

Review your print out for checklist items.

We'll need to check your age, address, and tax refund info to make sure you're eligible to apply for a Credit Karma Money™ Spend account. Signing this agreement lets us use this info on your tax return.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://treasury.gov/tigta/>.

Do you agree to let TurboTax review your tax information to determine if you're eligible to apply for a Credit Karma Money™ Spend account?

I agree ×

Taxpayer First Name Jack

Taxpayer Last Name Hobson

Today's Date 04/11/2022

Spouse First Name

Spouse Last Name

Today's Date

What are the eligibility requirements to apply for the Credit Karma offer?

Here are some of the eligibility requirements to apply for a Credit Karma Money™ Spend account:

- You are 18 or older
- Your address must be located in one of the eligible states and can't be a PO Box or military address

Additionally, TurboTax requires you to have a federal refund of \$1 or more.

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Jack B		Last name Hobson		Your social security number 393-21-0718	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 830 Franklin St				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Wausau			State WI		ZIP code 544034912
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. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	2,858.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends 59.	3b	59.
	4a	IRA distributions	4b	
Standard Deduction for— <ul style="list-style-type: none">• Single or Married filing separately, \$12,550• Married filing jointly or Qualifying widow(er), \$25,100• Head of household, \$18,800• If you checked any box under Standard Deduction, see instructions.	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	12.
	8	Other income from Schedule 1, line 10	8	3,001.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	5,930.
	10	Adjustments to income from Schedule 1, line 26	10	212.
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	5,718.
	12a	Standard deduction or itemized deductions (from Schedule A) 12a 5,997.		
	b	Charitable contributions if you take the standard deduction (see instructions) 12b		
	c	Add lines 12a and 12b	12c	5,997.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
	14	Add lines 12c and 13	14	5,997.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.

Form **1040** (2021)

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

2021
Attachment
Sequence No. **01**

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

Jack B Hobson

Your social security number

393-21-0718

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	3,001.
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:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	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	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ►	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	3,001.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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	212.
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 ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	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	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	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 ▶	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 here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	212.

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**▶ **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

2021
Attachment
Sequence No. **02**

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

Jack B Hobson

Your social security number

393-21-0718

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	424.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ►	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ►	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Additional tax from Schedule 8812	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	424.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Jack B Hobson		Social security number (SSN) 393-21-0718
A Principal business or profession, including product or service (see instructions) Delivery driver	B Enter code from instructions ► 4 9 2 0 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) ► 830 Franklin St City, town or post office, state, and ZIP code Wausau, WI 54403-4912		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input checked="" type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	3,468.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	3,468.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	3,468.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	3,468.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	467.	19 Pension and profit-sharing plans .	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III) .	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48) . .	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	467.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	3,001.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	3,001.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

43 When did you place your vehicle in service for business purposes? (month/day/year) ► 04/15/2021

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a	Business	9,500	b	Commuting (see instructions)		c	Other	3,000
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45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☐ Yes ☒ No

b If “Yes,” is the evidence written? ☐ Yes ☐ No

48	Total other expenses. Enter here and on line 27a	48

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**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

2021Attachment
Sequence No. **12**Name(s) shown on return
Jack B HobsonYour social security number
393-21-0718Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I 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 on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from 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	73 .	67 .		6 .
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
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 or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 6 .

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 on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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 .				
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 with Box F checked				
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				12
13 Capital gain distributions. See the instructions				13 6 .
14 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 the back				15 6 .

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

BAA

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Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	12.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 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, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 			
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 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? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;">.</div> </div> </div>	21	()
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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. 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.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Jack B Hobson

Social security number or taxpayer identification number

393-21-0718

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 (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	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). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	1.00 AMC ENTERTAINMENT CLASS A	06/16/21	06/21/21	59.	53.			6.
	1 share of VAXART, INC	11/24/20	01/13/21	7.	7.			0.
	92243A200 VAXART, INC COMMON STOCK 1	11/24/20	01/13/21	7.	7.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule 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) ►				73.	67.			6.

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.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with **self-employment** income ►

Jack B Hobson

393-21-0718

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 3,001.

3 Combine lines 1a, 1b, and 2 **3** 3,001.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 2,771.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 2,771.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 2,771.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 **7** 142,800

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11 **8a** 2,858.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 2,858.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 139,942.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 344.

11 Multiply line 6 by 2.9% (0.029) **11** 80.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 424.

13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 212.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

14 Maximum income for optional methods **14** 5,880

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2021**Attachment
Sequence No. **55**

Name(s) shown on return

Jack B Hobson

Your taxpayer identification number

393-21-0718

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Jack B Hobson	393-21-0718	2,789.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	2,789.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	2,789.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		558.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		558.
11	Taxable income before qualified business income deduction (see instructions)	11	0.	
12	Net capital gain (see instructions)	12	65.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Tax History Report

► Keep for your records

2021

Name(s) Shown on Return

Jack B Hobson

	Five Year Tax History:				
	2017	2018	2019	2020	2021
Filing status			Single	Single	Single
Total income			2,235.	959.	5,930.
Adjustments to income					212.
Adjusted gross income			2,235.	959.	5,718.
Tax expense			41.	22.	59.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			2,585.	1,309.	5,997.
Exemption amount . .			0.	0.	0.
QBI deduction					0.
Taxable income			0.	0.	0.
Tax					
Alternative min tax . .					
Total credits					
Other taxes					424.
Payments			141.	22.	52.
Form 2210 penalty . .					
Amount owed					372.
Applied to next year's estimated tax .					
Refund			141.	22.	
Effective tax rate % . .			0.00	0.00	0.00
**Tax bracket %					

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.00 (the "RPS fee"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Civista Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	\$39.00 ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2021

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ►
QuickZoom to Schedule 2 — Additional Taxes ►
QuickZoom to Schedule 3 — Additional Credits and Payments ►

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2021, or other tax year
beginning _____, 2021, ending _____, 20 ____.

Your First Name MI Last Name Your Social Security No.
Jack B Hobson 393-21-0718
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.

Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
830 Franklin St
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Wausau WI 54403-4912
Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension ►

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
Checking a box will not change your tax or refund. ☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise
dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here.
☐ Head of household (with qualifying person). (See instructions) If the qualifying person is a child
but not your dependent, enter the child's name here. ►
☐ Qualifying widow(er) (See instructions)

Dependents If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for: under age 18 qualifying for child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

- ☒ Someone can claim you as a dependent
☐ Someone can claim your spouse as a dependent

a Check if: ☐ You were born before January 2, 1957 ☐ Blind
☐ Spouse was born before January 2, 1957 ☐ Blind
Total boxes checked ▶ **a** _____

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **b** ☐

QuickZoom to required PPP loan forgiveness statement to report tax-exempt income. ▶ _____

Form 1040 or Form 1040-SR, Lines 1 - 7

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	2,858.
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends 3a		59.
b	Ordinary dividends	3b	59.
4 a	IRA distributions 4a		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a		
b	Taxable amount	5b	
6 a	Social security benefits 6a		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	7	12.

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶ _____

Form 1040 or Form 1040-SR, Lines 8 - 11

8	Other income from Schedule 1, line 10.	8	3,001.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	5,930.
10	Adjustments to income from Schedule 1, line 26	10	212.
11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	5,718.
	AGI including excludable Puerto Rico Income		5,718.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,550 ● Married filing jointly or Qualifying widow(er): \$25,100 ● Head of household: \$18,800 ● If you checked any box under <i>Standard Deduction</i>, see instructions. QuickZoom to the Standard Deduction Worksheet. _____		
a	Itemized deductions (from Schedule A) or your standard deduction , see above 12 a	5,997.	
	Enter the smaller of these cash contributions made or \$300 (\$600 if married filing jointly) on line 12b below if you take the standard deduction		
b	Charitable contributions if you take the standard deduction. 12 b		
c	Add lines 12a and 12b.	12 c	5,997.
	Subtract itemized or standard deduction from adjusted gross income amount		-279.

Form 1040 or Form 1040-SR, Lines 13 - 18

13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
14	Add lines 12c and 13	14	5,997.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.

16	Tax. Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		0.
17	Amount from Schedule 2, line 3.	17	
18	Add lines 16 and 17	18	0.
QuickZoom to Schedule 2 — Additional Tax section ▶			

Form 1040 or Form 1040-SR, Line 19 - 24

19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8.	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.	23	424.
24	Add lines 22 and 23. This is your total tax ▶	24	424.
QuickZoom to Schedule 3 — Additional Credits and Payments ▶			

Form 1040 or Form 1040-SR, Lines 25 - 33

25	Federal income tax withheld from:		
a	Form(s) W-2	25 a	52.
b	Form(s) 1099	25 b	
c	Other forms	25 c	
d	Add lines 25a through 25c.	25 d	52.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27	If you have a qualifying child, attach Sch. EIC.		
a	Earned income credit (EIC) No Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC ▶ <input type="checkbox"/>	27 a	
b	Nontaxable combat pay election	27 b	
c	Prior year (2019) earned income	27 c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8.	29	
30	Recovery rebate credit.	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your other payments and refundable credits ▶	32	
33	Add Lines 25d, 26, and 32. These are your total payments ▶	33	52.

QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶

QuickZoom to "due diligence checklist" substitute for Form 8867. ▶

QuickZoom to Schedule 3 — Additional Credits and Payments ▶

Form 1040 or Form 1040-SR, Lines 34 - 36**Refund:****34** If total Payments is more than total tax, subtract **total tax** from **payments**This is the amount you **overpaid** **34****35 a** Amount of overpayment you want **refunded to you**.If Form 8888 is attached, check here. ☐ **35**

Direct deposit?

▶ **b** Routing number XXXXXXXXXX▶ **c** Type:☐ Checking
☐ Savings▶ **d** Account number XXXXXXXXXXXXXXXXXXXX**36** Amount of overpayment on line 34 you want**applied to your 2022 estimated tax** ▶ **36****Form 1040 or Form 1040-SR, Lines 37 and 38****Amount You Owe:****37** Subtract total payments from total tax ▶ **37****Note:** Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2021. See Schedule 3, line 12e, and its instructions for details.**38** Estimated tax penalty ▶ **38**

372.

QuickZoom to Late Penalties and Interest Worksheet ▶ **QuickZoom.****Schedule 1 – Additional Income and Adjustments to Income****Part I Additional Income****1** Taxable refunds, credits, or offsets of state and local income taxes **1** 0.**Alimony Received Smart Worksheet****A** Taxpayer Spouse Date of divorce/sep *
B ☐

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

2 a Alimony received. . . . Taxpayer Spouse **2 a****b** Date of original divorce or separation agreement ▶**3** Business income or (loss). Attach Schedule C **3** 3,001.**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:**a** Net operating loss **8 a****b** Gambling income **8 b****c** Cancellation of debt **8 c****d** Foreign earned income exclusion from Form 2555 **8 d****e** Taxable Health Savings Account distribution **8 e****f** Alaska Permanent Fund dividends **8 f****g** Jury duty pay **8 g****h** Prizes and awards **8 h****i** Activity not engaged in for profit income **8 i****j** Stock options. **8 j****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 **8 k****l** Olympic and Paralympic medals and USOCprize money **8 l****m** Section 951(a) inclusion. **8 m****n** Section 951A(a) inclusion. **8 n****o** Section 461(l) excess business loss adjustment **8 o****p** Taxable distributions from an ABL account **8 p****z** Other income. List type and amount:. **8 z****9** Total other income. Add lines 8a through 8z **9****10** Combine lines 1 through 7 and 9.Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8. **10** 3,001.**Total Income.** Combine Form 1040 lines 1- 7 and

Schedule 1, line 10, enter on Form 1040, line 9. ▶ 5,930.

Quickzoom to 1040 Worksheet, line 9 — **Total Income** ▶ **QuickZoom.**

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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	212.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A					
B					

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

19 a	Alimony paid	19 a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay	24 a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24 b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24 c	
d	Reforestation amortization and expenses	24 d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24 e	
f	Contributions to section 501(c)(18)(D) pension plans.	24 f	
g	Contributions by certain chaplains to section 403(b) plans	24 g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims	24 h	
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	24 i	
j	Housing deduction from Form 2555	24 j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24 k	
z	Other adjustments. List type and amount:	24 z	
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 here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	212.

Schedule 2 – Additional Taxes**Part I Tax**

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	424.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		8	
9	Household employment taxes from Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959.		11	
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from W-2, box 12.		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	
17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount: ▶ _____	17 a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17 b		
c	Additional tax on HSA distributions. Attach Form 8889.	17 c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17 d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17 e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17 f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17 g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17 h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17 j		
k	Golden parachute payments	17 k		
l	Tax on accumulation distribution of trusts	17 l		
m	Excise tax on insider stock compensation from an expatriated corporation	17 m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17 n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17 p		
q	Any interest from Form 8621, line 24.	17 q		
z	Any other taxes. List type and amount: ▶ _____	17 z		
18	Total additional taxes. Add lines 17a through 17z.		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A.	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	424.
	Total tax (add line 21 and Schedule 3, line 7b)			424.

Schedule 3 – Additional Credits and Payments**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.		
2	Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6 a	
b	Credit for prior year minimum tax. Attach Form 8801	6 b	
c	Adoption credit. Attach Form 8839	6 c	
d	Credit for the elderly or disabled. Attach Schedule R	6 d	
e	Alternative motor vehicle credit. Attach Form 8910	6 e	
f	Qualified plug-in motor vehicle credit.		
	Attach Form 8936	6 f	
g	Mortgage interest credit. Attach Form 8396	6 g	
h	District of Columbia first-time homebuyer credit.		
	Attach Form 8859	6 h	
i	Qualified electric vehicle credit. Attach Form 8834	6 i	
j	Alternative fuel vehicle refueling property credit.		
	Attach Form 8911	6 j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6 k	
l	Amount on Form 8978, line 14	6 l	
z	Other nonrefundable credits. List type and amount:		
	▶ _____	6 z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7.		
	Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	
a	Add line 8 plus child tax/other dep. credit on line 19 above		
b	Subtract total credits on line 8a from tax on line 18 above		0.

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom. . . ▶

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file	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:		
a	Form 2439	13 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13 b	
c	Health coverage tax credit from Form 8885	13 c	
d	Credit for repayment of amounts included in income from earlier years	13 d	
e	Reserved for future use	13 e	
f		13 f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13 g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13 h	
z	Other payments or refundable credits. List type and amount . ▶		
	_____	13 z	

14	Total other payments or refundable credits. Add lines 13a through 13z.	14	
15	Total Payments: Part II, lines 9 through 12 and 14, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30	15	52.
	Other Payments and Refundable Credits (Form 1040, line 32) . ▶		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's Name ▶ _____
 Phone Number ▶ _____ Personal Identification Number (PIN) . . ▶ _____

Signature and Paid Preparer**Sign Here**

Joint return? See instructions.

Keep a copy of this return for your records.

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 accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature

Date

Your Occupation

If the IRS sent you an Identity Protection PIN, enter it here

Spouse's Signature. If joint, **both** must sign.

Date

Spouse's Occupation

▶ 062115

Daytime Phone No.

