DAVID C VASQUEZ

Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit

Perjury Statement

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

Taxpayer's PIN:	33555	Date:	04/11/2021
Taxpayer's Date of Birth:	12/03/1979		
Taxpayer's Prior Year Adjusted Gross Income:	52,458.		
Taxpayer's Prior year PIN	33557		
Taxpayer's Electronic Filing PIN			
Spouse's PIN:			
Spouse's Date of Birth:			
Spouse's Prior Year Adjusted Gross Income:			
Spouse's Prior year PIN			
Spouse's Electronic Filing PIN			

H&R BLOCK®

2020 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2020

Prepared for	DAVID C VASQUEZ
Tax Summary	Gross Income $ 27,270 Adjusted Gross Income $ 26,970 Total Deductions $ 12,400 Total Taxable Income $ 14,570 Total Tax $ 1,552 Total Payments $ 1,587 Refund Amount $ 35 Amount You Owe $ 0
Make check payable to	United States Treasury
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy
  Print a copy of the return for your records.
  Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

FORM **1040** Department of the Treasury - Internal Revenue Service (99) **2020** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

U.S. Individual Income Tax Return

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er)(QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
DAVID C	VASQUEZ	606-05-4563
If joint return, spouse's first name and middle initial	Last name	Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.
155 NW KINGS BLVD			647
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	
CORVALLIS	OR	97330	
Foreign country name	Foreign province/state/county	Foreign postal code	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction **Someone can claim:** [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were dual- status alien

Age/Blindness **You:** [ ] Were born before January 2, 1956 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1956 [ ] Is blind

Dependents (see instructions):

If more than four dependents, see instrs. and check here ▶ [ ]

(1) First name	Last name	(2) Social security no.	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents

Attach Sch. B if required.

Standard Deduction for -
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction,* see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	27,270.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]				7	
8	Other income from Schedule 1, line 9				8	0.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶				9	27,270.
10	Adjustments to income:					
a	From Schedule 1, line 22	10a	300.			
b	Charitable contributions if you take the standard deduction. See instr.	10b				
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶				10c	300.
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶				11	26,970.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995- A				13	
14	Add lines 12 and 13				14	12,400.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter - 0-				15	14,570.

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	1,552.
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	1,552.
19	Child tax credit or credit for other dependents			19	
20	Amount from Schedule 3, line 7			20	
21	Add lines 19 and 20			21	
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	1,552.
23	Other taxes, including self-employment tax, from Schedule 2, line 10			23	
24	Add lines 22 and 23. This is your **total tax** ▶			24	1,552.
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	1,587.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	1,587.
26	2020 estimated tax payments and amount applied from 2019 return			26	
27	Earned income credit (EIC)	27			
28	Additional child tax credit. Attach Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Recovery rebate credit. See instructions	30			
31	Amount from Schedule 3, line 13	31			
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶			32	
33	Add lines 25d, 26, and 32. These are your **total payments** ▶			33	1,587.

● If you have a qualifying child, attach Sch. EIC. ● If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	35.
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		35a	35.
▶b	Routing number 123000220	▶ c Type: ☒ Checking ☐ Savings		
▶d	Account number 153654725776			
36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶	36		

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the **amount you owe now** ▶		37	
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions) ▶	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		STUDENT	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparers Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name ▶			Phone no.	
Firm's address ▶			Firm's EIN ▶	

SCHEDULE 1 **(Form 1040)**

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: DAVID C VASQUEZ

Your social security number: 606-05-4563

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040- SR, or 1040- NR, line 8	9	0.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee- basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	300.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	300.

H&R BLOCK

2020 STATE TAX RETURN FILING INSTRUCTIONS

OREGON

FOR THE YEAR ENDING
December 31, 2020

Prepared for	DAVID C VASQUEZ
Tax Summary	Gross Income .... $ 26,970 Adjusted Gross Income .... $ 25,418 Total Deductions .... $ 2,315 Total Taxable Income .... $ 23,103 Total Tax .... $ 1,563 Total Payments .... $ 1,564 Refund Amount .... $ 1 Amount You Owe .... $ 0
Make check payable to	Not Applicable
Mailing Address	Not Applicable
Special Instructions	SIGN AND DATE YOUR RETURN Please sign and date Form OR EF. Keep a copy with your records for three years. 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, and 1099 Form with withholding. Keep with your records for three years.

