

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 JOEL C		Last name MCCARTY		Your social security number 003 40 3342	
If joint return, spouse's first name and middle initial SUSAN E		Last name NORLANDER		Spouse's social security number 129 44 5814	
Home address (number and street). If you have a P.O. box, see instructions. 176 PRATT RD				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. ALSTEAD			State NH		ZIP code 03602-3304
Foreign country name		Foreign province/state/county		Foreign postal code	

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

At any time during 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):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
						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 Schedule B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	42635
	2a	Tax-exempt interest	2a	0
	3a	Qualified dividends	3a	0
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	31439
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	0
	8	Other income from Schedule 1, line 10	8	0
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶	9	118382
	10	Adjustments to income from Schedule 1, line 26	10	0
	11	Subtract line 10 from line 9. This is your adjusted gross income . . ▶	11	118382

Standard DeductionSee *Standard Deduction Chart* on the last page of this form.

12a	Standard deduction or itemized deductions (from Schedule A)	12a	27800		
b	Charitable contributions if you take the standard deduction (see instructions)	12b	435		
c	Add lines 12a and 12b	12c		28235	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		0	
14	Add lines 12c and 13	14		28235	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15		90147	
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16		11325	
17	Amount from Schedule 2, line 3	17		0	
18	Add lines 16 and 17	18		11325	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19		0	
20	Amount from Schedule 3, line 8	20		0	
21	Add lines 19 and 20	21		0	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22		11325	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23		0	
24	Add lines 22 and 23. This is your total tax ►	24		11325	
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	3769		
b	Form(s) 1099 FORM 1099	25b	7350		
c	Other forms (see instructions)	25c	0		
d	Add lines 25a through 25c	25d		11119	
26	2021 estimated tax payments and amount applied from 2020 return	26		0	
27a	Earned income credit (EIC) 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. See instructions ► <input type="checkbox"/>	27a	0		
b	Nontaxable combat pay election	27b			
c	Prior year (2019) earned income	27c			
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	0		
29	American opportunity credit from Form 8863, line 8	29	0		
30	Recovery rebate credit. See instructions	30	0		
31	Amount from Schedule 3, line 15	31	0		
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ►	32		0	
33	Add lines 25d, 26, and 32. These are your total payments ►	33		11119	

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	0
Direct deposit? <input type="checkbox"/> b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings See instructions. <input type="checkbox"/> d Account number 				
	36	Amount of line 34 you want applied to your 2022 estimated tax <input type="checkbox"/>	36	0
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions <input type="checkbox"/>	37	206
	38	Estimated tax penalty (see instructions) <input type="checkbox"/>	38	0

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No Designee's name Phone no. Personal identification number (PIN)
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Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? <input type="checkbox"/> See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 603-835-2577	Email address olas@olas.mobi		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name <input type="checkbox"/>	Firm's address <input type="checkbox"/>			Phone no. <input type="checkbox"/>
	Firm's EIN <input type="checkbox"/>			Firm's EIN <input type="checkbox"/>	