

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

Taxpayer name

Delphine K Nkweti

Taxpayer address (optional)

5908 E 99th Street

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 4360962021077e2p4ax0.
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 Delphine K		Last name Nkweti		Your social security number 500-23-8675	
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. 5908 E 99th Street				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		Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	Faith	Nkweti	500-23-8676	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Favor	Nkweti	500-25-3453	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	6,000
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
Standard Deduction for- ● Single or Married filing separately, \$12,400 ● Married filing jointly or Qualifying widow(er), \$24,800 ● Head of household, \$18,650 ● If you checked any box under Standard Deduction , see instructions.	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	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	6,000
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	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	0
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	6,000
	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	
	14	Add lines 12 and 13	14	18,650
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	0

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	0
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0
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	
24	Add lines 22 and 23. This is your total tax .	24	0

25 Federal income tax withheld from:

a	Form(s) W-2	25a	40
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	40

26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	2,410
28	Additional child tax credit. Attach Schedule 8812	28	525
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits .	32	2,935
33	Add lines 25d, 26, and 32. These are your total payments .	33	2,975

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	2,975
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	2,975
Direct deposit? See instructions.	▶ b	Routing number <u>1 0 1 0 0 0 1 8 7</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d	Account number <u>1 4 5 5 7 4 7 7 0 8 4 1</u>		
	36	Amount of line 34 you want applied to your 2021 estimated tax .	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now .	37	0
For details on how to pay, see instructions.		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions. <input checked="" type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No		
	Designee's name ▶ Donald C. Aduba Sr	Phone no. ▶ 816-822-2722	Personal identification number (PIN) ▶ 1 1 9 5 8

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.) ▶
Joint return? See instructions. Keep a copy for your records.	▶ 63914	02-03-2021	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. 816-645-4501	Email address		

Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if: <input checked="" type="checkbox"/> Self-employed
	Donald C. Aduba Sr.	03-25-2021	P00660774	
	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		

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

Delphine K Nkweti

Your social security number

500-23-8675

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) . . . ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	6,585
8	Other income. List type and amount . ▶ <u>UCE</u>	8	(6,585)
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	0

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) . . . ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
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	0

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

Schedule 1 (Form 1040) 2020

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

500-23-8675**Delphine K Nkweti****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.

- You can't claim the EIC for a child who didn't live with you for more than half of the year.

CAUTION!

- 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

**Faith
Nkweti**

First name

Last name

**Favor
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.

500-23-8676**500-25-3453****3 Child's year of birth**Year **2005**

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 **2008**

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 months

Do not enter more than 12 months.

12 months

Do 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)

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**

Name(s) shown on return

Your social security number

Delphine K Nkweti

500-23-8675

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	
3	Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit	3	4,000
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	6,000
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	3,500
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	525

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	525
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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

Form **8863**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2020Attachment
Sequence No. **50**

Your social security number

500-23-8675

Delphine K Nkweti**!**
CAUTION*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, qualifying widow(er)	2	90,000
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	6,000
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	84,000
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000
6	If line 4 is: <ul style="list-style-type: none"> Equal to or more than line 5, enter 1.000 on line 6 Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	2,942
11	Enter the smaller of line 10 or \$10,000	11	2,942
12	Multiply line 11 by 20% (0.20)	12	588
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	69,000
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	6,000
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	63,000
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000
17	If line 15 is: <ul style="list-style-type: none"> Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	588
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	

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

Form **8863** (2020)

Name(s) shown on return

Your social security number

Delphine K Nkweti

500-23-8675



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

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Delphine Nkweti	21 Student social security number (as shown on page 1 of your tax return) 500-23-8675
22 Educational institution information (see instructions)	
a. Name of first educational institution Curators of the University	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. PO Box 56 Columbia, MO 65205-0056	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 43-6003859	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input checked="" type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input type="checkbox"/> No - Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input checked="" type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input type="checkbox"/> No - Go to line 26.	
26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.	



You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	2,942
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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

Delphine K Nkweti

Enter preparer's name and PTIN

Donald C. Aduba Sr.**P00660774**

Taxpayer identification number

500-23-8675**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: Driver's License and Form 1098 T School Records, Medical Records _____ _____ _____	<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"/>

EIC Due Diligence Assistant

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Delphine K Nkweti

500-23-8675

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

Delphine K Nkweti

500-23-8675

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
Faith Nkweti	Favor 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input checked="" type="checkbox"/> Yes <input 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) **4360962021077e2p4ax0**

Taxpayer's name Delphine K Nkweti	Social security number 500-23-8675
Spouse's name	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	6,000
2	Total tax	2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	40
4	Amount you want refunded to you	4	2,975
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=101000187 Acct=Ends in 0841

☐ 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.
63914

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)

