

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

Celestine Nkweti

Taxpayer address (optional)

11134 Blue Ridge Blvd

Kansas City, MO 64134

1. ☒ Your federal income tax return for 2020 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Addon Data Services Inc.
2. ☒ Your return was accepted on 03-18-2021 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 4360962021077beglyhf.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

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 Celestine		Last name Nkweti		Your social security number 500-23-6337	
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. 11134 Blue Ridge Blvd				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Kansas City				State MO	
				ZIP code 64134	
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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire 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, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

(1) First name		(2) Social security number		(3) Relationship to you	(4) Check if qualifies for (see instructions):	
Last name					Child tax credit	Credit for other dependents
Fortress		Nkweti		Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fortune		Nkweti		Son	<input checked="" 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	12,000
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for- • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , 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	
	8	Other income from Schedule 1, line 9	8	7,727
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	19,727
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	546
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	546
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	19,181
	12	Standard deduction or itemized deductions (from Schedule A).	12	18,650
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	106
	14	Add lines 12 and 13	14	18,756
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	425

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	44
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	44
19	Child tax credit or credit for other dependents	19	44
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	44
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 10	23	1,092
24	Add lines 22 and 23. This is your total tax .	24	1,092
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	200
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	200
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	5,920
28	Additional child tax credit. Attach Schedule 8812	28	2,502
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	400
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits .	32	8,822
33	Add lines 25d, 26, and 32. These are your total payments .	33	9,022
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	7,930
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here.	35a	7,930
b	Routing number 082900872		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 35698610		
36	Amount of line 34 you want applied to your 2021 estimated tax .	36	
37	Subtract line 33 from line 24. This is the amount you owe now . Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	0
38	Estimated tax penalty (see instructions)	38	

RefundDirect deposit?
See instructions.**Amount You Owe**

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions

☒ Yes. Complete below.☐ No

Designee's name

Donald C. Aduba Sr.

Phone no.

816-822-2722

Personal identification number (PIN)

11958

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.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

39234

01-22-2021

Retail Sales

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. 816-572-3746

Email address

Paid Preparer Use Only

Preparer's signature

Donald C. Aduba Sr.

Date

03-25-2021

PTIN

P00660774

Check if:

☒ Self-employed

Preparer's name Donald C. Aduba Sr.

Phone no.

816-822-2722

Firm's name Addon Data Services Inc.

Firm's address 7530 Troost Avenue Suite 301

Kansas City, MO 64131-5100

Firm's EIN 43-1945630

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

Form 1040 (2020)

EEA

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

Celestine Nkweti

Your social security number

500-23-6337

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) . . . ▶		
3	Business income or (loss). Attach Schedule C	3	7,727
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount . ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	7,727

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	546
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) . . . ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	546

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

Schedule 1 (Form 1040) 2020

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

2020Attachment
Sequence No. **02**

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

Celestine Nkweti

Your social security number

500-23-6337

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	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,092
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	1,092

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

Schedule 2 (Form 1040) 2020

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2020Attachment
Sequence No. **09**

► Go to **www.irs.gov/ScheduleC** for instructions and the latest information.
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Celestine Nkweti		Social security number (SSN) 500-23-6337
A Principal business or profession, including product or service (see instructions) Grocery stores (incl		B Enter code from instructions 445100
C Business name. If no separate business name, leave blank. Afro Caribbean Food Market LLC		D Employer ID number (EIN) (see instr.) 82-3566040
E Business address (including suite or room no.) ► 11134 Blue Ridge Blvd City, town or post office, state, and ZIP code Kansas City, MO 64134		
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 2020? 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 2020, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		Yes <input checked="" 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	1	209,333
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	209,333
4 Cost of goods sold (from line 42)	4	117,318
5 Gross profit. Subtract line 4 from line 3.	5	92,015
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	92,015

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

8 Advertising	8	200	18 Office expense (see instructions)	18	900
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	467	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment .	20a	986
12 Depletion	12		b Other business property	20b	217
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	18,100	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	1,220	23 Taxes and licenses	23	940
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	1,415	25 Utilities	25	6,330
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		26 Wages (less employment credits)	26	19,871
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	33,642
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		b Reserved for future use	27b	
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	7,727			
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.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Name(s)

Celestine Nkweti

SSN

500-23-6337

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input checked="" type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35 30,374
36	Purchases less cost of items withdrawn for personal use	36 154,588
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	40 184,962
41	Inventory at end of year	41 67,644
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 117,318

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
a	Business _____
b	Commuting (see instructions) _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Statement #1	
48	Total other expenses. Enter here and on line 27a 48 33,642

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

2020

Attachment
Sequence No. 17

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

Celestine Nkweti

Social security number of person
with self-employment income ►

500-23-6337

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.

1 a 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	7,727
3 Combine lines 1a, 1b, and 2	3	7,727
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	7,136
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	7,136
5 a 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	
6 Add lines 4c and 5b	6	7,136
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 2020	7	137,700
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	8a	12,000
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	12,000
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►	9	125,700
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124).	10	885
11 Multiply line 6 by 2.9% (0.029)	11	207
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	1,092
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 14	13	546

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 \$8,460, **or** (b) your net farm profits² were less than \$6,107.

14 Maximum income for optional methods	14	5,640
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,640. 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 \$6,107 and also less than 72.189% of your gross nonfarm income⁴, **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 income ⁴ (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.

Part III **Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

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

Name(s) shown on return

Earned Income Credit
Qualifying Child Information

- **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- **Go to www.irs.gov/ScheduleEIC for the latest information.**

OMB No. 1545-0074

2020Attachment
Sequence No. **43**

Your social security number

500-23-6337**Before you begin:**

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

CAUTION!

- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3****1 Child's name**

If you have more than three qualifying children, you have to list only three to get the maximum credit.

First name

Last name

**Fortress
Nkweti**

First name

Last name

**Fortune
Nkweti**

First name

Last name

2 Child's SSN

The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.

766-23-6338**489-29-7938****3 Child's year of birth**Year 2011

If born after 2001 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year 2010

If born after 2001 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year _____

If born after 2001 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

4a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?

