2021 Tax Return

prepared by,

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Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submission Identification Number (SID) | | • | | | | | |
|--|--|--|---|---|--|--|--|
| Taxpayer's name | y numb | er | | | | | |
| JEFFREY A MOLINARO | 3265 | | | | | | |
| Spouse's name | Spouse's soc | ial secu | rity numb | oer | | | |
| ANN M MOLINARO | 388-90-6 | 5531 | | | | | |
| Part I Tax Return Information — Tax Year Ending December 31, 2021 (E | nter year you a | re aut | horizin | g.) | | | |
| Enter whole dollars only on lines 1 through 5. | | | | | | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | |
| 1 Adjusted gross income | | 1 | 1 | 313 | 54 | | |
| 2 Total tax | | 2 | | 148 | 73 | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | 192 | 20 | | |
| 4 Amount you want refunded to you | | 4 | | 58 | 47 | | |
| 5 Amount you owe | | 5 | | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get an | nd keep a cop | y of y | our ret | turn |) | | |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial inst authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent. | r rejection of the trace U.S. Treasury at indicated in the taitution to debit the inate the authoriza requests must be the processing of the payment. I furt | ansmised and its of a prepared and its of a prepared and its of a preceivant the electrical and its of a preceivation. The receivation and its of a preceivation and a preceivation and its of a preceivation and its of a preceiv | sion, (b) lesignate aration s o this ac o revoke red no la ectronic knowled | the led Firsoftwa course (carater paym | reason nancial are for the thick the thick the thick the thick the | | |
| Taxpayer's PIN: check one box only | 3 | 0 9 | 4 8 | | | | |
| ☐ I authorize to enter or gener | ate mv PIN └─ | | digits, bu | ⊐ a | s my | | |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | | | all zeros | | | | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | | | | |
| Your signature ► Date I | > | | | | | | |
| Spouse's PIN: check one box only | | | | _ | | | |
| ☐ I authorize to enter or gener | ate my PIN 6 | 8 1 | . 0 7 | ءِ ا | s my | | |
| ERO firm name | | | digits, bu | | io iiiy | | |
| signature on the income tax return (original or amended) I am now authorizing. | | | all zeros | | | | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | | | | |
| Spouse's signature ▶ Date I | | | | | | | |
| Practitioner PIN Method Returns Only—continue be | low | | | | | | |
| Part III Certification and Authentication — Practitioner PIN Method Only | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | Don't ente | er all ze | ros | | | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns. | | | | | | | |
| ERO's signature ► TAXSLAYER Date | 02/05/20 |)22 | | | | | |
| FRO Must Retain This Form — See Instructions | | | | | | | |

Don't Submit This Form to the IRS Unless Requested To Do So

| ₽ | Λ | A | $\mathbf{\Omega}$ |
|----------|---|---|-------------------|
| | | / | |
| .0 | | | |
| | • | | • |

