

## Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.

► Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.**This return is for calendar year (enter year) 2021 or fiscal year (enter month and year ended)**

Your first name and middle initial <b>PHILLIP</b>	Last name <b>NGUYEN</b>	Your social security number <b>309-21-1052</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions. <b>17955 KELLY BIRD DR</b>	Apt. no.	Your phone number
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City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

**LAWRENCEBURG IN 47025**

Foreign country name	Foreign province/state/county	Foreign postal code
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**Amended return filing status.** You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

Single     Married filing jointly     Married filing separately (MFS)     Head of household (HOH)     Qualifying widow(er) (QW)

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 ►

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.

Use Part III on page 2 to explain any changes.

**Income and Deductions**

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	<b>1</b> 28,670.	11,386.	40,056.
2 Itemized deductions or standard deduction	<b>2</b> 12,550.	0.	12,550.
3 Subtract line 2 from line 1	<b>3</b> 16,120.	11,386.	27,506.
4a Reserved for future use	<b>4a</b>		
b Qualified business income deduction	<b>4b</b> 310.	2,277.	2,587.
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	<b>5</b> 15,810.	9,109.	24,919.

**Tax Liability**

6 Tax. Enter method(s) used to figure tax (see instructions): Table	<b>6</b> 1,700.	1,092.	2,792.
7 Nonrefundable credits. If a general business credit carryback is included, check here ► <input type="checkbox"/>	<b>7</b> 116.	-116.	
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	<b>8</b> 1,584.	1,208.	2,792.
9 Reserved for future use	<b>9</b>		
10 Other taxes	<b>10</b> 293.	1,731.	2,024.
11 Total tax. Add lines 8 and 10	<b>11</b> 1,877.	2,939.	4,816.

**Payments**

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. ( <b>If changing</b> , see instructions.)	<b>12</b> 2,647.	0.	2,647.
13 Estimated tax payments, including amount applied from prior year's return	<b>13</b> 0.	0.	
14 Earned income credit (EIC)	<b>14</b> 0.	0.	
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): _____	<b>15</b> 0.	0.	
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			<b>16</b> 0.
17 Total payments. Add lines 12 through 15, column C, and line 16			<b>17</b> 2,647.

**Refund or Amount You Owe**

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	<b>18</b> 770.
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	<b>19</b> 1,877.
20 <b>Amount you owe.</b> If line 11, column C, is more than line 19, enter the difference	<b>20</b> 2,939.
21 If line 11, column C, is less than line 19, enter the difference. This is the amount <b>overpaid</b> on this return	<b>21</b>
22 Amount of line 21 you want <b>refunded to you</b>	<b>22</b> 0.
23 Amount of line 21 you want <b>applied to your (enter year):</b>	<b>estimated tax</b>   <b>23</b>

Complete and sign this form on page 2.

**Part I Dependents**

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

		A. Original number of dependents reported or as previously adjusted	B. Net change – amount of increase or (decrease)	C. Correct number
24	Reserved for future use . . . . .	24		
25	Your dependent children who lived with you . . . . .	25	0	0
26	Your dependent children who didn't live with you due to divorce or separation . . . . .	26	0	0
27	Other dependents . . . . .	27	0	0
28	Reserved for future use . . . . .	28		
29	Reserved for future use . . . . .	29		
30	List ALL dependents (children and others) claimed on this amended return.			

**Dependents** (see instructions):

If more than four dependents, see instructions and check here ►	(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Part II Presidential Election Campaign Fund** (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.  
 Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

- Attach any supporting documents and new or changed forms and schedules.

ADDING A 1099-NEC INCOME, WHICH WAS MISSED IN THE ORIGINAL TAX RETURN.

