Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only		Single Married filing jointly u checked the MFS box, enter the						Head of ed the HOH o							
one box. Your first name	•	on is a child but not your depender	_								Varia	V			
Tour mot name and middle midal			Last nar	Last name							Your	Your social security number			
If joint return, spouse's first name and middle initial Last				ast name							Spou	Spouse's social security number			
Home address	numbe	er and street). If you have a P.O. box, se	e instruction	ons.						Apt. no.			ial Election	on Campaign	
City, town, or post office. If you have a foreign address, also complete				olete spaces below. State					ZIP code		spou to go	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county									r refund. You	Spouse	
At any time du	ing 20	021, did you receive, sell, exchange	e, or othe	rwise di	ispos	e of any	fina	ncial interest i	in an	y virtual curi	rency?		Yes	☐ No	
Standard Deduction	_	eone can claim:	•			•		a dependent							
Age/Blindness	You:	Were born before January 2,	1957	Are b	lind	Spo	use	: Was boi	rn be	efore January	, 2, 195	7	☐ Is bli	nd	
Dependents				(2) Social security (3) Relationsh					nip				alifies for (see instructions):		
If more	(1) F	irst name Last name		number			to you			Child tax cred		Cı	redit for oth	er dependents	
than four dependents,	_							+					<u>L</u>		
see instructions and check	_														
here ▶ □															
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2 .								1			
Attach	2a	Tax-exempt interest	2a				b Taxable interest		t			2b			
Sch. B if required.	За	Qualified dividends	3a	3a			b Ordinary dividends				. [3b			
required.	4a	IRA distributions	4a	4a			b Taxable amount .					4b			
	5a	Pensions and annuities	5a				b Taxable amount .					5b			
Standard Deduction for— Single or Married filing	6a	Social security benefits	b Taxable amount							6b					
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7				
	8	Other income from Schedule 1, line 10									8				
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									> _	9			
Married filing jointly or	10	Adjustments to income from Schedule 1, line 26									10				
Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income									•	11			
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a									_				
Head of	b	Charitable contributions if you take the standard deduction (see instructions)													
household, \$18,800	С	Add lines 12a and 12b										12c			
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A										13			
Standard	14	Add lines 12c and 13										14			
Deduction, see instructions.	15	Taxable income. Subtract line 14	4 from line	e 11. lf	zero (or less, o	ente	r-0				15			

Form 1040 (2021)									Page 2	
	16	Tax (see instructions). Check if a	any from Form((s): 1 881	4 2 🗌 4972	3 🗌			16		
	17	Amount from Schedule 2, line 3	3						17		
	18	Add lines 16 and 17							18		
	19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812								19		
	20	·									
	21	Add lines 19 and 20									
	22								22		
	23	Subtract line 21 from line 18. If zero or less, enter -0									
	24		d lines 22 and 23. This is your total tax								
	25	Federal income tax withheld from:									
	a Form(s) W-2										
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)			25c						
	d	` '							25d		
	26	Add lines 25a through 25c									
If you have a ^L qualifying child,	27a	Earned income credit (EIC) .	•		27a			26			
attach Sch. EIC.		Check here if you were born									
		January 2, 2004, and you s	satisfy all the	other requi	rements for						
		taxpayers who are at least age			structions >						
	b	Nontaxable combat pay election									
	С	Prior year (2019) earned income									
	28	28 Refundable child tax credit or additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8									
	29										
	30	Recovery rebate credit. See ins				30					
	31 Amount from Schedule 3, line 15										
	32	Add lines 27a and 28 through 3							32		
	33	Add lines 25d, 26, and 32. Thes						. 🕨	33		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34									
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow 35a									
Direct deposit? See instructions.	►b										
See ilistructions.	▶ d	Account number									
	36	Amount of line 34 you want app				36					
Amount	37	Amount you owe. Subtract line					ictions	. ▶	37		
You Owe	38	Estimated tax penalty (see instr				38					
Third Party		you want to allow another pe					1				
Designee				▶ Yes. Comp					lete below.		
		signee's ne ▶	Phone no. ▶		al identifi · (PIN) ▶						
Sign	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.									
Here	You	ur signature	Date		If the	IRS ser	t you an Identity				
	L				Protection PIN, enter it here						
Joint return? See instructions.			Date Spouse's occupation				— `	(see inst.) ►			
Keep a copy for	Spe	ouse's signature. If a joint return, both	Date	ion	on			If the IRS sent your spouse an dentity Protection PIN, enter it here			
your records.								nst.) ▶			
	Pho	one no.	Email address								
	Pre	parer's name Pr	reparer's signatu			Date	F	PTIN		Check if:	
Paid										Self-employed	
Preparer	Firr	Firm's name ▶ Phot						Phone	e no.		
Use Only	Firm's address ▶ Firm								rm's EIN ▶		
	www.irs.gov/Form1040 for instructions and the latest information.										