Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only				_										low(er) (QW)	
one box.		u checked the MFS box, enter the on is a child but not your depende	-	our spo	Juse.	ii you c	IECK	ed the HOH	טו עו	v box, enter	rulec	illiu S	name ii u	le qualifying	
Your first name	e and middle initial Last name				9							Your social security number			
If joint return, spouse's first name and middle initial Las				Last name							Sį	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instruction					ructions.							Presidential Election Campai Check here if you, or your			
City, town, or post office. If you have a foreign address, also comple				plete spaces below. State					ZIP	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county Fo								or refund.  You Spouse			
At any time dur	ing 20	021, did you receive, sell, exchang	e, or othe	rwise di	ispos	e of any	fina	ncial interes	t in ar	ny virtual cu	rrency	/?	Yes	☐ No	
Standard Deduction	_	eone can claim:	•			•		a dependen	t						
Age/Blindness	You:	Were born before January 2,	1957	Are b	lind	Spo	use	: Was b	orn b	efore Janua	ry 2, 1	957	☐ Is b	lind	
					(3) Relation	ship	(4) 🗸	if quali	ifies fo	r (see instru	ıctions):				
If more	(1) Fi	rst name Last name		number			to you			Child tax cr		it	Credit for ot	ther dependents	
than four dependents,								+			]				
see instructions	_														
and check here ►								+							
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2 .	٠.	·						1			
Attach	2a	Tax-exempt interest	2a				<b>b</b> Taxable interest		est			2b			
Sch. B if required.	3a	Qualified dividends	3a				<b>b</b> Ordinary divider		lends	nds		3b			
roquirou.	4a	IRA distributions	4a				<b>b</b> Taxable amount .					4b			
	5a	Pensions and annuities	5a				<b>b</b> Taxable amount .		ınt .			5b			
Standard Deduction for— • Single or	6a	Social security benefits	<b>b</b> Taxable amount						6b						
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □								<b>▶</b> □	7				
Married filing	8	Other income from Schedule 1, li		10								8			
separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total inco</b>							me				. ▶	9			
Married filing jointly or	10	Adjustments to income from Schedule 1, line 26								10					
Qualifying	11_														
widow(er), \$25,100 _	12a Standard deduction or itemized deductions (from Schedule A) 12a														
Head of	b	Charitable contributions if you take the standard deduction (see instructions)													
household, \$18,800	С	Add lines 12a and 12b										120			
If you checked any box under	13	Add lines 12c and 13								13					
Standard	14									14					
Deduction, see instructions.	15	Taxable income. Subtract line 1	4 from line	e 11. lf :	zero (	or less,	ente	r -0				15			

Form 1040 (2021	)									Page <b>2</b>	
	16	Tax (see instructions). Check if a	any from Form(	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16		
	17	Amount from Schedule 2, line 3	3						17		
	18	Add lines 16 and 17							18		
	19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812								19		
	20	Mount from Schedule 3, line 8									
	21										
	22								22		
	23										
	24		dd lines 22 and 23. This is your <b>total tax</b>								
	25	Federal income tax withheld from									
	a Form(s) W-2										
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)			25c						
	d	Add lines 25a through 25c .						25d			
	26	2021 estimated tax payments a	26								
If you have a qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC) .		•		27a					
		Check here if you were born									
		January 2, 2004, and you s	satisfy all the	other requi	rements for						
		taxpayers who are at least age			structions >						
	b	Nontaxable combat pay election									
	С	Prior year (2019) earned income									
	28	29 American opportunity credit from Form 8863, line 8									
	29										
	30										
	31 Amount from Schedule 3, line 15										
	32	Add lines 27a and 28 through 3							32		
	33	Add lines 25d, 26, and 32. Thes						. 🕨	33		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid 34</b>									
	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here									
Direct deposit? See instructions.	►b										
See ilistructions.	<b>▶</b> d	Account number									
	36	Amount of line 34 you want app				36					
Amount	37	Amount you owe. Subtract line					ictions	. ▶	37		
You Owe	38	Estimated tax penalty (see instr				38					
Third Party		you want to allow another pe					1				
Designee			▶ <b>☐ Yes.</b> Comp					olete below.			
		signee's ne ▶	Phone no. ▶		al identifi · (PIN) ▶						
Sign	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.									
Here	You	ur signature	Date		If the	IRS ser	t you an Identity				
	<b>L</b>		·						N, enter it here		
Joint return? See instructions.			5 .		(see inst.) ►						
Keep a copy for	Spe	ouse's signature. If a joint return, both	Date	ion	on			f the IRS sent your spouse an dentity Protection PIN, enter it here			
your records.								nst.) ▶			
	Pho	one no.	Email address								
	Pre	parer's name Pr	reparer's signatu			Date	F	PTIN		Check if:	
Paid										Self-employed	
Preparer	Firr	Firm's name ▶ Phor						Phone	e no.		
Use Only	Firm's address ▶ Firm								rm's EIN ▶		
	w.irs.gov/Form1040 for instructions and the latest information.										