<b>Sign Here</b>	<b>Remember to keep a copy of this form for your records.</b>				
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.		SERVICE Your occupation		
<b>Paid Preparer Use Only</b>	Your signature		Date		
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	HAI M. NGUYEN, EA	HAI M. NGUYEN, EA	08/23/2022		P01202320
	Firm's name ► MINH HAI FINANCIAL SERVICES INC			Firm's EIN ► 20-2006190	
	Firm's address ► 5495 JIMMY CARTER BLVD, SUITE C104 NORCROSS GA 30093			Phone no. (770) 449-1551	

**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 <b>PHILLIP</b>	Last name <b>NGUYEN</b>	<b>Your social security number</b> 309-21-1052	
If joint return, spouse's first name and middle initial	Last name	<b>Spouse's social security number</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>17955 KELLY BIRD DR</b>		Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>LAWRENCEBURG</b>		State <b>IN</b>	ZIP code <b>47025</b>
Foreign country name	Foreign province/state/county	Foreign postal code	
<b>Presidential Election Campaign</b> 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 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?    Yes    No

**Standard Deduction** Someone can claim:    You as a dependent    Your spouse as a dependent

**Deduction**    Spouse itemizes on a separate return or you were a dual-status alien

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

<b>Dependents</b> (see instructions): If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
			Child tax credit	Credit for other dependents		
1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	27,190.
2a	Tax-exempt interest	2a	b	Taxable interest	2b	
3a	Qualified dividends	3a	b	Ordinary dividends	3b	
4a	IRA distributions	4a	b	Taxable amount	4b	
5a	Pensions and annuities	5a	b	Taxable amount	5b	
6a	Social security benefits	6a	b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ►				7	-446.
8	Other income from Schedule 1, line 10				8	14,324.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>				9	41,068.
10	Adjustments to income from Schedule 1, line 26				10	1,012.
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>				11	40,056.
12a	<b>Standard deduction or itemized deductions</b> (from Schedule A)	12a	12b	12a   12,550.	12c	12,550.
b	Charitable contributions if you take the standard deduction (see instructions)				13	2,587.
c	Add lines 12a and 12b				14	15,137.
13	Qualified business income deduction from Form 8995 or Form 8995-A				15	24,919.
14	Add lines 12c and 13					
15	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-					

**Standard Deduction for—**

- Single or Married filing separately, \$12,550
- Married filing jointly or Qualifying widow(er), \$25,100
- Head of household, \$18,800
- If you checked any box under **Standard Deduction**, see instructions.

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

Form 1040 (2021)



**SCHEDULE 1**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR.  
 ► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**Attachment  
Sequence No. 01

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

PHILLIP NGUYEN

Your social security number  
309-21-1052**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1	0 .
2a	Alimony received . . . . .	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C . . . . .	3	14 , 324 .
4	Other gains or (losses). Attach Form 4797 . . . . .	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	5	
6	Farm income or (loss). Attach Schedule F . . . . .	6	
7	Unemployment compensation . . . . .	7	
8	Other income:		
a	Net operating loss . . . . .	8a	( )
b	Gambling income . . . . .	8b	
c	Cancellation of debt . . . . .	8c	
d	Foreign earned income exclusion from Form 2555 . . . . .	8d	( )
e	Taxable Health Savings Account distribution . . . . .	8e	
f	Alaska Permanent Fund dividends . . . . .	8f	
g	Jury duty pay . . . . .	8g	
h	Prizes and awards . . . . .	8h	
i	Activity not engaged in for profit income . . . . .	8i	
j	Stock options . . . . .	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	8l	
m	Section 951(a) inclusion (see instructions) . . . . .	8m	
n	Section 951A(a) inclusion (see instructions) . . . . .	8n	
o	Section 461(l) excess business loss adjustment . . . . .	8o	
p	Taxable distributions from an ABLE account (see instructions) . . . . .	8p	
z	Other income. List type and amount ►	8z	
9	Total other income. Add lines 8a through 8z . . . . .	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	10	14 , 324 .

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	1,012.
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . . ► _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ► _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount ► _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .	<b>26</b>	1,012.