(715) 370-9329

Email Address

Paid Preparer's Use Only

Print/Type Preparer's name

Preparer's PTIN

Check if:

Preparer's Signature

Date

☐ Self-employed

Firm's Address (or yours if self-employed)

Firm's EIN.

Phone No.

Self-Prepared

State

ZIP Code

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Jack B Hobson	Your SSN 393-21-0718
--	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2020 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0 .
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e)	6	
7	Lesser of line 5 or line 6.	7	
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border: 1px solid black; height: 40px; width: 450px; margin-top: 5px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5.	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

Federal Information Worksheet

► Keep for your records

2021

Part I – Personal InformationInformation in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name Jack
 Middle initial B Suffix
 Last name Hobson
 Social security no. 393-21-0718
 Occupation Student
 Date of birth 04/29/2001 (mm/dd/yyyy)
 Age as of 1-1-2022 20
 Daytime phone (715) 370-9329 Ext
 Legally blind ☐
 Date of death

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2022
 Daytime phone Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☒ Yes ☐ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☒ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)**US Address:**

Address 830 Franklin St Apt no.
 City Wausau State WI ZIP code 54403-4912

Foreign Address:

Check this box to use foreign address . . . ☐
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
 Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name MI Last Name Suff
 Child's social security number
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2019 ☐ 2020 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2021					

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No
 Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2021? ☐ Yes ☐ No
 If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐
 Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2021 ☐
 Check if you were notified by the IRS that EIC cannot be claimed in 2021 or if you are ineligible to claim the EIC in 2021 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☐ Yes ☒ No
 Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☐
 Check the appropriate box ☐ Checking ☐ Savings
 Routing number ☐ Account number ☐

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ☐
 Balance-due amount from this return ☐

Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No
 Enter the payment date to withdraw from the account above ☐
 Balance-due amount from this **amended** return ☐

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐
 Check this box if you are married filing separately and your spouse itemized deductions ☐
 Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No
 Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2021, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐
 Resident country ☐ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ☐
 Excludable income from Puerto Rico ☐

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐
 Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ☐
 Third party designee phone number ☐
 Personal Identification number (enter any 5 numbers) ☐

Disaster Tax Relief:

Check if you took a disaster distribution between 2018 and 2020 ☐

Part VI – Additional Information for Your Federal Return – Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ 062115

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2021 ▶ WI

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2021 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN . . . _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 42901

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number H1254220114909

Issued by what state WI

License or ID license . ▶ ☒ ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

Spouse

Drivers license or state ID number _____

Issued by what state _____

License or ID license . ▶ ☐ ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2021

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Jack Middle initial . B Last name . . . Hobson
Suffix
Social security no. . . 393-21-0718 Member of U.S. Armed Forces in 2021? . . ☐ Yes ☒ No
Date of birth 04/29/2001 (mm/dd/yyyy) age as of 1-1-2022 20
Occupation Student Daytime phone (715) 370-9329 Ext
Marital status . . . Single
If widowed, check the appropriate box for the year your spouse died:
After 2021 ► ☐ 2021 . ► ☐ 2020 . ► ☐ 2019 . ► ☐ Before 2019 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2022 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Language in which you want the IRS to communicate with you ►
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 **Can** someone (such as your parent) claim you as a dependent? ► ☒ Yes ☐ No
- 2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☒ Yes ☐ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
- 3 Were you a full-time student during any part of five months during 2021? ► ☐ Yes ☒ No
- 4 Did your earned income exceed one-half of your support? ► ☐ Yes ☒ No
- 5 Was at least one of your parents alive on December 31, 2021? ► ☒ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2021 WI
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ►
In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2021
Unreimbursed medical expenses paid for qualifying person in 2021
Employment taxes paid for dependent care providers in 2021
Full-time student for 5 calendar months during 2021? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Part-Year Resident State Allocation Worksheet

2021

► Keep for your records

Check the box to activate this worksheet ☐

Name(s) Shown on Return Jack B Hobson	Social Security Number 393-21-0718
--	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips				
S Wages, salaries, tips				

* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T		See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T					
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 Certain business expenses T					
S					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid S Alimony paid					
23 T IRA deduction S IRA deduction					
24 T Student loan interest deduction S Student loan interest deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
25 T Self-employment tax						
S Self-employment tax						
26 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
27 T Self-employed health insurance . .						
S Self-employed health insurance . .						
28 T Reserved						
S Reserved						
29 Other adjustments T						
S						
	Federal Amount	From mm/dd	To mm/dd	Res St		Allocated Amount
30 Total adjustments T						
S						
31 Adjusted gross income T						
S						

► Keep for your records

Name(s) Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	2,858.		2,858.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	52.		52.
3 & 7	Total social security wages/tips	2,858.		2,858.
4	Total social security tax withheld	177.		177.
5	Total Medicare wages and tips	2,858.		2,858.
6	Total Medicare tax withheld	42.		42.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	2,858.		2,858.
17	Total state tax withheld	59.		59.
19	Total local tax withheld.			

Name
Jack B HobsonSocial Security Number
393-21-0718**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . 393-21-0718
b Employer ID number (EIN). . . 04-3212828
c Employer's name, address, and ZIP code
PANERA LLC
Street 3630 S GEYER ROAD
City SUNSET HILLS
State MO ZIP Code 63127
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

1 Wages, tips, other compensation
1,791.70
3 Social security wages
1,631.77
5 Medicare wages and tips
1,791.70
7 Social security tips
159.93

► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld
38.97
4 Social security tax withheld
111.09
6 Medicare tax withheld
25.98
8 Allocated tips

d Control number . _____**Transfer employee information from the Federal Information Worksheet**

e Employee's name
First Jack M.I. B
Last Hobson Suff. _____
f Employee's address and ZIP code
Street 830 Franklin St
City Wausau
State WI ZIP Code 54403-4912
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

9 _____**11** Nonqualified plans
_____**12** Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

10 Dependent care benefits
Distributions from sect. 457 and nonqualified plans (Important, see Help)

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
WI	036000036212203	1,791.70	46.01
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name
Jack B HobsonSocial Security Number
393-21-0718**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 393-21-0718
b Employer ID number (EIN). . . 45-4385093
c Employer's name, address, and ZIP code
EatStreet
 Street 316 W. Washington Avenue
 City Madison
 State WI ZIP Code 53703
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 603.46
3 Social security wages 163.48
5 Medicare wages and tips 603.46
7 Social security tips 439.98

► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld 12.54
4 Social security tax withheld 37.41
6 Medicare tax withheld 8.75
8 Allocated tips _____

d Control number . _____**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Jack M.I. B
 Last Hobson Suff. _____
f Employee's address and ZIP code
 Street 714 Werle Ave
 City Wausau
 State WI ZIP Code 54401
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help) _____

11 Nonqualified plans _____**12** Enter box 12 below _____

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>WI</u>	<u>036102747743403</u>	<u>603.46</u>	<u>3.41</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name
Jack B HobsonSocial Security Number
393-21-0718**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 393-21-0718
b Employer ID number (EIN). . . 41-0215170
c Employer's name, address, and ZIP code
TARGET CORPORATION
 Street PO BOX 9315
 City MINNEAPOLIS
 State MN ZIP Code 55440-9401
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 462.75
3 Social security wages 462.75
5 Medicare wages and tips 462.75
7 Social security tips _____

2 Federal income tax withheld _____
4 Social security tax withheld 28.69
6 Medicare tax withheld 6.71
8 Allocated tips _____

► Enter unreported tips in Part VII on Page 2 below.

d Control number . _____**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Jack M.I. B
 Last Hobson Suff. _____
f Employee's address and ZIP code
 Street 830 Franklin St
 City Wausau
 State WI ZIP Code 54403-4912
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help) _____

11 Nonqualified plans _____**12** Enter box 12 below _____

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>WI</u>	<u>036000002653105</u>	<u>462.75</u>	<u>9.69</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Forms 1099-MISC / 1099-NEC Summary

2021

► Keep for your records

Name(s) Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

Box	Description	Taxpayer	Spouse	Total
	Form 1099-MISC Summary			
1	Total Rents			
	► Schedule C			
	► Schedule E			
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income			
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments			
9	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
10	Gross proceeds paid to an attorney.			
	► Taxable amount			
11	Fish purchased for resale			
12	Section 409A deferrals.			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14.			
	Form 1099-NEC Summary			
1	Total Nonemployee compensation	3,468.		3,468.
	► Schedule C	3,468.		3,468.
	► Schedule F			
	► Wages			
	► Other Income			
4	Federal tax withheld			
5	State tax withheld — total			

Form 1099-NEC
Nonemployee Compensation Worksheet

2021

Name(s) Shown on Return
Jack B Hobson

Social Security Number
393-21-0718

Payer's EIN 46-2852392 **or SSN** _____
Payer's Name DoorDash, Inc.
Account number (for your records only). _____

☐ **Spouse's 1099-NEC** ☐ **Do not transfer this 1099-NEC to next year**

Box 1 Nonemployee compensation 3,468.39
Double click to link to: **Schedule C** . ▶ Delivery driver
Schedule F . ▶ _____
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919
If checked, enter Reason Code for Form 8919 (see Help) _____
If Reason Code A or C, enter determination date _____
☐ Other Income
☐ Back Wages from Lawsuit. Amount: _____

Box 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐

Box 4 Federal income tax withheld _____

First state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no.. _____
Box 7 State income. _____
Second state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no.. _____
Box 7 State income. _____
I confirm that the state withholding identification number(s) are accurate ☐

Additional Payer and Recipient Information

Payer's address and ZIP code

Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Recipient's address and ZIP code

Transfer address from Federal Information Wks . ☐
Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Wages, Salaries, & Tips Worksheet

2021

► Keep for your records

Name(s) Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	2,858.		2,858.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2021			
b _____			

10 Subtotal.			
Add lines 1 through 9	2,858.		2,858.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	2,858.		2,858.

Qualified Business Income Component Worksheet

2021

► Keep for your records

Name(s) Shown on Return Jack B Hobson	Social Security Number 393-21-0718
--	---------------------------------------

Aggregate trade or business name	Jack B Hobson
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available	393-21-0718
Reason for no EIN or SSN if none available	

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Jack B Hobson		2,789.	0.	0.

1	Qualified business income (QBI)	2,789.
	If using Simplified Worksheet, stop here.	
2	Taxable Income	
3	Threshold Amount. \$329,800 if MFJ, \$164,925 if MFS, otherwise \$164,900	
4	Subtract line 3 from line 2. If less than 0, enter 0.	
5	Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.	
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	
8	Wages allocable to qualified business income.	
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	
	Reductions for Specified Service Trades or Businesses	
	Check if Specified Service Trade or Business (SSTB) <input type="checkbox"/>	
11	SSTB reduction to QBI	
12	SSTB reduction to allocable wages.	
13	SSTB reduction to allocable UBIA	
	QBI, wages, and UBIA after applicable SSTB reductions	
14	Qualified business income	
15	Allocable wages	
16	Allocable UBIA	
	Tentative QBI component	
17	Adjustments for QBI losses	
18	Loss-adjusted QBI (line 14 plus line 17)	
19	Tentative QBI component before limitations (20% of line 18)	
	Wages and assets limits	
20	50% of W2 wages	
21	25% of W2 wages	
22	2.5% of UBIA	
23	Sum of 25% of W2 wages and 2.5% of UBIA	
24	Wage and Asset Limit. Larger of line 20 or line 23	
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)	
26	Reduction Amount. Multiply line 6 by line 25.	
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	
28	Qualified payments from agricultural or horticultural coop	
29	Wages allocable to qualified payments from coop	
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	
	Qualified business income component amount	
31	Subtract line 30 from line 27	

Qualified Business Income Deduction Summary

2021

► Keep for your records

Name(s) Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

QuickZoom to QBI Component Worksheet ► _____
QuickZoom to Form 8995. ► _____
QuickZoom to Form 8995-A ► _____

1 Trade or business name Net QBI
 Jack B Hobson 2,789.

2 Net qualified business income (QBI) from qualified trades or businesses 2,789.
3 Loss from previous year _____
4 Sum of activities with gains (only positive amounts from table on line 1) 2,789.
5 Sum of activities with losses (only negative amounts from table on line 1) _____

6 Check if using Simplified Computation (Form 8995) ☒

7 QBI component from Form 8995 line 5 or Form 8995A line 16 558.
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 . . . 0.

9 Total REIT dividends _____
10 PTP Income from non-SSTBs _____
11 PTP Income from SSTBs _____
12 Allowed PTP Income from SSTBs _____
13 Total Allowed PTP income (sum of line 10 and line 12) _____
14 Carryover REIT/PTP losses from prior year _____
15 Total REIT/PTP income _____
16 20% of total REIT/PTP income _____
17 Disallowed REIT/PTP loss 0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). 558.

19 Taxable income before qualified business income deduction. . 0.
20 Net capital gains 65.
21 Taxable income minus net capital gains. If zero or less, enter -0- 0.
22 20% of taxable income minus net capital gains 0.

23 QBI deduction before DPAD. 0.
Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 Section 199A(g) deduction for domestic production activities _____

25 **Total 199A (QBI) deduction** (sum of lines 23 and 24) 0.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Jack B Hobson

Social Security Number
393-21-0718

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
a	On Form 1099-DIV		
b	On Form 2439		
c	On Schedule(s) K-1		
d	On Form 1099-R		
e	From Form 8814		
f	Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D	16	
a	Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2021

Name(s) Shown on Return
Jack B Hobson

Social Security Number
393-21-0718

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
Jack B HobsonSocial Security Number
393-21-0718

1 a	Enter your taxable income from Form 1040, line 15	1 a	0.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . .	b	
c	Add lines 1a and 1b	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	59.
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	59.
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	59.
7 a	Enter line 15 of Schedule D	7 a	6.
b	Enter line 16 of Schedule D	b	12.
c	Enter the smaller of line 7a or line 7b	7 c	6.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	6.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	6.
10	Add lines 6 and 9c	10	65.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	65.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	0.
15	Enter: • \$40,400 if single or married filing separately, • \$80,800 if married filing jointly or qualifying widow(er), or • \$54,100 if head of household.	15	40,400.
16	Enter the smaller of line 1c or line 15	16	0.
17	Enter the smaller of line 14 or line 16	17	0.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	0.
19	Enter the smaller of line 1c or: • \$164,925 if single or married filing sep, • \$329,850 if MFJ or qual widow(er), or • \$164,900 if head of household.	19	0.
20	Enter the smaller of line 14 or line 19	20	0.
21	Enter the larger of line 18 or line 20	21	0.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter: • \$445,850 if single, • \$250,800 if married filing separately, • \$501,600 if married filing jointly or qualifying widow(er), or • \$473,750 if head of household.	26	
27	Enter the smaller of line 1c or line 26	27	
28	Add lines 21 and 22	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the smaller of line 25 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	
32	Add lines 24 and 30	32	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	
34	Multiply line 33 by 20% (0.20)	34	
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	
40	Multiply line 39 by 25% (0.25)	40	
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	
42	Subtract line 41 from line 1c	42	
43	Multiply line 42 by 28% (0.28)	43	
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	
45	Add lines 31, 34, 40, 43, and 44	45	0.
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	

Form 1040
Line 16

Qualified Dividends and Capital Gain Tax Worksheet

2021

► Keep for your records

Name(s) Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	0.
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	59.
3	Are you filing Schedule D?		
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-		
	3 6.		
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	65.
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	0.
6	Enter:		
	\$40,400 if single or married filing separately, \$80,800 if married filing jointly or qualifying widow(er), \$54,100 if head of household.	6	40,400.
7	Enter the smaller of line 1 or line 6	7	0.
8	Enter the smaller of line 5 or line 7	8	0.
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	0.
10	Enter the smaller of line 1 or line 4	10	0.
11	Enter the amount from line 9	11	0.
12	Subtract line 11 from line 10.	12	0.
13	Enter:		
	\$445,850 if single, \$250,800 if married filing separately, \$501,600 if married filing jointly or qualifying widow(er), \$473,750 if head of household.	13	445,850.
14	Enter the smaller of line 1 or line 13	14	0.
15	Add lines 5 and 9	15	0.
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	0.
17	Enter the smaller of line 12 or line 16	17	0.
18	Multiply line 17 by 15% (0.15)	18	0.
19	Add lines 9 and 17	19	0.
20	Subtract line 19 from line 10	20	0.
21	Multiply line 20 by 20% (0.20)	21	0.
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.		
		22	0.
23	Add lines 18, 21, and 22	23	0.
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
		24	0.
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.		
		25	0.