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

2021

OMB No. 1545-007

IRS Use Only—Do not write or stable in this space

| Filing Status Check only | | Single 🔀 Married filing jointly 🗌 | _ | ed filing separately | , | <i>,</i> — | , | , | _ | , , | , , , , |
|--------------------------------|----------|---|-------------------------------|-------------------------------|------------|-----------------|----------------|-----------|-------------|---------------|-------------------|
| one box. | , | son is a child but not your dependent | | your spouse. If yo | u criec | Red the HOLL | ii Qvv box, e | iitei tii | e criliu s | name ii u | ie quaiiiyiiig |
| Your first name | and m | iddle initial | Last na | ame | | | | | Your so | cial securi | ty number |
| JEFFREY | A | | MOLI | INARO | | | | | 396-8 | 80-826 | 5 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | | Spouse' | s social se | curity number |
| ANN M | | | MOLI | NARO | | | | | 388-9 | 90-653 | 1 |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ions. | | | Apt. no. | | Preside | ntial Electi | on Campaign |
| 12800 CY | PRES | S CAPE CIRCLE | | | | | 129 | | | nere if you, | • |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | spaces below. | Sta | ate | ZIP code | | • | Ο, | ntly, want \$3 |
| FORT MYE | RS | | | | FI | L | 33966 | | _ | ow will not | Checking a change |
| Foreign country | y name | | | Foreign province/sta | te/coun | nty | Foreign posta | al code | | or refund. | |
| | | | | | | | | | | You | Spouse |
| Δt any time di | rina 20 | 021, did you receive, sell, exchange, | or othe | anvise dispose of | any fin | ancial interest | in any virtual | CURRA | 2012 | Yes | X No |
| — any time de | | | | <u>_</u> : | | | in any virtual | Currer | icy: | | <u> </u> |
| Standard | _ | eone can claim: U You as a dep | | | | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate return | n or you | u were a dual-stat | us alier | n | | | | | |
| Age/Blindness | You | : Were born before January 2, 19 | 957 [| Are blind | Spouse | e: Was bo | rn before Jar | nuary 2 | 2, 1957 | ☐ Is bl | lind |
| Dependents | s (see | instructions): | | (2) Social secu | ırity | (3) Relationsh | nip (4) | 🗸 if qu | ualifies fo | r (see instru | ictions): |
| If more | (1) F | irst name Last name | number to you Child tax credi | | redit | Credit for ot | her dependents | | | | |
| than four | JO | OSHUA A MOLINARO | | 396-29-5530 SON | | | X | | | | |
| dependents, see instruction | | | | | | | | | | | |
| and check | 5 — | | | | | | | | | | |
| here ► | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach F | orm(s) | W-2 | | | | | . 1 | | 135167 |
| Attach | 2a | Tax-exempt interest | 2a | | b 7 | Γaxable interes | t | | . 2b | | |
| Sch. B if | За | Qualified dividends | 3a | | | Ordinary divide | | | . 3b | | |
| required. | 4a | IRA distributions | 4a | | b 7 | Гахаble amoun | t | | . 4b | | |
| | 5a | Pensions and annuities | 5a | | b 7 | Гахаble amoun | t | | . 5b | | |
| Standard | 6a | Social security benefits | ба | | b 7 | Гахаble amoun | t | | . 6b | | |
| Deduction for— | 7 | Capital gain or (loss). Attach Scheo | dule D i | f required. If not re | equirec | d, check here | | ▶ [| 7 | | |
| Single or Married filing | 8 | Other income from Schedule 1, line | e 10 | | · | | | | . 8 | | |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | and 8. ⁻ | This is your total i i | ncome | | | 1 | ▶ 9 | | 135167 |
| Married filing | 10 | Adjustments to income from Scheo | | | | | | | . 10 | | 3813 |
| jointly or Qualifying | 11 | Subtract line 10 from line 9. This is | your a | djusted gross inc | come | | | 1 | ▶ 11 | | 131354 |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | deduct | tions (from Sched | ule A) | 12 | а | 251 | -00 | | |
| Head of | b | Charitable contributions if you take | the sta | ndard deduction (s | ee inst | ructions) 12 | b | | | | |
| household, \$18,800 | С | Add lines 12a and 12b | | | | | | | . 120 | 5 | 25100 |
| If you checked | 13 | Qualified business income deducti | on fron | n Form 8995 or Fo | rm 899 | 95-A | | | . 13 | | |
| any box under Standard | 14 | Add lines 12c and 13 | | | | | | | . 14 | | 25100 |
| Deduction, | 15 | Taxable income. Subtract line 14 | from lir | ne 11. If zero or les | ss, ente | er -0 | | | . 15 | | 106254 |
| see instructions. | | | | | | | | | | | |

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

Form **1040** (2021)