☐ **Yes.**☐ **No.****Go to
line 5.****Go to line 4b.**☐ **Yes.**☐ **No.****Go to
line 5.****Go to line 4b.**☐ **Yes.**☐ **No.****Go to
line 5.****Go to line 4b.**

b Was the child permanently and totally disabled during any part of 2020?

☐ **Yes.**☐ **No.****Go to
line 5.**The child is not a
qualifying child.☐ **Yes.**☐ **No.****Go to
line 5.**The child is not a
qualifying child.☐ **Yes.**☐ **No.****Go to
line 5.**The child is not a
qualifying child.**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)

SON**SON****6 Number of months child lived with you in the United States during 2020**

• If the child lived with you for more than half of 2020 but less than 7 months, enter "7."

• If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."

12 monthsDo not enter more than 12
months.12 monthsDo not enter more than 12
months.

_____ months

Do not enter more than 12
months.

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

EEA

Schedule EIC (Form 1040) 2020

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Additional Child Tax Credit

► **Attach to Form 1040, 1040-SR, or 1040-NR.**

► **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

OMB No. 1545-0074

2020

Attachment
Sequence No. **47**

Your social security number

500-23-6337

Celestine Nkweti

Part I All Filers

Caution: If you file Form 2555; **stop here**; you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.)	1	4,000
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	44
3	Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit	3	3,956
4	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, stop here ; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	2,800
5	Enter the smaller of line 3 or line 4	5	2,800
6a	Earned income (see instructions)	6a	19,181
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	16,681
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here ; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	2,502

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	9	
10	Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8	10	
11	Add lines 9 and 10	11	
12	1040 and Enter the total of the amounts from Form 1040 or 1040-SR, line 27. 1040-SR filers: and Schedule 3 (Form 1040), line 10. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	2,502
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Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.

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

Schedule 8812 (Form 1040) 2020

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2020Department of the Treasury
Internal Revenue Service► **Attach to your tax return.**► **Go to www.irs.gov/Form8995 for instructions and the latest information.**Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Celestine Nkweti**500-23-6337**

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 \$163,300 (\$326,600 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	Schedule C: Afro Caribbean Food Market LLC	82-3566040	7,181
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	7,181
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	7,181
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	1,436
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0
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	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	1,436
11	Taxable income before qualified business income deduction	11	531
12	Net capital gain (see instructions)	12	0
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	531
14	Income limitation. Multiply line 13 by 20% (0.20)	14	106
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►	15	106
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)

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

Form **8995** (2020)

EEA

Amount from Form 1040, line 11..... 19,181
 Amount from Form 1040, line 12..... 18,650

Line 11 above is the difference between these amounts..... 531

Paid Preparer's Due Diligence Checklist*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status***► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8867 for instructions and the latest information.****2020**Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Celestine Nkweti

Enter preparer's name and PTIN

Donald C. Aduba Sr.**P00660774**

Taxpayer identification number

500-23-6337**Part I Due Diligence Requirements**Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V
for the benefit(s) claimed (check all that apply).☒ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☒ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: Medical Records, Social Services Statement _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.Form **8867** (2020)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - Submit Form 8867 in the manner required; **and**
 - Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form 4562	Depreciation and Amortization (Including Information on Listed Property)	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	2020 Attachment Sequence No. 179
Name(s) shown on return Celestine Nkweti	Business or activity to which this form relates Afro Caribbean Food Ma	Identifying number 500-23-6337

Part I Election To Expense Certain Property Under Section 179							
Note: If you have any listed property, complete Part V before you complete Part I.							
1	Maximum amount (see instructions)					1	
2	Total cost of section 179 property placed in service (see instructions).					2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions).					3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-					4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions					5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost				
7	Listed property. Enter the amount from line 29					7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7					8	
9	Tentative deduction. Enter the smaller of line 5 or line 8					9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562					10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions					11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.					12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶					13	
Note: Don't use Part II or Part III below for listed property. Instead, use Part V.							
Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)							
14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions					14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACRS)					16	
Part III MACRS Depreciation (Don't include listed property. See instructions.)							
Section A							
17	MACRS deductions for assets placed in service in tax years beginning before 2020.					17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>						
Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System							
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	
Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System							
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	
Part IV Summary (See instructions.)							
21	Listed property. Enter amount from line 28					21	18,100
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions					22	18,100
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs					23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	18,100
26 Property used more than 50% in a qualified business use:								
2019 Dodge Car	01-17-2020	100.0%	28,095	9,995				
		%						
		%						
27 Property used 50% or less in a qualified business use:								
2019 Dodge Car	01-01-2020	%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	18,100
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
		X				
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report.				44	

Federal Supporting Statements**2020 PG01**

Name(s) as shown on return

Tax ID Number

Celestine Nkweti

500-23-6337

Schedule C - Part V - Other Expenses

Statement #1

Description	Amount
Alarm and Security	1,315
Automotive Expense === Gasoline & Insurance	5,922
Repairs and Maintenance == Shelves	124
Credit Card Processing Fees	2,857
Computer/Internet Services	1,059
Packaging Supplies	1,390
Printing and Reproduction	80
Rent	9,600
Shipping Charges	553
Telephone Landline	370
Telephone Mobile	1,750
Spoilage and Expired Items	5,500
Bank Charges	270
Equipment Rental (Dumpster)	900
Business Insurance Expense	1,173
Water	779
Total	<u>33,642</u>

EIC Due Diligence Assistant

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Celestine Nkweti

500-23-6337

Part I All Taxpayers

1 Enter preparer's name and PTIN ▶ **Donald C. Aduba Sr.** **P00660774**

2 Is the taxpayer's filing status married filing separately?

☐ Yes ☒ No

▶ If you checked **"Yes"** on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See the instructions before answering

☒ Yes ☐ No

▶ If you checked **"No"** on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)?

☐ Yes ☒ No

▶ If you checked **"Yes"** on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2020?

☐ Yes ☒ No

▶ If you checked **"Yes"** on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly?