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Missouri Department of Labor & In Division of Employment Security PO Box 3100 Jefferson City MO 65102-3100		1 Unemployment compensation		OMB No. 1545-0120	
		\$ 6,585		2020 Form 1099-G	
PAYER'S TIN 431158662		2 State or local income tax refunds, credits, or offsets			
		\$ 30		\$	
RECIPIENT'S TIN 500-23-8675		3 Box 2 amount is for tax year 2020		6 Taxable grants	
RECIPIENT'S name Delphine K Nkweti Street address (including apt. no.) 5908 E 99th Street City or town, state or province, country, and ZIP or foreign postal code Kansas City MO 64134 Account number (see instructions) —		5 RTAA payments		8 If checked, box 2 is trade or business income <input type="checkbox"/>	
		\$			
		7 Agriculture payments			
		\$			
		9 Market gain			
		\$			
		10a State		11 State income tax withheld	
		MO		\$	
		10b State identification no.		\$	
				\$	

Certain Government Payments

Copy B For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-G**

(keep for your records)

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service

EEA

		a Employee's social security number 500-23-8675		OMB No. 1545-0008 Safe, accurate, FAST! Use		IRS e-file Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 82-3566040				1 Wages, tips, other compensation <div style="text-align: right;">6,000</div>		2 Federal income tax withheld <div style="text-align: right;">40</div>	
c Employer's name, address, and ZIP code Afro Caribbean Food Market LLC 11134 Blue Ridge Blvd Kansas City MO 64134				3 Social security wages <div style="text-align: right;">6,000</div>		4 Social security tax withheld <div style="text-align: right;">372</div>	
				5 Medicare wages and tips <div style="text-align: right;">6,000</div>		6 Medicare tax withheld <div style="text-align: right;">87</div>	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Delphine Nkweti 5908 E 99th Street Kansas City MO 64134				11 Nonqualified plans		12a See instructions for box 12 Code	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Code	
				14 Other		12c Code	
						12d Code	
f Employee's address and ZIP code							
15 State Employer's state ID number MO 999999999		16 State wages, tips, etc. <div style="text-align: right;">6,000</div>		17 State income tax <div style="text-align: right;">30</div>		18 Local wages, tips, etc. <div style="text-align: right;">6,000</div>	
						19 Local income tax <div style="text-align: right;">60</div>	
						20 Locality name <div style="text-align: right;">KC</div>	

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.
 EEA
 The information on the Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by Addon Data Services Inc

		a Employee's social security number OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. 				11 Nonqualified plans		12a See instructions for box 12 Code	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Code	
				14 Other		12c Code	
						12d Code	
f Employee's address and ZIP code							
15 State Employer's state ID number 		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

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

Earned Income Credit Worksheet - Form 1040 or 1040-SR, line 27

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Delphine K Nkweti

500-23-8675

1. Enter the amount from Form 1040 or 1040-SR, line 1 plus any nontaxable combat pay elected to be included in earned income 1. 6,000
2. If you received a taxable scholarship or fellowship grant that was not reported on a W-2 form, enter that amount here; plus any amounts received for work performed while an inmate in a penal institution; plus any amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 2. _____
3. Subtract line 2 from line 1 3. 6,000
4. If you were self-employed or used Schedule C as a statutory employee, enter the amount from Worksheet B, line 4 4. _____
5. Add lines 3 and 4 5. 6,000
6. Look up the amount on **line 5** above in the **EIC Table** right after Worksheet B in the instructions to find your credit. Enter the credit here. If line 6 is zero, **stop**. You **cannot** take the credit. Enter "**No**" directly to the left of Form 1040 or 1040-SR, line 27 6. 2,410
7. Enter your **AGI** from Form 1040 or 1040-SR, line 11 7. 6,000
8. **Is line 7 less than -**
 - \$8,800 if you do not have a qualifying child? (\$14,700 if married filing joint)
 - \$19,350 if you have at least one qualifying child? (\$25,250 if married filing joint)

☒ **Yes.** Go to line 9 now.
☐ **No.** Look up the amount on **line 7** above in the **EIC Table** to find your credit.

Enter the credit here 8. _____
9. **Earned income credit.**
 - If you checked "Yes" on line 8, enter the amount from line 6.
 - If you checked "No" on line 8, enter the **smaller** of line 6 or line 8. 9. 2,410

For additional information on the EIC calculation see the form instructions or IRS Publication 596.

FOR TAX YEAR 2020

DELPHINE K 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

Delphine K Nkweti
5908 E 99th Street
Kansas City, MO 64134

Subject: Preparation of Your 2020 Tax Returns

Delphine K 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

Delphine K Nkweti
5908 E 99th Street
Kansas City, MO 64134

Delphine K Nkweti:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$2,975 Refund	Direct Deposit to **0841
Missouri Income Tax	\$30 Refund	Receive a check

