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				_										low(er) (QW)
one box.		u checked the MFS box, enter the on is a child but not your depende	-	our spo	Juse.	ii you c	IECK	ed the HOH	טו עו	v box, enter	rulec	illiu S	name ii u	le qualifying
Your first name	and mi	ddle initial	Last nar	ne							Y	Your social security number		
If joint return, sp	ouse's	first name and middle initial	Last nar	me							Sį	pouse'	s social se	curity number
Home address (numbe	er and street). If you have a P.O. box, se	ee instructio	ons.						Apt. no.			ntial Electinere if you,	on Campaign
City, town, or po	st offic	ce. If you have a foreign address, also o	complete sp	paces be	elow.		Stat	e	ZIP	code	to	go to	٠,	ontly, want \$3 Checking a
Foreign country name				Foreign province/state/county					For				or refund	U
At any time dur	ing 20	021, did you receive, sell, exchang	e, or othe	rwise di	ispos	e of any	fina	ncial interes	t in ar	ny virtual cu	rrency	/?	Yes	☐ No
Standard Deduction	_	eone can claim:	•			•		a dependen	t					
Age/Blindness	You:	Were born before January 2,	1957	Are b	lind	Spo	use	: Was b	orn b	efore Janua	ry 2, 1	957	☐ Is b	lind
Dependents							(4) 🗸	if quali	ifies fo	r (see instru	ıctions):			
If more	(1) Fi	rst name Last name		number			to you			Child tax cr		it	Credit for ot	ther dependents
than four dependents,														
see instructions	_													
and check here ►														
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2 .	٠.	·						1		
Attach	2a	Tax-exempt interest	2a				b Ta	axable intere	est			2b		
Sch. B if required.	3a	Qualified dividends	3a				b Ordinary divider		lends			3b		
roquirou.	4a	IRA distributions	4a				b Taxable amount .					4b		
	5a	Pensions and annuities	5a				b Ta	axable amou	ınt .			5b		
Standard	6a	Social security benefits	. 6a b Taxable amount							6b				
• Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □									▶ □	7		
Married filing	8	Other income from Schedule 1, line 10							8					
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	dd 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 tak	charitable contributions if you take the standard deduction (see instructions)											
household, \$18,800	С	Add lines 12a and 12b										120		
If you checked any box under	13	Qualified business income deduc	ction from	Form 8	3995 d	or Form	899	5-A				13		
Standard	14											14		
Deduction, see instructions.	15	Taxable income. Subtract line 1	4 from line	e 11. lf	zero (or less,	ente	r -0				15		

Form 1040 (2021)								Page 2		
•	16	Tax (see instructions).	Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16			
	17	Amount from Schedul	e 2, line 3					. 17			
	18	Add lines 16 and 17 .						. 18			
	19	Nonrefundable child to	. 19								
	20	Amount from Schedule 3, line 8									
	21	Add lines 19 and 20 .						. 21			
	22	Subtract line 21 from I	ine 18. If zero or less,	enter -0				. 22			
	23	Other taxes, including	self-employment tax,	from Schedule	2, line 21 .			. 23			
	24	Add lines 22 and 23. T	his is your total tax					▶ 24			
	25	Federal income tax wi	thheld from:								
	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instru	uctions)			25c					
	d	Add lines 25a through	. 25d								
If you have a qualifying child,	26	2021 estimated tax pa									
	27a	Earned income credit	•	• •		27a					
attach Sch. EIC.		Check here if you v	` '								
		January 2, 2004, an									
		taxpayers who are at I			structions >						
	b	Nontaxable combat pa	•								
	С	Prior year (2019) earne									
	28	Refundable child tax cr				28					
	29	American opportunity				29					
	30	Recovery rebate credit. See instructions									
	31	Amount from Schedule 3, line 15									
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits 32									
	33	Add lines 25d, 26, and 32. These are your total payments									
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 34 35a									
	35a	: :	want refunded to you	J. If Form 8888	·	_					
Direct deposit? See instructions.	►b	Routing number	ngs								
occ instructions.	► d	Account number									
	36	Amount of line 34 you				36					
Amount	37	Amount you owe. Su				see instructio	ns .	▶ 37			
You Owe	38	Estimated tax penalty				38					
Third Party		you want to allow ar									
Designee		nstructions									
		signee's ne ►		Phone no. ▶			Personal i number (F	dentification			
Cian		der penalties of perjury, I de	eclare that I have examine		l accompanying sch				st of my knowledge and		
Sign		ef, they are true, correct, a									
Here	You	ır signature		Date	Your occupation			If the IRS se	ent you an Identity		
		7 Clivatora			·				PIN, enter it here		
Joint return?	(7 Clinton						(see inst.) ▶			
See instructions. Keep a copy for	Spo	ouse's signature. If a joint r	eturn, both must sign.	Date	Spouse's occupat	ion	on		If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.							(see inst.) ▶				
	————	one no.		Email address				, ,	_		
		parer's name	Preparer's signat	1		Date	PTI	N	Check if:		
Paid	•		paror o orginal	· •			1		Self-employed		
Preparer	———	n's name ▶						Phone no.			
Use Only		n a name 💌						i Hone Ho.			
Use Only		n's address ►						Firm's EIN			