

2021 Federal Tax Return Filing Instructions FOR THE YEAR ENDING

December 31, 2021

| Prepared for | DAVID C VASQUEZ |
|-----------------------|---|
| Tax Summary | Gross Income \$48650 Adjusted Gross Income \$48428 Total Deductions \$12550 Total Taxable Income \$35878 Total Tax \$3087 Total Payments \$6408 Refund Amount \$3321 Amount You Owe \$0 |
| Make check payable to | |
| Mailing Address | Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return. |

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.



2021 STATE TAX RETURN FILING INSTRUCTIONS

OREGON FOR THE YEAR ENDING

December 31, 2021

| Prepared for | DAVID C VASQUEZ |
|-----------------------|---|
| Tax Summary | Adjusted Gross Income \$ 0 Total Deductions \$ 0 Total Taxable Income \$ 45,341 Total Tax \$ 3,501 Total Payments \$ 3,743 Refund Amount \$ 455 Amount You Owe \$ 0 |
| Make check payable to | |
| Mailing Address | Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return. |

Special Instructions

Keep A Copy Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

DAVID C VASQUEZ 606-05-4563

| | | Keep for Your Recor |
|---------|--|--|
| | 2020 | Difference |
| Single_ | | <u> </u> |
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| 48 316 | | 48,316 |
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| 331 — | | 334 |
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| 222 | | 222 |
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| 25 070 | | 35,878 |
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| 4,106 | | 4,106 |
| TABLE | | _ |
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| | | |
| | | |
| 4,106 | | 4,106 |
| | N/A 222 48,428 12,550 3,474 35,878 | 334 48,316 48,316 48,650 48,650 222 N/A 222 48,428 12,550 N/A 3,474 3,474 4,106 |

Tax Calculation Methods:

Sch D = Sch D tax worksheet Sch J = Inc Aver for Farmer/Fisherman FEITW = Foreign Earned Income Tax WS QDCGTW = Qual Div Cap Gain Tax WS F8615 = Child with unearned income TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

Keep for Your Records

| | 2021 | 2020 | Difference |
|---|----------|------|-------------|
| CREDITS: | | | |
| Child and other dependents tax credit · · · · · · · · · · · · · · · · · · · | | | |
| Schedule 3 - Non-Refundable Credits | | | |
| Foreign tax credit | | | |
| Child care credit | | | |
| Education credit | 1,019 | | 1,019 |
| Retirement savings contribution credit | | | <u> </u> |
| Other credits | | | <u> </u> |
| Total credits | 1,019 | | 1,019 |
| OTHER TAXES: | | | |
| Schedule 2 - Other Taxes | | | |
| Self-employment tax | | | |
| Additional tax on IRAs | | | |
| Health Care (Individual Responsibility) | | | |
| Other taxes | | | |
| TOTAL TAXES: | 3,087 | | 3,087 |
| PAYMENTS: | | | |
| Federal income tax withheld | 6,408 | | 6,408 |
| Estimated payments made | | | |
| Earned income credit | | | |
| Refundable child tax credit or additional child tax credit | | | |
| American opportunity credit | | | |
| Recovery rebate credit | | | |
| Schedule 3 - Refundable Credits & Payments | | | |
| ACA premium tax credit | | | |
| Qualified sick and family leave credit | | | |
| Deferral for certain Schedule H or Schedule SE filers | | N/A | |
| Other payments | | | |
| Total payments | 6,408 | | 6,408 |
| AMOUNT DUE / REFUND: | | | |
| Amount overpaid · · · · · · · · · · · · · · · · · · · | 3,321 | | 3,321 |
| Overpayment applied to next year · · · · · · · · · · · · · · · · · · · | <u> </u> | | |
| Refund | 3,321 | | 3,321 |
| Amount due | <u> </u> | | |
| Penalty | | | |

| - 4010 | | t of the TreasuryInternal Revendividual Income | | (99) urn | 2 | 2021 | OMB | No. 1545-00 | 74 IR: | S Use Only | Do not w | rite or stap | le in th | is space. |
|--|----------|--|--------------------------|--------------------|--------|-----------------|----------------|-------------------|------------|------------|---------------------------|--------------|----------|-------------------------------|
| Filing Status | X s | Single Married filing | jointly | Marrie | d fili | ing separate | ely (MFS) | Head of I | nousehold | (HOH) | Qual | ifying wi | dow(| er) (QW) |
| Check only | | ou checked the MFS box | | _ | | | | cked the HOH | or QW bo | x, enter | the chile | d's name | e if th | е |
| one box. | qua | lifying person is a child l | but not yo | ur depe | nder | nt 🕨 | • | | | | | | | |
| Your first name | and m | iddle initial | | | L | ast name | | | | Your | social s | curity | numb | er |
| DAVID C | | | | | V | ASQUE! | Z | | | | 606- | 05 - 4 | 563 | 3 |
| If joint return, sp | ouse's | s first name and middle | initial | | L | ast name | | | | Spous | se's soc | ial secu | ırity ı | number |
| Home address (| numb | er and street). If you have | e a P.O. | box, see | inst | ructions. | | Apt. no. | | Presid | dential E | Election | Can | paign |
| 155 NW K | ING | S BLVD | | | | | | 647 | | | here if | | | • |
| | | If you have a foreign addres | s, also com | plete spac | es be | elow. S | tate | ZIP code | | | e if filing to this fu | | | |
| CORVALLIS | S | | | | | | OR | 97330 | | _ | elow will | | | , α |
| Foreign country | | | Foreign | province | /stat | te/county | | Foreign po | | | ax or ref | | | |
| , | | | | | | , | | | | | | ☐ You | ιГ | Spouse |
| At any time duri | na 202 | 21, did you receive, sell, | exchange | e. or othe | erwis | se dispose d | of anv finan | icial interest in | anv virtua | al curren | cv? | X Yes | | No |
| Standard | | | ou as a de | | | | | dependent | , | | | 15-3 | | |
| Deduction | | Spouse itemizes on a | | • | | ш . | | • | | | | | | |
| - | | -1 | | | , | | | | | | | | | |
| Age/Blindness | You: | Were born before | January 2 | ., 1957 | | Are blind | Spouse: | Was born | before Jar | | | ls b | | |
| Dependents (see | e instru | uctions): | | | | | , , , | ial security | (3) Relati | | 1 ' ' | | Cred | (see inst.): lit for other |
| | (1) F | irst name L | ast name | | | | n | umber | to y | ou | Child | ax credit | dep | endents |
| If more than four | | | | | | | | | | | | | | + |
| dependents, | | | | | | | | | | | | | | + |
| and check | | | | | | | | | | | | | | +- |
| nere P | | | | | | | | | | | | | 1.0 | |
| Attach | | Wages, salaries, tips, e | 1 1 | Form(s) |) W- | ·2 | | | | | 1 | | 4 8 | 3,316 |
| Sch. B if | 2a | Tax-exempt interest | | | | | | e interest | | | 2b | | | |
| required. | 3a | Qualified dividends | | | | | | ry dividends | | | 3b | | | |
| | 4a | IRA distributions | · · · · - · + | | | | | e amount | | | 4b | | | |
| Standard | 5a | Pensions and annuities | | | | | | e amount | | | 5b | | | |
| Deduction for- | 6a | Social security benefits | | | | | | e amount | | | 6b | | | |
| Single or Married filing separately, | 7 | Capital gain or (loss). Attac | | | | | | | | | 7 | | | 334 |
| \$12,550 | 8 | Other income from Sci | , | | | | | | | | 8 | | | |
| Married filing jointly or | 9 | Add lines 1, 2b, 3b, 4b | | • | | • | | | | | 9 | | 4 8 | 3,650 |
| Qualifying | 10 | Adjustments to income | | | | | | | | | 10 | | | 222 |
| widow(er), \$25,100 | 11 | Subtract line 10 from li | | | | | | | | | 11 | | 4 8 | 3,428 |
| • Head of | 12a | Standard deduction of | | | | | - | | 12 | , 550 | | | | |
| household, \$18,800 | b | Charitable contributions if | • | e standar | d ded | duction (see in | nstructions) . | 12b | | | | | | |
| • If you checked | С | Add lines 12a and 12b | | | • • • | | | | | | 12c | | Ι2 | 2,550 |
| any box under Standard | 13 | Qualified business inco | | | m Fo | orm 8995 or | Form 899 | 5-A | | | 13 | | | |
| Deduction, see instructions. | 14 | Add lines 12c and 13 | | | | | | | | | 14 | | | 2,550 |
| see manuchons. | 15 | Taxable income. Sub | tract line | 14 from l | line 1 | 11. If zero o | r less, ente | er -0- | | | 15 | | 3 - | 5.878 |