2020 Form OR-40

(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue

00462001011029

Office use only

Oregon Individual Income Tax Return for Full-year Residents

Submit original form - do not submit photocopy

Fiscal year ending:

Space for 2-D barcode - do not write in box below

☐ Amended return. If amending for an NOL, tax year the NOL was generated:
☐ Calculated using "as if " federal return.
☐ Short-year tax election.
☐ Federal disaster relief.
☐ Extension filed.
☐ Federal Form 8886.
☐ Form OR-24.

First name	Initial	Last name	Deceased	Social Security no. (SSN)	First time using this SSN (see instructions)	Applied for ITIN
DAVID	C	VASQUEZ	☐	606-05-4563	☐	☐

Spouse's first name	Initial	Spouse's last name	Deceased	Spouse's SSN	First time using this SSN (see instructions)	Applied for ITIN
			☐		☐	☐

Current mailing address	Date of birth (mm/dd/yyyy)	Spouse's date of birth
155 NW KINGS BLVD APT 647	12/03/1979	

City	State	ZIP code	Country	Phone
CORVALLIS	OR	97330		(925) 818-1175

Filing status (check only **one** box)

1. [X] Single.
2. ☐ Married filing jointly.
3. ☐ Married filing separately (enter spouse's information **above**).
4. ☐ Head of household (with qualifying dependent).
5. ☐ Qualifying widow(er) with dependent child.

Exemptions — Total

6a. Credits for yourself: [X] Regular ☐ Severely disabled. . .6a. 1

☐ Check box if someone else can claim you as a dependent.

6b. Credits for spouse: ☐ Regular ☐ Severely disabled. . .6b. 0

☐ Check box if someone else can claim your spouse as a dependent.

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box ☐ and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					☐
					☐
					☐
					☐

*Dependent relationship code (see instructions).

6c. Total number of dependents 6c. 0
6d. Total number of dependent children with a qualifying disability (see instructions). 6d. 0
6e. Total exemptions. Add 6a through 6d . . . . **Total.** 6e. 1

Name	SSN
DAVID C VASQUEZ	606-05-4563

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

Taxable income

7.	Federal adjusted gross income from federal Form 1040, 1040-SR, and 1040-NR, line 11; or 1040-X, line 1C (see instructions)	7.	26,970.00
8.	Total additions from Schedule OR-ASC, section 1	8.	
9.	Income after additions. Add lines 7 and 8	9.	26,970.00

Subtractions

10.	2020 federal tax liability **See instructions for the correct amount: $0- $6,950**	10.	1,552.00
11.	Social Security included on federal Form 1040 or 1040-SR, line 6b	11.	
12.	Oregon income tax refund included in federal income	12.	
13.	Total subtractions from Schedule OR-ASC, section 2	13.	
14.	Total subtractions. Add lines 10 through 13	14.	1,552.00
15.	Income after subtractions. Line 9 minus line 14	15.	25,418.00

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-	16.	0.00
17.	**Standard deduction.** Enter your standard deduction (see instructions)	17.	2,315.00

You were: 17a. ☐ 65 or older 17b. ☐ Blind **Your spouse was:** 17c. ☐ 65 or older 17d. ☐ Blind

18.	Enter the larger of line 16 or line 17	18.	2,315.00
19.	Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter -0-	19.	23,103.00

Oregon Tax

20.	**Tax.** Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)	20.	1,773.00

20a. ☐ Schedule OR-FIA-40 20b. ☐ Worksheet FCG 20c. ☐ Schedule OR-PTE-FY

21.	Interest on certain installment sales	21.	
22.	Total tax before credits. Add lines 20 and 21	22.	1,773.00

Standard and carryforward credits

23.	Exemption credit. If the amount on line 7 is $100,000 or less, multiply your total exemptions on line 6e by $210. Otherwise, see instructions	23.	210.00
24.	Political contribution credit. **See limits in instructions**	24.	
25.	Total standard credits from Schedule OR-ASC, section 3	25.	
26.	Total standard credits. Add lines 23 through 25	26.	210.00
27.	Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0	27.	1,563.00
28.	Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions)	28.	
29.	Tax after standard and carryforward credits. Line 27 minus line 28	29.	1,563.00

Oregon Department of Revenue

00462001031029

Name	SSN
DAVID C VASQUEZ	606-05-4563

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

Payments and refundable credits

30.	Oregon income tax withheld. **Include a copy of Forms W-2 and 1099**	30.	1,564.00
31.	Amount applied from your prior year's tax refund	31.	
32.	Estimated tax payments for 2020. **Include all payments you made** prior to the filing date of this return. Do not include the amount you already reported on line 31	32.	
33.	Earned income credit (see instructions)	33.	
34.	Reserved		
35.	Total refundable credits from Schedule OR-ASC, section 5	35.	
36.	Total payments and refundable credits. Add lines 30 through 35	36.	1,564.00