☐ Yes ☐ No

▶ If you checked **"Yes"** on line 5a and **"No"** on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

6 Is the taxpayer's **investment income** more than \$3,650?

☐ Yes ☒ No

▶ If you checked **"Yes"** on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

7 Could the taxpayer be a **qualifying child** of another person for 2020? If the taxpayer's filing status is married filing jointly, check **"No."**

☐ Yes ☒ No

▶ If you checked **"Yes"** on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

Your signature	Date 03-25-2021	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature	Date 03-25-2021		

EIC Due Diligence Assistant

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Celestine Nkweti

500-23-6337

Part II Taxpayers With a Child

Caution: If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

- 8** Child's name
- 9** Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them? . .
- 10** Was the child unmarried at the end of 2020?
If "**No**" and the child filed a return for any reason other than to claim a refund, the child is not the taxpayer's qualifying child.
- 11** Did the child live with the taxpayer in the United States for over half of 2020? . . .
- 12** Was the child (at the end of 2020) -
- Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),
 - Under age 24, a student (defined in the instructions), and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or
 - Any age and permanently and totally disabled?
- ▶ If you checked "**Yes**" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "**No**" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child.
- 13a** Do you or the taxpayer know of another person who could check "**Yes**" on lines 9, 10, 11, and 12 for the child?
- ▶ If you checked "**No**" on line 13a, go to line 14. Otherwise, go to line 13b.
- b** Enter the child's relationship to the other person(s)
- c** Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child?
- ▶ If you checked "**Yes**" on line 13c, go to line 14. If you checked "**No**," the taxpayer **cannot** take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If you checked "**Don't know**," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III.
- 14** Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes?
- ▶ If you checked "**No**" on line 14, the taxpayer **cannot** take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). If you checked "**Yes**" on line 14, continue.
- 15** If the qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the parents were not claiming the child?
- 16** Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2020?
- ▶ If you checked "**No**" on line 16, **stop**; the taxpayer **cannot** take the EIC. If you checked "**Yes**" on line 16, the taxpayer can take the EIC. Complete **Schedule EIC** and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if **Form 8862** must be filed.

Child 1	Child 2	Child 3
Fortress Nkweti	Fortune Nkweti	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Your signature	Date 03-25-2021	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature	Date 03-25-2021		

IRS e-file Signature Authorization

OMB No. 1545-0074

2020

- ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) **4360962021077beglyhf**

Taxpayer's name

Celestine Nkweti

Spouse's name

Social security number

500-23-6337

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	19,181
2	Total tax	2	1,092
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	200
4	Amount you want refunded to you	4	7,930
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

Refund will be deposited to: RTN=082900872 Acct=Ends in 8610

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

☒ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
39234

Your signature ► _____ Date ► **03-25-2021**

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **436096-11958**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► **Donald C. Aduba Sr.** Date ► **03-25-2021**

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Form **8879** (Rev. 01-2021)

1040**Overflow Statement****2020**
Page 1

Name(s) as shown on return

Celestine Nkweti

Your Social Security Number

500-23-6337

Schedule C, Line 1 - Gross Receipts

Description	Amount
Merchandise Sales	\$ 167,596
Less Sales Tax	(8,532)
Non Taxable Sales	50,269
Total:	\$ 209,333

Schedule C, Line 20 - Rent - Other

Description	Amount
Small Tools & Equipment	\$ 217
Total:	\$ 217

Schedule C, Line 23 - Taxes and Licenses

Description	Amount
Business License	\$ 446
FUTA Tax	78
SUTA Tax	416
Total:	\$ 940

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

QBI Explanation Worksheet

Form 1040

(Do not file. Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Celestine Nkweti

500-23-6337

Name of business activity

Schedule C: Afro Caribbean Food Market LLC

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	7,727	7,727
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		546
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		7,181
12. W-2 wages carried to Form 8995 / 8995-A		19,871
13. UBIA of qualified property carried to Form 8995 / 8995-A		28,095
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- ☒ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Name(s) as shown on return

Afro Caribbean Food Market LLC

For your records only

PAGE 1

500-23-6337

500-23-6337

28,095

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

18,100	ST ADJ:	(1,000)
18,100	UBIA:	28,095

FOR TAX YEAR 2020

CELESTINE NKWETI

Addon Data Services Inc.
7530 Troost Avenue Suite 301
Kansas City, MO 64131-5100
(816)822-2722

Addon Data Services Inc.

7530 Troost Avenue Suite 301
Kansas City, MO 64131-5100
Firm Email: addondataservices@yahoo.com
Phone: (816)822-2722 | Fax: 816.800.8480

March 25, 2021

Celestine Nkweti
11134 Blue Ridge Blvd
Kansas City, MO 64134

Subject: Preparation of Your 2020 Tax Returns

Celestine Nkweti:

Thank you for choosing Addon Data Services Inc. to assist you with your 2020 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2020 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2020 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (816)822-2722.

Sincerely,

Donald C. Aduba Sr.
Addon Data Services Inc.

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

Addon Data Services Inc.

7530 Troost Avenue Suite 301
Kansas City, MO 64131-5100
Firm Email: addondataservices@yahoo.com
Phone: (816)822-2722 | Fax: 816.800.8480

March 25, 2021

Celestine Nkweti
11134 Blue Ridge Blvd
Kansas City, MO 64134

Celestine Nkweti:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$7,930 Refund	Direct Deposit to **8610
Missouri Income Tax	\$120 Refund	Direct Deposit to **8610
Kansas City RD-108	\$77 Balance Due	Mail a check

The following return(s) were e-filed and accepted:

Federal Income Tax
Missouri Income Tax
Kansas City RD-108

Mail payment on or before due date to the following address:

Kansas City RD-108
KCMO City Treasurer
P.O. Box 801751
Kansas City, MO 64180-1751

Sincerely,

Donald C. Aduba Sr.
Addon Data Services Inc.

Addon Data Services Inc.

7530 Troost Avenue Suite 301

Kansas City, MO 64131-5100

Firm Email: addondataservices@yahoo.com

Phone: (816)822-2722 | Fax: 816.800.8480

March 25, 2021

Celestine Nkweti
11134 Blue Ridge Blvd
Kansas City, MO 64134

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (816)822-2722.

Sincerely,

Donald C. Aduba Sr.
Addon Data Services Inc.

Addon Data Services Inc.