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

Form **1040** (2021)

| Form 1040 (202 | 21) DAVID C VASQUE | Ζ | | | 6 | 06-05- | 4563 | | Page 2 |
|---------------------------------|--|--------------------------|------------------------|--------------|---------------|-------------------|-----------------------------------|-------|-----------------|
| 1 | 6 Tax (see instructions). Check if an | ny from Form(s): | 1 8814 2 | 4972 | 3 | | | 16 | 4,106 |
| 1 | 7 Amount from Schedule 2, line 3. | | | _ | | | | 17 | |
| 1 | 8 Add lines 16 and 17 | | | | | | | 18 | 4,106 |
| 1 | 9 Nonrefundable child tax credit or | | 19 | | | | | | |
| 2 | 0 Amount from Schedule 3, line 8 | | | | | | | 20 | 1,019 |
| 2 | 1 Add lines 19 and 20 | | | | | | | 21 | 1,019 |
| 2 | 2 Subtract line 21 from line 18. If ze | ro or less, enter -0- | | | | | | 22 | 3,087 |
| 2 | 3 Other taxes, including self-employ | ment tax, from Sch | edule 2, line 21 | | | | | 23 | |
| 2 | 4 Add lines 22 and 23. This is your | total tax | | | | | | 24 | 3,087 |
| 2 | 5 Federal income tax withheld from: | | | | | | | | |
| | a Form(s) W-2 | | | | 25a | | 6,408 | | |
| | b Form(s) 1099 | | | | 25b | | | | |
| | c Other forms (see instructions) | | | | | | | | |
| | d Add lines 25a through 25c · · · · | | | | | | | 25d | 6,408 |
| | 26 2021 estimated tax payments and | amount applied fro | m 2020 return . | | | | | 26 | |
| | 7a Earned income credit (EIC) | | | | 27a | | | | |
| child, attach Sch. EIC. | Check here if you were born after | January 1, 1998, a | nd before | | | | | | |
| | January 2, 2004, and you satisfy a | all the other requirer | nents for | | | | | | |
| | taxpayers who are at least age 18 | , to claim the EIC. S | see instructions | ▶ | | | | | |
| | b Nontaxable combat pay election | | 0 | | | | | | |
| | c Prior year (2019) earned income | | | | | | | | |
| 2 | Refundable child tax credit or additional child from Schedule 8812 | I tax credit | | | 28 | | | | |
| 2 | 9 American opportunity credit from Form | 8863, line 8 | | | 29 | | | | |
| | Recovery rebate credit. See instruction | | | | 30 | | | | |
| | 1 Amount from Schedule 3, line 15 | | | | 31 | | | | |
| | 2 Add lines 27a and 28 through 31. | | | | | | | 32 | |
| | 3 Add lines 25d, 26, and 32. These | | | | | | | 33 | 6,408 |
| | If line 33 is more than line 24, sub | | | | • | - | | 34 | 3,321 |
| | S5a Amount of line 34 you want refun | | | | $\overline{}$ | | | 35a | 3,321 |
| | b Routing number 12300022 | | | : Type: | ⊠ Ch | ecking 🔲 | Savings | | |
| | d Account number 15365472 | | timated toy | | 00 | | | | |
| - | Amount of line 34 you want applied Amount you owe. Subtract line 3 | | | | 36 | uotiono | | 37 | |
| - | B8 Estimated tax penalty (see instructions) | | | | 38 | | | 31 | |
| | Do you want to allow another perso | | | | 30 | | | | |
| Designee | instructions | | | | ∏ v₄ | es. Complet | e helow | X N | , |
| Designee | Designee's | | | one | ш | oor oomplot | Persona | ш | |
| | name • | | no. | | | | number | | |
| Sign | Under penalties of perjury, I declare that I have | examined this return and | accompanying sched | dules and st | atements | s, and to the bes | | | |
| Here | correct, and complete. Declaration of preparer (| | | | | | | 9 | , , , |
| | Your signature | Date | Your | occupatio | n | | f the IRS sent | | entity |
| Joint return? See instructions. | _ | | Stud | dent | | | Protection PIN t here (see ins | | • |
| Keep a copy for | Spouse's signature. If a joint return, both must | sign. Date | Spous | se's occu | pation | | f the IRS sent Protection PIN | | use an Identity |
| your records. | | | | | | | t here (see ins | , | • |
| | Phone no. 925-818-1175 | Email addr | ess Vasqu | iezd@ | ore | gonsta | te.ed | u | |
| Daid | Preparer's name | Preparer's signature | | Da | | | PTIN | | Check if: |
| Paid - | | | | | | | | | Self-employed |
| Preparer | Firm's name | | | | | | Phone | no. | |
| Use Only | Firm's address | | | | | | | | |
| | | | | | | | Firm's E | EIN ▶ | = 1040 (acc.) |

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2021)

SCHEDULE 1

(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Sequence No. 01

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number DAVID C VASQUEZ 606-05-4563 **Additional Income** Taxable refunds, credits, or offsets of state and local income taxes Alimony received 2a 2a b Date of original divorce or separation agreement (see instructions) Business income or (loss). Attach Schedule C 3 3 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 7 7 8 Other income: Net operating loss 8a Foreign earned income exclusion from Form 2555 Taxable Health Savings Account distribution Alaska Permanent Fund dividends Prizes and awards Activity not engaged in for profit income 8j 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 8k Olympic and Paralympic medals and USOC prize money (see instructions) m Section 951(a) inclusion (see instructions) Taxable distributions from an ABLE account (see instructions) Other income. List type and amount ▶ Total other income. Add lines 8a through 8z

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

Schedule 1 (Form 1040) 2021

GEB 21 1040SCH1 TXO 1040

Form Software Copyright 1996 - 2022 HRB Tax Group, Inc.

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

| Par | t II Adjustments to Income | | | |
|------------|--|-----------------------|-----|-----|
| 11 | Educator expenses · · · · · · · · · · · · · · · · · · | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government | ent officials. Attach | | |
| | Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | | |
| 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 | 222 |
| 22 | Reserved for future use · · · · · · · · · · · · · · · · · · · | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | 24a | | |
| 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 81 · · · · · · · · · · · · · · · · · · | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| е | Repayment of supplemental unemployment benefits under the | | | |
| | Trade Act of 1974 · · · · · · · · · · · · · · · · · · · | 24e | | |
| 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) | 24h | | |
| 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24j | _ | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 | | | |
| | (Form 1041) | 24k | | |
| Z | Other adjustments. List type and amount | | | |
| 0 F | Tabel allows allowance Add Proce Otalia L. Co. | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter he | | 00 | 222 |
| | 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | 222 |

SCHEDULE 3

(Form 1040)

Additional Credits and Payments

2021

OMB No. 1545-0074

Attachment Sequence No. **03**

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040–SR, or 1040–NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number 606-05-4563

| AVII | C VASQUEZ | | 6 | 06-05-4563 |
|--------|--|-----|-----|------------|
| Part I | Nonrefundable Credits | | | |
| 1 | Foreign tax credit. Attach Form 1116 if required | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach | | | |
| | Form 2441 | | 2 | |
| 3 | Education credits from Form 8863, line 19 | | 3 | 1,01 |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | | | |
| 6 | Other nonrefundable credits: | | | |
| а | General business credit. Attach Form 3800 | 6a | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | |
| С | Adoption credit. Attach Form 8839 · · · · · · · · · · · · · · · · · · · | 6c | | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | | |
| е | Alternative motor vehicle credit. Attach Form 8910 | 6e | | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | | |
| ı | Amount on Form 8978, line 14. See instructions · · · · · · · · · · · · · · · · · · · | 61 | | |
| z | Other nonrefundable credits. List type and amount | 6z | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | 7 | 1 |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-N | NR, | | |
| _ | line 20 | | . 8 | 1,01 |

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

| Part | Other Payments and Refundable Credits | | | |
|------|---|------|----|--|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| а | Form 2439 · · · · · · · · · · · · · · · · · · · | 13a | | |
| b | Qualified sick and family leave credits from Schedule(s) H and | | | |
| | Form(s) 7202 for leave taken before April 1, 2021 | 13b | | |
| С | Health coverage tax credit from Form 8885 | 13c | | |
| d | Credit for repayment of amounts included in income from earlier | | | |
| | years · · · · · · · · · · · · · · · · · · · | 13d | | |
| е | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Credit for child and dependent care expenses from Form 2441, | | | |
| | line 10. Attach Form 2441 · · · · · · · · · · · · · · · · · · | 13g | | |
| h | Qualified sick and family leave credits from Schedule(s) H and | | | |
| | Form(s) 7202 for leave taken after March 31, 2021 | 13h | | |
| z | Other payments or refundable credits. List type and amount ▶ | | | |
| | | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040- | -NR, | | |
| | line 31 | | 15 | |

Schedule 3 (Form 1040) 2021

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

DAVID C VASOUEZ

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. OMB No. 1545-0074 Attachment Sequence No. 12

Name(s) shown on return

Your social security number 606-05-4563

X No Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses -- Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter (d) (e) (h) Gain or (loss) on the lines below. Proceeds Adjustments Subtract column (e) from Cost to gain or loss from Form(s) 8949, Part I, line 2, column (g) This form may be easier to complete if you round off (sales price) column (d) and combine (or other basis) cents to whole dollars. the result with column (g) Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b...... 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 15,859 65 92 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 242 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 · · · 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Schedule(s) K-1 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any 7 334 long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 Part II Long-Term Capital Gains and Losses -- Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter (d) (e) (h) Gain or (loss) (g) Adjustments to gain or loss from Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off column (d) and combine (sales price) (or other basis) Form(s) 8949, Part II, line 2, column (g) cents to whole dollars. the result with column (g) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions. See the instructions 13 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on