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

OMB No. 1545-0074

► Attach to Form 1040, 1040-SR, or 1040-NR.  
 ► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**2021**  
 Attachment  
Sequence No. 02

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

PHILLIP NGUYEN

**Your social security number**  
 309-21-1052
**Part I Tax**

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

**Part II Other Taxes**

- |  |    |         |
|--|----|---------|
| 4 Self-employment tax. Attach Schedule SE . . . . .  | 4  | 2,024.. |
| 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .                                      | 5  |         |
| 6 Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .  | 6  |         |
| 7 Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .   | 7  |         |
| 8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required . . . . .                               | 8  |         |
| 9 Household employment taxes. Attach Schedule H . . . . .  | 9  |         |
| 10 Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .  | 10 |         |
| 11 Additional Medicare Tax. Attach Form 8959 . . . . .   | 11 |         |
| 12 Net investment income tax. Attach Form 8960 . . . . .   | 12 |         |
| 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . . | 13 |         |
| 14 Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .              | 14 |         |
| 15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .           | 15 |         |
| 16 Recapture of low-income housing credit. Attach Form 8611 . . . . .  | 16 |         |

(continued on page 2)

**Part II Other Taxes (continued)**

<b>17</b> Other additional taxes:		
a Recapture of other credits. List type, form number, and amount ►	17a	
b Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .	17b	
c Additional tax on HSA distributions. Attach Form 8889 . . . . .	17c	
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	17d	
e Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	17e	
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	17f	
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	17g	
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	17h	
i Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	17i	
j Section 72(m)(5) excess benefits tax . . . . .	17j	
k Golden parachute payments . . . . .	17k	
l Tax on accumulation distribution of trusts . . . . .	17l	
m Excise tax on insider stock compensation from an expatriated corporation . . . . .	17m	
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	17n	
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	17o	
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	17p	
q Any interest from Form 8621, line 24 . . . . .	17q	
z Any other taxes. List type and amount ►	17z	
<b>18</b> Total additional taxes. Add lines 17a through 17z . . . . .	18	
<b>19</b> Additional tax from Schedule 8812 . . . . .	19	
<b>20</b> Section 965 net tax liability installment from Form 965-A . . . . .	20	
<b>21</b> Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	21	2,024.

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. 09

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

Name of proprietor <b>PHILLIP NGUYEN</b>	Social security number (SSN) <b>309-21-1052</b>
A Principal business or profession, including product or service (see instructions) <b>SERVICE</b>	B Enter code from instructions <b>►   5   6   1   9   0   0</b>
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) <b>.....</b>
E Business address (including suite or room no.) ► <b>17955 KELLY BIRD DR</b>	
City, town or post office, state, and ZIP code <b>LAWRENCEBURG, IN 47025</b>	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses <b>..... ► □</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here <b>..... ► □</b>	
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <b>..... ► □</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099? <b>..... ► □</b>	<input type="checkbox"/> 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 . . . . . ► <input type="checkbox"/>	1	5,782.
2 Returns and allowances . . . . .	2	
3 Subtract line 2 from line 1 . . . . .	3	5,782.
4 Cost of goods sold (from line 42) . . . . .	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5	5,782.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	6	
7 <b>Gross income.</b> Add lines 5 and 6 . . . . . ►	7	5,782.

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

8 Advertising . . . . .	8		18 Office expense (see instructions) . . . . .	18	196.
9 Car and truck expenses (see instructions) . . . . .	9	1,281.	19 Pension and profit-sharing plans . . . . .	19	
10 Commissions and fees . . . . .	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions) . . . . .	11		a Vehicles, machinery, and equipment . . . . .	20a	
12 Depletion . . . . .	12		b Other business property . . . . .	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13		21 Repairs and maintenance . . . . .	21	
14 Employee benefit programs (other than on line 19) . . . . .	14		22 Supplies (not included in Part III) . . . . .	22	713.
15 Insurance (other than health) . . . . .	15		23 Taxes and licenses . . . . .	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.) . . . . .	16a		a Travel . . . . .	24a	
b Other . . . . .	16b		b Deductible meals (see instructions) . . . . .	24b	
17 Legal and professional services . . . . .	17		25 Utilities . . . . .	25	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ►	28		26 Wages (less employment credits) . . . . .	26	
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29		27a Other expenses (from line 48) . . . . .	27a	1,519.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b Reserved for future use . . . . .	27b	