- Keep for your records

2021

Name(s) Shown on Return

Jack B Hobson

Social Security No.

393-21-0718

Name of reporting financial institution ▶ CHARLES SCHWAB & CO., INC.

Acct Number ▶ 15499144 **Reporter's Tax ID . . .** ▶ 94-1737782

Owner of account ►

Transactions were not reported to IRS ▶ ☐

Form 8949 Reporting Exception Transactions

Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

Box A transactions to report directly on Sch D, Line 1a (short term)

Box D transactions to report directly on Sch D, Line 8a (long term)

(Do **not** duplicate any transactions summarized above when making entries in the table below.)

Proceeds	Cost Basis

Brokerage Statement (Form 1099-B or substitute) Summary Table

Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	59.02	53.28	5.74		5.74	
Short term sales with cost basis reported to the IRS						
Totals	59.02	53.28	5.74		5.74	

Form 8949 and Schedule D Totals

Totals gains/losses as they will appear on Form 8949 and Schedule D.

Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	59.00	53.00			6.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Total Federal Backup Withholding

State ID

State Backup Withholding

Total State Backup Withholding

Total Collectible Gain

Qualified Small Business (QSB) gain (Sec 1202)

Maximum 50% exclusion gain	▶			
Maximum 60% exclusion gain	▶			
Maximum 75% exclusion gain	▶			
Maximum 100% exclusion gain	▶			

PDF Attachment

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

Name(s) Shown on Return
Jack B Hobson

Social Security No.
393-21-0718

Name of reporting financial institution ▶ CHARLES SCHWAB & CO., INC.
Acct Number ▶ 15499144 Reporter's Tax ID . . . ▶ 94-1737782

Owner of account ▶
Transactions were not reported to IRS ▶ ☐

Quick Entry Table

If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box	Date Sold	Date Acquired			
Adjustment Amount	Adjustment Code(s)	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?	
Additional fields for use by Step-by-Step and Import only (See help)					
1	1.00 AMC ENTERTAINMENT CLASS	A	Check here if this summarizes multiple sales. . . . ▶		
A	06/21/21	06/16/21	59.02	53.28	
		S	Yes X	No	Yes X No
Check to use worksheet (see help) ▶			O		
0.00					X
X			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
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			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
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			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
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			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
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			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
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			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
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			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes No
Check to use worksheet (see help) ▶					
			Check here if this summarizes multiple sales. . . . ▶		
			Yes		

Sale Results

[illegible]

Name(s) Shown on Return

Jack B Hobson

Social Security No.

393-21-0718

Brokerage Statement (Form 1099-B or substitute) Summary Table

Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	59.02	53.28	5.74		5.74	
Short term sales with cost basis reported to the IRS						
Totals	59.02	53.28	5.74		5.74	

Form 8949 and Schedule D Totals

Totals gains/losses as they will appear on Form 8949 and Schedule D.

Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	59.00	53.00			6.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

PDF Attachment

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

► Keep for your records

Social Security No.
393-21-0718

Owner of account ▶ ☐

Transactions were not reported to IRS ▶ ☐

Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

(Do **not** duplicate any transactions summarized above when making entries in the table below.)

Proceeds	Cost Basis

Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	6.81	6.99	-0.18		-0.18	
Short term sales with cost basis reported to the IRS						
Totals	6.81	6.99	-0.18		-0.18	

Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	7.00	7.00			0.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

State Backup Withholding _____

Total State Backup Withholding

Maximum 100% exclusion gain ▶

Total Gain	Excluded Gain	Net Gain

If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

Name(s) Shown on Return
Jack B Hobson

Social Security No.
393-21-0718

Name of reporting financial institution ▶ Robinhood Securities LLC
Acct Number ▶ 798618609 Reporter's Tax ID . . . ▶ 38-4019216

Owner of account ▶

Transactions were not reported to IRS ▶ ☐

Quick Entry Table

If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description	Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box	Adjustment Amount	Adjustment Code(s)	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?	
Additional fields for use by Step-by-Step and Import only (See help)						
1	1 share of VAXART, INC			Check here if this summarizes multiple sales. . . . ▶ <input checked="" type="checkbox"/>		
A	01/13/21	11/24/20	6.81	6.99		
	S		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶		STOCK	GIFT			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				Check here if this summarizes multiple sales. . . . ▶ <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶						
				Check here if this summarizes multiple sales. . . . ▶ <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶						
				Check here if this summarizes multiple sales. . . . ▶ <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶						
				Check here if this summarizes multiple sales. . . . ▶ <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶						

Sale(s) missing info?

Sale Results

[illegible]

Jack B Hobson

393-21-0718

Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	6.81	6.99	-0.18		-0.18	
Short term sales with cost basis reported to the IRS						
Totals	6.81	6.99	-0.18		-0.18	

Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	7.00	7.00			0.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

- Keep for your records

2021

Name(s) Shown on Return

Jack B Hobson

Social Security No.

393-21-0718

Name of reporting financial institution ▶ Robinhood Securities LLC

Acct Number ▶ 798618609 **Reporter's Tax ID . . .** ▶ 38-4019216

Owner of account ►

Transactions were not reported to IRS ▶ ☐

Form 8949 Reporting Exception Transactions

Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

Box A transactions to report directly on Sch D, Line 1a (short term)

Box D transactions to report directly on Sch D, Line 8a (long term)

(Do **not** duplicate any transactions summarized above when making entries in the table below.)

Proceeds	Cost Basis

Brokerage Statement (Form 1099-B or substitute) Summary Table

Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	6.81	6.99	-0.18	0.00	-0.18	
Short term sales with cost basis reported to the IRS						
Totals	6.81	6.99	-0.18	0.00	-0.18	

Form 8949 and Schedule D Totals

Totals gains/losses as they will appear on Form 8949 and Schedule D.

Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	7.00	7.00			0.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Total Federal Backup Withholding

State ID

State Backup Withholding

Total State Backup Withholding

Total Collectible Gain

Qualified Small Business (QSB) gain (Sec 1202)

Maximum 50% exclusion gain			
Maximum 60% exclusion gain			
Maximum 75% exclusion gain			
Maximum 100% exclusion gain			

PDF Attachment

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

Social Security No.
393-21-0718

Owner of account ▶
Transactions were not reported to IRS ▶ ☐

If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box	Date Sold	Date Acquired		
Adjustment Amount	Adjustment Code(s)	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?
Additional fields for use by Step-by-Step and Import only (See help)				
1	92243A200 VAXART, INC COMMON STOCK 1		Check here if this summarizes multiple sales. . . . ▶	
A	01/13/21	11/24/20	6.81	6.99
	S	Yes	X	No
		Yes	X	No
Check to use worksheet (see help) ▶				
	0.00			X
X			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	
		Yes	No	Yes
		No	Yes	No
Check to use worksheet (see help) ▶				
			Check here if this summarizes multiple sales. . . . ▶	

[illegible]

Jack B Hobson

393-21-0718

Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	6.81	6.99	-0.18	0.00	-0.18	
Short term sales with cost basis reported to the IRS						
Totals	6.81	6.99	-0.18	0.00	-0.18	

Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	7.00	7.00			0.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

IRA Contributions Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Jack B Hobson

Social Security Number
393-21-0718

Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2022 to 4/18/2022 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet.		
13	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2021

► Keep for your records

Jack B Hobson

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Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
20	Contributions recharacterized from a traditional IRA, (from In 4). . .		
21	Roth IRA contributions, from Schedule(s) K-1		
22	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions		
24	Roth IRA contributions. Combine lines 20 through 23		
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>		
26	Excess Roth IRA contribution credit		
27	Total Roth IRA contributions		
28	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation		
30	Excess Roth IRA contributions, to Form(s) 5329, line 23		
Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

Form 1040
Line 6

Social Security Benefits Worksheet
► Keep for your records

2021

Name(s) Shown on Return
Jack B Hobson

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Social Security/Railroad Retirement benefits received in 2020 ► ☐

	Taxpayer	Spouse
A Total net benefits from Box 5 of all SSA-1099 forms		
B Total federal tax withheld from box 6 of all SSA-1099 forms		
C Total Medicare B premiums withheld from all SSA-1099 forms		
D Total Medicare C premiums withheld from all SSA-1099 forms		
E Total Medicare D premiums withheld from all SSA-1099 forms		
Note: If self-employed, Medicare premiums are deductible as Self-Employed Health Insurance. If self-employed, enter premiums on the business activity form (Schedule C, F, etc), not on Lines C, D and E above.		
F Total net benefits from Box 5 of all RRB-1099 forms		
G Total federal tax withheld from box 10 of all RRB-1099 forms		
H Total Medicare premiums from Box 11 of all RRB-1099 forms		
1 Add amounts from line A and line F above. Also enter this amount on Form 1040, line 6a	1	0.
2 Enter one-half of line 1	2	
3 Add the amounts on Form 1040, lines 1 (before adoption benefits exclusion), 2a, 2b, 3b, 4b, 5b, 7, and 8. Also include certain income of bona fide residents of American Samoa or Puerto Rico.	3	
4 Enter (as a positive number) the total of any exclusions/adjustments for: • Foreign earned income or housing exclusion	4	
5 Add lines 2, 3, and 4	5	
6 Amount from Schedule 1, lines 11 through 20, and 23 and 25 (other than foreign housing deduction)	6	
7 Subtract line 6 from line 5.	7	
8 Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time in 2021)	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-	9	
If line 9 is zero or less, stop here; none of your social security benefits are taxable. Enter -0- on Form 1040, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2021, enter 'D' to the right of the word 'benefits' on line 6a. If line 9 is more than zero, go to line 10.		
10 Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time in 2021)	10	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	
12 Enter the smaller of line 9 or line 10.	12	
13 Enter one-half of line 12.	13	
14 Enter the smaller of line 2 or line 13.	14	
15 Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-	15	
16 Add lines 14 and 15	16	
17 Multiply line 1 by 85% (0.85)	17	
18 Taxable social security benefits. Enter the smaller of line 16 or line 17 If prior year lump-sum benefits were received, go to line 19, otherwise, skip line 19 and enter the amount from line 18 on line 20.	18	
19 Taxable benefits with lump sum election. Enter the amount from line 20 of the Lump-Sum Social Security Worksheet.	19	
20 Taxable Social Security benefits. Enter the smaller of line 18 or line 19 Also enter this amount on Form 1040, line 6b.	20	

2021

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Estimated Tax Payments for 2021 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/21		04/15/21			04/15/21		
2	06/15/21		06/15/21			06/15/21		
3	09/15/21		09/15/21			09/15/21		
4	01/18/22		01/18/22			01/18/22		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2021					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2021 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				52.	59.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St	_____	Loc	_____		
18 a	Other withholding	St	_____	Loc	_____		
b	Other withholding	St	_____	Loc	_____		
c	Other withholding	St	_____	Loc	_____		
d	Positive Adjustment	St	_____	Loc	_____		
e	Negative Adjustment	St	_____	Loc	_____		
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f						
					52.	59.	
20	Total Tax Payments for 2021				52.	59.	

Prior Year Taxes Paid In 2021 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2020 extensions				
22	2020 estimated tax paid after 12/31/2020				
23	Balance due paid with 2020 return				
24	Other (amended returns, installment payments, etc) . .				

25 Amount paid with 2020 federal extension _____ Date paid. . . . _____
(If blank, 5/17/2021 will be used)

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Jack B Hobson

Social Security Number
393-21-0718

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	5,718.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2020 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	5,718.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 59.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 59.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real property taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2020 Amount Enter 2021 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	0.00
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	0.00
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit)	_____
e	Other taxes.	
	2020 Amount Enter 2021 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real property taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Jack B Hobson

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393-21-0718

State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	59.
2 2021 state estimated taxes paid in 2021	2	
3 2020 state estimated taxes paid in 2021	3	
4 Amount paid with 2020 state application for extension	4	
5 Amount paid with 2020 state income tax return	5	
6 Overpayment on 2020 state income tax return applied to 2021 tax	6	
7 Other amounts paid in 2021 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2021 local estimated taxes paid in 2021	10	
11 2020 local estimated taxes paid in 2021	11	
12 Amount paid with 2020 local application for extension	12	
13 Amount paid with 2020 local income tax return	13	
14 Overpayment on 2020 local income tax return applied to 2021 tax	14	
15 Other amounts paid in 2021 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17	17	
18 Total Add lines 1 through 17	18	59.
19 State and local refund allocated to 2021	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20.	21	
22 Total state and local income tax deduction Line 18 less line 21	22	59.