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

Schedule D (Form 1040) 2021

| Pa | rt III | Summary | | |
|----|------------|---|----|-----|
| 16 | Combin | e lines 7 and 15 and enter the result | 16 | 334 |
| | | e 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. | | |
| | | 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete | | |
| | | 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or -NR, line 7. Then, go to line 22. | | |
| 17 | Yes. | s 15 and 16 both gains? Go to line 18. Skip lines 18 through 21, and go to line 22. | | |
| 18 | <u>—</u> | | | |
| 10 | = | e required to complete the 28% Rate Gain Worksheet (see instructions), enter the if any, from line 7 of that worksheet | 18 | |
| 19 | - | e required to complete the Unrecaptured Section 1250 Gain Worksheet (see ons), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Yes. | c 18 and 19 both zero or blank and are you not filing Form 4952? Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions orms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. | | |
| | | Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 below. | | |
| 21 | If line 16 | s is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | | |
| | | oss on line 16; or 00), or if married filing separately, (\$1,500) | 21 | (|
| | Note: W | then figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you | have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | |
| | _ | Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions orms 1040 and 1040-SR, line 16. | | |
| | _ | Complete the rest of Form 1040, 1040_SR or 1040_NR | | |

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

20**21**Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. **12A**

Name(s) shown on return DAVID C VASQUEZ

SSN or taxpayer identification number 606-05-4563

Before you check Box A, B, or C below, see whether you received any Form(s) 1099–B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099–B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short–Term. Transactions involving capital assets you held 1 year or less are generally short–term (see instructions). For long–term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099–B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) | If you enter a | if any, to gain or loss. In amount in column (g), code in column (f). Eparate instructions. | (h) Gain or (loss). |
|---|--|--|-------------------------------------|---|-------------------------------------|--|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | (Mo., day, yr.) | (sales price) (see instructions) | in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | Subtract column (e) from column (d) and combine the result with column (g) |
| AMC ENTERTAINME NT HOLDINGS, IN | 01/27 /2021 | 01/27 2021 | 36 | 36 | | | |
| AMC ENTERTAINME NT HOLDINGS, IN | 02/01 /2021 | 02/01 2021 | 14 | 14 | | | |
| AMC ENTERTAINME NT HOLDINGS, IN | 02/01 /2021 | 02/01 2021 | 14 | 14 | | | |
| AMAZON.COM, INC . COMMON STOCK | 02/08 /2021 | 04/05 2021 | 3,217 | 3,356 | M | 63 | -76 |
| AMAZON.COM, INC . COMMON STOCK | 04/05 /2021 | 04/06 2021 | 1,004 | 1,043 | | | -39 |
| AMAZON.COM, INC . COMMON STOCK | 04/13 /2021 | 04/14 2021 | 498 | 520 | | | -22 |
| AMAZON.COM, INC . COMMON STOCK | 08/02 /2021 | 08/27 2021 | 496 | 500 | | | -4 |
| AMAZON.COM, INC . COMMON STOCK | 08/23 /2021 | 08/27 2021 | 2 | 2 | | | |
| AMAZON.COM, INC . COMMON STOCK | 08/23 /2021 | 08/27 2021 | 1,033 | 998 | | | 35 |
| AMAZON.COM, INC . COMMON STOCK | 10/12 /2021 | 10/15 2021 | | | | | |
| AMAZON.COM, INC . COMMON STOCK | 10/12 /2021 | 10/15 2021 | 519 | 500 | | | 19 |
| APPLE INC. COMM ON STOCK | 01/07 /2021 | 01/08 2021 | 657 | 652 | | | 5 |
| APPLE INC. COMM ON STOCK | 01/29 /2021 | 01/29 2021 | 664 | 662 | | | 2 |
| APPLE INC. COMM ON STOCK | 02/26 /2021 | 03/02 2021 | 642 | 621 | | | 21 |
| 2 Totals. Add the amounts negative amounts). Enter ea D, line 1b (if Box A above is checked), or line | ach total here and in ove is checked), lin 3 (if Box C abov | nclude on your Sch. e 2 (if Box B e is checked) | 15,859 | 15,832 | | 65 | 92 |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

Name(s) shown on return DAVID C VASOUEZ

SSN or taxpayer identification number 606-05-4563

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) | If you enter a | if any, to gain or loss. In amount in column (g), code in column (f). eparate instructions. | (h) Gain or (loss). |
|---|-------------------|-------------------------------------|----------------------------|---|-------------------------------------|--|---|
| (Example: 100 SH: X12 Co.) | (Mo., day, yr.) | (Mo., day, yr.) | (see instructions) | in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | Subtract column (e) from column (d) and combine the result with column (g) |
| APPLE INC. COMM ON STOCK | 03/09 /2021 | 03/11 2021 | 609 | 596 | | | 13 |
| APPLE INC. COMM ON STOCK | 03/30 /2021 | 03/31 2021 | 617 | 600 | | | 17 |
| APPLE INC. COMM ON STOCK | 10/19 /2021 | 10/28 2021 | 763 | 735 | | | 28 |
| STARBUCKS CORPO RATION COMMON S | 01/07 /2021 | 01/08 2021 | 1,050 | 1,036 | | | 14 |
| STARBUCKS CORPO RATION COMMON S | 01/27 /2021 | 01/28 2021 | 497 | 491 | | | 6 |
| STARBUCKS CORPO RATION COMMON S | 01/29 /2021 | 01/29 2021 | 482 | 483 | | | -1 |
| STARBUCKS CORPO RATION COMMON S | 02/01 /2021 | 02/02 2021 | 512 | 497 | | | 15 |
| STARBUCKS CORPO RATION COMMON S | 02/01 /2021 | 02/02 2021 | 512 | 485 | | | 27 |
| STARBUCKS CORPO RATION COMMON S | 08/23 /2021 | 08/27 2021 | 115 | 115 | | | |
| STARBUCKS CORPO RATION COMMON S | 10/05 /2021 | 10/06 2021 | 560 | 555 | | | 5 |
| STARBUCKS CORPO RATION COMMON S | 10/29 /2021 | 11/02 2021 | 557 | 536 | | | 21 |
| STARBUCKS CORPO RATION COMMON S | 10/14 /2021 | 11/02 2021 | 557 | 562 | M | 2 | -3 |
| STARBUCKS CORPO RATION COMMON S | 11/11 /2021 | 12/09 2021 | 232 | 223 | | | 9 |
| 0.T-1-1- | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Sch. D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶ | | | | | | | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

Name(s) shown on return DAVID C VASOUEZ SSN or taxpayer identification number

606-05-4563

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below and see Column (e) | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). |
|--|-----------------------------|--------------------------------|-------------------------------------|---|--|--------------------------------|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | Subtract column (e) from column (d) and combine the result with column (g) |
| | 04/26 | 11/08 | 0 160 | 0 000 | | | |
| bitcoin crypto | /2021 | 2021 | 9,468 | 9,226 | | | 242 |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts | | | | | | | |
| negative amounts). Enter e D, line 1b (if Box A ab above is checked), or line | ove is checked), lir | ne 2 (if Box B | 9,468 | 9,226 | | 0 | 242 |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. 50

Name(s) shown on return

DAVID C VASQUEZ

Your social security number
606-05-4563

| | _ | ı |
|---|--------|---|
| | ! | ı |
| C | AUTION | I |

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

| Part | Refundable American Opportunity Credit | | | | | |
|------|--|------------------|------------------|----------|----|-------|
| 1 | After completing Part III for each student, enter the total of all amounts from all F | arts | III, line 30 | | 1 | |
| 2 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of | | | | | |
| | household, or qualifying widow(er) | 2 | | | | |
| 3 | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form | | | | | |
| | 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for | | | | | |
| | the amount to enter | 3 | | | | |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; you can't take any | | | | | |
| | education credit | 4 | | | | |
| 5 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, | | | | | |
| | or qualifying widow(er) | 5 | | | | |
| 6 | If line 4 is: | | | | | |
| | • Equal to or more than line 5, enter 1.000 on line 6 | | | | | |
| | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded | to | • | | 6 | |
| | at least three places) | | | | | |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year | ar an | d meet the co | nditions | | |
| | described in the instructions, you can't take the refundable American opportuni | ty | | | | |
| | credit; skip line 8, enter the amount from line 7 on line 9, and check this box | | | • 🗍 | 7 | |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter | the a | amount here a | nd | | |
| | on Form 1040 or 1040-SR, line 29. Then go to line 9 below | | | | 8 | |
| Part | Nonrefundable Education Credits | | | | | |
| 9 | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Workshee | et (se | e instructions) | | 9 | |
| 10 | After completing Part III for each student, enter the total of all amounts from all F | arts | III, line 31. If | | | |
| | zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | | | | 10 | 5,095 |
| 11 | Enter the smaller of line 10 or \$10,000 | | | | 11 | 5,095 |
| 12 | Multiply line 11 by 20% (0.20) | | | | 12 | 1,019 |
| 13 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of | | | | | , |
| | household, or qualifying widow(er) | 13 | | 90,000 | | |
| 14 | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form | | | | | |
| | 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for | | | | | |
| | the amount to enter | 14 | | 48,428 | | |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- | | | | | |
| | on line 18, and go to line 19 | 15 | | 41,572 | | |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, | | | | | |
| | or qualifying widow(er) | 16 | | 10,000 | | |
| 17 | If line 15 is: | | | | | |
| | ● Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 | | | | | |
| | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round | ded [·] | to at least thre | е | | |
| | places) | | | | 17 | 1.000 |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Workshee | t (se | e instructions) | • | 18 | 1,019 |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit L | imit ' | Worksheet | | | |
| | (see instructions) here and on Schedule 3 (Form 1040), line 3 | | | | 19 | 1,019 |

Form 8863 (2021) Page **2**

Name(s) shown on return $\begin{array}{ccc} \text{DAVID} & \text{C} & \text{VASQUEZ} \end{array}$