| Form 1040 (2021 |) | | | | | | | | | | Page 2 |
|--------------------------------------|------|--|------------------------------------|------------------|--------------------|-----------|----------|-----------------------------|-------------------------|-------------|---------------|
| | 16 | Tax (see instructions). Check | if any from Form | n(s): 1 | 4 2 🗌 4972 | 3 🗌 | | | 16 | | 14873 |
| | 17 | Amount from Schedule 2, lin | ne 3 | | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | | 14873 |
| | 19 | Nonrefundable child tax cre | dit or credit for c | other depender | nts from Schedule | e 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | ne 8 | | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | 3. If zero or less, | enter -0 | | | | | 22 | | 14873 |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | e 2, line 21 . | | | | 23 | | C |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | . ▶ | 24 | | 14873 |
| | 25 | Federal income tax withheld | d from: | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | | 19220 | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instruction | ns) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | · | | | | | | 25d | | 19220 |
| ", , | 26 | 2021 estimated tax paymen | nts and amount a | applied from 20 | 120 return | | | | 26 | | |
| If you have a L qualifying child, | 27a | Earned income credit (EIC) | | | | 27a | | | | | |
| attach Sch. EIC. | | Check here if you were January 2, 2004, and yo taxpayers who are at least a | u satisfy all thage 18, to claim t | e other requi | rements for | | | | | | |
| | b | Nontaxable combat pay ele | | | | | | | | | |
| | С | Prior year (2019) earned inc | ome | . 27c | | | | | | | |
| | 28 | Refundable child tax credit o | | | | 28 | | 1500 | 4 | | |
| | 29 | American opportunity credit | t from Form 8863 | 3, line 8 | | 29 | | | - | | |
| | 30 | Recovery rebate credit. See | | | | 30 | | | - | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | | | |
| | 32 | Add lines 27a and 28 through | | | | | | | 32 | | 1500 |
| | 33 | Add lines 25d, 26, and 32. 1 | These are your to | otal payments | | | | . ▶ | 33 | | 20720 |
| Refund | 34 | If line 33 is more than line 2 | | | | • | = | · <u>·</u> | 34 | | 5847 |
| | 35a | Amount of line 34 you want | | | | | | ▶ □ | 35a | | 5847 |
| Direct deposit? | ►b | Routing number 2 6 7 | | | ▶ c Type: |] Checki | ing 🔀 | Savings | | | |
| See instructions. | ►d | Account number 3 8 5 | 3 2 5 3 | 5 0 9 | | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2022 estimate | ed tax ► | 36 | | | | | |
| Amount | 37 | Amount you owe. Subtract | t line 33 from line | e 24. For detail | s on how to pay, | see insti | ructions | . ▶ | 37 | | |
| You Owe | 38 | Estimated tax penalty (see i | nstructions) . | | <u> ▶</u> | 38 | | | | | |
| Third Party Designee | ins | you want to allow another structions | • | | | - F | | omplete b | | □No | |
| | | signee's me ▶ | | Phone no. ▶ | | | | onal identif ber (PIN) ▶ | | $\neg \neg$ | \Box |
| <u>C:</u> | | der penalties of perjury, I declare | that I have examine | | l accompanying sch | andulas a | | , | | t of my kn | owlodgo and |
| Sign Here | be | der penalties of penjury, i declare lief, they are true, correct, and con ur signature | | | | | | on of which | prepare | | knowledge. |
| | , 10 | ui signature | | Date | Tour occupation | | | | | N, enter it | |
| Joint return? | | | | | HOMEMAKER | | | (see i | inst.) ▶ | \Box | \Box |
| See instructions. | Sp | ouse's signature. If a joint return, | both must sign. | Date | Spouse's occupat | tion | | | | nt your spo | |
| Keep a copy for your records. | , | | | | | | | II. | ity Prote inst.) ▶ [| ction PIN, | enter it here |
| you | | (000) 010 050 | | | MORTGAGE LOAN | | | | iist.) | | |
| | | one no. (239) 910-252 | | Email address | BUGNBEAN@ | | OK.CO | | | Oh - 1 '' | |
| Paid | Pre | eparer's name | Preparer's signat | ture | | Date | | PTIN | | Check if: | |
| Preparer | | | | | | | | | | Self- | employed |
| Use Only | | m's name ▶ | | | | | | Phon | | | |
| , | Fin | m'e addrese 🕨 | | | | | | Firm' | s FINI ▶ | | |

Go to $\emph{www.irs.gov/Form1040}$ for instructions and the latest information.

Firm's address ▶

Form **1040** (2021)

Firm's EIN ▶

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

JEFFREY & ANN MOLINARO

Part Additional Income

Your social security number
396-80-8265

| | / taatto lai moonio | | | |
|----|---|-------------|----|--|
| 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 Schedule E | etc. Attach | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | (|) | |
| b | Gambling income | | | |
| С | Cancellation of debt | | | |
| d | Foreign earned income exclusion from Form 2555 8d | (|) | |
| е | Taxable Health Savings Account distribution 8e | | | |
| f | Alaska Permanent Fund dividends 8f | | | |
| g | Jury duty pay | | | |
| h | Prizes and awards | | | |
| i | Activity not engaged in for profit income | | | |
| j | Stock options | | | |
| 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 | | | |
| I | Olympic and Paralympic medals and USOC prize money (see instructions) | | | |
| m | Section 951(a) inclusion (see instructions) | | | |
| n | Section 951A(a) inclusion (see instructions) | | | |
| 0 | Section 461(I) excess business loss adjustment | | | |
| р | Taxable distributions from an ABLE account (see instructions) . 8p | | | |
| Z | Other income. List type and amount ▶ | | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 0 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-NR line 8 | 1040-SR, or | 10 | |