7530 Troost Avenue Suite 301
 Kansas City, MO 64131-5100
 Firm Email: addondataservices@yahoo.com
 Phone: (816)822-2722 | Fax: 816.800.8480

Customer Name	Customer Information	
Celestine Nkweti 11134 Blue Ridge Blvd Kansas City, MO 64134	Invoice #:	
	Date:	March 25, 2021
	Phone:	(816)572-3746
	E-mail:	

Your 2020 tax return was prepared by Donald C. Aduba Sr..

Description	Fee
Federal And Supplemental Forms	
U.S. Individual Income Tax Return	50.00
1040 Line Item Fee	
Filing Status	Filing Status - Head of Household 225.00
Schedule 1	Additional Income and Adjustments to Income
Schedule 2	Additional Taxes
Schedule C	Profit or Loss from Business 400.00
Schedule EIC	Earned Income Credit
Schedule LEP	Request for Change in Language Preference
Schedule SE	Self Employment Tax
Form 4562	Depreciation and Amortization
Form 8812	Additional Child Tax Credit
Form 8867	Paid Preparer's Due Diligence Checklist
Form 8879	E-File Signature Authorization
Form 8995	Qualified Business Income Deduction - Simple
Form 9325	General Information for Electronic Filing
Form W-2	Wage and Tax Statement 5.00
DEPR - Fed Schedule	Federal Depreciation Schedule
DEPR - Next Year	Next Year Depreciation Schedule
Due Diligence	Additional Due Diligence
Due Diligence	Additional Due Diligence
Due Diligence	Additional Due Diligence
Due Diligence	Additional Due Diligence
EIC Due Diligence Assist	EIC Due Diligence Assistant
EIC Due Diligence Assist	EIC Due Diligence Assistant
QBI Explanation	Explanation of Qualified Business Income Amount
Tax Computation	Computation of Regular Tax
Wks 8812	Form 8812 Worksheet - Child Tax Credit
Wks Auto	Automobile Expense Worksheet
Wks EIC	EIC Worksheet
Wks EIC B	EIC Worksheet B
Wks Recovery Rebate	Recovery Rebate Credit Worksheet
Statement Sch C	Schedule C - Part V - Other Expenses
Overflow	Itemized Listing Attachment

Comparison	Tax Year Comparison Sheet	
Missouri Forms		
MO1040	Missouri Individual Income Tax Return Pg. 1	15.00
MO1040.PG2	Missouri Individual Income Tax Return Pg. 2	
MO1040.PG3	Missouri Individual Income Tax Return Pg. 3	
MO1040.PG4	Missouri Individual Income Tax Return Pg. 4	
MO1040.PG5	Missouri Individual Income Tax Return Pg. 5	
MOA	Individual Income Tax Adjustments Pg. 1	
MOA.PG2	Individual Income Tax Adjustments Pg. 2	
MOWK_AGI	MO Adjust Gross Income Split Worksheet	
MOWK_SE	MO Self Employment Tax Worksheet	
MOWK_A5	Schedule A line 5 Worksheet	
MOBID_WK	MO Source Business Deduction Worksheet	
MO TAX Comparison	Missouri Three-Year Tax Return Comparison	
KC RD-109 TP	RD-109 Kansas City Wage Earner Return For Taxpayer	
KC 109 ATT TP	Kansas City Employer Information Attachment For TP	
KC 108 SCH C ATT TP	KC 108 SCH C ATT Taxpayer	
KC PDF ATT	KC 108 PDF ATT	
KC RD 108 Pymt Voucher TP	KC RD-108 TP Payment Voucher	
KC RD 108	RD-108 Kansas City Profits Return	
KC RD 108B TP SCH C	KC RD-108 TP Page 2 Sch C Information	

Total Forms	51	Forms Subtotal	695.00
Adjustments			
Electronic Filing Fees			75.00
Client Discount			-115.00
		Subtotal	655.00
		Total Balance Due	655.00

Payment due upon receipt. Thank you for your business!

Account Transaction Summary**2020**

Name(s) as shown on return

Celestine Nkweti

Your ID Number

XXX-XX-6337

Account #1

Financial Institution Arvest Bank**Routing Transit Number** 082900872**Account Number** 35698610**Account Type** checking

Federal Main Form

Federal Deposit 7,930

State Main Form(s)

MO Deposit 120

Net Deposit 8,050

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

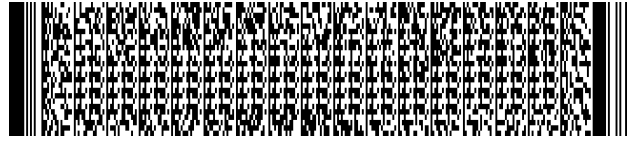
This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize Addon Data Services Inc. to use this account.

Your Signature03-25-2021

Date

Spouse's Signature (If Married Filing Jointly)_____
Date

REVENUEForm
MO-1040**2020 Individual Income
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.

☐ **Amended Return** ☐ **Composite Return**
(For use by S corporations or Partnerships)☐ **Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868)

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

--	--	--	--	--	--

Vendor Code**Department Use Only****1024**

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Filing Status☐ Single ☐ Claimed as a Dependent ☐ Married Filing Combined ☐ Married Filing Separately ☒ Head of Household ☐ Qualifying Widow(er)

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐**Name**

Social Security Number		Deceased in 2020		Spouse's Social Security Number		Deceased in 2020	
500 - 23 - 6337							
First Name	M.I.	Last Name			Suffix		
CELESTINE		NKWETI					
Spouse's First Name	M.I.	Spouse's Last Name			Suffix		

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

--

Address

Present Address (Include Apartment Number or Rural Route)

11134 BLUE RIDGE BLVD

City, Town, or Post Office

KANSAS CITY

State

MO

ZIP Code

64134

County of Residence

JACK

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund
-----------------------	---------------------	---	------------------------------------	------------------------	-----------------------------	--------------------------------------	----------------------	--------------------------	---	---



20322011024

Yourself (Y)

Spouse (S)

1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	19,181	.00	1S		.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2	3Y	19,181	.00	3S		.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	773	.00	4S		.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	18,408	.00	5S		.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	18,408	.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S		%