Your social security number 606-05-4563



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

| Part III Student and Educational Institution Informati | ion. See instructions. | |
|---|---|---|
| 20 Student name (as shown on page 1 of your tax return) | 21 Student social security number (as shown | n on page 1 of |
| DAVID C | your tax return) | |
| VASQUEZ | 606-05-4563 | |
| 22 Educational institution information (see instructions) | | |
| a. Name of first educational institution | b. Name of second educational institution | (if any) |
| Oregon State University | | |
| (1) Address. Number and street (or P.O. box). City, town or | (1) Address. Number and street (or P.O. b | ox). City, town or |
| post office, state, and ZIP code. If a foreign address, see | post office, state, and ZIP code. If a for | eign address, see |
| instructions. | instructions. | |
| PO Box 1086 | | |
| Corvallis OR 97339 | | |
| (2) Did the student receive Form 1098-T | (2) Did the student receive Form 1098-T | |
| from this institution for 2021? | from this institution for 2021? | ∐ Yes ☐ No |
| (3) Did the student receive Form 1098-T | (3) Did the student receive Form 1098-T | |
| from this institution for 2020 with box Yes X No | from this institution for 2020 with box | Yes No |
| 7 checked? | 7 checked? | |
| (4) Enter the institution's employer identification number (EIN) | (4) Enter the institution's employer identific | ation number |
| if you're claiming the American opportunity credit or if you | (EIN) if you're claiming the American or | portunity credit or |
| checked "Yes" in (2) or (3). You can get the EIN from Form | if you checked "Yes" in (2) or (3). You | can get the EIN |
| 1098-T or from the institution. | from Form 1098-T or from the institutio | n. |
| 61-1730089 | | |
| | | |
| 23 Has the Hope Scholarship Credit or American opportunity | Yes Stop! | |
| credit been claimed for this student for any 4 tax years | Go to line 31 for this student. X No | Go to line 24. |
| before 2021? | | |
| 24 Was the student enrolled at least half-time for at least one | | |
| academic period that began or is treated as having begun in 2021 | | |
| at an eligible educational institution in a program leading towards a | | Stop! Go to line 31 |
| postsecondary degree, certificate, or other recognized | for this | s student. |
| postsecondary educational credential? See instructions. | | |
| 25 Did the student complete the first 4 years of postsecondary | Yes Stop! | • |
| education before 2021? See instructions. | | Go to line 26. |
| 26 Was the student convicted before the and of 2021 of a | | |
| Was the student convicted, before the end of 2021, of a | Yes Stop! | Complete lines 07 |
| felony for possession or distribution of a controlled substance? | | Complete lines 27 th 30 for this student. |
| A | | |
| You can't take the American opportunity credit and the lifeting you complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 27 through 30 for this student, don't complete lines 30 for this student, don't com | | ame year. If |
| CAUTION you complete lines 27 through 30 for this student, don't comp | piete iirie 31. | |
| American Opportunity Credit | | |
| 27 Adjusted qualified education expenses (see instructions). Don't enter | | |
| 28 Subtract \$2,000 from line 27. If zero or less, enter -0- · · · · · · · · | | 8 0 |
| 29 Multiply line 28 by 25% (0.25) | | 9 |
| 30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,00 | | |
| enter the result. Skip line 31. Include the total of all amounts from all | Parts III, line 30, on Part I, line 1 · · · · · · · 3 | 0 |
| Lifetime Learning Credit | | |
| 31 Adjusted qualified education expenses (see instructions). Include the | | |
| III, line 31, on Part II, line 10 | <u> </u> | 5,095 |

2021 WAGES AND SALARIES SUMMARY ATTACHMENT

DAVID C VASQUEZ 606-05-4563

| Employer Name | Employer EIN | T or S | Wages | Federal Withholding | Social Security Tax Withheld | State | State Wages | State Tax Withheld | Local Tax Withheld |
|--|--------------------------|--------------|----------------|------------------------|------------------------------|------------|----------------|-----------------------|-----------------------|
| OREGON STATE UNIVERSITY TEKSYSTEMS INC | 61-1730890 52-2010575 | | 10,58 37,73 | | | OR 9 OR | 10,58 37,73 | | |

Total 48,316 6,408 2,339 48,316 3,474

2021 FEDERAL TAX WITHHOLDINGS ATTACHMENT

DAVID C VASQUEZ 606-05-4563

| W-2 | OREGON STATE UNIVERSITY | 447 |
|-----|-------------------------|-------|
| W-2 | TEKSYSTEMS INC | 5,961 |

Total to Form 1040/1040-SR line 25d

S0616C

6,408

2021 SCHEDULE A - STATE AND LOCAL TAX ATTACHMENT

DAVID C VASQUEZ 606-05-4563

OR W2 W/H FROM OREGON STATE UNIVERSITY 550
OR W2 W/H FROM TEKSYSTEMS INC 2,924

2021 RECOVERY REBATE CREDIT WORKSHEET - LINE 30

DAVID C VASQUEZ 606-05-4563

| Bef | ore you begin: | See the instructions for line 30 to find out if you can take this credit and for definitions and needed to fill out this worksheet. | d other inform | ation |
|-----|--|--|---------------------------------------|----------|
| | | √ 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 on F | orm 1040 or | 1040-SR. |
| 1. | Can you be claimed | d as a dependent on another person's 2021 return? If filing a joint return, go to line 2. | | |
| | X No. Go to line | | | |
| | | You can't take the credit. Don't complete the rest of this worksheet and don't enter any amou | nt on line 30. | |
| 2. | • | urn include a social security number that was issued on or before the due date of your 2021 tensions) for you and, if filing a joint return, your spouse? | | |
| | Ħ | filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5. | | |
| 3. | | you a member of the U.S. Armed Forces at any time during 2021, and does at least one | | |
| | | I security number that was issued on or before the due date of your 2021 return (including extension | ensions)? | |
| | H | dit is not limited. Go to line 6. | | |
| | No. Go to line | 9 4 . | | |
| 4. | Does one of you ha | ve a social security number that was issued on or before the due date of your 2021 return (inc | luding extens | ions)? |
| | Yes. Your cred | dit is limited. Go to line 6. | | |
| | No. Go to line | e 5. | | |
| 5. | for whom you enter | ependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR ed a social security number that was issued on or before the due date of cluding extensions) or an adoption taxpayer identification number? | | |
| | | o on line 6 and go to line 7. | | |
| | No. STOP | You can't take the credit. Don't complete the rest of this worksheet and don't enter any amou | nt on line 30. | |
| 6. | Enter: | | | |
| 0. | \$1,400 if single,\$1,400 if marrie | head of household, married filing separately, or qualifying widow(er), d filing jointly and you answered "Yes" to question 4, or | 0 | 0 |
| | • \$2,800 if marrie | d filing jointly and you answered "Yes" to question 2 or 3 | 6 | 0 |
| 7. | 1040-SR for whom | he number of dependents listed in the Dependents section on page 1 of Form 1040 or you entered a social security number that was issued on or before the due date of your ng extensions) or an adoption taxpayer identification number | 7. | |
| 8. | Add lines 6 and 7 | | 8 | |
| 9. | | e 11 of Form 1040 or 1040-SR more than the amount shown below for your | | |
| | filing status? Single or Marrie | ed filing separately - \$75,000 | | |
| | | intly or qualifying widow(er) - \$150,000 | | |
| | Head of househ | nold - \$112,500 | | |
| | _ | amount from line 11 of Form 1040 or 1040-SR and go to line 10 | | |
| | No. Enter the | amount from line 8 on line 12 and skip lines 10 and 11 | 9 | |
| 10. | Is line 9 more than | the amount shown below for your filing status? | | |
| | | ed filing separately - \$80,000 | | |
| | | intly or qualifying widow(er) – \$160,000 | | |
| | | hold - \$120,000 | | |
| | 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. | | |
| | No. Subtract | line 9 from the amount shown above for your filing status | 10. | |
| 11. | Divide line 10 by th | ne amount shown below for your filing status. Enter the result as a decimal | | |
| | (rounded to at leas | | | |
| | | ied filing separately – \$5,000 | | |
| | Head of house | ointly or qualifying widow(er) – \$10,000 ehold – \$7,500 | 11. | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| 12. | | e 11 · · · · · · · · · · · · · · · · · · | 12. | |
| 13. | | any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, or | | |
| | | 8. You may refer to Notice 1444–C or your tax account information at IRS.gov/Account for here | 13. | |
| 14. | | redit. Subtract line 13 from line 12. If zero or less, enter -0 If line 13 is more than | | |
| | | ave to pay back the difference. Enter the result here and, if more than zero, on | 14 | 0 |