Schedule 1 (Form 1040) 2021 Page **2**

| Par | Adjustments to Income | | |
|-----|--|-------|------|
| 11 | Educator expenses | . 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis governme officials. Attach Form 2106 | | |
| 13 | Health savings account deduction. Attach Form 8889 | . 13 | 2120 |
| 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 | | |
| С | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 20 | IRA deduction | . 20 | |
| 21 | Student loan interest deduction | . 21 | 1693 |
| 22 | Reserved for future use | . 22 | |
| 23 | Archer MSA deduction | . 23 | |
| 24 | Other adjustments: | | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c | | |
| d | Reforestation amortization and expenses | | |
| е | | | |
| 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) | | |
| 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 | | |
| j | Housing deduction from Form 2555 | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | | |
| Z | Other adjustments. List type and amount ▶ | | |
| 25 | Total other adjustments. Add lines 24a through 24z | . 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Ent | er | |
| | here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | . 26 | 3813 |

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.

1040-SF 1040-NR 8812 ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 47

Name(s) shown on return Your social security number JEFFREY & ANN MOLINARO 396-80-8265 Child Tax Credit and Credit for Other Dependents Part I-A 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . 1 131354 Enter the amounts from lines 45 and 50 of your Form 2555 b 2h c Enter the amount from line 15 of your Form 4563 2c 2dd 3 3 131354 Number of qualifying children under age 18 with the required social security number 4a 4a Number of children included on line 4a who were under age 6 at the end of 2021. \mathbf{c} 1 5 If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0-. 5 3000 Number of other dependents, including any qualifying children who are not under age 6 18 or who do not have the required social security number 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 7 8 8 3000 Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400000 Subtract line 9 from line 3. 10 • 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 11 11 3000 12 12 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 B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 🗌 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 14b 3000 If line 14a is zero, enter -0-; otherwise, enter the amount from the **Credit Limit Worksheet A** 14c C 14d Add lines 14b and 14d . 14e 3000 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 14f 1500 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. Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III 14g 1500 Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 14h

Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of

1500

Schedule 8812 (Form 1040) 2021 Page **2**

| Part | I-C Filers Who Do Not Check a Box on Line 13 | |
|--------------|---|-----------|
| Cautio | on: 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 | |
| 8 | 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 | | |
| Cautio | on: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. | |
| Cautio | on: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta | x 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) | |
| b | Nontaxable combat pay (see instructions) | |
| 19 | Is the amount on line 18a more than \$2,500? | |
| | No. Leave line 19 blank and enter -0- on line 20. | |
| | 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 $\dots \dots \dots \dots \dots \dots \dots \dots \dots$ | 20 |
| | Next. On line 16b, is the amount \$4,200 or more? | |
| | 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. | |
| | 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 | | |
| | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, | |
| 21 | 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 | |
| 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 | |
| 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. | |
| 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 |
| Dowl | Next, enter the smaller of line 17 or line 26 on line 27. | |
| Part | | 27 |
| 7₹ 7∆ | Enter this amount on line 15c | 27 |

396-80-8265

JEFFREY & ANN MOLINARO

Schedule 8812 (Form 1040) 2021 Page **3**

| Part | art 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 | 30 | | | | | |
| | 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. | | | | | | |
| 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. | | | | | | |
| | • 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 | | | | | |