Nondeductible State Income Tax (Hawaii Only)

23 Nontaxable federal employee cost of living allowance	23	
24 Adjusted gross income	24	
25 Add lines 23 and 24	25	
26 Nondeductible percent. Line 23 divided by line 25	26	%
27 Hawaii state income tax included in line 18	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

Charitable Deduction Limits Worksheet For Current Year Contributions

2021

► Keep for your records

Name(s) Shown on Return Jack B Hobson	Social Security Number 393-21-0718
--	---------------------------------------

Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 100% limit organizations	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	5,718.
---	--	---	--------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	
10	Deductible amount. Enter the smaller of line 7 or line 9.	10	
11	Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12	
13	Subtract line 10 from line 12	13	
14	Deductible amount. Enter the smaller of line 6 or line 13.	14	
15	Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16	
17	Add lines 5, 6, and 7.	17	
18	Subtract line 17 from line 16	18	
19	Multiply line 8 by 0.3	19	
20	Add lines 3 and 4	20	
21	Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a	Cash portion of deductible amount - for Sch A line 11	a	
b	Non-cash portion of deductible amount - for Sch A line 12.	b	
22	Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23	
24	Add lines 6 and 7	24	
25	Subtract line 24 from line 23	25	
26	Multiply line 8 by 0.3	26	
27	Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28	Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2021

► Keep for your records

Name(s) Shown on Return
Jack B Hobson

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393-21-0718

Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)		8	5,718.
	Percentage of line 8	Used in Current Year	
a 60% AGI limit to line 9	3,431.	Less 0.	a 3,431.
b 50% AGI limit to line 12	2,859.	Less 0.	b 2,859.
c 30% AGI limit, Section C to line 19	1,715.	Less 0.	c 1,715.
d 30% AGI limit, Section D to line 26	1,715.	Less 0.	d 1,715.
e 20% AGI limit to line 35	1,144.	Less 0.	e 1,144.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a Cash portion of deductible amount - for Sch A line 11	a	
b Non-cash portion of deductible amount - for Sch A line 12	b	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

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Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals: _____				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2021 contributions							
2 2021 contributions allowed							
3 Carryovers from:							
a 2020 tax year		N/A					
b 2019 tax year		N/A					
c 2018 tax year		N/A					
d 2017 tax year		N/A					
e 2016 tax year		N/A					
4 Carryovers allowed in 2021		N/A					
5 Carryovers disallowed in 2021		N/A					
6 Carryovers to 2022:							
a From 2021.							
b From 2020.		N/A					
c From 2019.		N/A					
d From 2018.		N/A					
e From 2017.		N/A					
f From 2016.		N/A					

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 60%/50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Name(s) Shown on Return
Jack B Hobson

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

<p>1 Is your earned income* more than \$750?</p> <p><input checked="" type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,100</p>	<p>_____ ►</p>	<p>1</p>	<p>5,997.</p>
<p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$12,550 • Married filing jointly — \$25,100 • Head of household — \$18,800 	<p>_____ ►</p>	<p>2</p>	<p>12,550.</p>
<p>3 Standard deduction.</p>			
<p>3 a Enter the smaller of line 1 or line 2. 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 3b</p>		<p>3 a</p>	<p>5,997.</p>
<p>3 b If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,350 (\$1,700 if single or head of household)</p>		<p>3 b</p>	
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12</p>		<p>3 c</p>	<p>5,997.</p>

****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.*

Earned Income Worksheet**2021**

► Keep for your records

Name(s) Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	3,001.		3,001.
b Optional Method and Church Employee income			
c Add lines 1a and 1b	3,001.		3,001.
d One-half of self-employment tax	212.		212.
e Subtract line 1d from line 1c	2,789.		2,789.
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	2,789.		2,789.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	2,789.		2,789.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	2,858.		2,858.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	5,647.		5,647.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	5,647.		5,647.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	5,647.		5,647.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	2,789.		2,789.
16 Wages, salaries, tips, etc	2,858.		2,858.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	5,647.		5,647.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees	2,789.		2,789.
24 Wages, salaries, tips, etc	2,858.		2,858.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	5,647.		5,647.

► Keep for your records

Name(s) Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	59.
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	59.
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	59.

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	12.	12.
b	Less net gains from property not held for investment		
c	Net gains from property held for investment.	12.	12.
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	6.	6.
b	Less net capital gains from property not held for investment		
c	Net capital gains from property held for investment.	6.	6.

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8		
19	Less amount deducted on other forms and schedules:		
a	Deducted on Schedule E, page 2 for passthru entities		
b	Deducted on Schedule E, page 1 for royalties		
c	Other amounts deducted on other forms and schedules		
d	Total amount deducted on other forms and schedules		
20	Investment interest expense.		

Form 1040
Line 27

Earned Income Credit Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Jack B Hobson

Social Security Number
393-21-0718

- QuickZoom** to Schedule EIC ►
QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►
QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	2,858.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	2,858.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	2,789.
6	Medicaid Waiver Payments reported as nontaxable	6	
7	Earned income. Add lines 3, 4, 5, and 6	7	5,647.
8	Enter the credit, from the EIC Table , for the amount on line 7. Be sure to use the correct column for filing status and number of children.	8	
	If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.		
9	Enter your AGI from Form 1040, line 11	9	
10	If you have: <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$11,650 (\$17,600 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,550 (\$25,500 if married filing jointly)? <div> <input type="checkbox"/> Yes. Go to line 11 now. <input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 9. Be sure to use the correct column for filing status and number of children </div>	10	
11	Earned income credit. <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	11	

Enter line 11 amount on Form 1040, line 27.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- ☐ \$21,430 (\$27,380 if married filing jointly) without a qualifying child.
- ☐ \$42,158 (\$48,108 if married filing jointly) with one qualifying child.
- ☐ \$47,915 (\$53,865 if married filing jointly) with two qualifying children.
- ☐ \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- ☐ \$21,430 (\$27,380 if married filing jointly) without a qualifying child.
- ☐ \$42,158 (\$48,108 if married filing jointly) with one qualifying child.
- ☐ \$47,915 (\$53,865 if married filing jointly) with two qualifying children.
- ☐ \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children.
- 3 ☐ Investment income is more than \$10,000.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ **Without a qualifying child** - The married filing separate filing status is checked.
With a qualifying child - The married filing separate filing status is checked and taxpayer/spouse had the same principal residence for the last 6 months of 2021, and they did not live apart on 12/31 or had no written separation agreement or decree of separate maintenance.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, taxpayer (and spouse if filing joint) are under the minimum age to qualify for EIC.
(Information Worksheet, Part I)
- 8 ☒ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 ☐ Have qualifying children, but all are qualifying children of another person.
(Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2021.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2021?

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2021?

2 ☐ **Yes**, my dependents lived with me at this address.

☐ **No**, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2021.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>
Disqualified from Earned Income Credit.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Potential qualifying child count	▶	<u>0</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>0</u>

Schedule SE Adjustments Worksheet

2021

► Keep for your records

Name(s) Shown on Return Jack B Hobson		Social Security Number 393-21-0718	
	(a) Taxpayer	(b) Spouse	
QuickZoom to the Long Schedule SE ►	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>	
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .			
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).			
Part I Farm Profit or (Loss) Schedule SE, line 1			
1 Total Schedules F			
2 Farm partnerships, Schedules K-1			
3 Other SE farm profit or (loss) (See Help)			
4 Less SE exempt farm profit or (loss) (See Help)			
5 Total for Schedule SE, line 1			
6 Conservation Reserve Program payments not subject to self- employment tax reported on:			
a Schedule F, line 4b			
b Schedule K-1 (Form 1065), box 20, code AH			
c Total CRP payments not subject to SE tax			
Part II Nonfarm Profit or (Loss) Schedule SE, line 2			
1 a Total Schedules C	3,001.		
b Less SE exempt Schedules C (approved Form 4361)			
2 Nonfarm partnerships, Schedules K-1			
3 Forms 6781			
4 Other SE income reported as income on Form 1040, line 7			
5 a Clergy Form W-2 wages			
b Clergy housing allowance			
c Less clergy business deductions			
d QuickZoom to the Explanation statement for entry on line 5c.			
6 Other SE nonfarm profit or (loss) (See Help)			
7 Less other SE exempt nonfarm profit or (loss) (See Help)			
8 Total for Schedule SE, line 2	3,001.		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .			
Part III Farm Optional Method Schedule SE, page 2, Part II			
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross farm income from Schedules F			
3 Gross farming or fishing income from partnership Schedules K-1 . .			
4 Other gross farming or fishing self-employment income			
5 Total gross income for Farm Optional Method			
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II			
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross nonfarm income from Schedules C			
3 Gross nonfarm income from partnership Schedules K-1			
4 Other gross nonfarm self-employment income			
5 Total gross income for Nonfarm Optional Method			

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2021

► Keep for your records

Name(s) Shown on Return Jack B Hobson		Social Security Number 393-21-0718	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends. 59.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c	59.	0.	59.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	59.		59.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT 6.			
b Enter the gain from line 16 of Schedule D as refigured for the AMT 12.			
c Enter the smaller of line 7a or line 7b	6.		6.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	6.	0.	6.
10 Add lines 6 and 9	65.		65.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT 0.			
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			65.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	-279.
2	Additions to income	2	
3	Add lines 1 and 2	3	-279.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	-279.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	5,718.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	5,718.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	5,146.
6	Enter ATNOL carried to 2020 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	12.	12.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$752,800:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$57,300	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$73,600 if single or head of household, \$114,600 if married filing jointly or qualifying widow(er), \$57,300 if married filing separately	1	73,600.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	5,718.
3	Enter \$523,600 if single or head of household, \$1,047,200 if married filing jointly or qualifying widow(er), \$523,600 if married filing separately	3	523,600.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	73,600.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2021

► Keep for your records

Name(s) Shown on Return Jack B Hobson		Social Security Number 393-21-0718	
1	Enter the amount from Form 6251, line 6	1	
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a	
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c	3	
4	Tax on the amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	

► Keep for your records

Child's Name as Shown on Return

Child's Social Security Number

Line 1 - Child's Net Unearned Income

1	Enter the amount from the child's Form 1040 or 1040-NR, line 9 <i>Note: If the child has claimed a loss from self-employment, a foreign earned income exclusion, or a net operating loss carryover to 2021, skip lines 2 and 3 and go to line 4.</i>	1	
2 a	Enter the total of the amount(s) reported on Form 1040, line 1, Schedule 1, lines 3 and 6; or Form 1040-NR, line 1a	2 a	
b	Enter any other earned income not included on line 2a	b	
c	Enter any penalty on early withdrawals from savings, from Form 1040 or 1040-NR	c	
3	Subtract the amounts on lines 2a through 2c from the amount on line 1. Enter the result here and on Form 8615, line 1. Do not complete lines 4 through 7	3	
4	Enter the following amounts as Positive numbers:		
a	Loss from self-employment, from Schedule C or Schedule F	4 a	
b	Foreign housing and earned income exclusion, from Form 2555	b	
c	Net operating loss carryover to 2021, from Form 1040 or Form 1040-NR	c	
d	Add lines 4a through 4c	d	
5	Add lines 1 and 4d	5	
6 a	Enter the amount from the child's Form 1040, line 1 or 1040-NR, line 1a	6 a	
b	Enter the amount from the child's Schedule 1 (Form 1040), line 3. Enter -0- if less than zero	b	
c	Enter the amount from the child's Schedule 1 (Form 1040), line 6. Enter -0- if less than zero	c	
d	Enter any other earned income not included on lines 6a through 6c	d	
e	Enter any penalty on early withdrawal from savings, from Form 1040 or 1040-NR	e	
7	Subtract the amounts on lines 6a through 6e from the amount on line 5. Enter the result here and on Form 8615, line 1	7	

Line 2 - Child's Investment Deductions

8	If the child itemized deductions on Schedule A (Form 1040 or Form 1040-NR), enter the amount from Schedule A (Form 1040), line 17, or Schedule A (Form 1040-NR), line 8	8	
9	Enter the portion of the amount on line 8 that is directly connected with the production of the child's investment income	9	
a	Enter the child's itemized deductions directly connected with the production of the child's qualified dividends and net capital gain		
10	Add \$1,100 to the amount on line 9	10	
11	Enter the greater of the amount on line 10 or \$2,200. Also enter this amount on Form 8615, line 2	11	

Line 5 - Qualified Dividends and Net Capital Gain Worksheets**Form 8615 Line 5 - Worksheet 1**

Use this worksheet only if line 2 of **your** Form 8615 is \$2,200
and lines 3 and 5 are the same amount

A	Enter the child's qualified dividends		
B	Enter the child's net capital gain		
C	Enter the amount from your Form 8615, line 1		
D	Divide line A by line C. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000		
E	Divide line B by line C. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000		
F	Multiply \$2,200 by line D		
G	Multiply \$2,200 by line E		
H	Qualified dividends on Form 8615, line 5. Subtract line F from Line A. (but do not enter less than zero or more than the amount on Form 8615, line 5)		
I	Net capital gain on Form 8615, line 5 Subtract line G from Line B. (but do not enter less than zero or more than the excess of Form 8615, line 5 over line H of this worksheet).		

Form 8615 Line 5 - Worksheet 2

Use this worksheet only if line 2 of **your** Form 8615 is **more** than \$2,200
and lines 3 and 5 of your Form 8615 are the same amount

A	Enter the child's qualified dividends		
B	Enter the child's net capital gain		
C	Add lines A and B		
D	Divide line A by line C (enter as a decimal rounded to at least three places)		
E	Enter the child's itemized deductions directly connected with the production of the child's qualified dividend's and net capital gain		
F	Multiply line D by Line E		
G	Subtract line F from line E.		
H	Subtract line G from line B		
I	Subtract line F from line A.		
J	Enter the amount from your Form 8615, line 1		
K	Divide line A by line J. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000		
L	Divide line B by line J. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000 minus the amount on line K.		
M	Multiply \$1,100 by line K		
N	Multiply \$1,100 by line L.		
O	Qualified dividends on Form 8615, line 5. Subtract line M from line I. (but do not enter less than zero or more than the amount on Form 8615, line 5)		
P	Net capital gain on Form 8615, line 5 Subtract line N from line H. (but do not enter less than zero or more than the excess of Form 8615, line 5 over line O of this worksheet).		

Form 8615 Line 5 - Worksheet 3

Use this worksheet only if **your** Form 8615, line 5 is **less** than line 3

A	Enter the child's qualified dividends		
B	Enter the child's net capital gain		
C	Add line A and line B		
D	Divide line A by line C		
E	Enter the result as a decimal (rounded to at least three places).		
F	If the child itemized deductions, enter the child's itemized deductions directly connected with the production of the child's income on line C		
G	Multiply line D by line E		
H	Subtract line F from line E.		
I	Subtract line G from line B		
J	Subtract line F from line A.		
K	If the child itemized deductions, enter the child's itemized deductions not directly connected with the production of the income on line C of this worksheet. Otherwise, enter the child's standard deduction.		
L	Add line J and line K.		
M	Enter the child's adjusted gross income (Form 1040 or 1040-NR), line 11		
N	Divide line C by line M.		
O	Multiply line L by line N		
P	Multiply line O by line D		
Q	Subtract line P from line O		
R	Qualified dividends on Form 8615, line 5. Subtract line Q from line I (but do not enter less than zero or more than the amount on Form 8615, line 5)		
S	Net capital gain on Form 8615, line 5 Subtract line R from line H (but do not enter less than zero or more than the excess of Form 8615, line 5 over line R of this worksheet).		

Federal Carryover Worksheet

2021

► Keep for your records

Name(s) Shown on Return Jack B Hobson	Social Security Number 393-21-0718
--	---------------------------------------

2020 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
WI			22.		22.	
Totals . .			22.		22.	

2020 State Extension Information

(a) State	(b) Paid With Extension

2020 Locality Extension Information

(a) Locality	(b) Paid With Extension

2020 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2020 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2020 State Taxes Due Information

(a) State	(e) Paid With Return

2020 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2020 State Refund Applied Information

(a) State	(g) Applied Amount

2020 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2020 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
WI	22.	22.

2020 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Jack B Hobson

393-21-0718

Other Tax and Income Information			2020	2021
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	22.	59.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	959.	5,718.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	424.
7	Alternative minimum tax	7		
8 a	Federal overpayment applied to next year estimated tax	8 a		
b	Federal extension payment for 2020 return	b		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2020	2021
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2020	2021
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2021	a		
	b 2020	b		
	c 2019	c		
	d 2018	d		
	e 2017	e		
	f 2016	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2021	a		
	b 2020	b		
	c 2019	c		
	d 2018	d		
	e 2017	e		
	f 2016	f		

Credit Carryovers				2020	2021
18	General business credit			18	
19	Adoption credit from:	a	2021	19 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
		e	2017	e	
		f	2016	f	
20	Mortgage interest credit from:	a	2021	20 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2020	2021
24	Section 179 expense deduction disallowed			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					
27	2021 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2021					
b	2020					
c	2019					
d	2018					
e	2017					
28	Amount overpaid less earned income credit					22.