31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.				28	3,709.
• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .				29	2,073.
• If a loss, you <b>must</b> go to line 32.					
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 <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .					
• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					

**Part III** Cost of Goods Sold (see instructions)

- |    |   |                                 |  |   |                              |                             |
|----|---|---------------------------------|--|---|------------------------------|-----------------------------|
| 33 | Method(s) used to value closing inventory:  | a <input type="checkbox"/> Cost | b <input 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?<br>If "Yes," attach explanation . . . . . |                                 |  |   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .   |                                 |  |   | 35                           |                             |
| 36 | Purchases less cost of items withdrawn for personal use . . . . .   |                                 |  |   | 36                           |                             |
| 37 | Cost of labor. Do not include any amounts paid to yourself . . . . .  |                                 |  |   | 37                           |                             |
| 38 | Materials and supplies . . . . .  |                                 |  |   | 38                           |                             |
| 39 | Other costs . . . . .   |                                 |  |   | 39                           |                             |
| 40 | Add lines 35 through 39 . . . . .   |                                 |  |   | 40                           |                             |
| 41 | Inventory at end of year . . . . .  |                                 |  |   | 41                           |                             |
| 42 | <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . .   |                                 |  |   | 42                           |                             |

**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.

- |            |   |   |                             |
|------------|---|---|-----------------------------|
| <b>43</b>  | When did you place your vehicle in service for business purposes? (month/day/year)                                    | ► 09/10/2020                            |                             |
| <b>44</b>  | Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for: |   |                             |
| <b>a</b>   | Business  | 2,287                                   |                             |
| <b>b</b>   | Commuting (see instructions)  | .....                                   |                             |
| <b>c</b>   | Other   | 15,306                                  |                             |
| <b>45</b>  | Was your vehicle available for personal use during off-duty hours?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>46</b>  | Do you (or your spouse) have another vehicle available for personal use?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>47a</b> | Do you have evidence to support your deduction?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b>   | If "Yes," is the evidence written?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. 09

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

Name of proprietor <b>PHILLIP NGUYEN</b>	Social security number (SSN) <b>309-21-1052</b>
A Principal business or profession, including product or service (see instructions) <b>MANICURIST</b>	B Enter code from instructions <b>►   8   1   2   1   1   3</b>
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) <b>.....</b>
E Business address (including suite or room no.) ► <b>17955 KELLY BIRD DR</b>	
City, town or post office, state, and ZIP code <b>LAWRENCEBURG, IN 47025</b>	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses <b>..... ► [ ]</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here <b>..... ► [ ]</b>	
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <b>..... ► [ ]</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099? <b>..... ► [ ]</b>	<input type="checkbox"/> 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 . . . . . ► <input type="checkbox"/>	<b>1</b>	<b>40,192.</b>
2 Returns and allowances . . . . .	<b>2</b>	
3 Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>40,192.</b>
4 Cost of goods sold (from line 42) . . . . .	<b>4</b>	
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>40,192.</b>
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
7 <b>Gross income.</b> Add lines 5 and 6 . . . . . ► <b>7</b>		<b>40,192.</b>