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8		.00
9. Tax from federal return	9	0	.00
10. Other tax from federal return	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld	11	0	.00
12. Federal tax percentage - Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	35	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction - Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers	13	0	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)			
• Single or Married Filing Separate - \$12,400 • Head of Household - \$18,650			
• Married Filing Combined or Qualifying Widow(er) - \$24,800			
Note: If age 65 or older, blind, or claimed as a dependent, see page 6	14	18,650	.00
15. Long-term care insurance deduction	15		.00
16. Health care sharing ministry deduction	16		.00
17. Active Duty Military income deduction	17		.00
18. Inactive Duty Military income deduction	18		.00
19. Bring jobs home deduction	19		.00
20. Transportation facilities deduction	20		.00

☐ A. Port Cargo Expansion
☐ B. International Trade Facility
☐ C. Qualified Trade Activities


Deductions Continued

21. First Time Home Buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	21	<input type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21					22	18,650	.00
23. Subtotal - Subtract Line 22 from Line 6					23	0	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	<input type="text"/>	0	.00	24S	<input type="text"/>	.00
25. Enterprise zone or rural empowerment zone income modification	25Y	<input type="text"/>		.00	25S	<input type="text"/>	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24	26Y	<input type="text"/>	0	.00	26S	<input type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)	27Y	<input type="text"/>	0	.00	27S	<input type="text"/>	.00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y	<input type="text"/>		.00	28S	<input type="text"/>	.00
29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	<input type="text"/>	100.0000	%	29S	<input type="text"/>	100.0000 %
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	<input type="text"/>	0	.00	30S	<input type="text"/>	.00
31. Other taxes - Select box and attach federal form indicated.							
<input type="checkbox"/> Lump sum distribution (Form 4972)							
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	31Y	<input type="text"/>		.00	31S	<input type="text"/>	.00
32. Subtotal - Add Lines 30 and 31	32Y	<input type="text"/>	0	.00	32S	<input type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S	33	<input type="text"/>	0	.00			

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099	34	<input type="text"/>	120	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020	35	<input type="text"/>		.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	36	<input type="text"/>		.00
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	37	<input type="text"/>		.00
38. Amount paid with Missouri extension of time to file (Form MO-60)	38	<input type="text"/>		.00
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	39	<input type="text"/>		.00
40. Property tax credit - Attach Form MO-PTS	40	<input type="text"/>		.00
41. Total payments and credits - Add Lines 34 through 40	41	<input type="text"/>	120	.00



20322031024

Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return 42 .00

43. Overpayment as shown (or adjusted) on original return 43 .00

Indicate Reason for Amending

☐ A. Federal audit Enter date of IRS report (MM/DD/YY)

☐ B. Net Operating Loss carryback Enter year of loss (YY)

☐ C. Investment tax credit carryback Enter year of credit (YY)

☐ D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43.
Enter on Line 44 44 .00

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.
Amount of OVERPAYMENT 45 120 .00

46. Amount of Line 45 to be applied to your 2021 estimated tax 46 .00

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47a. Children's Trust Fund <input type="text"/> .00	47b. Veterans Trust Fund <input type="text"/> .00	47c. Elderly Home Delivered Meals Trust Fund <input type="text"/> .00	47d. Missouri National Guard Trust Fund <input type="text"/> .00
47e. Workers' Memorial Fund <input type="text"/> .00	47f. Childhood Lead Testing Fund <input type="text"/> .00	47g. Missouri Military Family Relief Fund <input type="text"/> .00	47h. General Revenue Fund <input type="text"/> .00
47i. Organ Donor Program Fund <input type="text"/> .00	47j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> .00	47k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> .00	
47l. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00	47m. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00		

Total Donation - Add amounts from Boxes 47a through 47m and enter here 47 .00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632** 48 .00

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here 49 120 .00

a. Routing Number c. ☒ Checking ☐ Savings

b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference. 50 .00
Amount of UNDERPAYMENT.
51. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . 51 .00
☐ Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
52. **AMOUNT DUE** - Add Lines 50 and 51.
If you pay by check, you authorize the Department of Revenue to process the check 52 .00
electronically. Any returned check may be presented again electronically

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/> 01 <input type="text"/> 22 <input type="text"/> 21
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
E-mail Address	Daytime Telephone
ADDONDATASERVICES@YAHOO.COM	816-572-3746
Preparer's Signature	Date (MM/DD/YY)
DONALD C. ADUBA SR.	<input type="text"/> 03 <input type="text"/> 25 <input type="text"/> 21
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
P00660774	816-822-2722
Preparer's Address	State ZIP Code
7530 TROOST AVENUE SUITE 301 KANSAS CITY	MO 64131-5100

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm ☒ Yes ☐ No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above . . ☐ Yes ☒ No

Department Use Only

☐ A ☐ FA ☐ E10 ☐ DE ☐ F

(Revised 12-2020)

Mail To: Balance Due:
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 522-1762
E-mail: income@dor.mo.gov



20322051024

MO-A**2020 Individual Income Tax Adjustments**

Attach to Form MO-1040. Attach your federal return. See information beginning on page 13 to assist you in completing this form.

Name

Social Security Number

500

23

6337

Spouse's Social Security Number

First Name

CELESTINE

M.I.

Last Name

NKWETI

Suffix

Spouse's First Name

M.I.

Spouse's Last Name

Suffix

Additions

Yourself (Y)

Spouse (S)

1. Interest on state and local obligations other than Missouri source . . . 1Y .00 1S .00
2. ☐ Partnership ☐ Fiduciary ☐ S Corporation ☐ Business Interest
- ☐ Net Operating Loss (Carryback/Carryforward)
- ☐ Other (description) 2Y .00 2S .00
3. Nonqualified distribution received from a qualified 529 plan
(education savings program) not used for qualified expenses 3Y .00 3S .00
4. Food Pantry contributions included on Federal Schedule A 4Y .00 4S .00
5. Nonresident Property Tax 5Y .00 5S .00
6. Nonqualified distribution received from a qualified Achieving a Better
Life Experience Program (ABLE) not used for qualified expenses . . . 6Y .00 6S .00
7. Total Additions - Add Lines 1 through 6. Enter here and on Form
MO-1040, Line 2 7Y .00 7S .00

Subtractions

8. Interest from exempt federal obligations included in federal adjusted
gross income - Attach a detailed list or all Federal Form(s) 1099 . . . 8Y .00 8S .00
9. Any state income tax refund included in federal adjusted gross income. 9Y .00 9S .00
10. ☐ Partnership ☐ Fiduciary ☐ S Corporation ☐ Railroad Retirement Benefits ☐ Military (nonresident)
- ☐ Combat Pay ☐ Build America and Recovery Zone Bond Interest ☐ MO Public-Private Transportation Act
- ☐ Net Operating Loss ☐ Business Interest
- ☐ Other (description) 10Y .00 10S .00
11. Exempt contributions made to a qualified 529 plan (education
savings program) 11Y .00 11S .00
12. Qualified Health Insurance Premiums - Attach the Qualified Health
Insurance Premiums Worksheet (Form 5695) and supporting
documentation 12Y .00 12S .00

Part 1 - Missouri Modifications to Federal Adjusted Gross Income



20340011024

For Privacy Notice, see instructions.