| Student name Education type Type of education benefit | | DAVID C VA | SQUEZ earning Cr | edit | |
|---|--|---|---|---|--|
| A. Eligible Institution | B. Payments rcvd for qualified tuition & related exp | C. Amts billed for qualified tuition & related exp | D. Amts actually paid during Tax Year | E. Scholarships or grants | F. Taxable scholarships/grants |
| Oregon State Universit | 5,095 | | | | |
| | 3,033 | | | | |
| | | | | | |
| | | | | | |
| Total | 5,095 | | | | |
| Note: Amounts should be entered in Column B from Bo: in column C correspond to amounts reported as billed b in column D as the educational benefits are calculated u Amounts reported as taxable in column F can be used to See IRS Publication 970 for additional details. | y the institution (Form 10 sing actual amounts paid | 098–T box 2). Actual amo I, not amounts reported a | unts paid from whatever as billed. Amounts from 10 | source(s) of funding use 098–T box 5 should be r | d should be reported eported in Column E. |
| Education Expenses | | | | | |
| 1. Payments received for qualified tuition and | related expenses (to | tal from column B ab | oove) | 1. | 5, 095 |
| 2. Amounts actually paid during 2021 for quali | ified tuition and relate | ed expenses (total fro | om column D above) | 2. | |
| 3. Qualified books, supplies, and equipment p | ourchased from educ | ation institutions (elig | gible for Lifetime and | AOC) 3. | |
| 4. Qualified books, supplies, and equipment N | NOT purchased from | education institution | s (eligible for AOC on | ıly) 4. | |
| 5. Room and board | | | | = - | |
| 6. Other education expenses · · · · · · · · · | | | | | |
| 7. Total Education expenses (total of lines 1-6 | 5) | | | · · · · · · 7. | 5 , 095 |
| Sources of Education Expenses Funding 8. Scholarships or Grants (total from column E 9. Tax free scholarships and grants (not report 10. Taxable scholarships and grants (not report 11. Loans 12. Taxpayer/spouse funds 13. Dependent funds | E above) ted on Form 1098–T; ted on Form 1098–T) |) | | 9 10 11 12. | 5,095 |
| 14. Nontaxable employer tuition assistance | | | | | |
| 15. Veteran's educational assistance (GI Bill) | | | | | |
| 16. Coverdell Education Savings Account distri | | | | | |
| 17. Qualified Tuition Plan (529 Plan) distribution | • | | | | |
| 18. Series EE/I Savings Bond Interest excluded | d due to education be | enefits (reported on F | Form 8815) | | |
| 19. Other Sources | | | | 19. | |
| 20. Total sources of education expense funding | g (total of lines 8-19) | | | 20. | 5 , 095 |
| Expenses available for Education Credit | s/Tuition Deduction | 1 | AOC | Lifetime | Tuition Deduction |
| 21. Qualified expenses for American Opportuni | | | F 00F | F 00F | |
| for Lifetime Learning Credit/Tuition Deducti | ` , | | 5,095 | 5 , 095 | |
| 22. Nonqualified expenses (line 7 less line 21) | | | | | |
| 23. Total tax free education benefits (total lines 24. Qualified expenses after tax free education | • | | 5,095 | 5,095 | |
| 24. Qualified expenses after tax free education 25. Total other tax related education benefits(to | • | · · | 5,093 | 5,095 | |
| 26. Non-Qualified expenses funded by Other T | • | | | | |
| 27. Net other tax related benefits applied to qua | | | | | |
| 28. Qualified expenses after other tax related be | | | | | |
| This amount will be used to calculate the ci | | | 5 , 095 | 5 , 095 | |
| 29. Credit/Deduction actually reported on return | n 29. Lif | etime Lear | ning Credi | t | 5 , 095 |

2021 FORM 8863 CREDIT LIMIT WORKSHEET - LINE 19

DAVID C VASQUEZ 606-05-4563

Keep for Your Records

| | NONREFUNDABLE CREDIT WORKSHEET | | |
|----|--|----|-------|
| 1. | Enter the amount from Form 8863, line 18 | 1. | 1,019 |
| 2. | Enter the amount from Form 8863, line 9 | 2. | |
| 3. | Add lines 1 and 2 · · · · · · · · · · · · · · · · · · | 3. | 1,019 |
| 4. | Enter the amount from: Form 1040 or 1040–SR, line 18 | 4. | 4,106 |
| 5. | Enter the total of your credits from: Schedule 3 (Form 1040), lines 1 and 2, 6d and 6l | 5. | |
| 6. | Subtract line 5 from line 4 | 6. | 4,106 |
| 7. | Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 | 7. | 1,019 |

2021 EDUCATION OPTIMIZATION SUMMARY

DAVID C VASQUEZ 606-05-4563

Keep for Your Records

Optimization has been selected for one or more students in the return. The results are listed below.

| Social Security Number | Expense | Туре |
|---------------------------|---------|----------|
| 606-05-4563 | 5,095 | LIFETIME |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PLEASE NOTE:

Optimization is only calculated at the 1040 Federal level.

2021 STUDENT LOAN INTEREST DEDUCTION WORKSHEET - SCHEDULE 1, LINE 21

DAVID C VASQUEZ

Keep for Your Records

| Befor | e you begin: | √ √ | Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z). Be sure you have read the Exception in the instructions for this line to see if you can use this instead of Pub. 970 to figure your deduction. | | heet |
|-------|---------------------------------------|--------|---|-----|------|
| 1. | Enter the total inte | est y | you paid in 2021 on qualified student loans (see instructions for line 21). | | |
| | | | \$2,500 | 1 | 222 |
| 2. | Enter the amount t | rom | Form 1040 or 1040–SR, line 9 2. 48,650 | | |
| | | | nounts from Schedule 1, lines 11 through 20, and 23 and 25 3. | | |
| | | | 92 4. 48 , 650 | | |
| 5. | Enter the amount s | show | n below for your filing status. | | |
| | Single, head of | hous | sehold, or qualifying widow(er) – \$70,000 – \$140,000 5. 70,000 | | |
| 4 | Married filing jo | intly | - \$140,000 | | |
| 6. | Is the amount on li | ne 4 | more than the amount on line 5? | | |
| | No. Skip lines 6 | and . | 7, enter -0- on line 8, and go to line 9. | | |
| | | | om line 4 | | |
| | | | 0 (\$30,000 if married filing jointly). Enter the result as a decimal | | |
| | | | ee places). If the result is 1.000 or more, enter 1.000 | 7. | |
| | | | | | |
| | | | deduction. Subtract line 8 from line 1. Enter the result here and on | | 0 |
| | | | on't include this amount in figuring any other deduction on your | | |
| | * | | edule A, C, E, etc.) | a | 222 |
| | ictairi (odori do ori | 0011 | oddio 7, 0, 1, 000. | · – | |

SCHEDULE D AMT (Form 1040)

Department of the Treasury Internal Revenue Service(99) Name(s) shown on return

Capital Gains and Losses

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

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. FOR AMT PURPOSES ONLY

Your social security number

2021

Attachment Sequence No. 12

| DA | VID C VASQUEZ | | | 6 | 06- | 05-4563 |
|--|--|--|---|---|----------------|--|
| Did | you dispose of any investment(s) in a qualified opportu | inity fund during the tax | x year? Yes | X No | | |
| If "Y | es," attach Form 8949 and see its instructions for addit | tional requirements for | reporting your gain or lo | oss. | | |
| Pá | rt I Short-Term Capital Gains and Lo | osses Genera | lly Assets Held O | ne Year or Le | e ss (s | ee instructions) |
| on t | instructions for how to figure the amounts to enter he lines below. | (d) Proceeds | (e) Cost | (g) Adjustments to gain or loss fro | 0.00 | (h) Gain or (loss) Subtract column (e) from |
| | form may be easier to complete if you round off s to whole dollars. | (sales price) | (or other basis) | Form(s) 8949, Pai line 2, column (s | rt I, | column (d) and combine the result with column (g) |
| 1a | Totals for all short-term transactions reported on Form 1099–B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 | | | | | |
| | with Box A checked · · · · · · · · · · · · · · · · · · · | | | | | |
| 2 | Totals for all transactions reported on Form(s) 8949 | | | | | |
| | with Box B checked · · · · · · · · · · · · · · · · · · · | 15,859 | 15,832 | | 65 | 92 |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| | | | | | _ | |
| 4 | Short-term gain from Form 6252 and short-term gain | ` ' | , , | | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, S cor Schedule(s) K-1 | | trusts from | | 5 | |
| | Chart term conitel loss corrector Enter the amount is | fany from line 9 of you | r Canital Loss Carryo | ver | | |
| 6 | Short-term capital loss carryover. Enter the amount, it | i ariy, ironii iirie e or you | Capital Loss Callyo | | | |
| 6 | Worksheet in the instructions | • • | | | 6 | () |
| 6 7 | • | | | | |) |
| _ | Worksheet in the instructions | s 1a through 6 in colum | nn (h). If you have any | | 7 | 92 |
| 7 | Worksheet in the instructions Net short-term capital gain or (loss). Combine lines | s 1a through 6 in colum Otherwise, go to Part I | nn (h). If you have any | | 7 | <u> </u> |
| 7 Pa | Worksheet in the instructions Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. THE Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter | s 1a through 6 in colum Otherwise, go to Part I | nn (h). If you have any | ore Than One | 7 | |
| 7 Pa | Worksheet in the instructions Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. THE Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds | Inn (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost | ore Than One (g) Adjustments to gain or loss fro | 7 Yea | r (see instructions) |
| Pa See on t | Worksheet in the instructions Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. THE Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter | s 1a through 6 in colum Otherwise, go to Part I psses General (d) | nn (h). If you have any II on page 2 Iy Assets Held Mo (e) | ore Than One | 7 Yea | (h) Gain or (loss) Subtract column (e) from |
| Pa See on t | Worksheet in the instructions Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds | Inn (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost | (g) Adjustments to gain or loss fro Form(s) 8949, Par | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| Pa See on t This cen | Worksheet in the instructions Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds | Inn (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost | (g) Adjustments to gain or loss fro Form(s) 8949, Par | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| Pa See on t This cen | Worksheet in the instructions Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds | Inn (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost | (g) Adjustments to gain or loss fro Form(s) 8949, Par | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| See on t This cent | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter the lines below. form may be easier to complete if you round off to to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds | Inn (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost | (g) Adjustments to gain or loss fro Form(s) 8949, Par | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| Pa See on t This cen | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds | Inn (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost | (g) Adjustments to gain or loss fro Form(s) 8949, Par | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
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| See on t This cent 8a | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds | Inn (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost | (g) Adjustments to gain or loss fro Form(s) 8949, Par | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| See on t This cent 8a | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds | Inn (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost | (g) Adjustments to gain or loss fro Form(s) 8949, Par | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| See on t This cent 8a | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds (sales price) | In (h). If you have any II on page 2 Iy Assets Held Mo (e) Cost (or other basis) | (g) Adjustments to gain or loss from(s) 8949, Par line 2, column (g | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| See on t This cent 8a 8b 9 | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds (sales price) | In (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost (or other basis) | (g) Adjustments to gain or loss from(s) 8949, Par line 2, column (g | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| See on t This cent 8a 8b 9 | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Gain from Form 4797, Part I; long-term gain from Form | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds (sales price) | In (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost (or other basis) | (g) Adjustments to gain or loss from(s) 8949, Par line 2, column (g | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| See on t This cent 8a 8b 9 | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Gain from Form 4797, Part I; long-term gain from Form | s 1a through 6 in colum Otherwise, go to Part I PSSES — General (d) Proceeds (sales price) | In (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost (or other basis) It long-term gain or (loss | (g) Adjustments to gain or loss fro Form(s) 8949, Par line 2, column (c | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| See on t This cent 8a 8b 9 10 111 | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off so to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Gain from Form 4797, Part I; long-term gain from Form Forms 4684, 6781, and 8824. Net long-term gain or (loss) from partnerships, S corporated in the second s | s 1a through 6 in colum Otherwise, go to Part I Desses General (d) Proceeds (sales price) | In (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost (or other basis) Id long-term gain or (loss trusts from Schedule(s) | Adjustments to gain or loss from(s) 8949, Par line 2, column (c | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| 7 See on t This cent 8a 8b 9 10 11 12 13 | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Gain from Form 4797, Part I; long-term gain from Form from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corp. | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds (sales price) | In (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost (or other basis) Id long-term gain or (loss trusts from Schedule(s) | Adjustments to gain or loss from(s) 8949, Par line 2, column (s) | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| See on t This cent 8a 8b 9 10 111 | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Gain from Form 4797, Part I; long-term gain from Form from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corp. | s 1a through 6 in colum Otherwise, go to Part I OSSES General (d) Proceeds (sales price) ms 2439 and 6252; and corations, estates, and | In (h). If you have any Il on page 2 Iy Assets Held Mo (e) Cost (or other basis) Id long-term gain or (loss trusts from Schedule(s) | Adjustments to gain or loss from(s) 8949, Par line 2, column (s) | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| 7 See on t This cent 8a 8b 9 10 11 12 13 | Net short-term capital gain or (loss). Combine lines long-term capital gains or losses, go to Part II below. Int II Long-Term Capital Gains and Louinstructions for how to figure the amounts to enter he lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Gain from Form 4797, Part I; long-term gain from Form from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corp. | s 1a through 6 in colum Otherwise, go to Part I Desses — General (d) Proceeds (sales price) ms 2439 and 6252; and corations, estates, and | Inn (h). If you have any II on page 2 | Adjustments to gain or loss from(s) 8949, Par line 2, column (c) | 7 Yea | (h) Gain or (loss) Subtract column (e) from column (d) and combine |