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

Federal Income Tax
Missouri Income Tax

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

Delphine K Nkweti
5908 E 99th Street
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	
Delphine K Nkweti 5908 E 99th Street Kansas City, MO 64134	Invoice #:	
	Date:	March 25, 2021
	Phone:	
	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 EIC	Earned Income Credit
Schedule LEP	Request for Change in Language Preference
Form 1099-G	Certain Government Payments
Form 8812	Additional Child Tax Credit
Form 8863	Education Credits, page 1
Form 8867	Paid Preparer's Due Diligence Checklist
Form 8879	E-File Signature Authorization
Form 9325	General Information for Electronic Filing
Form W-2	Wage and Tax Statement 5.00
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
Wks 8812	Form 8812 Worksheet - Child Tax Credit
Wks 88631	Adjusted Qualified Education Expense Worksheet
Wks EIC	EIC Worksheet
Wks Exclusion	Unemployment Compensation Exclusion Worksheet
Wks Recovery Rebate	Recovery Rebate Credit Worksheet
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
MOWK AGI	MO Adjust Gross Income Split 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	
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Total Forms	30	Forms Subtotal	295.00
Adjustments			
Client Discount			-100.00
		Subtotal	195.00
		Total Balance Due	195.00

Payment due upon receipt. Thank you for your business!

Account Transaction Summary**2020**

Name(s) as shown on return

Delphine K Nkweti

Your ID Number

XXX-XX-8675

Account #1

Financial Institution	US Bank
Routing Transit Number	101000187
Account Number	145574770841
Account Type	checking

Federal Main Form

Federal Deposit 2,975

Net Deposit	<u>2,975</u>
--------------------	--------------

PLEASE VERIFY BANK INFORMATION

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

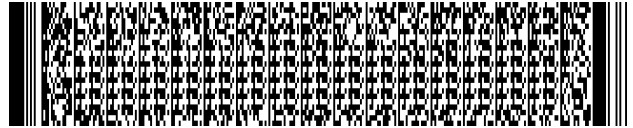
This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

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

Your Signature

03-25-2021

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 - 8675							
First Name	M.I.	Last Name				Suffix	
DELPHINE	K	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)

5908 E 99TH STREET

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
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20322011024

Yourself (Y)

Spouse (S)

1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	6,000	.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	6,000	.00	3S		.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		.00	4S		.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	6,000	.00	5S		.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	6,000	.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"/>	30	.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"/>	30	.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 30 .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 .00 47b. Veterans Trust Fund .00 47c. Elderly Home Delivered Meals Trust Fund .00 47d. Missouri National Guard Trust Fund .00

47e. Workers' Memorial Fund .00 47f. Childhood Lead Testing Fund .00 47g. Missouri Military Family Relief Fund .00 47h. General Revenue Fund .00

47i. Organ Donor Program Fund .00 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 47k. Soldiers Memorial Military Museum in St. Louis Fund .00

47l. Additional Fund Code .00 Additional Fund Amount .00 47m. Additional Fund Code .00 Additional Fund Amount .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 30 .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"/> 02 <input type="text"/> 03 <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	<input type="text"/>
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

MOWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2020 AGI FD/ST Summary	
Name(s) as shown on state return Delphine K Nkweti			Social Security Number 500-23-8675	
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	6,000	6,000	
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			
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	6,585	6,585	
8 Other income.	8	(6,585)	(6,585)	
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	6,000	6,000	
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			
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				
Line 9 less Line 22. This is your AGI		6,000	6,000	

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: DELPHINE Middle Name: K Last Name: NKWETI
SSN: 500-23-8675 Street Address: 5908 E 99TH STREET 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	\$	6,000.00	
3. Amount of nonresident or part-time resident deduction (RD-109NR, Line 5)	3	\$		
4. Total taxable wages (Line 2 less Line 3)	4	\$	6,000.00	
5. Earnings tax (1% of Line 4)	5	\$	60.00	
6. Earnings tax paid with extension RD-112	6	\$		
7. Local tax withheld by employer as shown on W-2	7	\$	60.00	
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 ☐

DELPHINE K NKWETI

Print Name of Taxpayer

Signature

Title

03-25-2021

Date

Phone

DONALD C. ADUBA SR.

DONALD C. ADUBA SR

03-25-2021

Date

Phone

Preparer Name (if other than taxpayer)

Signature

Title

Kansas City, Missouri RD-109 Employer Information Attachment

500-23-8675

[illegible]

MO-COMP	Three-year State Tax Return Comparison			2020
Name(s) as shown on return Delphine K Nkweti				Taxpayer ID Number 500-23-8675
[State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status			HOH	
Gross Income			6,000	6,000
Standard Deduction			18,650	18,650
Itemized Deduction				
Deductions				
Taxable Income				
Actual State Income				
State Income Tax				
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			30	30
Estimates and Extension payments . . .				
Underpayment Penalty				
Overpayment Applied to Next Year . . .				
Refund			30	30
Balance Due				
Marginal tax rate				
Effective tax rate				

MOEF_ACK**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically****2020**

Name(s) as shown on return

Delphine K Nkweti

Identification Number

***-**-8675

Address

5908 E 99th Street
Kansas City, MO 64134**Thank you for participating in IRS e-file.**

1. ☒ Your 2020 state income tax return for MO1040 was filed electronically.
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 this return is 4360962021077esigmu2.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**