13. Missouri depreciation adjustment (**Section 143.121, RSMo**)

☐ Sold or disposed property previously taken as addition modification 13Y .00 13S .00

14. Home Energy Audit Expenses - Attach the Home Energy Audit Expense (**Form MO-HEA**) 14Y .00 14S .00

15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 15Y .00 15S .00

16. Agriculture Disaster Relief 16Y .00 16S .00

17. Business Income Deduction - see worksheet on page 16 17Y .00 17S .00

18. Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4 18Y .00 18S .00

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1. Total federal itemized deductions from Federal Form 1040 or Federal Form 1040-SR, Line 12. 1 .00

2. 2020 Social security tax - (Yourself) 2 .00

3. 2020 Social security tax - (Spouse) 3 .00

4. 2020 Railroad retirement tax - Tier I and Tier II (Yourself) 4 .00

5. 2020 Railroad retirement tax - Tier I and Tier II (Spouse) 5 .00

6. 2020 Medicare tax - Yourself and Spouse (see instructions on page 43) 6 .00

7. 2020 Self-employment tax (see instructions on page 43) 7 .00

8. Total - Add Lines 1 through 7 8 .00

9. State and local income taxes from Federal Schedule A, Line 5 or enter \$0 if completing worksheet below 9 .00

10. Earnings taxes included in Line 9 10 .00

11. Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from worksheet below 11 .00

12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14 12 .00

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate filers).

1. Enter the sum of your state and local taxes on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5d 1 .00

2. State and local income taxes from Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a 2 .00

3. Earnings taxes included on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a 3 .00

4. Subtract Line 3 from Line 2 4 .00

5. Divide Line 4 by Line 1 5 %

6. Enter \$10,000 (\$5,000 if married filing separately) 6 .00

7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above 7 .00



MOWK_AGI

**For your records only.
Adjusted Gross Income Split Worksheet**

2020 AGI
FD/ST Summary

Name(s) as shown on state return
Celestine Nkweti

Social Security Number
500-23-6337

Federal 1040 Income and Adjustments**Federal****State**

Col. A
Taxpayer

Col. B
Spouse

Col. A
Taxpayer

Col. B
Spouse

Federal 1040

1 Wages, salaries, tips, etc.	1	12,000		12,000	
2b Taxable interest	2b				
3b Ordinary dividends	3b				
4b Taxable amount of IRA distributions	4b				
5b Taxable amount of Pensions and annuities	5b				
6 Taxable amount of Social security benefits	6				
7 Capital gain or (loss)	7				

Schedule 1 - Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1				
2a Alimony received	2a				
3 Business income or (loss)	3	7,727		7,727	
4 Other gains or (losses)	4				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5				
6 Farm income or (loss)	6				
7 Unemployment compensation	7				
8 Other income.	8				
9 Add the amounts in each column for Federal 1040 Lines 1-7 and Schedule 1 lines 1-8. This is your total income	9	19,727		19,727	

Schedule 1 - Adjustments to Income

10 Educator Expenses	10				
11 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	11				
12 Health savings account deduction	12				
13 Moving expenses	13				
14 Deductible part of self-employment tax	14	546		546	
15 Self-employed SEP, SIMPLE, and qualified plans	15				
16 Self-employed health insurance deduction	16				
17 Penalty on early withdrawal of savings	17				
18a Alimony paid	18a				
19 IRA deduction	19				
20 Student loan interest deduction	20				
21 Tuition and fees	21				
22 Line 22 other adjustments	22				
Charitable Contributions (Standard Deduction Only)					
Add lines 10 through 22 plus Charitable Contributions		546		546	
Line 9 less Line 22. This is your AGI		19,181		19,181	

MOWK_SE	For your records only. Self-Employment Tax Worksheet	2020 SE Tax STATE Summary
Name(s) as shown on state return Celestine Nkweti		Social Security Number 500-23-6337

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.

1 a 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	7,727
3 Combine lines 1a, 1b, and 2	3	7,727
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	7,136

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 <input type="checkbox"/>	4c	7,136

5 a 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	
6 Add lines 4c and 5b	6	7,136
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 2020	7	137,700

8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	8a	12,000
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	12,000

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 <input type="checkbox"/>	9	125,700
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	885
11 Multiply line 6 by 2.9% (0.029)	11	207
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	1,092

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 14	13	546
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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 \$8,460, **or** (b) your net farm profits² were less than \$6,107.

14 Maximum income for optional methods	14	5,640
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,640. 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 \$6,107 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 income ⁴ (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.

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.

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

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

MOWK_A5State / Local tax payments made after 12/31/2020 that
will be deductible on 2021 Federal Schedule A**2020**

Name(s) as shown on return

Celestine Nkweti

Your Social Security Number

500-23-6337

A. 2020 Income taxes due that were paid after 12/31/2020

A1. 4th quarter estimate/extension (may be adj. by refund)
A2. Amount paid with return 77
A3. Total payments made in 2021 **A.** 77

B. Adjustments made to payments

B1. Interest & Penalty
B2. Contributions, Donations, Checkoffs
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)
B4. Total adjustments **B.** _____

C. Total tax payments potentially deductible in 2021 (Line A less line B) **C.** 77

**MISSOURI
ATTACHMENT**

Worksheet for Missouri Source Business Deduction

2020

Name(s) as shown on return

CELESTINE NKWETI

Your social security number

500-23-6337

Yourself

Spouse

1. Missouri-source net profit from Form 1040, Schedule(s) C, Line 31 that is included in federal adjusted gross income. (Enter zero if negative.) 1Y 7,727 1S
2. Missouri-source net profit (loss) from Form 1040 Schedule E, Part II, Line 32, that is included in federal adjusted gross income 2Y 2S
3. Business income (Combine Line 1 and Line 2; amount cannot be less than zero.) 3Y 7,727 3S
4. Business income deduction. Multiply Line 3 by 10%. Enter on Form MO-A, Part I, Line 17 4Y 773 4S

Enter the amount from Line 4 from the worksheet above on Form MO-A, Line 17.