Part III **Summary**

| 16 | Combine lines 7 and 15 and enter the result | 16 | 92 |
|----|---|----|-----------|
| | If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, or 1040-NR line 7. Then go to line 17 below. | | |
| | If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. | | |
| | ● If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, or 1040-NR, line 7. Then go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? | | |
| | Yes. Go to line 18. X No. Skip lines 18 through 21, and go to line 22. | | |
| | A NO. Skip lines to through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the | | |
| | amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see | | |
| | instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040–SR, line 16. Don't complete lines 21 and 22 below. | | |
| | No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | | |
| | The loss on line 16; or | 21 | () |
| | • (\$3,000), or if married filing separately, (\$1,500) | | , |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | |
| | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions | | |
| | for Forms 1040 and 1040-SR, line 16. | | |
| | No. Complete the rest of Form 1040, 1040–SR or 1040–NR. | | |
| | 24 D2A TVO 4040 Form Coffinger ConscipIt 400C 2020 HDD Tou Crown Inc. Cohodule D.// | 46 | 140) 0004 |

Schedule D (Form 1040) 2021 AMT ONLY

Form **8949** AMT

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

202 Attachment

Department of the Treasury Internal Revenue Service ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. **12A**

OMB No. 1545-0074

Name(s) shown on return DAVID C VASQUEZ

SSN or taxpayer identification number 606-05-4563

Before you check Box A, B, or C below, see whether you received any Form(s) 1099–B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099–B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short–Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long–term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099–B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- 🛛 (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) | If you enter a | if any, to gain or loss. In amount in column (g), code in column (f). Eparate instructions. | (h) Gain or (loss). |
|---|-------------------|------------------------------|---|---|-------------------------------------|--|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | (Mo., day, yr.) | (sales price) (see instructions) | in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | Subtract column (e) from column (d) and combine the result with column (g) |
| AMC ENTERTAINME NT HOLDINGS, IN | 01/27 /2021 | 01/27 2021 | 36 | 36 | | | |
| AMC ENTERTAINME NT HOLDINGS, IN | 02/01 /2021 | 02/01 2021 | 14 | 14 | | | |
| AMC ENTERTAINME NT HOLDINGS, IN | 02/01 /2021 | 02/01 2021 | 14 | 14 | | | |
| AMAZON.COM, INC . COMMON STOCK | 02/08 /2021 | 04/05 2021 | 3,217 | 3 , 356 | W | 63 | -76 |
| AMAZON.COM, INC . COMMON STOCK | 04/05 /2021 | 04/06 2021 | 1,004 | 1,043 | | | -39 |
| AMAZON.COM, INC . COMMON STOCK | 04/13 /2021 | 04/14 2021 | 498 | 520 | | | -22 |
| AMAZON.COM, INC . COMMON STOCK | 08/02 /2021 | 08/27 2021 | 496 | 500 | | | -4 |
| AMAZON.COM, INC . COMMON STOCK | 08/23 /2021 | 08/27 2021 | 2 | 2 | | | |
| AMAZON.COM, INC . COMMON STOCK | 08/23 /2021 | 08/27 2021 | 1,033 | 998 | | | 35 |
| AMAZON.COM, INC . COMMON STOCK | 10/12 /2021 | 10/15 2021 | | | | | |
| AMAZON.COM, INC . COMMON STOCK | 10/12 /2021 | 10/15 2021 | 519 | 500 | | | 19 |
| APPLE INC. COMM ON STOCK | 01/07 /2021 | 01/08 2021 | 657 | 652 | | | 5 |
| APPLE INC. COMM ON STOCK | 01/29 /2021 | 01/29 2021 | 664 | 662 | | | 2 |
| (See attached) | | | | | | | |
| 2 Totals. Add the amounts negative amounts). Enter ea D, line 1b (if Box A abo above is checked), or line | 15,859 | 15,832 | | 65 | 92 | | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** AMT

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Attachment

Sequence No. 12A

Name(s) shown on return DAVID C VASOUEZ

SSN or taxpayer identification number 606-05-4563

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) | If you enter a | if any, to gain or loss. n amount in column (g), code in column (f). eparate instructions. | (h) Gain or (loss). |
|---|----------------------|------------------------------|-------------------------------------|--|-------------------------------------|---|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | (Mo., day, yr.) | (sales price) (see instructions) | in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | Subtract column (e) from column (d) and combine the result with column (g) |
| APPLE INC. COMM ON STOCK | 02/26 /2021 | 03/02 2021 | 642 | 621 | | | 21 |
| APPLE INC. COMM ON STOCK | 03/09 /2021 | 03/11 2021 | 609 | 596 | | | 13 |
| APPLE INC. COMM ON STOCK | 03/30 /2021 | 03/31 2021 | 617 | 600 | | | 17 |
| APPLE INC. COMM ON STOCK | 10/19 /2021 | 10/28 2021 | 763 | 735 | | | 28 |
| STARBUCKS CORPO RATION COMMON S | 01/07 /2021 | 01/08 2021 | 1,050 | 1,036 | | | 14 |
| STARBUCKS CORPO RATION COMMON S | 01/27 /2021 | 01/28 2021 | 497 | 491 | | | 6 |
| STARBUCKS CORPO RATION COMMON S | 01/29 /2021 | 01/29 2021 | 482 | 483 | | | -1 |
| STARBUCKS CORPO RATION COMMON S | 02/01 /2021 | 02/02 2021 | 512 | 497 | | | 15 |
| STARBUCKS CORPO RATION COMMON S | 02/01 /2021 | 02/02 2021 | 512 | 485 | | | 27 |
| STARBUCKS CORPO RATION COMMON S | 08/23 /2021 | 08/27 2021 | 115 | 115 | | | |
| STARBUCKS CORPO RATION COMMON S | 10/05 /2021 | 10/06 2021 | 560 | 555 | | | 5 |
| STARBUCKS CORPO RATION COMMON S | 10/29 /2021 | 11/02 2021 | 557 | 536 | | | 21 |
| STARBUCKS CORPO RATION COMMON S | 10/14 /2021 | 11/02 2021 | 557 | 562 | W | 2 | -3 |
| STARBUCKS CORPO RATION COMMON S | 11/11 /2021 | 12/09 2021 | 232 | 223 | | | 9 |
| 2 Totals. Add the amounts negative amounts). Enter ea | ach total here and i | nclude on your Sch. | | | | | |
| D, line 1b (if Box A aboabove is checked), or line | | | 15,859 | 15 , 832 | | 65 | 92 |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