QNA

Form **8889**

Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 52

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

ANN M MOLINARO

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions
388-90-6531

| Befor | re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if | require | d. |
|--------|---|----------|--------------|
| Part | HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for | | |
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions | ☐ Self-o | nly 🛚 Family |
| 2 | HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 4080 |
| 3 | If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter | 3 | 7200 |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs | 4 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0 | 5 | 7200 |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter | 6 | 7200 |
| 7 | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions | 7 | |
| 8 9 | Add lines 6 and 7 | 8 | 7200 |
| 10 | Qualified HSA funding distributions | | |
| 11 | Add lines 9 and 10 | 11 | 5080 |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | 12 | 2120 |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 2120 |
| Part | | rata US | As complete |
| rait | a separate Part II for each spouse. | rate no | 45, Complete |
| | Total distributions you received in 2021 from all HSAs (see instructions) | 14a | 2255 |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| С | Subtract line 14b from line 14a | 14c | 2255 |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 2255 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |
| Part | Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse. | | |
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 | |

Credit for Qualified Retirement Savings Contributions

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

► Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074 Attachment Sequence No. 54

(b) Your spouse

Department of the Treasury Internal Revenue Service Name(s) shown on return

JEFFREY & ANN MOLINARO

Your social security number

396-80-8265

(a) You

You cannot take this credit if either of the following applies.



- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$33,000 (\$49,500 if head of household; \$66,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2004; (b) is claimed as a dependent on someone else's 2021 tax return; or (c) was a student (see instructions).

| | | | | | | | (a) I ou | | (b) Tour spouse |
|----|-----------------|---|--------------------------------|--|----------------------|---------------|------------|----|-----------------|
| 1 | | itional and Roth IRA contributions, and ABLE account contributions by the gnated beneficiary for 2021. Do not include rollover contributions | | | | | | | |
| • | • | • | | | | 1 | | | |
| 2 | | | | mployer plan, volunta for 2021 (see instruct | | | | | 0.400 |
| • | | | | • | 10113) | 3 | | | 8420 |
| 3 | | | | | | 3 | | | 8420 |
| 4 | | | | before the due date ns). If married filing jo | , | | | | |
| | | | | ructions for an except | | 4 | | | |
| 5 | • | | | | | 5 | | | 8420 |
| 6 | | | | 00 | | 6 | | | 2000 |
| 7 | | | | take this credit | | $\overline{}$ | | 7 | 2000 |
| 8 | | | | 040-NR, line 11* | 1 | 1 | 131354 | , | 2000 |
| 9 | | | amount from the table | | | | 131331 | | |
| 3 | Litter the appr | icable decimal | amount nom the tabl | e below. | | | | | |
| | If line | 8 is- | , | And your filing status | is- | | | | |
| | | | Married | Head of | Single, Mari | ried filina | | | |
| | Over- | But not over— | filing jointly | household | separate | | | | |
| | | ovei – | Enter on line 9— | | Qualifying widow(er) | | | | |
| | | \$19,750 | 0.5 | 0.5 | 0.5 | | | | |
| | \$19,750 | \$21,500 | 0.5 | 0.5 | 0.2 | | | | |
| | \$21,500 | \$29,625 | 0.5 | 0.5 | 0.1 | | | 9 | x 0 . |
| | \$29,625 | \$32,250 | 0.5 | 0.2 | 0.1 | | | | |
| | \$32,250 | \$33,000 | 0.5 | 0.1 | 0.1 | | | | |
| | \$33,000 | \$39,500 | 0.5 | 0.1 | 0.0 | 1 | | | |
| | \$39,500 | \$43,000 | 0.2 | 0.1 | 0.0 | 1 | | | |
| | \$43,000 | \$49,500 | 0.1 | 0.1 | 0.0 | 1 | | | |
| | \$49,500 | \$66,000 | 0.1 | 0.0 | 0.0 | 1 | | | |
| | \$66,000 | | 0.0 | 0.0 | 0.0 | | | | |
| | | Note: I | f line 9 is zero, stop; | you can't take this cre | dit. | | | | |
| 10 | Multiply line 7 | • | | | | | | 10 | |
| 11 | | | • | from the Credit Limit | | | | 11 | |
| 12 | | | <u> </u> | utions. Enter the sma | | | | | |
| | and on Sched | uie 3 (⊢orm 10₄ | 4U), IINE 4 | | | | | 12 | 1 |

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form **8880** (2021)

