5c 5d <input checked="" type="radio"/> 314			
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e <input checked="" type="radio"/> 314 <input checked="" type="radio"/> 314 <input checked="" type="radio"/>			
6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/>			<input checked="" type="radio"/>
7 Add line 5e and line 6 7 <input checked="" type="radio"/> 314 <input checked="" type="radio"/> 314 <input checked="" type="radio"/>			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098 8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Mortgage insurance premiums 8d <input checked="" type="radio"/>		<input checked="" type="radio"/>	
e Add line 8a through line 8d 8e <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9 10 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity				
11 Gifts by cash or check	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Other than by cash or check	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Carryover from prior year	13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Add line 11 through line 13	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casualty and Theft Losses				
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Itemized Deductions				
16 Other--from list in federal instructions	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	<input type="radio"/> 314	<input type="radio"/> 314	<input type="radio"/>

18 Total. Combine line 17 column A less column B plus column C ☐ 18

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses – job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions ☐ 19 _____

20 Tax preparation fees ☐ 20 _____

21 Other expenses – investment, safe deposit
box, etc. List type ☐ 21 _____

22 Add line 19 through line 21 ☐ 22 _____

23 Enter amount from federal Form 1040
or 1040-SR, line 11 ☐ 18,696

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 ☐ 24 374

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 ☐ 25 0

26 Total Itemized Deductions. Add line 18 and line 25 ☐ 26 0

27 Other adjustments. See instructions. Specify. ☐ 27 _____

28 Combine line 26 and line 27 ☐ 28 _____

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately	\$212,288
Head of household	\$318,437
Married/RDP filing jointly or qualifying widow(er)	\$424,581

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 ☐ 29 _____

30 Enter the larger of the amount on line 29 or your standard deduction listed below

Single or married/RDP filing separately. See instructions	\$4,803
Married/RDP filing jointly, head of household, or qualifying widow(er).	\$9,606

Transfer the amount on line 30 to Form 540, line 18 ☐ 30 4,803

2021 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ or Form 540NR.

Name(s) as shown on tax return

KATHRYN A VINCENT

Your SSN or ITIN

621-98-6118

Before you begin:

If you claim the California Earned Income Tax Credit (EITC) even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years. If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/ Registered Domestic Partner's (RDP's) DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Form 540NR.

If you qualify for the California EITC you may also qualify for the Young Child Tax Credit (YCTC). See instructions for additional information.

Follow Step 1 through Step 9 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information See Specific Instructions.

- 1 **a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ... ☒ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ... ☒ Yes ☒ No
- 2 Federal AGI (federal Form 1040 or 1040-SR, line 11) ... **2** 18,696
- 3 Federal EIC (federal Form 1040 or 1040-SR, line 27a) ... **3** 203

Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 - Investment Income ... **4**

Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2 or Child 3, as applicable.)

- | | Child 1 | Child 2 | Child 3 |
|--|--|--|--|
| 5 First name | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Last name | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 SSN or ITIN.
See instructions. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 2002 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 a Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse/RDP, if filing jointly)?
If yes, go to line 10. If no, go to line 9b. See instructions. | <input checked="" type="radio"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> Yes <input type="checkbox"/> No |
| b Was the child permanently and totally disabled during any part of 2021? If yes, go to line 10. If no, stop here.
The child is not a qualifying child. | <input checked="" type="radio"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> Yes <input type="checkbox"/> No |
| 10 Child's relationship to you. See instructions. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 11 Number of days child lived with you in California during 2021. Do not enter more than 365 days. See instructions. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

12 Child's physical address during 2021. See instructions.

Child 1 ☒ **a** Street address (number and street and apt. no./ste. no.)

b City ☒ **c** State ☒ **d** ZIP code ☒

Child 2 ☒ **a** Street address (number and street and apt. no./ste. no.)

b City ☒ **c** State ☒ **d** ZIP code ☒

Child 3 ☒ **a** Street address (number and street and apt. no./ste. no.)

b City ☒ **c** State ☒ **d** ZIP code ☒

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. • 13

14 IHSS payments. See instructions. • 14

15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. • 15

16 Subtract line 14 and line 15 from line 13. • 16

17 Nontaxable combat pay. See instructions. • 17

18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions. • 18

a Business name ☒

b Business address ☒ **Street address (number and street and apt. no./ste. no.)**

City ☒ **State** ☒ **ZIP code** ☒

c Business license number ☒

d SEIN ☒

e Business code ☒

19 California Earned Income. Add line 16, line 17, and line 18. • 19

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6.

This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23. • 20

2020 CALIFORNIA 3514 EARNED INCOME TAX CREDIT WORKSHEET

621-98-6118

Keep for Your Records

Part I - All Filers

1. Enter California earned income from form FTB 3514, line 19 1. 1,301
2. Look up the amount in line 1 in the EITC table to find the credit. Be sure to use the correct column for the number of qualifying children you have. Enter the credit here 2. 86
If the amount on line 2 is zero, stop here. You cannot take the credit.
3. Enter the amount from federal form 1040 or 1040-SR, line 8b 3. 18,696
4. Are the amounts on line 1 and 3 the same?
Yes Skip line 5; and enter the amount from line 2 on line 6.
No Go to line 5.

Part II - Filers who Answered "No" on Line 4

5. If you have:
No qualifying children, is the amount on line 3 less than \$3,757
1 qualifying child, is the amount on line 3 less than \$5,642?
2 or more qualifying children, is the amount on line 3 less than \$7,920?

Yes Leave line 5 blank; enter the amount from line 2 of line 6.
No Look up the amount on line 3 in the EITC table to find the credit. Be sure to use the correct column for the number of qualifying children you have. Enter the credit here 5. 95
Look at the amount on line 5 and line 2, enter the **smaller** amount on line 6.

Part III - Earned Income Tax Credit

6. This is the California earned income tax credit.
Enter this amount on form FTB 3514, line 17 6. 86