Qualified Business Income Deduction (Section 199A) carryovers

Qualified Business Income Deduction (Section 199A) carryovers				2020	2021
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		
		2020	b		

2020 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Jack B Hobson

Social Security Number
393-21-0718

Description	Amount
Income	
Wages	2,858.
Interest income before Series EE bond exclusion	
Dividend income	59.
Tax refund	0.
Alimony received	
Nonpassive business income or loss	3,001.
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	12.
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	5,930.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	5,930.

Two-Year Comparison

2021

Name(s) Shown on Return

Jack B Hobson

Social Security Number

Income	2020	2021	Difference	%
Wages, salaries, tips, etc	959.	2,858.	1,899.	198.02
Interest and dividend income		59.	59.	
State tax refund	0.	0.	0.	
Business income (loss)		3,001.	3,001.	
Capital and other gains (losses)		12.	12.	
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	959.	5,930.	4,971.	518.35
Adjustments to Income		212.	212.	
Adjusted Gross Income	959.	5,718.	4,759.	496.25
Itemized Deductions				
Medical and dental				
Income or sales tax	22.	59.	37.	168.18
Real estate taxes				
Personal property and other taxes		0.	0.	
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	22.	59.	37.	168.18
Standard or Itemized Deduction	1,309.	5,997.	4,688.	358.14
Qualified Business Income Deduction		0.	0.	
Taxable Income	0.	0.	0.	
Income tax	0.	0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	0.	0.	0.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax		424.	424.	
Other taxes				
Total Tax After Credits	0.	424.	424.	
Withholding	22.	52.	30.	136.36
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	22.	52.	30.	136.36
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	22.		-22.	-100.00
Balance Due		372.	372.	

Current year effective tax rate 0.00 %

Tax Summary
► Keep for your records

2021

Name (s)

Jack B Hobson

Total income	5,930.
Adjustments to income	212.
Adjusted gross income	5,718.
Itemized/standard deduction	5,997.
Qualified business income deduction	0.
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	424.
Total tax	424.
Total payments	52.
Estimated tax penalty	
Amount Overpaid	0.
Refund	0.
Amount Applied to Estimate	0.
Balance due	372.

2021

Social Security No.
393-21-0718

- 1 Can you be claimed as a dependent on another person's 2021 return?
☐ **No.** Go to line 2
☒ **Yes. Stop.** You can't take the credit. Don't complete the rest of this worksheet
- 2 Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?
☐ **Yes.** Go to line 6
☐ **No.** If you are filing a joint return, go to line 3.
If you aren't filing a joint return, go to line 5.
- 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 social security number that was issued on or before the due date of your 2021 return (including extensions)?
☐ **Yes.** Your credit is not limited. Go to line 6.
☐ **No.** Go to line 4.
- 4 Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
☐ **Yes.** Your credit is limited. Go to line 6.
☐ **No.** Go to line 5
- 5 Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?
☐ **Yes.** Enter 0 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 amount on Form 1040, line 30.
- 6 Enter:
 - \$1,400 if single, head of household, married filing separately, qualifying widow(er).
 - \$1,400 if married filing jointly and you answered "Yes" to question 4, or
 - \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3
- 7 Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including identification number
- 8 Add lines 6 and 7
- 9 Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
 - Single or married filing separately-\$75,000
 - Married filing jointly or qualifying widow(er)-\$150,000
 - Head of household-\$112,500☐ **Yes.** Enter the 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
- 10 Is line 9 more than the amount shown below for your filing status?
 - Single or married filing separately-\$80,000
 - Married filing jointly or qualifying widow(er)-\$160,000
 - Head of household-\$120,000☐ **Yes. Stop.** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.
☐ **No.** Subtract line 9 from the amount shown above for your filing status. . . .
- 11 Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
 - Single or married filing separately-\$5,000
 - Married filing jointly or qualifying widow(er)-\$10,000
 - Head of household-\$7,500
- 12 Multiply line 8 by line 11.
- 13 Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here . . .
- 14 **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.

6

7

8

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Compare to U. S. Averages

► Keep for your records

2021

Name(s) Shown on Return Jack B Hobson	Social Security No 393-21-0718
--	-----------------------------------

Your 2021 adjusted gross income (AGI) 5,718.
National adjusted gross income range used below from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	2,858.	9,015.
Taxable interest		1,255.
Tax-exempt interest		6,434.
Dividends	59.	2,658.
Business net income less loss	3,001.	8,266.
Net capital gain	12.	10,460.
Net capital loss		2,383.
Taxable IRAs pensions and annuities		6,238.
Rent and royalty net income less loss		7,381.
Partnership and S corporation net income less loss		21,621.
Taxable social security benefits		2,754.
Medical and dental expenses deduction		9,699.
Taxes paid deduction	59.	3,959.
Interest paid deduction		6,572.
Charitable contributions deduction		1,641.
Total itemized deductions	59.	16,617.
Child care credit		97.
Education tax credits		251.
Child tax credit		234.
Retirement savings contributions credit		155.
Earned income credit		1,954.
Other Information	Actual Per Return	National Average
Adjusted gross income	5,718.	1,715.
Taxable income	0.	2,776.
Income tax	0.	314.
Alternative minimum tax		29,833.
Total tax liability	424.	544.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Jack B Hobson

Primary SSN: 393-21-0718

Federal Return Submitted: _____

Federal Return Acceptance Date: _____

Your return has not been electronically transmitted yet

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight . Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on , your Intuit electronic postmark will indicate , 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before , and a corrected return is submitted and accepted before . If your return is submitted after , a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight . If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before , and the corrected return is submitted and accepted by

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Civista Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	Free option with your purchase of a Tax Product ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2021

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐

Preparer Tax ID # (PTIN) _____

NY Tax Preparer Registration # _____ or NY Exclusion Code _____

For NM, OR Preparers Only: State ID# _____

Preparer E-mail _____ Print date on return? ☐

Preparer Phone _____ CAF # _____

Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
- ☐ File **state** returns electronically
- ☐ File **other** returns electronically

Select state returns to file electronically:

State(s)

Select other returns to file electronically:

Other Return(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
- ☐ State return printed and mailed to state agency
- ☐ Other return printed and mailed

Select state returns to file by mail:

State(s)

Select other returns to file by mail:

Other Return(s)

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- ☐ File **federal** amended return(s) electronically
- ☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal amended return printed and mailed
- ☐ State amended return printed and mailed

Select state amended return(s) to file by mail:

State(s)

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

☐ Sign return electronically using Practitioner PIN

☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)

☐ Taxpayer(s) entered own PIN(s)

☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers).

Spouse's PIN filing a joint return (enter any 5 numbers)

Date PIN entered.

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

	Driver's license
	State issued identification card
	Passport
	Account statement from financial institution
	Utility billing statement
	Credit card billing statement

	To indicate a client return download in FnF
	New Finish and File enabled

[illegible]

Please fill out the survey at the link below to help us better understand your experience working with the tax optimization features.

<https://forms.gle/ugi2CxnyuAXNW2Kb7>

Suggestions For Customer

Suggestion ID	Suggestion
0000	No pilot project expert suggestion was determined for this customer

[illegible]

Pro Notes About Suggestions

Suggestion ID	Suggestion
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[illegible]

Smart Worksheets From 2021 Federal Tax Return

SMART WORKSHEET FOR: Schedule C (Delivery driver): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address. . . 830 Franklin St

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Wausau WI 54403-4912

Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (Delivery driver): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>			
A	QBI worksheet to report (double-click to link)	▶	Jack B Hobson
B	Trade or Business Name	Jack B Hobson	
C	Trade or Business ID Number		
D 1	Is this a Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	If No, is income attributable to a SSTB? (see Help)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	QBI worksheet for SSTB income (this will auto-populate if Yes)		
4	Percentage of qualified income attributable to SSTB		
E 1	Tentative Sch C profit (loss) from this business	3,001.	
2	Adjustments to qualified business income	0.	
3	Tentative Sch C profit (loss) from qualified business	3,001.	
4 a	Calculated QBI allowed after passive/at-risk limits	3,001.	
b	Adjustments to allowed QBI		
c	Allowable QBI after loss limits	3,001.	
5	Self employed deductions connected to this business		
a	Self employed health insurance for this business		
b	Total deduction for 1/2 self employment tax	212.	
c	Deduction for 1/2 S.E. tax connected to this business	212.	
d	Total deduction for S.E. retirement contributions		
e	S.E. retirement deduction connected to this business		
	Total self employed deductions connected to this business	212.	
6	Sch C profit (loss) after S.E. deductions	2,789.	
7	Additional deductions related to this business reported on separate schedules		
8	Net profit (loss) after adjustments, limitations, and deductions	2,789.	
9	Allowable Sch C profit (loss) allocated to SSTB	0.	
10	Allowable Sch C profit (loss) from this business	2,789.	
F 1	Ordinary gain (loss) from business assets	0.	
2	Ordinary gain (loss) adjustments		
3	Qualified ordinary gain (loss)	0.	
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable short-term qualified gain (loss) after passive/at-risk limits	0.	
5	Allowable ordinary gain (loss) allocated to SSTB	0.	
6	Allowable ordinary gain (loss)/recapture from this business	0.	
G 1	Section 1231 gain (loss) from business assets	0.	
2	Section 1231 gain (loss) adjustments		
3	Section 1231 gain (loss) from qualified business	0.	
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable ordinary 1231 qualified gain (loss)	0.	
5	Allowable ordinary 1231 gain (loss) allocated to SSTB	0.	
6	Allowable ordinary 1231 gain (loss) from this business	0.	

SMART WORKSHEET FOR: Schedule C (Delivery driver): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	2,789.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	
b Adjustments to previously disallowed losses	
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wksht for previously disallowed losses, if present	
I 1 Tentative wages	0.
2 Adjustments	
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	0.
2 Adjustments	
3 Qualified UBIA	0.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	
2 Wages allocable to qualified payments from coop	
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . .	
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . .	

SMART WORKSHEET FOR: Schedule C (Delivery driver): Profit or Loss from Business

Carryovers to 2021 Smart Worksheet, Continued		
	Regular Tax	QBI
Disallowed Section 179 Deduction by Year		
Before 2018 . . . A Section 179 carryover.		0.
2018 B Section 179 carryover.		
2019 C Section 179 carryover.		
2020 D Section 179 carryover.		
Disallowed At-Risk Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		
Disallowed Passive Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		

SMART WORKSHEET FOR: Schedule C (Delivery driver): Profit or Loss from Business

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	<u>Taxpayer</u>		
B At risk status	<u>All</u>		
C Passive status	<u>Nonpassive</u>		
Schedule C			
D Tentative profit (loss)	3,001.	3,001.	3,001.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	3,001.	3,001.	3,001.
Related Dispositions			
J Tentative profit (loss)		0.	
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed		0.	

SMART WORKSHEET FOR: Schedule C (Delivery driver): Profit or Loss from Business

QBI (Section 199A) Losses by Year Smart Worksheet, Continued			
At-risk losses		Regular Tax	QBI
Previously disallowed at-risk losses by year			
Operating Loss	1 Total loss in 2021		
	2 Total allowed loss (all years)		
	3 Allowed loss in 2021		
	4 Freed up loss from before 2018		
	5 Freed up loss from 2018		
	6 If SSTB, reduced loss from 2018		
	7 Freed up loss from 2019		
	8 If SSTB, reduced loss from 2019		
	9 Freed up loss from 2020		
	10 If SSTB, reduced loss from 2020		
Form 4797 ordinary loss	11 Total loss in 2021		
	12 Total allowed loss (all years)		
	13 Allowed loss in 2021		
	14 Freed up loss from before 2018		
	15 Freed up loss from 2018		
	16 If SSTB, reduced loss from 2018		
	17 Freed up loss from 2019		
	18 If SSTB, reduced loss from 2019		
	19 Freed up loss from 2020		
	20 If SSTB, reduced loss from 2020		
Form 4797 long term loss	21 Total loss in 2021		
	22 Total allowed loss (all years)		
	23 Allowed loss in 2021		
	24 Freed up loss from before 2018		
	25 Freed up loss from 2018		
	26 If SSTB, reduced loss from 2018		
	27 Freed up loss from 2019		
	28 If SSTB, reduced loss from 2019		
	29 Freed up loss from 2020		
	30 If SSTB, reduced loss from 2020		
At-risk loss carryforwards to 2022			
Before 2018	A Operating loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		

SMART WORKSHEET FOR: Schedule C (Delivery driver): Profit or Loss from Business

QBI (Section 199A) Losses by Year Smart Worksheet, Continued		
Passive losses	Regular Tax	QBI
Previously disallowed passive losses by year		
Operating Loss		
1 Total loss in 2021		
2 Total allowed loss (all years)		
3 Allowed loss in 2021		
4 Freed up loss from before 2018		
5 Freed up loss from 2018		
6 If SSTB, reduced loss from 2018		
7 Freed up loss from 2019		
8 If SSTB, reduced loss from 2019		
9 Freed up loss from 2020		
10 If SSTB, reduced loss from 2020		
Form 4797 ordinary loss		
11 Total loss in 2021		
12 Total allowed loss (all years)		
13 Allowed loss in 2021		
14 Freed up loss from before 2018		
15 Freed up loss from 2018		
16 If SSTB, reduced loss from 2018		
17 Freed up loss from 2019		
18 If SSTB, reduced loss from 2019		
19 Freed up loss from 2020		
20 If SSTB, reduced loss from 2020		
Form 4797 long term loss		
21 Total loss in 2021		
22 Total allowed loss (all years)		
23 Allowed loss in 2021		
24 Freed up loss from before 2018		
25 Freed up loss from 2018		
26 If SSTB, reduced loss from 2018		
27 Freed up loss from 2019		
28 If SSTB, reduced loss from 2019		
29 Freed up loss from 2020		
30 If SSTB, reduced loss from 2020		
Passive loss carryforwards to 2022		
Before 2018		0.
A Operating Loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018		
D Operating Loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019		
G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020		
J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		
2021		
M Operating loss		
N Form 4797 ordinary loss		
O Form 4797 long-term loss		

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A	Tax 0.
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814
C	Additional tax from Form 4972
D	Tax from additional Form(s) 4972
E	Recapture tax from Form 8863
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative
H	Additional tax from Form 8621
I	Tax. Add lines A through G. Enter the result here and include in tax below. 0.
J	Form 8621 tax deferral from line 9c (to line 24)

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . .	<input type="checkbox"/>
Marital Status	
Filing Status Selected	

SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

Additional Other Income Allocation Smart Worksheet						
<i>* Enter the state of source for this income (See Tax Help) ▼</i>						
	Federal Amount	Residency Info		Res St	* Src St	Allocated Amount
		From mm/dd	To mm/dd			
Y Not-for-profit (hobby) income . . T						
Not-for-profit (hobby) income . . S						
Z Stock options T						
Stock options S						
AA Miscellaneous other income . . T						
Miscellaneous other income . . S						