Line 5 Worksheet

| 1. Multiply Schedule 8812, line 4b, by \$3,600 | 1. | |
|---|------|--------|
| 2. Multiply Schedule 8812, line 4c, by \$3,000 | 2. | 3000 |
| 3. Add line 1 and line 2 | 3. | 3000 |
| 4. Multiply Schedule 8812, line 4a, by \$2,000 | 4. | 2000 |
| 5. Subtract line 4 from line 3 | 5. | 1000 |
| 6. Enter the amount shown below for your filing status Married filing jointly — \$12,500 Qualifying widow(er) — \$2,500 Head of household — \$4.375 | | |
| Head of nousehold — \$4,375 All other filing statuses — \$6,250 | 6. | 12500 |
| 7. Enter the smaller of line 5 or line 6 | 7. | 1000 |
| 8. Enter the amount shown below for your filing status Married filing jointly or Qualifying widow(er) — \$150,000 Head of household — \$112,500 All other filing statuses — \$75,000 | . 8. | 150000 |
| 9. Subtract line 8 from Schedule 8812, 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. | 9. | |
| 10. Multiply line 9 by 5% (0.05) | 10. | |
| 11. Enter the smaller of line 7 or line 10 | | |
| 12. Subtract line 11 from line 3. Enter on Schedule 8812, line 5 | | |

Form 8880 (2021) Page **2**

Line 11

Before you complete the following worksheet, figure the amount of any credit for the elderly or the disabled you're claiming on Schedule 3 (Form 1040), line 6d. See Schedule R (Form 1040) to figure the credit.

Credit Limit Worksheet

Complete this worksheet to figure the amount to enter on line 11.

| 1. | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | 1 | 14873 |
|----|--|----|-------|
| 2. | Form 1040, 1040-SR, or 1040-NR filers: Enter the total of your credits from Schedule 3, lines 1 through 3, 6d, and 6l | 2 | |
| 3. | Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, stop ; you can't take the credit—don't file this form . | 3. | 14873 |

Student Loan Interest Deduction Worksheet—Schedule 1, Line 21

| Bef | ✓ Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for this line 24z). ✓ Be sure you have read the Exception in the instructions for this line to see if you can instead of Pub. 970 to figure your deduction. | | |
|-----|--|---|------|
| 1. | Enter the total interest you paid in 2021 on qualified student loans (see the instructions for line 21). Don't enter more than \$2,500 | | 1693 |
| 2. | Enter the amount from Form 1040 or 1040-SR, line 9 2 | | |
| 3. | Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and 25 | | |
| 4. | Subtract line 3 from line 2 4 | - | |
| 5. | Enter the amount shown below for your filing status. • Single, head of household, or qualifying widow(er)—\$70,000 • Married filing jointly—\$140,000 | | |
| 6. | Is the amount on line 4 more than the amount on line 5? No. Skip lines 6 and 7, enter -0- on line 8, and go to line 9. | | |
| | Yes. Subtract line 5 from line 4 | | |
| 7. | Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 | | |
| 8. | Multiply line 1 by line 7 | 8 | |
| 9. | Student loan interest deduction. Subtract line 8 from line 1. Enter the result here and on Schedule 1, line 21. Don't include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) | 9 | 1693 |

b. The person had gross income that was equal to or more than the exemption amount for that year or \$4,300 for 2021; or

c. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's return.

However, a loan isn't a qualified student loan if (a) any of the proceeds were used for other purposes, or (b) the loan was from either a related person or a person who borrowed the proceeds under a qualified employer plan or a contract purchased under such a plan. For details, see Pub. 970.

Qualified higher education expenses. Qualified higher education expenses generally include tuition, fees, room and board, and related expenses such as books and supplies. The expenses must be for education in a degree, certificate, or similar program at an eligible educational institution. An eligible educational institution includes most colleges, universities, and certain vocational schools. For details, see Pub. 970.

Line 22

Line 22 has been reserved for future use.

Line 23

Archer MSA Deduction

See Form 8853.

Lines 24a through 24z

Jury duty pay. Enter your jury duty pay if you gave the pay to your employer because your employer paid your salary while you served on the jury.

Line 24b

Enter the deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit.

Line 24c

Enter the nontaxable amount of the value of Olympic and Paralympic medals

and USOC prize money reported on line 81.

Line 24d

Enter reforestation amortization and expenses (see Pub. 535).

Line 24e

Enter repayment of supplemental unemployment benefits under the Trade Act of 1974 (see Pub. 525).

Line 24f

Enter contributions to section 501(c)(18) (D) pension plans (see Pub. 525).

Line 24g

Enter contributions by certain chaplains to section 403(b) plans (see Pub. 517).