Tax to pay or refund

37.	**Overpayment of tax.** If line 29 is **less** than line 36, you overpaid. Line 36 minus line 29	37.	1.00
38.	**Net tax.** If line 29 is **more** than line 36, you have tax to pay. Line 29 minus line 36	38.	
39.	Penalty and interest for filing or paying late (see instructions)	39.	
40.	Interest on underpayment of estimated tax. **Include Form OR-10**	40.	
	Exception number from Form OR-10, line 1: 40a. Check box if you annualized: 40b. ☐		
41.	Total penalty and interest due. Add lines 39 and 40	41.	
42.	**Net tax including penalty and interest.** Line 38 plus line 41 **This is the amount you owe.**	42.	
43.	**Overpayment less penalty and interest.** Line 37 minus line 41 **This is your refund.**	43.	1.00
44.	Estimated tax. Fill in the portion of line 43 you want applied to your open estimated tax account	44.	
45.	Charitable checkoff donations from Schedule OR-DONATE, line 30	45.	
46.	Political party $3 checkoff. Party code: 46a. You. 46b. Spouse	46.	
47.	Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions)	47.	
48.	Total. Add lines 44 through 47. Total can't be more than your refund on line 43	48.	
49.	**Net refund**. Line 43 minus line 48. **This is your net refund.**	49.	1.00

Direct deposit

50. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: ☐

Type of account: ☒ Checking **or** ☐ Savings

Routing number: 123000220

Account number: 153654725776

Reserved

00462001041029

Name	SSN
DAVID C VASQUEZ	606-05-4563

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	Date			
X For Information Only				
Spouse's signature (if filing jointly, both **must** sign)	Date			
X For Information Only				
Signature of preparer other than taxpayer	Preparer phone	Preparer license number, if professionally prepared		
X				
Preparer address	City		State	ZIP code

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, 1040-NR, or 1040-NR-EZ. **Without this information, we may adjust your return.**

Make your payment (if you have an amount due on line 42)

- **Online payments:** Visit our website at www.oregon.gov/dor.
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue.** Write **"2020 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 the Form OR-40-V payment voucher if you're mailing your payment with your return.

Send in your return

- **Non-2-D barcode.** If the 2-D barcode area on the front of this return 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 2-D barcode area on the front of this return 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.

Amended Statement. Complete this section only if you're amending your 2020 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.

Standard Deduction Worksheet- Line 12

Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1. Check if:
- ☐ **You** were born before January 2, 1956
- ☐ You are blind
- ☐ **Spouse** was born before January 2, 1956
- ☐ Spouse is blind

Total number of boxes checked . . . . **1.** ________

2. Enter the amount shown below for your filing status.
- Single or married filing separately - $12,400
- Married filing jointly - $24,800
- Head of household - $18,650

. . . . **2.** ________

3. Can you (or your spouse if filing jointly) be claimed as a dependent?
- ☐ **No.** Skip line 4; enter the amount from line 2 on line 5a.
- ☐ **Yes.** Go to line 4.

4. Is your **earned income*** more than $750?
- ☐ **Yes.** Add $350 to your earned income. Enter the total
- ☐ **No.** Enter $1,100

. . . . **4.** ________

5. **Standard deduction.**

a. Enter the **smaller** of line 2 or 4 as indicated. If born after January 1, 1956, and not blind, **stop here** and enter this amount on Form 1040 or 1040- SR, line 12. Otherwise, go to line 5b . . . . **5a.** ________

b. If born before January 2, 1956, or blind, multiply the number on line 1 by $1,300 ($1,650 if single or head of household) . . . . **5b.** ________

c. Add lines 5a and 5b. Enter the total here and on Form 1040 or 1040- SR, line 12 . . . . **5c.** ________

** **Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040- SR, line 1,and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