2021 INVESTMENT INCOME WORKSHEET FOR EIC

DAVID C VASQUEZ 606-05-4563

Keep for Your Records

| | | | Publication 596 |
|---------|--|----|-----------------|
| Use thi | is worksheet to figure investment income for the earned income credit when you file Form 1040. | | |
| Intere | est and Dividends | | |
| 1. | | 1. | |
| 2. | Enter any amount from Form 1040, line 2a, plus any amount on Form 8814, line 1b | | |
| 3. | Enter any amount from Form 1040, line 3b | | |
| 4. | Enter the amount from Schedule 1 (Form 1040), line 21, that is from Form 8814 if you are filing that form | | |
| | to report your child's interest and dividend income on your return. (If your child received an | | |
| | Alaska Permanent Fund dividend, use Worksheet 2 to figure the amount to enter on this line.) | 4 | |
| Canit | ral Gain Not Income | | |
| | Enter the amount from Schedule 1 (Form 1040), line 13. If the amount on | | |
| ٥. | that line is a loss, enter -0 | | |
| 6 | | | |
| 6. | Enter any gain from Form 4797, Sales of Business Property, line 7. | | |
| | If the amount on that line is a loss, enter -0 (But, if you completed | | |
| 7 | lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6 0 | 7 | 224 |
| 7. | Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0) | / | 334 |
| Roya | Ities and Rental Income from Personal Property | | |
| 8. | Enter any royalty income from Schedule E, line 23b, plus any income from the | | |
| | rental of personal property shown on Schedule 1 (Form 1040), line 21 8. | | |
| 9. | Enter any expenses from Schedule E, line 20, related to royalty income, | | |
| | plus any expenses from the rental of personal property deducted on | | |
| | Schedule 1 (Form 1040), line 36 | | |
| 10. | Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than | | |
| | zero, enter -0). | 10 | 0 |
| Dacci | ive Activities | | |
| | Enter the total of any net income from passive activities (such as income | | |
| | included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40; | | |
| | or an ordinary gain identified as "FPA" on Form 4797, line 10). | | |
| | (See instructions below for lines 11 and 12.) | | |
| 10 | Enter the total of any losses from passive activities (such as losses | | |
| 12. | | | |
| | included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), or 40; | | |
| | or an ordinary loss identified as "PAL" on Form 4797, line 10). | | |
| 40 | (See instructions below for lines 11 and 12.) | 40 | |
| 13. | Combine the amounts on lines 11 and 12 of this worksheet. (If the result is less than zero, enter-0) | | 224 |
| | Add the amounts on lines 1, 2, 3, 4, 7, 10, and 13. Enter the total. This is your investment income | 14 | 334 |
| 15. | Is the amount on line 14 more than \$10,000? | | |
| | Yes. You cannot take the credit. | | |
| | No. Go to Step 3 of the Form 1040 instructions for line 17a to find out if you can | | |
| | take the credit (unless you are using this publication to find out if you can take the | | |
| | credit; in that case, go to Rule 7, next.) | | |

Instructions for lines 11 and 12. In figuring the amount to enter on lines 11 and 12, do not take into account any royalty income (or loss) included on line 26 of Schedule E or any income (or loss) included in your earned income or on line 1, 2, 3, 4,7, or 10 of this worksheet. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, is not from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

2022 CARRYFORWARD INFORMATION

DAVID C VASQUEZ

| Keep | for | Your | Records |
|------|-----|------|---------|
|------|-----|------|---------|

| 506-05-4563 | | | Keep for Your Records |
|-----------------------------------|--|-----------------------------|-----------------------|
| Itemized Returns Only - 2021 | state and local tax refund (this amount r | may not be taxable in 2022) | |
| Charitable contributions carryo | ver to 2022 | | |
| Estimated short-term capital lo | ss carryover | | |
| Estimated long-term capital los | ss carryover · · · · · · · · · · · · · · · · · · · | | |
| 2021 tax liability (for 2022 Form | n 2210 purposes) | | 3,087 |
| Form 8839: 2021 carryover of | unqualified expenses | | |
| Refund amount applied to 202 | 2 | | |
| Disallowed investment interest | in 2021 · · · · · · · · · · · · · · · · · · · | | |
| Additional state taxes paid | | | |
| Form 8396: Mortgage interest of | credit from 2019 · · · · · · · · · · · · · · · · · · · | | |
| Mortgage interest | credit from 2020 · · · · · · · · · · · · · · · · · | | |
| Mortgage interest | credit from 2021 · · · · · · · · · · · · · · · · · · · | | |
| Form 8801: Minimum tax cred | it carryforward | | |
| Potential 2022 IRA contribution | from 2021 tax refund | | |
| NOL carryforward: | Regular Tax | | AMT Tax |
| from 2001 | from 2011 | from 2001 | from 2011 |
| from 2002 | from 2012 | from 2002 | from 2012 |
| from 2003 | from 2013 | from 2003 | from 2013 |
| from 2004 | from 2014 | from 2004 | from 2014 |
| from 2005 | from 2015 | from 2005 | from 2015 |
| from 2006 | from 2016 | from 2006 | from 2016 |
| from 2007 | from 2017 | from 2007 | from 2017 |
| from 2008 | from 2018 | from 2008 | from 2018 |
| from 2009 | from 2019 | from 2009 | from 2019 |
| from 2010 | from 2020 | from 2010 | from 2020 |
| Gross NOL genera | ated in 2021 | Gross AMT NOL gene | erated in 2021 |
| To be absorbed in | carryback period | To be absorbed in ca | rryback period |
| Net carryforward f | rom 2021 | Net carryforward fron | n 2021 |
| Total carryforward | to 2022 | Total carryforward to | 2022 |
| | | | |

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2022
- General Business Credit carryforward to 2022
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including
- the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2022.

| OREGON DEPT OF REVENUE | |
|-----------------------------------|----------------------------|
| P.O. BOX 14950 SALEM, OR 97309 | |
| | Fold here for #10 envelope |
| | |
| OREGON DEPT OF REVENUE | |
| P.O. BOX 14950 SALEM, OR 97309 | |
| | Fold here for 6x9 envelope |
| | |
| | |
| | |
| | |
| | |
| | Fold here for #10 envelope |
| | |
| | |
| | |
| | |
| | |

Oregon Individual Income Tax Return for Full-year Residents

| Page 1 of 8 • Use UPPERCASE le | etters. • Use blue or black ink. • P | rint actual size (100%). ● Don't submit photocopies or use staples. |
|---|--|--|
| Fiscal year ending date (MM/DD/YYYY) | | Space for 2–D barcodedo not write in box below |
| Amended return. If amending for an NOL, tax year the NOL was generated: NOL tax year (YYYY) | Extension filed Form OR-24 Federal Form 8379 | |
| Calculated with "as if " federal return | Federal Form 8886 | |
| Short-year tax election | Disaster relief | |
| First name | Initia | Date of birth (MM/DD/YYYY) |
| DAVID | С | 12/03/1979 |
| Last name | | |
| VASQUEZ | | |
| Social Security number (SSN) | | |
| 606-05-4563 | First time using this | s SSN (see instructions) Applied for ITIN Deceased |
| Spouse's first name | Initia | Spouse's date of birth (MM/DD/YYYY) |
| Spouse's last name | | |
| Spouse's Social Security number (SSN) | | |
| | First time using this | s SSN (see instructions) Applied for ITIN Deceased |
| Current address | | |
| 155 NW KINGS BLVD City | | State ZIP code |
| CORVALLIS | | OR 97330 |
| Country | | Phone |
| | | 925-818-1175 |
| Filing Status (check only one box) | | |
| 1. X Single 2. Married | d filing jointly 3. | Married filing separately (enter spouse's information above) |
| 4. Head of household (with qualifyin | g dependent) 5. | Qualifying widow(er) with dependent child |

| Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100 | 0%). • Don't submit photocopies or use staples. |
|---|---|
| ast name | Social Security number (SSN) |
| VASQUEZ | 606-05-4563 |
| lote: Reprint page 1 if you make changes to this page. | |
| Exemptions | 6a. 1 |
| 6a. Credits for yourself | 6a. 1 |
| Check boxes that apply: X Regular Severely disabled | Someone else can claim you as a dependent. |
| 6b. Credits for your spouse | 6b. |
| Check boxes that apply: Regular Severely disabled | Someone else can claim you as a dependent. |
| Dependents. | |
| List your dependents in order from youngest to oldest. If more than three, checked the control of the control | ck this box and include Schedule OR-ADD-DEP. |
| Dependent 1: First name Initial Dependent 1: Last name | |
| Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: Social Security number (SSN) | Code * Dependent 1: Check if child |
| | has a qualifying disability |
| Dependent 2: First name Initial Dependent 2: Last name | |
| Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: Social Security number (SSN) | Code * |
| | Dependent 2: Check if child has a qualifying disability |
| Dependent 3: First name Initial Dependent 3: Last name | |
| | |
| Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: Social Security number (SSN) | Code * Dependent 3: Check if child |
| | has a qualifying disability |
| *Dependent relationship code (see instructions). | |
| 6c. Total number of dependents | 6c. |
| 6d. Total number of dependent children with a qualifying disability (see instructions) | 6d. |
| 6e. Total exemptions. Add 6a through 6d | Total 6e. 1 |
| | |



| Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100 | 0%). • Don't submit photocopies or use staples. |
|---|---|
| ast name | Social Security number (SSN) |
| VASQUEZ | 606-05-4563 |
| Note: Reprint page 1 if you make changes to this page. | |
| Faxable income | |
| 7. Federal adjusted gross income from federal Form 1040, 1040–SR, and 1040–NR, line 11; or 1040–X, line 1C (see instructions) | 48,428.00 |
| 8. Total additions from Schedule OR-ASC, Section A | |
| 9. Income after additions. Add lines 7 and 8 | 48,428.00 |
| Subtractions | |
| 10. 2021 federal tax liability (see instructions) | 3,087.00 |
| 11. Social Security amount on federal Form 1040 or 1040-SR, line 6b | |
| 12. Oregon income tax refund included in federal income | |
| 13. Total subtractions from Schedule OR-ASC, Section B | |
| 14. Total subtractions. Add lines 10 through 13 | 3,087.00 |
| 15. Income after subtractions. Line 9 minus line 14 | 45,341.00 |
| Deductions | |
| 16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 | 0.00 |
| 17. Standard deduction. Enter your standard deduction (see instructions) | 2,350.00 |
| You were: 17a. 65 or older 17b. Blind Your spouse was: 176 | c 65 or older 17d Blind |
| 18. Enter the larger of line 16 or 1718. | 2,350.00 |
| 19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 | 42,991.00 |
| | |



• Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples Last name Social Security number (SSN) 606-05-4563 VASQUEZ Note: Reprint page 1 if you make changes to this page. Oregon tax 3,501.00 Check the appropriate box if you're using an alternative method to calculate your tax: 20c. 20a. Schedule OR-FIA-40 Worksheet FCG Schedule OR-PTE-FY 3,501.00 Standard and carryforward credits 23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total 213.00 213.00 27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than 3,288.00 28. Total carryforward credits claimed this year from Schedule OR-ASC, Section D. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions) 28. 3,288.00 29. Tax after standard and carryforward credits. Line 27 minus line 28 29. 30. Total credit recaptures claimed this year from Schedule OR-ASC, Section E 30. 3,288.00



Oregon Individual Income Tax Return for Full-year Residents

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

| Lasti | lame | Social Security number (SSN) | |
|-------|--|------------------------------|----------|
| VAS | SQUEZ | 606-05-4563 | |
| Note | : Reprint page 1 if you make changes to this page. | | |
| Pay | ments and refundable credits | | |
| 32. | Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 32. | | 3,474.00 |
| 33. | Amount applied from your prior year's tax refund | | |
| 34. | Estimated tax payments for 2021. Include all payments you made before filing this return (see instructions). Do not include the amount on line 33 | | |
| 35. | Earned income credit (see instructions) | | |
| 36. | Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter 0 and see line 53 | | 269.00 |
| 37. | Total refundable credits from Schedule OR-ASC, Section F | | |
| 38. | Total payments and refundable credits. Add lines 32 through 37 | | 3,743.00 |
| Тах | to pay or refund | | |
| 39. | Overpayment of tax. If line 31 is less than line 38, you overpaid. Line 38 minus line 31 | | 455.00 |
| 40. | Net tax. If line 31 is more than line 38, you have tax to pay. Line 31 minus line 38 | | |
| 41. | Penalty and interest for filing or paying late (see instructions) | | |
| 42. | Interest on underpayment of estimated tax. Include Form OR-10 | | |
| | Exception number from Form OR-10, line 1 42a. Check box if you annua | lized: 42b. | |
| 43. | Total penalty and interest due. Add lines 41 and 42 | | |



| | Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (10 | 00%). • Don't submit photocopies or use sta | ples. |
|------|---|---|--------|
| ast | name | Social Security number (SSN) | |
| /A: | SQUEZ | 606-05-4563 | |
| lote | : Reprint page 1 if you make changes to this page. | | |
| ах | to pay or refund (continued) | | |
| 44. | Net tax including penalty and interest. | | |
| | Line 40 plus line 43 | | |
| 45. | Overpayment less penalty and interest. | | 455.00 |
| | Line 39 minus line 43 | | 455.00 |
| 46. | Estimated tax. Fill in the portion of line 45 you want applied to your open estimated tax account | | |
| 47. | Charitable checkoff donations from Schedule OR-DONATE, line 30 | | |
| 48. | Political party \$3 checkoff | | |
| | Party code: 48a. You 48b. Spouse | | |
| 49. | Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions) | | |
| 50. | Total. Add lines 46 through 49. Line 50 can't be more than your refund on line 45 | | |
| | Tetulid on line 45 | | |
| 51. | Net refund. Line 45 minus line 50 This is your net refund. 51. | | 455.00 |
| | ct deposit For direct deposit of your refund, see instructions. Check the box if the final deposit de | estination is outside the United States: | |
| | Type of account: | | |
| | Account information: Checking or Routing number Account | | |
| | Checking or Routing number Account | number | |
| | Savings | | |
| (icl | er donation | | |
| | If you elect to donate your kicker to the State School Fund, check this box 53a | ı | |
| | Complete the kicker worksheet, located in the instructions, and enter the amount here | | |

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150-101-040 (Rev. 08-23-21, ver. 01)

Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples. Last name Social Security number SSN 606-05-4563 VASQUEZ Note: Reprint page 1 if you make changes to this page. Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete. Your signature X Date(MM/DD/YYYY) Spouse's signature X Date(MM/DD/YYYY) Signature of preparer other than taxpayer X Date(MM/DD/YYYY) Phone Preparer license number Preparer first name Initial Preparer last name Preparer address State ZIP code City

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

Pay the amount due (shown on line 44)

- Online: www.oregon.gov/dor.
- By mail: Payable to the Oregon Department of Revenue. Write "2021 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. Don't use Form OR-40-V payment voucher if you're mailing payment with your return.

Mail your return

- Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- 2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 8 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name Social Security number (SSN)

VASQUEZ 606-05-4563

Note: Reprint page 1 if you make changes to this page.

Amended statement. Complete this Section only if you're amending your 2021 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.



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2021 OREGON FEDERAL TAX LIABILITY SUBTRACTION WORKSHEET

VASQUEZ 606-05-4563

| 1. | Enter your federal tax liability | 1 | 3,087 |
|-----|---|----|-------|
| 2. | Enter the amount of your nonrefundable CTC, if any, from Form 1040, line 19. Otherwise, enter \$0. | 2 | |
| 3. | Add lines 1 and 2. | 3 | 3,087 |
| 4. | Enter your federal excess advance premium credit | 4 | |
| 5. | Line 3 minus line 4. (if less than -0- enter -0-). | 5 | 3,087 |
| 6. | Enter the total of any other taxes, plus any additions to tax that include only income tax, such as tax credit recaptures, from Form 1040, Schedule 2, lines 8, 10,* 16, and 17. Include any tax on non-effectively connected income from Form 1040-NR, line 23a. | 6 | |
| 7. | Add lines 5 and 6 | 7 | 3,087 |
| 8. | Child tax credit* (Schedule 8812, line 14e). | 8 | |
| 9. | Enter your federal American opportunity credit | 9 | |
| 10. | Enter any 2021 federal economic stimulus payments you received in 2021 plus your recovery rebate credit, if 🛮 any, from Form 1040 or 1040–SR, line 30. | 10 | |
| 11. | Enter your total premium tax credit from Form 8962, line 24. | 11 | |
| 12. | Enter your credit for child and dependent care expenses from Form 1040, Schedule 3, line 13g. | 12 | |
| 13. | Add lines 8 through 12. | 13 | |
| 14. | Line 7 minus line 13. (If less than \$0, enter \$0). | 14 | 3,087 |
| 15. | Maximum subtraction amount from Table 5. | 15 | 7,050 |
| 16. | Enter the smaller of line 14 or line 15 here and on Form 40; or Form 40N or 40P. | 16 | 3,087 |

2021 OREGON SURPLUS CREDIT WORKSHEET

VASQUEZ 606-05-4563

Keep for Your Records

| Part A - Total personal income tax liability and kicker | | | Taxpayer / Joint (Part A only) | Spouse | | | |
|---|--|--------------|---|---------------|--|--|--|
| 1. | Tax before credits reported on your prior year return. | 1. | 1,552 | | | | |
| 2. | Credit for income taxes paid to another state reported as code 802 and ☐B15 | on y 2. | our prior year Schedule OR-ASC | or OR-ASC-NP. | | | |
| 3. | Total prior year tax before credits and after income taxes paid to□another sta | ate (s 3. | ubtract line 2 from line 1). 1 , 552 | | | | |
| 4. | Line 3 multiplied by 0.17341. | 4. | 1,552 269 | | | | |
| Pa | rt B - Prorated Kicker | | | | | | |
| 5. | Federal AGI for prior year. | 5. | 26,970 | | | | |
| 6. | Taxpayers share of prior year AGI. | 6. | 100 | | | | |
| 7. | Line 6 divided by line 5. Round to 2 decimal places. | 7. | 1.00000 | | | | |
| 8. | Line 4 times line 7. This is your prorated kicker. | 8. | 269 | | | | |
| Part C - Combined Kicker | | | | | | | |
| 9. | Kicker amount from taxpayers Part All(br prorated Kicker if Part B completed |). 9. | | 269 | | | |
| 10. | Kicker amount from spouses Part AII(br prorated Kicker if Part B completed) | 10. | | | | | |
| 11. | Line 9 plus line 10. This is your combined kicker. | 11. | | 269 | | | |