FORM RD-109

2020

City of Kansas City, Missouri - Revenue Division WAGE EARNER RETURN EARNINGS TAX

Phone: (816) 513-1120
E-file: kcmo.gov/quicktax

First Name: CELESTINE Middle Name: _____ Last Name: NKWETI
SSN: 500-23-6337 Street Address: 11134 BLUE RIDGE BLVD Unit: _____
Account ID: _____ City: KANSAS CITY State: MO Zip: 64134

The Revenue Division does not allow joint filings - DO NOT INCLUDE YOUR SPOUSE'S INCOME
SEE ATTACHMENT FOR EMPLOYERS

Period From: 01-01-2020 Period To: 12-31-2020

1. Enter "X" in box if amended return	1	<input type="checkbox"/>	DOLLARS	CENTS
2. Wages, tips, other compensation	2	\$	12,000.00	
3. Amount of nonresident or part-time resident deduction (RD-109NR, Line 5)	3	\$		
4. Total taxable wages (Line 2 less Line 3)	4	\$	12,000.00	
5. Earnings tax (1% of Line 4)	5	\$	120.00	
6. Earnings tax paid with extension RD-112	6	\$		
7. Local tax withheld by employer as shown on W-2	7	\$	120.00	
8. Earnings tax paid to other city (residents only, not to exceed Line 7)	8	\$		
9. Tax Due (Line 5 less Lines 6, 7 and 8, not less than 0)	9	\$		
10. Penalty (5% per month, not to exceed 25%)	10	\$		
11. Interest (1% per month until tax is paid in full)	11	\$		
12. Total Amount Due (sum of Lines 9, 10, and 11)	12	\$		
13. Overpayment to be refunded (Lines 6 + 7 + 8 less 9) (If refunds less than \$1.00)	13	\$		
14. Amount Paid	14	\$		

Complete this section for direct deposit of your checking or savings account (first-time filers are not eligible for direct deposit and will receive a paper check)	Routing Number	15a	
15. Refund:	Account Number	15b	
	Account Type	15c	

Checking: ☐ Savings: ☐

NOTES

Do not file this form if your 1% earnings tax is fully withheld. If you are requesting a refund, submit Form RD-109 and Form RD-109 NR.
File this return on or before April 15th.
Revenue Division and the IRS routinely share computer tapes and audit results. Differences, other than those allowed under City ordinance, will be noted and may result in an audit or further investigation.
Do not include Business Income on this form.
Write your SSN on your check.

DO NOT SEND CASH. Make check payable to: KCMO City Treasurer

Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 842707 Kansas City, MO 64184-2707

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or (816) 513-1120.

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare this return to be true, correct, and complete accounting for the taxable year stated.

Yes ☒ No ☐

CELESTINE NKWETI

Print Name of Taxpayer

Signature

Title

03-25-2021 816-572-3746

Date

Phone

DONALD C. ADUBA SR.

DONALD C. ADUBA SR

03-25-2021 816-822-2722

Date

Phone

Preparer Name (if other than taxpayer)

Signature

Title

Kansas City, Missouri RD-109 Employer Information Attachment

500-23-6337

[illegible]

FORM RD-108

2020

City of Kansas City, Missouri - Revenue Division PROFITS RETURN EARNINGS TAX

Phone: (816) 513-1120
E-file: kcmo.gov/quicktax

Legal Name: CELESTINE NKWETI Mailing Address: 11134 BLUE RIDGE BLVD
DBA Name: AFRO CARIBBEAN FOOD MARKET KANSAS CITY, MO 64134
FEIN or SSN: 500-23-6337 Business Address: 11134 BLUE RIDGE BLVD
Account ID: _____ KANSAS CITY, MO 64134

Period From: 01-01-2020 Period To: 12-31-2020

1. Type of Business ☐ A. * Partnership (No. of partners: _____) ☐ B. Corporation ☒ C. Proprietorship ☐ D. Fiduciary
☐ (Check if informational) ☐ E. K-1 Source Income ☐ F. None of the Above

2. Enter "X" if nonresident business	2		DOLLARS	CENTS
3. KCMO Gross receipts only (See Instructions)	3	\$	209,333.00	
4. Income from business or profession (IF LOSS ENTER 0) (from Schedule C, Y, Z)	4	\$	7,727.00	
5. Other taxable earnings, not included in Schedule C (IF LOSS ENTER 0) (ATTACH SCHEDULES)	5	\$		
6. Total taxable earnings (Line 4 plus Line 5)	6	\$	7,727.00	
7. Tax Due (1% of Line 6)	7	\$	77.00	
8. Profits tax paid with extension Form RD-111 and/or credit carried forward (DUE ON OR BEFORE FILING DATE)	8	\$		
9. Profits tax paid to other city, not to exceed Line 7 (RESIDENT BUSINESS ONLY) (ATTACH EVIDENCE OF PAYMENT)	9	\$		
10. Amount Due (Line 7 less Lines 8 and 9, not less than 0)	10	\$	77.00	
11. Penalty (5% per month of Line 10, not to exceed 25%)	11	\$		
12. Interest (1% per month of Line 10 until tax is paid in full)	12	\$		
13. Total Amount Due (sum of Lines 10, 11 and 12)	13	\$	77.00	
14. Overpayment to be credited (Lines 8 + 9 less Line 7)	14	\$		
15. Overpayment to be refunded (Lines 8 + 9 less Line 7)	15	\$		
16. Amount Paid	16	\$	77.00	
17. "X" if amended	17			
18. If no longer conducting business in Kansas City, MO enter date closed DO NOT COMPLETE IF BUSINESS IS STILL OPERATING	18			

Notes:

- * If Partnership is passing taxable income to partners, enter 0 on Line 4
* Please attach a copy of Federal Tax Return and / or K-1.