DO NOT

Form 1040 **Student Loan Interest Deduction Worksheet** **2020**

Name **DAVID C VASQUEZ** SSN **606-05-4563**

	Total interest paid from Form 1098-E		300
	Total interest paid in 2020 on qualified student loans		300
1.	Enter the total interest you paid in 2020 on qualified student loans. **Do not enter more than $2,500**		300
2.	Enter your total income from Form 1040 or 1040- SR, line 9	27,270	
3.	Enter the total of amounts from Form 1040 or 1040- SR, line 10b, and Schedule 1, lines 10 through 19		
4.	Enter any amount you entered on the dotted line next to Schedule 1, line 22		
5.	Add the amounts on lines 3 and 4		
6.	Subtract the amount on line 5 from the amount on line 2	27,270	
7.	Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45)		
8.	Enter any housing deduction (Form 2555, line 50)		
9.	Enter the amount of income from Puerto Rico that you are excluding		
10.	Enter the amount of income from American Samoa that you are excluding (Form 4563, line 15)		
11.	Add the amounts on lines 6 through 10. This is your modified adjusted gross income		27,270
12.	Enter the amount shown below for your filing status		70,000

- Single, head of household, or qualifying widow(er) - $70,000
- Married filing jointly - $140,000

13. Is the amount on line 11 more than the amount on line 12?
- ☒ **No.** Skip line 14, enter - 0- on line 15, and go to line 16.
- ☐ **Yes.** Subtract line 12 from line 11 . . . . . . **13.** ________

14. Divide line 13 by $15,000 ($30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 . . . . **14.** ________

15. Multiply line 1 by line 14 . . . . . . **15.** 0

16. **Student loan interest deduction.** Subtract line 15 from line 1. Enter the result here and on Schedule 1, line 20. **Do not** include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) **16.** 300

FILE

DAVID C VASQUEZ 606-05-4563

Recovery Rebate Credit Worksheet- Line 30

1. Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.

- [X] **No.** Go to line 2.
- [ ] **Yes.** You can't take the credit. **Stop** here. Don't complete the rest of this worksheet and don't enter any amount on line 30.

2. Does your 2020 return include a valid social security number (defined under Valid social security number; earlier) for you and, if filing a joint return, your spouse?

- [X] **Yes.** Skip lines 3 and 4, and go to line 5.
- [ ] **No.** If you are filing a joint return, go to line 3.
  If you aren't filing a joint return, **Stop** you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.

3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under Valid social security number, earlier)?

- [ ] **Yes.** Your credit is not limited. Go to line 5.
- [ ] **No.** Go to line 4.

4. Does one of you have a valid social security number (defined under Valid social security number, earlier)?

- [ ] **Yes.** Your credit is limited. Go to line 5.
- [ ] **No.** **Stop** here. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.

5. If your EIP 1 was $1,200 ($2,400 if married filing jointly) plus $500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:

- $1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
- $2,400 if married filing jointly and you answered "Yes" to question 2 or 3 . . . **5.** ________

DO NOT

6. Multiply $500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040- SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . **6.** ________

7. Add lines 5 and 6 . . . **7.** 0

8. If your EIP 2 was $600 ($1,200 if married filing jointly) plus $600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:

- $600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
- $1,200 if married filing jointly and you answered "Yes" to question 2 or 3 . . . **8.** ________

9. Multiply $600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040- SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . **9.** ________

10. Add lines 8 and 9 . . . **10.** 0

11. Enter the amount from line 11 of Form 1040 or 1040- SR . . . **11.** 26,970

12. Enter the amount shown below for your filing status:

- $150,000 if married filing jointly or qualifying widow(er)
- $112,500 if head of household
- $75,000 if single or married filing separately . . . **12.** 75,000

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13. Is the amount on line 11 more than the amount on line 12?

- [X] **No.** Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.
- [ ] **Yes.** Subtract line 12 from line 11. . . . **13.** ________

14. Multiply line 13 by 5% (0.05) . . . **14.** ________

15. Subtract line 14 from line 7. If zero or less, enter - 0- . . . **15.** 0

16. Enter the amount, if any, of the EIP 1 that was issued to you (before offset for any past- due child support payment). You may refer to Notice 1444 on your tax account information at *IRS.gov/Account* for the amount to enter here . . . **16.** 0

17. Subtract line 16 from line 15. If zero or less, enter - 0- . If line 16 is more than line 15, you don't have to pay back the difference . . . **17.** 0

18. Subtract line 14 from line 10. If zero or less, enter - 0- . . . **18.** 0

19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444- B or your tax account information at *IRS.gov/Account* for the amount to enter here . . . **19.** 0

20. Subtract line 19 from line 18. If zero or less, enter - 0- . If line 19 is more than line 18, you don't have to pay back the difference . . . **20.** 0

21. **Recovery rebate credit.** Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR . . . **21.** 0