Line 24h

Enter attorney fees and court costs for actions involving certain unlawful discrimination claims, but only to the ex-

JEFFREY & ANN MOLINARO Recovery Rebate Credit Worksheet—Line 30

| Befor | See the instructions for line 30 to find out if you can take this credit and for definitions information needed to fill out this worksheet. If you received Notice 1444-C, have it available. | See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet. If you received Notice 1444-C, have it available. | | |
|----------|--|--|--|--|
| | Don't include on line 13 any amount you received but later returned to the IRS. If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 or 1040-SR. | n Form 1040 or | | |
| 1. | Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2. | | | |
| | $X N_0$. Go to line 2. | | | |
| | Yes. Stop You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. | | | |
| 2. | Does your 2021 return include a social security number that was issued on or before the due date of your 2 return (including extensions) for you and, if filing a joint return, your spouse? | 2021 | | |
| | X Yes. Go to line 6. | | | |
| 2 | No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5. We set lesst one of you a member of the U.S. A record Forese at any time during 2021, and does at least one | o of you | | |
| 3. | Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one have a social security number that was issued on or before the due date of your 2021 return (including extension of the U.S. Armed Forces at any time during 2021, and does at least one have a social security number that was issued on or before the due date of your 2021 return (including extension of the U.S. Armed Forces at any time during 2021, and does at least one have a social security number that was issued on or before the due date of your 2021 return (including extension of the U.S. Armed Forces at any time during 2021, and does at least one have a social security number that was issued on or before the due date of your 2021 return (including extension of the U.S. Armed Forces at any time during 2021, and does at least one have a social security number that was issued on or before the due date of your 2021 return (including extension of the U.S. Armed Forces at any time during 2021, and does at least one have a social security number that was issued on or before the due date of your 2021 return (including extension of the U.S. Armed Forces at any time during 2021, and does at least one have a social security number that was issued on or before the due date of your 2021 return (including extension of the U.S. Armed Forces at any time during 2021). | ensions)? | | |
| | Yes. Your credit is not limited. Go to line 6. | | | |
| | □ No. Go to line 4. | | | |
| 4. | Does one of you have a social security number that was issued on or before the due date of your 2021 retu (including extensions)? | rn | | |
| | Yes. Your credit is limited. Go to line 6. | | | |
| | \square No. Go to line 5. | | | |
| 5. | Do you have any dependents listed in the <i>Dependents</i> section on page 1 of Form 1040 or 1040-SR for who 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? | om you | | |
| | Yes. Enter zero on line 6 and go to line 7. | | | |
| | You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. | | | |
| 6. | Enter: • \$1,400 if single, head of household, married filing congretely, or qualifying syidosy(or) | | | |
| | \$1,400 if single, head of household, married filing separately, or 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 | <u>6.</u> 2800 | | |
| 7. | Multiply \$1,400 by the number of dependents listed in the <i>Dependents</i> 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 | | |
| 0 | return (including extensions) or an adoption taxpayer identification number | | | |
| 8. 9. | Add lines 6 and 7 | | | |
| 9. | Single or Married filing separately—\$75,000 Married filing jointly or qualifying widow(er)—\$150,000 Head of household—\$112,500 | tus? | | |
| | Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 | 9. <u>131354</u> | | |
| | \boxed{X} No. Enter the amount from line 8 on line 12 and skip lines 10 and 11. | | | |
| 10. | Is line 9 more than the amount shown below for your filing status? • Single or married filing separately—\$80,000 | | | |
| | Married filing jointly or qualifying widow(er)—\$160,000 Head of household—\$120,000 Yes (m) You can't take the credit. Don't complete the rest of this worksheet and | | | |
| | don't enter any amount on line 30. | | | |
| 11 | No. Subtract line 9 from the amount shown above for your filing status. | | | |
| 11. | Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to 2 places). | at least | | |
| | Single or married filing separately—\$5,000 Married filing jointly or qualifying widow(er)—\$10,000 Head of household—\$7,500 | 11 | | |
| 12. | Multiply line 8 by line 11 | 12. 4000 | | |
| 13. | Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any | | | |
| | your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at <u>IRS.gov/Account</u> amount to enter here | for the 13. 7803 | | |
| 14. | Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0 If line 13 is more than line 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 | 14 | | |