MM DD YY

DO NOT SEND CASH. Make check payable to: KCMO City Treasurer

Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 843322 Kansas City, MO 64184-3322

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or (816) 513-1120.

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare this return to be true, correct, and complete accounting for the taxable year stated.

Yes ☒ No ☐

CELESTINE NKWETI

Print Name of Taxpayer DONALD C. ADUBA SR. Title _____

03-25-2021 816-572-3746

Date Phone

DONALD C. ADUBA SR.

03-25-2021 816-822-2722

Date Phone

Preparer Name (if other than taxpayer)

Signature

Title

For Your Records Only

2020

Part-Year/NonResident Profits Tax Worksheet

Schedule C, Y, Z

TAXPAYER: CELESTINE NKWETI

SOURCE: FEDERAL SCHEDULE C

Phone: (816) 513-1120

E-file: kcmo.gov/quicktax

BUSNAME: AFRO CARIBBEAN FOOD MARKET

SCHEDULE C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

				DOLLARS	CENTS
1. Gross receipts or gross sales, fees, or commissions less returns and allowances				209,333.00	
2. Cost of goods sold:				DOLLARS	CENTS
A. Inventory at beginning of year	2A	30,374.00			
B. Purchases	2B	154,588.00			
C. Wages	2C				
D. Other costs (attach worksheet)	2D				
E. Total (Lines 2A through 2D)	2E	184,962.00			
F. Less inventory at end of year	2F	67,644.00			
G. Net cost of goods sold (Line 2E less Line 2F)				2G	117,318.00
3. Gross profit (Line 1 less Line 2G)				3	92,015.00
4. Other business income (specify)				4	
5. Total business income before deductions (Line 3 plus Line 4)				5	92,015.00
6. Officer Compensation		12. Interest	12		
7. Salaries	19,871.00	13. Depreciation	13	18,100.00	
8. Repairs & maintenance		14. Depletion	14		
9. Bad debts		15. Advertising	15	200.00	
10. Rents	1,203.00	16. Pension, profit-sharing	16		
11. Taxes (Federal, state and local taxes are NOT deductible)	940.00	17. Employee benefit programs	17		
		18. Other deductions (Special deductions are NOT deductible)	18	43,974.00	
19. Total business deductions (Line 6 through Line 18)				19	84,288.00
20. Net profit or loss (Line 5 less Line 19, enter on Line 4, Form RD-108 or use Line 27, Schedule Y)				20	7,727.00

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

				DOLLARS	CENTS
21. Total net profit (from Schedule C, Line 20)				21	
		A: Everywhere	DOLLARS	CENTS	B: In KCMO
			DOLLARS	CENTS	C: B divided by A
22. Original cost of real and tangible personal property located	22				%
23. Total wages, salaries, commissions, and other compensation of all employees.	23				%
24. Gross receipts from sales, work or services performed	24				%
25. Total percentage (Line 22C through Line 24C)				25	%
26. Allocation percentage (divide total percentage from Line 25 by the number of percentages used)				26	%
27. Taxable net profit (Line 21 multiplied by percentage from Line 26, enter amount on Line 4, Form RD-108) (Partnerships report as shown in Schedule Z)				27	

SCHEDULE Z - DISTRIBUTIVE SHARES OF K-1 SOURCE INCOME FOR PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND FIDUCIARIES

Name and address of each taxpayer (attach additional sheets if necessary)	Distributive Percentage	Social Security or Federal ID Number	Resident (Yes / No)	Taxable Distributive Shares Amount
1.				
2.				
3.				
4.				
100%		Total, Enter on Line 4, Form RD-108		

MO18L18T

Kansas City 108 Schedule C line 18 Attachment
Other Deductions

2020

Name(s) as shown on return

CELESTINE NKWETI

Your social security number

500-23-6337

SOURCE: FEDERAL SCHEDULE C

BUSNAME: AFRO CARIBBEAN FOOD MARKET

Description

Amount

FEES	467
INSURANCE	1220
LEGAL AND PROFESSIONAL SVCS	1415
OFFICE EXPENSE	900
UTILITIES	6330
ALARM AND SECURITY	1315
AUTOMOTIVE EXPENSE GASOLINE A	5922
REPAIRS AND MAINTENANCE SHELV	124
CREDIT CARD PROCESSING FEES	2857
COMPUTERINTERNET SERVICES	1059
PACKAGING SUPPLIES	1390
PRINTING AND REPRODUCTION	80
RENT	9600
SHIPPING CHARGES	553
TELEPHONE LANDLINE	370
TELEPHONE MOBILE	1750
SPOILAGE AND EXPIRED ITEMS	5500
BANK CHARGES	270
EQUIPMENT RENTAL DUMPSTER	900
BUSINESS INSURANCE EXPENSE	1173
WATER	779

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TOTAL 43974

2020 KC108001 Voucher Instructions
Celestine Nkweti

Filing method:

Your return was e-filed and accepted. Sign and date your check. Mail it with your voucher on or before the due date to the address below.

Due date:

04-15-2021

Payment:

\$77.00

Payment methods:

Make your check or money order payable to "Kansas City Treasurer." Write your SSN(s) on your payment. The department of revenue will electronically process all checks mailed to it.

Mail-to address:

KCMO City Treasurer
P.O. Box 801751
Kansas City, MO 64180-1751

Taxpayer records

Amount paid: _____
Check number: _____
Date mailed: _____

1024

Please detach and return with payment

Payment Voucher

Celestine Nkweti
11134 Blue Ridge Blvd
Kansas City, MO 64134

Payment ID 500-23-6337
Total Amount Due 77.00
Revenue Division

Make Checks payable to:

KCMO City Treasurer
P.O. Box 801751
Kansas City, MO 64180-1751

Amount Enclosed:

77

Please Include your Payment ID on your check.
Please do not send cash or coin.
Please write one check per voucher.

PRFRTNPYM12312020SSN005002363370000000077004