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

8 Advertising . . . . .	<b>8</b>	<b>500.</b>	18 Office expense (see instructions) . . . . .	<b>18</b>	<b>1,362.</b>
9 Car and truck expenses (see instructions) . . . . .	<b>9</b>	<b>4,398.</b>	19 Pension and profit-sharing plans . . . . .	<b>19</b>	
10 Commissions and fees . . . . .	<b>10</b>		20 Rent or lease (see instructions):		
11 Contract labor (see instructions) . . . . .	<b>11</b>		a Vehicles, machinery, and equipment . . . . .	<b>20a</b>	
12 Depletion . . . . .	<b>12</b>		b Other business property . . . . .	<b>20b</b>	<b>3,259.</b>
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		21 Repairs and maintenance . . . . .	<b>21</b>	<b>2,597.</b>
14 Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		22 Supplies (not included in Part III) . . . . .	<b>22</b>	<b>4,982.</b>
15 Insurance (other than health) . . . . .	<b>15</b>		23 Taxes and licenses . . . . .	<b>23</b>	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>		a Travel . . . . .	<b>24a</b>	
b Other . . . . .	<b>16b</b>		b Deductible meals (see instructions) . . . . .	<b>24b</b>	<b>998.</b>
17 Legal and professional services . . . . .	<b>17</b>		25 Utilities . . . . .	<b>25</b>	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ► <b>28</b>			26 Wages (less employment credits) . . . . .	<b>26</b>	
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			27a Other expenses (from line 48) . . . . .	<b>27a</b>	<b>9,845.</b>
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b Reserved for future use . . . . .	<b>27b</b>	

- 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 . . . . .
- 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.
- 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.

**31** **12,251.**

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

**Part III Cost of Goods Sold (see instructions)**

33	Method(s) used to value closing inventory:	<b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <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 type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4	42

**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)	► 01/01/2021
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:	
<b>a</b>	Business	7,854
<b>b</b>	Commuting (see instructions)	
<b>c</b>	Other	9,738
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

PHONE & INTERNET	1,436.
TOOLS & EQUIPMENT EXPENSES	2,415.
LAUNDRY AND CLEANING	884.
PROTECTION & SAFETY WEARS	917.
HELPER	1,250.
DISCOUNT & GIFTS	785.
PRINTING & POSTAGE	449.
TRAINING COURSE	968.
MISC	741.
<b>48 Total other expenses.</b> Enter here and on line 27a	48
	9,845.

**SCHEDULE D**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

# Capital Gains and Losses

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. 12

Name(s) shown on return

PHILLIP NGUYEN

Your social security number  
309-21-1052

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

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

## **Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 446 . )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -446 .

## **Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked. . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p> <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet ►</p> <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet ►</p> <p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p> <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	<b>16</b> . . . . .	<b>-446.</b>
	<b>18</b>	
	<b>19</b>	
	<b>21</b> ( <b>446.</b> )	

**SCHEDULE SE**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

# Self-Employment Tax

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **17**

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

Social security number of person  
with **self-employment** income ► 309-21-1052

PHILLIP NGUYEN

## Part I Self-Employment Tax

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

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

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

1a	
1b	( )
2	14,324.
3	14,324.
4a	13,228.
4b	
4c	13,228.
5a	
5b	0.
6	13,228.
7	142,800
8a	28,354.
8b	
8c	
8d	28,354.
9	114,446.
10	1,640.
11	384.
12	2,024.
13	1,012.

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

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,820, **or (b)** your net farm profits<sup>2</sup> were less than \$6,367.

14	Maximum income for optional methods . . . . .	14	5,880
15	Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$5,880. Also, include this amount on line 4b above . . . . .	15	

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,367 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **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 <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above . . . . .	17	

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

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

<sup>2</sup> 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.

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

**Additional information from your 2021 Federal Tax Return****Schedule C (MANICURIST): Profit or Loss from Business**

Line 20b

**Itemization Statement**

Description	Amount
BOOTH LEASE	3 , 259 .
<b>Total</b>	<b>3,259.</b>



Form  
**IT-40**  
State Form 154  
(R20 / 9-21)

**2021**

**Indiana Full-Year Resident  
Individual Income Tax Return**

Due April 18, 2022

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box if amending

Your Social Security Number

309  21  1052

Spouse's Social Security Number

Your first name

PHILLIP

Initial

NGUYEN

Suffix

If filing a joint return, spouse's first name

Initial

Last name

Suffix

Present address (number and street or rural route)

17955 KELLY BIRD DR

Place "X" in box if you are married filing separately.