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet			
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>			
A	Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B	QBI worksheet to report ▶		
C	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D	I am not a statutory employee	<input type="checkbox"/>	

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>	
A	Is this activity a qualified trade or business under Section 199A? <input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report ▶ _____
C	Specified Service Trade or Business (SSTB)? <input type="checkbox"/> Yes <input type="checkbox"/> No
D	I am not a statutory employee <input type="checkbox"/>

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>			
A	Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
B	QBI worksheet to report	▶	
C	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
D	I am not a statutory employee	<input type="checkbox"/>	

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Social Security Benefits Worksheet

Earlier Year Lump-Sum Benefits Smart Worksheet	
If you received a lump-sum payment that includes benefits for one or more earlier years after 1983, QuickZoom to the Earlier Year Lump-Sum Social Security Worksheet to enter lump-sum payment for an earlier year(s) ▶	
If earlier year payments are entered, check this box to not make the lump-sum election ▶ <input type="checkbox"/>	

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☒

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on line 5a below _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on line 6a below _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on line 7a below _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet	
QuickZoom to enter nontaxable combat pay on Form W-2 ►	
A Taxpayer:	
1 Taxpayer, nontaxable combat pay	_____
1a Taxpayer, prior year nontaxable combat pay from 2019	_____
2 Election for earned income credit (EIC):	
Elect taxpayer's nontaxable combat pay as earned income for EIC?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
Elect taxpayer's nontaxable combat pay as earned income for DCB?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1 Spouse, nontaxable combat pay	_____
1a Spouse, prior year nontaxable combat pay from 2019	_____
2 Election for earned income credit (EIC):	
Elect spouse's nontaxable combat pay as earned income for EIC?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
Elect spouse's nontaxable combat pay as earned income for DCB?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment _____	Amount due <u>372.</u>

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet	
Election to use 2019 earned income for Earned Income Credit	
The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.	
A Elect to use 2019 earned income for EIC	► <input type="checkbox"/> Yes <input type="checkbox"/> No
B Earned income for EIC from your 2019 return	2,235.
C Current year earned income for EIC	5,647.
If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.	
D You may compare the tax benefit of electing to use 2021 Earned Income by checking the boxes on line A	
Overpayment _____	Amount due <u>372.</u>

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income <u>59.</u>
C	Capital gain net income <u>12.</u>
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u>71.</u>
Is line H, total investment income over \$10,000?	
<input checked="checked" type="checkbox"/>	No. You may take the credit.
<input type="checkbox"/>	Yes. Stop. You cannot take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Age Requirements Smart Worksheet	
Filers without a qualifying child have certain age requirements. Answer the questions below:	
<input type="checkbox"/>	Taxpayer is a qualified former foster youth, or a qualified homeless youth
<input type="checkbox"/>	Spouse is a qualified former foster youth, or a qualified homeless youth
<p>You qualify as a specified student if you were enrolled in a program that leads to a degree, certificate, or other recognized educational credential and carried at least one-half the normal workload for your course of study during at least 5 calendar months of the year. For purposes of determining whether you were enrolled during at least 5 calendar months, count any month during which you were enrolled for at least part of the month. The 5 months do not need to be consecutive.</p>	
<input type="checkbox"/>	Taxpayer qualifies as a specified student for EIC purposes when filing without a qualifying child
<input type="checkbox"/>	Spouse qualifies as a specified student for EIC purposes when filing without a qualifying child

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Married Filing Separately Smart Worksheet (with one or more qualifying child)	
MFS filers with a qualifying child have additional requirements. Answer the questions below:	
Did you and your spouse have the same principal residence for the last 6 months of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you lived apart from your spouse at the end of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	

For the year Jan. 1-Dec. 31, 2021, or other tax year

beginning _____, 2021 ending _____, 20____.

Note

Check here if an amended return ☐

DO NOT STAPLE

See page 5 before assembling return

Your legal last name HOBSON		Legal first name JACK		M.I. B	Your social security number 393210718
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. 830 FRANKLIN ST				Apt. no.	
City or post office WAUSAU		State WI	Zip code 54403-4912		
Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here				Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2021. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town EAU CLAIRE County of EAU CLAIRE School district number See page 43 1554	
<input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12). If married, fill in spouse's SSN above and full name here				Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 9)	

Use **BLACK Ink** ● Print numbers like this → **0 1 2 3 4 5 6 7 8 9** Not like this → **Ø 1 4 7** ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 12)	1	5718.00
	Form W-2 wages included in line 1		2858.00
2	Total additions to income from Schedule AD, line 33. Enclose Schedule AD (see page 13)	2	.00
3	Add lines 1 and 2	3	5718.00
4	Total subtractions from income from Schedule SB, line 51. Enclose Schedule SB (see page 13) Enter as a positive number	4	2.00
5	Subtract line 4 from line 3. This is your Wisconsin income	5	5716.00
6	Standard deduction. See table on page 34, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input checked="" type="checkbox"/>	6	5997.00
7	Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0	7	0.00
8	Exemptions (Caution: See page 14)		
a	Fill in exemptions allowed 0 x \$700 ...	8a	0.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = x \$250 ...	8b	.00
c	Add lines 8a and 8b	8c	0.00
9	Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income	9	0.00
10	Tax (see table on page 36)	10	0.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

11	Itemized deduction credit. Enclose Schedule 1, page 4	11	_____	.00
12	School property tax credit			
a	Rent paid in 2021 – heat included _____	0.00	} Find credit from table page 17. . .	12a _____
	Rent paid in 2021 – heat not included _____	0.00		
b	Property taxes paid on home in 2021 _____	0.00	Find credit from table page 19 . . .	12b _____
				0.00
13	Working families tax credit (see page 19)	13	_____	0.00
14	Married couple credit. Enclose Schedule 2, page 4	14	_____	.00
15	Nonrefundable credits from line 34 of Schedule CR	15	_____	.00
16	Net income tax paid to another state. Enclose Schedule OS . . .	16	_____	.00
17	Add lines 11 through 16	17	_____	0.00
18	Subtract line 17 from line 10. If line 17 is larger than line 10, fill in 0. This is your net tax.	18	_____	0.00
19	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22)	19	_____	.00
	If you certify that no sales or use tax is due, check here		▶ <u> X </u>	
20	Donations (decreases refund or increases amount owed)			
a	Endangered resources _____	0.00	e	Military family relief
				0.00
b	Cancer research	0.00	f	Second Harvest/Feeding Amer. _____
				0.00
c	Veterans trust fund	0.00	g	Red Cross WI Disaster Relief _____
				0.00
d	Multiple sclerosis	0.00	h	Special Olympics Wisconsin _____
				0.00
	Total (add lines a through h) . . . ▶	20i	_____	0.00
21	Penalties on IRAs, retirement plans, MSAs, etc. (see page 23)00	x .33 =	21 _____
				.00
22	Other penalties (see page 24)	22	_____	.00
23	Add lines 18, 19, 20i, 21 and 22	23	_____	0.00
24	Wisconsin tax withheld. Enclose withholding statements	24	_____	59.00
25	2021 estimated tax payments and amount applied from 2020 return	25	_____	.00
26	Earned income credit. Number of qualifying children . . ▶ _____			
	Federal credit.00	x _____ % =	26 _____
				.00
27	Farmland preservation credit. a Schedule FC, line 17	27a	_____	.00
	b Schedule FC-A, line 13	27b	_____	.00
28	Repayment credit (see page 26)	28	_____	.00

NOTE: You must use your 2021 earned income (see page 25).



Name(s) shown on Form 1		Your social security number	
JACK B HOBSON		393210718	
NO COMMAS; NO CENTS			
29	Homestead credit. Enclose Schedule H or H-EZ	29	.00
30	Eligible veterans and surviving spouses property tax credit . .	30	.00
31	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	31	.00
32	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	32	.00
33	Add lines 24 through 32	33	59 .00
34	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	34	.00
35	Subtract line 34 from line 33	35	59 .00
36	If line 35 is larger than line 23, subtract line 23 from line 35. This is the AMOUNT YOU OVERPAID	36	59 .00
37	Amount of line 36 you want REFUNDED TO YOU	37	59 .00
38	Amount of line 36 you want APPLIED TO YOUR 2022 ESTIMATED TAX	38	0 .00
39a	If line 35 is smaller than line 23, subtract line 35 from line 23. This is the AMOUNT YOU OWE . Paper clip payment to front of return	39a	.00
39b	Interest (see page 30)	39b	.00
40	Underpayment interest. Fill in exception code-See Sch. U _____ Also include on line 39a (see page 31)	40	.00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 32)? ☐ **Yes** Complete the following. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>



Paper clip copies of your federal income tax return and schedules to this return.
Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
			7153709329
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)

I-010ai

Mail your return to: Wisconsin Department of Revenue
 If tax due.....PO Box 268, Madison WI 53790-0001
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 15)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions.	1	.00
2	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	.00
4	Casualty losses from federal Schedule A (Form 1040)	4	.00
5	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 6 on page 1 of Form 1.	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	0 .00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	9	.00

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00	.00
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	.00	.00
3 Combine lines 1 and 2. This is earned income. 3	.00	.00
4 Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income 4	.00	.00
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	.00	.00
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. 6		.00
7 Rate of credit is .03 (3%). 7		x .03
8 Multiply line 6 by line 7. Fill in here and on line 14 on page 2 of Form 1 8		.00

Do not fill in more than \$480.



Name
JACK B HOBSONSocial Security Number
393210718**See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.****Subtractions from Income**

1	Taxable refund of state income tax (from line 1 of federal Schedule 1)	1	.00
2	United States government interest	2	.00
3	Unemployment compensation	3	.00
4	Social security adjustment	4	.00
5	Capital gain/loss subtraction	5	2.00
6	Medical care insurance	6	.00
7	Long-term care insurance	7	.00
8	Tuition and fee expenses	8	.00
9	Private school tuition	9	.00
10	Contributions to an Edvest or Tomorrow's Scholar college savings account	10	.00
11	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	11	.00
12	Child and dependent care expenses	12	.00
13	Military and uniformed services retirement benefits	13	.00
14	Local and state retirement benefits	14	.00
15	Federal retirement benefits	15	.00
16	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	16	.00
17	Retirement income subtraction	17	.00
18	Reserve or National Guard members	18	.00
19	U.S. Armed Forces active duty pay	19	.00
20	Combat zone related death	20	.00
21	Adoption expenses	21	.00
22	Contributions to ABLE accounts	22	.00
23	Disability income exclusion	23	.00
24	Wisconsin net operating loss deduction	24	.00
25	Farm loss carryover	25	.00
26	Native Americans	26	.00
27	Sale of business assets or assets used in farming to a related person	27	.00
28	Recoveries of federal itemized deductions	28	.00
29	Repayment of income previously taxed	29	.00
30	Add lines 1 through 29. Enter here and on line 31, page 2	30	2.00



Name JACK B HOBSON	Social Security Number 393210718
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31 Enter amount from line 30 on page 1	31	2.00
32 Human organ donation	32	.00
33 Expenses paid to related entities	33	.00
34 Income from a related entity	34	.00
35 Legislator's per diem	35	.00
36 Sales of certain insurance policies	36	.00
37 Physician or psychiatrist grant	37	.00
38 Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	38	.00
39 AmeriCorps education awards	39	.00
40 Differences in federal and Wisconsin basis of assets	40	.00
41 Differences in federal and Wisconsin basis of partnership interest prior to 1975	41	.00
42 Differences in federal and Wisconsin reporting of marital property (community) income	42	.00
43 Charitable contributions from tax-option (S) corporations (list and provide amount)		
a Name _____		
FEIN _____	Amount 43a _____	.00
b Name _____		
FEIN _____	Amount 43b _____	.00
c Name _____		
FEIN _____	Amount 43c _____	.00
d Add lines 43a through 43c	43d	.00
44 Tax-option (S) corporation adjustments. Do not include adjustments listed on line 47 (list and provide amount)		
a Name _____		
FEIN _____	Amount 44a _____	.00
b Name _____		
FEIN _____	Amount 44b _____	.00
c Name _____		
FEIN _____	Amount 44c _____	.00
d Add lines 44a through 44c	44d	.00
45 Add lines 31 through 42, 43d and 44d. Enter here and on line 46, page 3	45	2.00



Name JACK B HOBSON	Social Security Number 393210718
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46 Enter amount from line 45 on page 2 **46** 2.00

47 Tax-option (S) corporation entity level tax election adjustments (list and provide amount)

a Name _____
FEIN _____ Amount **47a** .00

b Name _____
FEIN _____ Amount **47b** .00

c Name _____
FEIN _____ Amount **47c** .00

d Add lines 47a through 47c **47d** .00

48 Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 49 (list and provide amount)

a Name _____
FEIN _____ Amount **48a** .00

b Name _____
FEIN _____ Amount **48b** .00

c Name _____
FEIN _____ Amount **48c** .00

d Add lines 48a through 48c **48d** .00

49 Partnership entity level tax election adjustments (list and provide amount)

a Name _____
FEIN _____ Amount **49a** .00

b Name _____
FEIN _____ Amount **49b** .00

c Name _____
FEIN _____ Amount **49c** .00

d Add lines 49a through 49c **49d** .00

50 Other subtractions from income (list and provide amount)

a _____ Amount **50a** .00

b _____ Amount **50b** .00

c _____ Amount **50c** .00

d Add lines 50a through 50c **50d** .00

51 Add lines 46, 47d, 48d, 49d, and 50d. This is your total subtraction from income. Enter on Form 1, line 4 **51** 2.00



Schedule **WD**Wisconsin
Department of Revenue**Capital Gains and Losses**

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

2021

Name(s) shown on Form 1 or Form 1NPR

JACK B HOBSON

Your social security number

393-21-0718

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	73.00	67.00	.00	6.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2020 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	6.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	.00	.00	.00	.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824			12	.00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
14 Capital gain distributions			14	6.00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
16 Long-term capital loss carryover from 2020 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)			17	6.00

Go on to Part III →



Name JACK B HOBSON	Social Security Number 393-21-0718
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	<u>12.00</u>
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	<u>6.00</u>
20 Fill in 30% of line 19	20	<u>2.00</u>
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	<u>.00</u>
22 Gain included in line 17. Do not include any losses in this amount	22	<u>.00</u>
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	<u> </u>
24 Multiply line 19 by the decimal amount on line 23	24	<u>.00</u>
25 Fill in 30% of line 24	25	<u>.00</u>
26 Add lines 20 and 25	26	<u>2.00</u>
27 Subtract line 26 from line 18	27	<u>10.00</u>
28 If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18, (b) \$500, or (c) Wisconsin ordinary income (see instructions)	28 <u>.00</u>

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR)

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2e of Schedule I, if filed (if a loss, fill in -0-)	29a	<u>12.00</u>
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	<u>10.00</u>
c If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1)	29c	<u>.00</u>
d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1)	29d	<u>2.00</u>
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-)	29e	<u>0.00</u>
f Fill in loss from Part III, line 28 as a positive amount	29f	<u>0.00</u>
g If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1)	29g	<u>.00</u>
h If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1)	29h	<u>.00</u>

Part V Computation of Capital Loss Carryovers from 2021 to 2022 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	<u>.00</u>
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	<u>.00</u>
32 Subtract line 31 from line 30	32	<u>.00</u>
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	<u>.00</u>
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2021 to 2022	34	<u>.00</u>
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	<u>.00</u>
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	<u>.00</u>
37 Subtract line 36 from line 35	37	<u>.00</u>
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	<u>.00</u>
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2021 to 2022	39	<u>.00</u>



Charitable Deduction Limits Worksheet For Current Year Contributions

2021

► Keep for your records

Name(s) Shown on Return Jack B Hobson	Social Security Number 393-21-0718
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Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 100% limit organizations	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	0.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	5,718.
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A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	
10	Deductible amount. Enter the smaller of line 7 or line 9.	10	
11	Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12	
13	Subtract line 10 from line 12	13	
14	Deductible amount. Enter the smaller of line 6 or line 13.	14	
15	Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16	
17	Add lines 5, 6, and 7.	17	
18	Subtract line 17 from line 16	18	
19	Multiply line 8 by 0.3	19	
20	Add lines 3 and 4	20	
21	Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a	Cash portion of deductible amount - for Sch A line 11	a	
b	Non-cash portion of deductible amount - for Sch A line 12.	b	
22	Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23	
24	Add lines 6 and 7	24	
25	Subtract line 24 from line 23	25	
26	Multiply line 8 by 0.3	26	
27	Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28	Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Wisconsin
Retirement Income Subtraction Worksheet
(Keep for your records)

2021

Name Jack B Hobson	Social Security Number 393-21-0718
-----------------------	---------------------------------------

If married filing a joint return,
fill in each spouse's information separately.

