

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.

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 qualifying one box. person is a child but not your dependent ►

Your first name and middle initial TEDELA T	Last name NEMO	Your social security number 212-83-6396		
If joint return, spouse's first name and middle initial WEGAYHU M	Last name TEKLEMARIAM	Spouse's social security number 213-83-4783		
Home address (number and street). If you have a P.O. box, see instructions. 147 WINSOME CIR		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	
City, town, or post office. If you have a foreign address, also complete spaces below. Bethesda		State MD		ZIP code 20814
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? Yes No

Standard Someone can claim: You as a dependent Your spouse as a dependent

Deduction Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1957 <input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1957 <input type="checkbox"/> Is blind			
Dependents (see instructions): If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(1) First name NOH	Last name TOLOSSA	(2) Social security number 213-83-0463	(3) Relationship to you Son	(4) Check if qualifies for (see instructions): Child tax credit <input checked="" type="checkbox"/> Credit for other dependents <input type="checkbox"/>
	NATNAIL	TOLOSSA	213-83-0464	Son	<input type="checkbox"/> <input checked="" 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	45,001
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	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	
	8	Other income from Schedule 1, line 10	8	15,897
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ► <input type="checkbox"/>	9	60,898
	10	Adjustments to income from Schedule 1, line 26	10	103
	11	Subtract line 10 from line 9. This is your adjusted gross income ► <input type="checkbox"/>	11	60,795
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	30,387
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b	12c	30,387
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	30,387
	15	Taxable income . Subtract line 14 from line 11. If zero or less, enter -0-.	15	30,408

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

EEA

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