City

LAWRENCEBURG

State

IN

Zip/Postal code

47025

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2021.

County where you lived  15

County where you worked  15

County where spouse lived

County where spouse worked

**Round all entries**

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11  **Federal AGI**  1  40056.00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1  **Indiana Add-Backs**  2
3. Add line 1 and line 2   3  40056.00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2  **Indiana Deductions**  4
5. Subtract line 4 from line 3   5  40056.00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3  **Indiana Exemptions**  6  1000.00
7. Subtract line 6 from line 5  **Indiana Adjusted Gross Income**  7  39056.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323)  
(if answer is less than zero, leave blank)  8  1262.00
9. County tax. Enter county tax due from Schedule CT-40  
(if answer is less than zero, leave blank)  9  469.00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)  10  .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back  **Indiana Taxes**  11  1731.00



1512111030

12. Enter credits from Schedule 5, line 10 (enclose schedule) _____	<input type="text" value="12"/> <input type="text" value="980"/> <input type="text" value=".00"/>	<input style="background-color: black; width: 20px; height: 20px; vertical-align: middle;" type="text"/>	
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	<input type="text" value="13"/> <input style="width: 80px; height: 20px; vertical-align: middle;" type="text"/> <input type="text" value=".00"/>	<input style="background-color: black; width: 20px; height: 20px; vertical-align: middle;" type="text"/>	
14. Add lines 12 and 13 _____	<b>Indiana Credits</b>	<input type="text" value="14"/> <input type="text" value="980"/> <input type="text" value=".00"/>	<input style="background-color: black; width: 20px; height: 20px; vertical-align: middle;" type="text"/>
15. Enter amount from line 11 _____	<b>Indiana Taxes</b>	<input type="text" value="15"/> <input type="text" value="1731"/> <input type="text" value=".00"/>	<input style="background-color: black; width: 20px; height: 20px; vertical-align: middle;" type="text"/>
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)		<input type="text" value="16"/> <input style="width: 80px; height: 20px; vertical-align: middle;" type="text"/> <input type="text" value=".00"/>	<input style="background-color: black; width: 20px; height: 20px; vertical-align: middle;" type="text"/>
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16		<input type="text" value="17"/> <input style="width: 80px; height: 20px; vertical-align: middle;" type="text"/> <input type="text" value=".00"/>	<input style="background-color: black; width: 20px; height: 20px; vertical-align: middle;" type="text"/>
18. Subtract line 17 from line 16	<b>Overpayment</b>	<input type="text" value="18"/> <input style="width: 80px; height: 20px; vertical-align: middle;" type="text"/> <input type="text" value=".00"/>	<input style="background-color: black; width: 20px; height: 20px; vertical-align: middle;" type="text"/>

19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).

Enter your county code  county tax to be applied \$  a  .00

Spouse's county code  county tax to be applied \_ \$  b  .  00

Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$ 

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.00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)

20 Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A

**21. Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23

**22. Direct Deposit (see instructions)**

a. Routing Number

b. Account Number

c. Type:  Checking  Savings  Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) \_\_\_\_\_

24. Penalty if filed after due date (see instructions) \_\_\_\_\_

25. Interest if filed after due date (see instructions) \_\_\_\_\_

**Do not send cash. Please make your check or money order payable to:**

Indiana Department of Revenue. Credit card payers must see instructions.

**SIGN AND DATE THIS RETURN AFTER READING THE AUTHENTICATION STATEMENT ON SCHEDULE A. YOU MUST SIGN SCHEDULE A.**

Your Signature

Date

Spouse's Signature

Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
  - Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



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