- | | (A)
Yourself | (B)
Your Spouse |
|---|-----------------|--------------------|
| 1 Taxable IRA distributions from line 4b of federal Form 1040 or 1040-SR or line 9, column B of Form 1NPR | | |
| 2 Taxable pensions and annuities from line 5b of federal Form 1040 or 1040-SR or line 10, column B of Form 1NPR | | |
| 3 Add lines 1 and 2 | | |
| 4 Nontaxable retirement benefits (WI residents only: This is the total amount subtracted on Form 1, Schedule SB, lines 13, 14, 15, and 16) | | |
| 5 Subtract line 4 from line 3 | | |
| 6 Complete line 6 as follows. This is your subtraction for retirement income. | | |
| <ul style="list-style-type: none"> ● If you were 65 years of age or older on December 31, 2021, fill in on line 6, col. (A), the smaller of line 5, col. (A) or \$5,000. Fill in 0 (zero) if you were not age 65 or older. ● If married filing a joint return and your spouse was 65 years of age or older on December 31, 2021, fill in on line 6, col. (B), the smaller of line 5, col. (B) or \$5,000. Fill in 0 (zero) if your spouse was not age 65 or older | | |

<p>Allowable total retirement income subtraction (Max of \$5,000 exclusion per person). _____</p> <p>To claim less than the allowable retirement income subtraction, enter amount below. Enter zero if you do not want to claim the subtraction.</p> <p>Total retirement income subtraction claimed _____</p>

Wisconsin
Capital Gains & Losses Worksheet

2021

► Keep for your records

Name <u>Jack B Hobson</u>	Social Security Number <u>393-21-0718</u>
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Part I - Short-Term Capital Gains and Losses – Assets Held One Year or Less

(From the Federal Form 8949, Part I)

* Checking the box in the first column will prevent this transaction from being included on your Wisconsin return and indicate that it is **not** subject to Wisconsin tax.

*	(a) Property/ description	(b) Code	(d) Proceeds (Sales price)	(e) Cost or other basis	(g) Adjustment to gain or loss	(h) Gain or loss
<input type="checkbox"/>	1.00 AMC ENTERTAINMENT CLASS A	1	59.	53.		6.
<input type="checkbox"/>	1 share of VAXART, INC	1	7.	7.		0.
<input type="checkbox"/>	92243a200 VAXART, INC COMMON STOCK 1	1	7.	7.		0.
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Part II - Long-Term Capital Gains and Losses – Assets Held More Than One Year

(From the Federal Form 8949, Part II)

* Checking the box in the first column will prevent this transaction from being included on your Wisconsin return and indicate that it is **not** subject to Wisconsin tax.

*	(a) Property/ description	(b) Code	(d) Proceeds (Sales price)	(e) Cost or other basis	(g) Adjustment to gain or loss	(h) Gain or loss
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

3 Capital Gain Distributions

* ☐ Capital Gain Distributions (federal Schedule D, line 13) Gain 6.

* 'X' the box if this transaction is **not** subject to Wisconsin tax.

2021

☐ Allow the Wisconsin Department of Revenue to calculate the underpayment interest on Schedule U

Farmer/Fishermen:

- ☐ At least 2/3 of your total gross income was from **farming** or **fishing**
☐ Will file your return and pay all tax due by March 1, 2022

Form 1099-G: Go Paperless

- ☒ Check this box to acknowledge that the Wisconsin Department of Revenue will no longer mail the Form 1099-G which is used when preparing the federal income tax return, if you itemize deductions and receive a state income tax refund. You will have access to the online Form 1099-G on the department's secure, confidential website at revenue.wi.gov.
☒ Check the box if you would like to receive 1099-G availability notification e-mail from Wisconsin Department of Revenue

E-mail address that will receive 1099-G notification notbackedbygold@pm.me

Taxpayer's email address notbackedbygold@pm.me

Nonresident Business Apportionment:**Select the apportionment method (See Tax Help):**

- ☐ QuickZoom to Schedule A-01, Apportionment Data for Nonspecialized Industries . . . ▶ _____
☐ QuickZoom to Schedule A-02, Apportionment for Interstate Financial Institutions . . . ▶ _____
☐ QuickZoom to Schedule A-03, Apportionment for Interstate Motor Carriers ▶ _____
☐ QuickZoom to Schedule A-04, Apportionment for Interstate Telecom Companies. . . . ▶ _____
☐ QuickZoom to Schedule A-05, Premiums Factor for Insurance Companies. ▶ _____
☐ QuickZoom to Schedule A-06, Receipts Factor for Interstate Brokers-Dealers,
Investment Advisors, Investment Companies, and Underwriters ▶ _____
☐ QuickZoom to Schedule A-07, Apportionment Percentage for Interstate Air Carriers . . ▶ _____
☐ QuickZoom to Schedule A-08, Apportionment Percentage for Broadcasters ▶ _____
☐ QuickZoom to Schedule A-09, Apportionment Percentage for Interstate Railroads. . . ▶ _____
☐ QuickZoom to Schedule A-10, Apportionment Percentage for Interstate Pipeline Co . . ▶ _____
☐ QuickZoom to Schedule A-11, Apportionment Percentage for Interstate Air Freight
Forwarders Affiliated with a Direct Air Carrier ▶ _____

- ☐ Schedule A-01, Apportionment Not Applicable - Interview Use ONLY

Part V - Special Credits

- Supplement to the Federal Historic rehabilitation credit from Schedule HR ▶ _____
State Historic rehabilitation credit from Schedule HR ▶ _____

EF Status Dates:

- Enter the date return was EFiled _____
Date return was accepted by the state _____
Enter the date Form W-RA was mailed to the state (if needed). _____
Enter the date Form EPV Electronic Filing payment voucher was given to client _____

Part VI - Direct Deposit Information or Direct Debit Information**Yes No**

- ☒ ☐ Use **direct deposit** for **state tax refund** (Electronic Filing Only)
☐ ☐ Use **direct debit** for **state tax payment** (Electronic Filing Only)
☐ ☐ Use **electronic funds withdrawal** of **state tax payment** for the **amended return?** (EF Only)

Bank Information:

For either of above options, fill out information below:

Name of Financial Institution . . Charles Schwab
Account type Checking ☒ Savings ☐
Routing number 121202211
Account number. 440030382244

Electronic funds withdrawal amount due with amended return information:

- Enter settlement date to withdraw the tax due amount from the account above _____
State balance-due amount paid with this amended return _____

International ACH Transaction:**Yes No**

- ☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Enter the payment date to withdraw from the account above _____
State balance-due amount from this return _____

Part VII - Credit Card Payment

☐ Balance due will be paid by credit card
Date of payment . . . _____

Part VIII – Third Party Designee Information

Name _____
Address _____
City _____ State . . ____ ZIP Code . . . _____

Do you want to allow another person to discuss this return with Wisconsin Department of Revenue?

☐ Yes, the Third Party Designee below
☒ No

Designee's name _____ (Limited to 22 characters)
Designee's phone number _____
Personal identification number . . . _____ (Limited to 5 characters)

Part IX – Extension Status

Yes No
☐ ☒ Has the tax return due date been extended?
Extended due date . . . _____

QuickZoom to Form 1-ES, Extension Payment Voucher ► _____

Part X – Amended Return

☐ You are filing a Wisconsin amended return (See Tax Help)
Enter the tax year you are amending _____
Previous Wisconsin payment made _____
Previous Wisconsin refund received _____

QuickZoom to Form 1, Amended Return - Income Tax ► _____

Part XI – Other PDF Attachment

Enter information below for the document you will be attaching as a PDF to your Wisconsin return:

Document Name: _____
Purpose: _____

QuickZoom to Form 1 ► _____ **QuickZoom** to Form 1NPR ► _____
QuickZoom to Schedule FC ► _____

Wisconsin
Standard Deduction Worksheet for Dependents

2021

► Keep for your records

Name Jack B Hobson	Social Security Number 393-21-0718
-----------------------	---------------------------------------

Form 1

1 Enter your earned income* included on line 5 of Form 1	1	5,647.
2 Addition amount	2	350.
3 Add lines 1 and 2. If the total is less than \$1,100, fill in \$1,100	3	5,997.
4 Using the amount on line 5 of Form 1, enter the standard deduction for your filing status from the table in the instructions	4	11,200.
5 Allowable standard deduction - Enter the smaller of lines 3 or 4 here and on line 6 of Form 1	5	5,997.

* Earned income includes wages, salaries, tips, professional fees, and any other compensation received for personal services you performed. It does not include scholarship or fellowship income that is not reported on Form W-2.

Form 1NPR

1 Standard deduction for your filing status from the table in the instructions	1	
2 Fill in the amount of your earned income.**	2	
3 Addition amount	3	
4 Add lines 2 and 3. If the total is less than \$1,100, fill in \$1,100	4	
5 Compare lines 1 and 4. Enter the smaller of the two amounts here and on line 34c of Form 1NPR.	5	

** Earned income includes wages, salaries, tips, and scholarships which are reported on Form W-2, and other pay (Form 1NPR, line 1, federal column) and net earnings from self-employment (Form 1NPR, lines 6 and 12, federal column).

Wisconsin
FC/H Credit Summary

2021

► Keep for your records

Name Jack B Hobson	Social Security Number 393-21-0718
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You may **not** take both the Farmland Preservation Credit and the Homestead Credit. This Credit Summary is used to determine which credit provides the larger credit amount and carries the amount forward to the correct line on the appropriate tax form.

Form/Credit	Credit Calculated	Credit Allowed	Cross Reference to
Schedule H, line 19, Homestead Credit			Form 1, line 29, or Form 1NPR, line 62
Schedule FC, line 17, and Schedule FC-A, line 13, Farmland Preservation Credit			Form 1, lines 27a and 27b or Form 1NPR, lines 60a and 60b
Larger of Homestead or Farmland Preservation Credit			Credit Taken _____ H - Homestead FC - Farmland Preservation Credit

Name(s) Shown on Return

Jack B Hobson

Your Social Security Number

393-21-0718

Part I 2022 Estimated Tax Amount Options**1 Select One of Six Ways to Calculate the Required Annual Payment for 2022 Estimates:**

- a 100% of **2021** taxes (default, see Tax Help) ☒ 0.
- b 100% of tax on **2022** estimated taxable income ☐ 0.
- c 90% of tax on **2022** estimated taxable income ☐ 0.
- d 66-2/3% of tax on **2022** estimated taxable income (farmers and fishermen) ☐ 0.
- e Equal to 100% of overpayment (no vouchers) ☐ 59.
- f Enter total amount you want to use for estimates and check box ☐ ►

2 Selected estimated tax amount:

- a 2022 Required Annual Payment based on your choice above 0.
- b Estimated amount of 2022 state income tax withholding 59.
- c **Total of estimated tax payments required for 2022** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

4 Select Electronic Filing Estimated Tax Payment option for 1st Quarter ONLY:Use **direct debit** for **state 1st Qtr ES tax payment** (Electronic Filing Only) . . . ☐ Yes ☐ No**Bank Information:**

For either of above options, fill out information below:

Name of Financial Institution _____

Account type Checking ☐ Savings ☐

Routing number _____

Account number _____

Enter the payment date to withdraw from the account above _____

Will the funds for this payment come from an account outside the U.S.? ☐ Yes ☐ No**Part II Overpayment Application Options****1** Amount of overpayment available 59.**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐ ►
- f Amount applied to 2022 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 59.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2022	2 Jun 15, 2022	3 Sep 15, 2022	4 Jan 17, 2023	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2022, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2022

2021 income and deductions are shown in the '2021 Actual' column below.

***Caution:** For each line in the '2022 Estimated' column, enter the estimated 2022 amount if different from 2021. Otherwise, the '2021 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2021 Actual	2022 Estimated
1 Wisconsin income you expect to report in 2022	5,716.	
2 Credits (see instructions for description of credits)	0.	
3 Wisconsin tax to be withheld	59.	
4 Check if filing Nonresident or Part-year return for 2022 <input type="checkbox"/>		
5 Ratio of Wisconsin income to federal adjusted gross income		
6 Federal adjusted gross income (Nonresident or Part-year only)		
7 Itemized deduction credit (Nonresident or Part-year only)		
8 School property tax credit (Nonresident or Part-year only)		

Part VI Filing Status and Personal Exemptions for 2022

- 1 Choose 2022 filing status:
- ☒ Single ☐ Married filing jointly
- ☐ Married filing separately ☐ Head of Household
- 2 Enter the number of exemptions in 2022 0
- 3 Check the boxes that will apply in 2022:
- Taxpayer: ☐ 65 or Over
- Spouse: ☐ 65 or Over
- 4 a Check this box if someone (such as taxpayer's parent) can claim taxpayer as a dependent ☒
- b If married filing joint return - Check this box if someone can claim spouse as a dependent. ☐

Part VII 2022 Estimated Taxable Income and Tax

1 Fill in the amount of Wisconsin income you expect in 2022. Nonresident or Part-Year residents use the greater of federal adjusted gross income or Wisconsin income	1	5,716.
2 a Wisconsin standard deduction (see std deduction schedules) 11,790.	2	11,790.
b Exemptions 0.	3	0.
3 Estimated taxable income (subtract line 2 from line 1)	3	0.
4 Estimated tax (see tax rate schedules)	4	0.
5 a Itemized deduction credit (nonresident or part-year residents)		
b School property tax credit (nonresident or part-year residents)		
6 Subtract line 5 from 4	6	0.
a Ratio of WI income to federal income		
b WI Estimated tax expected in 2022 (line 6 times line 6a)		0.
7 Estimated credits (see instructions for description of credits)	7	0.
8 Subtract line 7 from line 6	8	0.
9 Required annual payment. Fill in amount of line 8 that you are required to pay	9	0.
Caution: Generally, if you do not prepay at least 90% of your 2022 tax liability or 100% of your 2021 tax, whichever is smaller, you may be subject to interest on the underpayment amount. To avoid this, be sure your estimate is as accurate as possible. If you are unsure of your estimate, you may want to pay more than 90% of the amount you have shown on line 6.		
10 Wisconsin income tax withheld and estimated to be withheld during 2022	10	59.
11 Balance (subtract line 10 from line 9). (Note: If line 8 less line 10 is less than \$500, you are not required to make estimated tax payments)	11	0.

