

**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 <b>Sebastian Villa</b>		Last name <b>Villa</b>	Your social security number ***-**-****
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. <b>29019 Pfieffers Gate</b>			<b>Presidential Election Campaign</b> 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 checked="" type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code <b>Fair Oaks Ranch, TX 78015</b>			
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 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) ✓ if qualifies for (see instructions):	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	101,961.
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	2b Taxable interest	2b	
3a Qualified dividends	3a	200.	3b Ordinary dividends
4a IRA distributions	4a		4b Taxable amount
5a Pensions and annuities	5a		5b Taxable amount
6a Social security benefits	6a		6b Taxable amount
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	-3,000.
8 Other income from Schedule 1, line 10		8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		9	99,297.
10 Adjustments to income from Schedule 1, line 26		10	
11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>		11	99,297.
<b>Standard Deduction for —</b> • 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.	12a Standard deduction or itemized deductions (from Schedule A)	12a	26,774.
	12b Charitable contributions if you take the standard deduction (see instructions)	12b	
12c Add lines 12a and 12b		12c	26,774.
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	27.
14 Add lines 12c and 13		14	26,801.
15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-		15	72,496.

<b>16 Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814		<b>16</b>	11,679.
<b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/>		<b>17</b>	
<b>17</b> Amount from Schedule 2, line 3		<b>18</b>	11,679.
<b>18</b> Add lines 16 and 17		<b>19</b>	
<b>19</b> Nonrefundable child tax credit or credit for other dependents from Schedule 8812		<b>20</b>	
<b>20</b> Amount from Schedule 3, line 8		<b>21</b>	0.
<b>21</b> Add lines 19 and 20		<b>22</b>	11,679.
<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-		<b>23</b>	
<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21		<b>24</b>	11,679.
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>			
<b>25</b> Federal income tax withheld from:			
<b>a</b> Form(s) W-2		<b>25a</b>	16,111.
<b>b</b> Form(s) 1099		<b>25b</b>	
<b>c</b> Other forms (see instructions)		<b>25c</b>	
<b>d</b> Add lines 25a through 25c		<b>25d</b>	16,111.
<b>26</b> 2021 estimated tax payments and amount applied from 2020 return		<b>26</b>	
If you have a qualifying child, attach Sch. EIC.	<b>27a</b> Earned income credit (EIC)	<b>27a</b>	
	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>b</b> Nontaxable combat pay election	<b>27b</b>	
	<b>c</b> Prior year (2019) earned income	<b>27c</b>	
	<b>28</b> Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>		
<b>30</b> Recovery rebate credit. See instructions	<b>30</b>		
<b>31</b> Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b> Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>		16,111.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	4,432.
Direct deposit? See instructions.	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	4,432.
	<b>b</b> Routing number <b>021000021</b> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number <b>916329139</b>		
<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>		
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>		

**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 **Marco De La Rosa** Phone no. **(646) 400-3875** Personal identification number (PIN) **65518**

**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 **Health Care Tech** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ☐

Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ☐

Phone no. **3477285337** Email address **j.s.villa@hotmail.com**

**Paid Preparer Use Only**

Preparer's name **Marco De La Rosa** Preparer's signature **Marco De La Rosa** Date \_\_\_\_\_ PTIN **P02411293** Check if: ☐ Self-employed

Firm's name **Simply EZ Accounting** Phone no. **917-704-1903**

Firm's address **14626 Kalmia Ave** Firm's EIN **87-1701711**

**Flushing, NY 11355**

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

**SCHEDULE A**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2021**Attachment  
Sequence No. **07**

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

Sebastian Villa

Your social security number

\*\*\*-\*\*-\*\*\*\*

**Medical  
and  
Dental  
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- |   |   |   |    |
|---|---|---|----|
| 1 | Medical and dental expenses (see instructions) .....                        | 1 |    |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 .....                       | 2 |    |
| 3 | Multiply line 2 by 7.5% (0.075) .....                                       | 3 |    |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- ..... | 4 | 0. |

**Taxes You  
Paid**

- |   |   |                                     |            |
|---|---|-------------------------------------|------------|
| 5 | State and local taxes.  |                                     |            |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. .... | <input checked="" type="checkbox"/> | 5a 801.    |
| b | State and local real estate taxes (see instructions) .....  |                                     | 5b 13,049. |
| c | State and local personal property taxes .....   |                                     | 5c         |
| d | Add lines 5a through 5c .....   |                                     | 5d 13,850. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) .....   |                                     | 5e 10,000. |
| 6 | Other taxes. List type and amount ► .....   |                                     | 6          |
| 7 | Add lines 5e and 6 .....  | 7                                   | 10,000.    |

**Interest You  
Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- |    |   |                          |            |
|----|---|--------------------------|------------|
| 8  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. ....   | <input type="checkbox"/> |            |
| a  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited. ....   |                          | 8a 11,788. |
| b  | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► ..... |                          | 8b         |
| c  | Points not reported to you on Form 1098. See instructions for special rules. ....   |                          | 8c         |
| d  | Mortgage insurance premiums (see instructions) .....  |                          | 8d 2,486.  |
| e  | Add lines 8a through 8d .....   |                          | 8e 14,274. |
| 9  | Investment interest. Attach Form 4952 if required. See instructions .....   |                          | 9          |
| 10 | Add lines 8e and 9 .....  | 10                       | 14,274.    |

**Gifts to  
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- |    |  |    |        |
|----|--|----|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....  | 11 | 2,500. |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. .... | 12 |        |
| 13 | Carryover from prior year .....  | 13 |        |
| 14 | Add lines 11 through 13 .....  | 14 | 2,500. |

**Casualty and  
Theft Losses**

- |    |  |    |    |
|----|--|----|----|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. .... | 15 | 0. |
|----|--|----|----|

**Other  
Itemized  
Deductions**

- |    |   |    |    |
|----|---|----|----|
| 16 | Other—from list in instructions. List type and amount ► ..... | 16 | 0. |
|----|---|----|----|

**Total  
Itemized  
Deductions**

- |    |   |    |                          |
|----|---|----|--------------------------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a. .... | 17 | 26,774.                  |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box. ....                 |    | <input type="checkbox"/> |

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