Name <u>Jack B Hobson</u>	Social Security Number <u>393-21-0718</u>
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Worksheet 1 - Self-Employed Persons

- 1 Amount you paid for medical care insurance in 2021 while you were self-employed* ► _____
- 2 Self-employed health insurance deduction from line 17 of federal
Schedule 1 (Form 1040)** ► _____
- 3 Amount of medical care insurance deducted on federal
Schedule C or F for your employee spouse ► _____
- 4 Amount of premium tax credit allowed on your 2021 federal
return from line 9 of federal Schedule 3 (Form 1040) ► _____
- 5 Add lines 2, 3 and 4 ► _____
- 6 Subtract line 5 from line 1 ► _____
- 7 Amount of advance premium tax credit you were required to repay from line 2
of federal Schedule 2 (Form 1040) ► _____
- 8 Add lines 6 and 7 ► _____
- 9 Fill in the amount from Form 1, line 3 less the subtractions to income on line 51
of Schedule SB without considering the subtraction for medical care
insurance. If zero or less, enter 0 (zero). ► _____
- 10 Fill in the smaller of line 8 or 9 here. This is your subtraction for medical care
insurance. Enter on Schedule SB, line 6 ► _____

* If insurance was purchased through an Exchange, amount paid is after the premium was reduced for any advance payment of the premium assistance credit.

** Do not include any amounts deducted for long-term care insurance.

Worksheet 2 - Others

- 1 Amount paid in 2021 for medical care insurance during a period in which you
were employed and your employer paid a portion of the cost of your insurance* ► _____
- 2 Amount paid in 2021 for medical care insurance while (1) you were an employee
and your employer did not contribute toward the cost of your insurance or
(2) you had no employer and were not self-employed*. Include Medicare Premiums ► _____
- 3 Add lines 1 and 2 ► _____
- 4 Amount of premium tax credit allowed on your 2021 federal return from line 9 of
federal Schedule 3 (Form 1040) ► _____
- 5 Subtract line 4 from line 3 ► _____
- 6 Amount of advance premium tax credit you were required to repay from line 2 of
federal Schedule 2 (Form 1040) ► _____
- 7 Add lines 5 and 6 ► _____
- 8 Fill in the amount from Form 1, line 3 less the subtractions to income on line 51
of Schedule SB without considering the subtraction for medical care
insurance. If zero or less, enter 0 (zero). ► _____
- 9 Fill in the smaller of line 7 or 8. This is your subtraction for medical care insurance
Enter on Schedule SB, line 6. ► _____

* If insurance was purchased through an Exchange, amount paid is after the premium was reduced for any advance payment of the premium assistance credit.

Name <u>Jack B Hobson</u>	Social Security Number <u>393-21-0718</u>
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- 1 Amount paid for long-term care insurance in 2021 ► _____
- 2 Portion of long-term care insurance cost included as a self-employed
health insurance deduction on line 17 of federal Schedule 1
(Form 1040) ► _____
- 3 Portion of long-term care insurance cost deducted on federal
Schedule C or F for your employee spouse ► _____
- 4 Add lines 2 and 3 ► _____
- 5 Subtract line 4 from line 1 ► _____
- 6 Fill in the amount from Form 1, line 3 *less* the subtractions to income on
Schedule SB, line 51 without considering the subtraction for long-term care
insurance. If zero or less, enter 0 (zero) ► 5,716.
- 7 Fill in the smaller of line 5 or 6. This is your subtraction for long-term care insurance
Enter on Schedule SB, line 7. ► 0.

2021

► Keep for your records

Name	Social Security Number
Jack B Hobson	393-21-0718

1	Fill in unemployment compensation from line 7 of federal Schedule 1 (Form 1040)	1	
2	Fill in your federal adjusted gross income from line 1 of Form 1 or line 31 of Form 1NPR.	2	5,718.
3	Enter - Married: 1) filing a joint return — \$18,000, 2) not filing joint and lived with spouse — -0-, 3) not filing joint and did not live with spouse, or Single — \$12,000	3	12,000.
4	Taxable social security benefits, if any, from line 6b of federal Form 1040 or 1040-SR	4	
5	Taxable refunds, credits, or offsets, if any, from line 1 of federal Schedule 1 (Form 1040)	5	0.
6	Add lines 3, 4, and 5.	6	12,000.
7	Subtract line 6 from line 2. If zero or less, enter -0- here and on line 9 and do not complete line 8. Otherwise, go on to line 8	7	0.
8	Enter one-half of the amount on line 7	8	
9	Enter the smaller of line 1 or line 8	9	

Form 1 Filers

10 Subtract line 9 from line 1. Fill in this amount on Schedule SB, line 3.	10	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
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Form 1NPR Filers

11	Enter amount of unemployment compensation received while a Wisconsin resident.	11	
12	Unemployment compensation taxable for Wisconsin Form 1NPR purposes (line 11 divided by line 1, times line 9). Fill in this amount on Form 1NPR Income Allocation Worksheet, line 13 — Wisconsin amount	12	

Form 1

Wisconsin
Working Families Tax Credit Worksheet

2021

► Keep for your records

Name

Jack B Hobson

Social Security Number

393-21-0718

Do **not** complete this worksheet if filing Form 1 and:

- * Not filing as married filing separate return
- * Wisconsin income on main form is \$9,000 or less
- * Wisconsin income on main form is \$10,000 or more
- * You may be claimed as a dependent on another person's return.

Do **not** complete this worksheet if filing Form 1NPR and:

- * Not filing as married filing joint return
- * Wisconsin income on main form is \$18,000 or less
- * Wisconsin income on main form is \$19,000 or more
- * You may be claimed as a dependent on another person's return.

-
- | | | |
|---|---|--|
| 1 | Amount of tax from Wisconsin main form | |
| 2 | Credits as applicable (School prop tax, Item ded, Certain Nonref) | |
| 3 | Subtract line 2 from line 1 | |
| 4 | Fill in \$10,000 if Form 1 (\$19,000 if Form 1NPR) | |
| 5 | Fill in amount of Wisconsin income | |
| 6 | Subtract line 5 from line 4 | |
| 7 | Divide line 6 by one thousand (1,000). Fill in decimal amount
if line 6 is greater than 1,000, limit entry to 1.0000 | |
| 8 | Multiply line 3 by line 7, if applicable. This is your Working Families Tax Credit | |
-

Note: In prior years, single persons, heads of households, and married persons filing a joint return were able to claim the working families tax credit. Because of the increased standard deduction, the working families tax credit no longer provides a tax benefit for single persons, heads of households, or married persons filing a joint return. The credit may only provide a tax benefit for married persons filing a separate return if qualified.

Tuition and Fee Expense, College Savings & Child and Dependent Care Expense Worksheet

2021

► Keep for your records

Name
Jack B Hobson

Social Security Number
393-21-0718

Part I - EdVest and Tomorrow's Scholar College Savings Accounts:

For each beneficiary, enter 2021 information for WI College Savings contributions on Schedule CS.

QuickZoom to Schedule CS, College Savings Accounts (EdVest and Tomorrow's Scholar). ►

Beneficiary	Contrib to Owners's Account EdVest Tomorrow's Scholar	Contrib to Other's Account EdVest Tomorrow's Scholar	Withdraw \ Distrib Not Used Qual Educ Exp

Amount distributed from College Savings Accounts to be added to WI income

Form 1, Schedule AD, line 3 or Form 1NPR, Schedule M, line 18

Amount contributed to College Savings Accounts to be subtracted from WI income

Form 1, Schedule SB, line 10 or Form 1NPR, Schedule M, line 32

Part II - Tuition and Fees Expense:

For each student, enter total paid in 2021 for tuition and mandatory student fees in the table below.

First Name	Last Name	Current Year Tuition and Fees Paid
Jack	Hobson	

- Amount paid for tuition and fees in 2021, limited to \$6,973 per student
- Federal adjusted gross income 5,718.
- Enter \$57,370 (\$91,790 if married filing joint or \$45,900 if married filing separate) 57,370.
- Subtract line 3 from line 2 0.
- Divide the amount on line 4 by \$11,470 (\$22,940 if married filing joint return)
- Multiply line 1 by the decimal amount on line 5
- Subtract line 6 from line 1. This is your subtraction for tuition and fee expense.*
This amount is reported on Schedule SB, line 8 for full-year residents.

* Your subtraction cannot be more than total taxable wages, salary, tips, unearned income (for example interest, dividends, capital gains, pensions) and net earnings from a trade or business taxable by Wisconsin.

Part-Year Resident and Nonresident (Form 1NPR) Tuition and Fees Worksheet

- A** WI Income factor . . WI 1NPR Income less adjustments (Line 16
column B, less Line 29, column B)** =
WI 1NPR Federal Income less adjustments
(Line 16, col A less Line 29, col A)
- B** Program estimated WI Tuition and Fees prorated income adjustment
- C** Enter Line B in Line C for Tuition and Fees inc adj for 1NPR, Sch M, Line 31

** Without considering the subtraction for tuition and fees expenses.

Name
Jack B Hobson

Social Security Number
393-21-0718

Part III - Child and Dependent Care Expense:

Complete the lines in Part III for 2021 for Child and Dependent Care Expenses.

- 1 Number of qualifying persons from federal Form 2441 _____
- 2 Amount from Line 6 of federal Form 2441 _____
- 3 Fill in the amount from line 6 of federal Form 2441, amount cannot be more than \$3,000 (\$6,000 if more than one qualifying person). This amount is reported on Schedule SB, line 12 for full-year residents. _____

Part-Year Resident and Nonresident (Form 1NPR) Child and Dependent Care Worksheet

- A** WI Income factor . . WI 1NPR Income less adjustments (Line 16
column B, less Line 29, column B)*** _____ = _____
WI 1NPR Federal Income less adjustments
(Line 16, col A less Line 29, col A) _____
- B** Program estimated WI Child and Dependent Care prorated income adjustment . . . _____
- C** Enter Line B in Line C for Child and Dependent Care inc adj for
Form 1NPR, Schedule M, line 33 _____

*** Without considering the subtraction for child and dependent care expenses.

Tax Payments Worksheet

2021

► Keep for your records

Name <u>Jack B Hobson</u>	Social Security Number <u>393-21-0718</u>
------------------------------	--

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	59.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	59.
15	Date return will be filed and balance paid	15	

Tax Summary
► Keep for your records

2021

Name(s) Jack B Hobson	
--------------------------	--

Form 1

Federal adjusted gross income	5,718.
Additions	
Subtractions	2.

Form 1NPR

Federal adjusted gross income	
Wisconsin adjusted gross income	

Wisconsin income	5,716.
Standard deduction	5,997.
Deduction for exemptions	0.
Wisconsin taxable income	0.
Tax	0.
Tax credits:	
- Form 1	0.
- Form 1NPR, including Wisconsin/Federal income ratio adjustment	
Sales and use tax	
Total net Wisconsin tax	0.
Donations:	
Endangered Resources, Cancer Research, Veterans Trust Fund, Multiple Sclerosis, Military Family Relief, Feeding America, Red Cross WI Disaster Relief, Special Olympics	0.
Penalties on IRAs, other retirement plans & MSAs	
Other penalties	
State income tax withheld	59.
Estimated tax and extension payments	
Refundable cr, Amount pd or refunded orig return	
Total Wisconsin payments and credits	59.
Overpayment	59.
Applied to next year's estimated tax	0.
Refund	59.
Amount due	
Interest	
Underpayment interest	

Activity Worksheet

2021

Name as Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

Activity Description Delivery driver

Form or Worksheet Type. . . Sch C

Copy number. . . 1

- A** If this activity was operated by spouse, check this box ☐
- B** If this activity was operated jointly by taxpayer and spouse, check this box ☐
- C** Check this box if you completely disposed of the property in the current year ☐
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts) ☐
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts) ☐
- F** Did you materially participate in this activity? (Not for K-1's) Yes ☒ No ☐
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F) ☐
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp) ☐
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F) ☐

If this is a Schedule E, check the appropriate boxes:

- J** Rental property. ☐ **L** Commercial property ☐
- K** Royalty property ☐ **M** Other passive exceptions ☐

If this is a K-1, check the appropriate boxes:

- N** This is a K-1 with ordinary income with material participation ☐
- O** This is a K-1 with rental real estate with material participation ☐
- P** This is a publicly traded partnership ☐
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1 ☐
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership) ☐

- S** At-risk status All
- T** Passive status Nonpassive

Part I - Section 179 Adjustments

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Part II - Regular Income/Loss

	Income/Loss
1 Federal income/loss	3,001.
2 Adjustments:	
a Special Depreciation Allowance (Bonus Depreciation)	
b Other depreciation adjustment(s)	
c Section 179 adjustment	
d Other adjustments	
3 Total	3,001.
4 At-Risk adjustment. a Adjust amount b	
5 Total	3,001.
6 Passive carryover loss	
7 Passive disallowed loss (carryover to next year)	
8 Net profit or (loss) allowed	3,001.
9 Net federal profit or (loss) allowed	3,001.
10 Federal/State adjustment	0.

Activity Description Delivery driver

Part III - Schedule K-1 Partnership and S Corporations		Section 179 Expense	Misc Income	Commercial Revitalization
1	Federal income/loss			
2	Adjustments			
3	Total			
4 a	At-Risk adjustment amount			
b	At-Risk adjustment.			
5	Total			
6	Passive carryover loss			
7	Passive disallowed loss (carryover to next year)			
8	Net profit or (loss) allowed			
9	Net federal profit or (loss) allowed			
10	Federal/State adjustment			

Part IV - Dispositions	Schedule D Short-Term	Schedule D Long-Term	Form 4797 Short-Term	Form 4797 Long-Term
1 Federal income/loss				
2 Adjustments:				
a Adjustments transferred from the federal return				
b Other adjustments				
c Total adjustments				
3 Total				
4 a At-Risk adjustment amount				
b At-Risk adjustment.				
5 Total				
6 Passive carryover loss				
7 Passive disallowed loss				
8 Net profit or (loss) allowed				
9 Net federal profit or (loss) allowed				
10 Federal/State adjustment				

Section 179 Worksheet

2021

Name as Shown on Return

Jack B Hobson

Social Security Number

393-21-0718

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G)

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E)

WISCONSIN
Pro Delegation Worksheet

2021

Check this box if you are PRO

☐

Enter preparer code from Firm/Preparer Info (See Help) . . . _____

PDF ATTACHMENTS

Attachment		Type	File Name	PDF Name	Entity	Version		
Description					Key			

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