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 one box.	If you	Single Married filing jointly [u checked the MFS box, enter the long is a child but not your depender	name of y			• •		Head of the HOH o		,				` , ` ,
Your first name a	and mi	ddle initial	Last nar	me							Your	soci	al securit	y number
If joint return, spe	ouse's	first name and middle initial	Last nar	me							Spou	se's	social sec	urity number
Home address (r	numbe	r and street). If you have a P.O. box, se	e instructio	<mark>ons</mark> .						Apt. no.	Chec	k he	re if you,	,
City, town, or po	st offic	ce. If you have a foreign address, also c	omplete sp	paces be	elow.		Stat	re ·	ZIP	code	to go box b	to tl oelov	his fund. (w will not	tly, want \$3 Checking a change
Foreign country name				Foreign province/state/county Foreign po					eign postal code	your tax or refund. You Spouse				
At any time duri	<mark>ng 20</mark>	21, did you receive, sell, exchange	e, or othe	rwise di	spos	e of any	fina	ncial interest	in ar	y virtual curre	ency?		Yes Yes	☐ No
Standard Deduction	_	eone can claim:	•			•		a dependent						
Age/Blindness	You:	Were born before January 2,	1957	Are b	lind	Spo	use	: Was bo	rn be	efore January	2, 195	7	Is bli	nd
Dependents				(2)		security		(3) Relationsh	nip			- 1	see instru	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax	credit	С	redit for oth	er dependents
dependents,												+	L	
see instructions and check														
here ▶ □														
	1	Wages, salaries, tips, etc. Attach	Form(s) V	<mark>N-2</mark> .		. , .						1		
Attach Sch. B if	2a	Tax-exempt interest	2a				b Taxable interest					2b		
required.	3a	Qualified dividends	3a				b Ordinary dividends		nds		. 🔟	3b		
	4a	IRA distributions	4a				b Taxable amount .					4b		
	5a	Pensions and annuities	5a				b Ta	axable amoun	ıt.		· -	5b		
Standard Deduction for—	6a	Social security benefits	6a			b Taxable amount .					6b			
• Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									\sqcup \vdash	7		
Married filing separately,	8	Other income from Schedule 1, line 10									·	8		
\$12,550	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									>	9			
iointly or	10	Adjustments to income from Scho	·					<u> </u>	10					
Qualifying	11	Subtract line 10 from line 9. This	•	<u> </u>	_				i			<u>11</u>		
\$25,100	12a	Standard deduction or itemized		•				12						
 Head of household, 	b	•	haritable contributions if you take the standard deduction (see instructions)							100				
\$18,800	C	Add lines 12a and 12b		· · ·					•			12c		
any box under	13	Qualified business income deduc	tion from	Form 8	995	or Form	899	5-A	•		<u> </u>	13		
Standard	14 15	Add lines 12c and 13				orloss	·		•			14		
see instructions.	15	Taxable income. Subtract line 14	+ Irom IIn	e 11. lf :	zero (or iess, (ente	1-0	•			<u>15</u>		

Form 1040 (2021))								Page 2		
•	16	Tax (see instructions). Che	ck if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16			
	17	Amount from Schedule 2,	line 3					17			
	18	Add lines 16 and 17						18			
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812									
	20	Amount from Schedule 3, line 8									
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line	18. If zero or less,	enter -0				22			
	23	Other taxes, including self	f-employment tax,	from Schedule	2, line 21			23			
	24	Add lines 22 and 23. This	is your total tax				▶	24			
	25	Federal income tax withhe	eld from:								
	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	ons)			25c					
	d	Add lines 25a through 25d	· ·					25d			
If	26	2021 estimated tax payments and amount applied from 2020 return									
If you have a L qualifying child,	27a	Earned income credit (EIC	o)			27a					
attach Sch. EIC.		Check here if you were									
		January 2, 2004, and y	you satisfy all the	e other requi	rements for						
		taxpayers who are at leas	-		structions ► 🔲						
	b	Nontaxable combat pay e				-					
	С	Prior year (2019) earned in									
	28	Refundable child tax credit				28		_			
	29	American opportunity cred				29		-			
	30	Recovery rebate credit. Se				30		_			
	31	Amount from Schedule 3,				31					
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments									
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34									
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □ 35a									
Direct deposit? See instructions.	►b	Routing number									
See instructions.	►d	Account number		<u> </u>							
	36	Amount of line 34 you war	nt applied to your :	2022 estimate	dtax 🕨	36					
Amount	37	Amount you owe. Subtra				ee instructions	. ▶	37			
You Owe	38	Estimated tax penalty (see				38					
Third Party		Do you want to allow another person to discuss this return with the IRS? See									
Designee		structions							∐ No		
		signee's ne ▶		Phone no.			sonal identi ber (PIN)				
Cian		der penalties of perjury, I declar	re that I have examine		accompanying sche				t of my knowledge and		
Sign		ef, they are true, correct, and co									
Here	You	ır signature		Date	Date Your occupation				nt you an Identity		
		· ·			•				N, enter it here		
Joint return?	L						(see inst.) ► If the IRS sent your spouse an Identity Protection PIN, enter it here				
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return	n, both must sign.	Date	Spouse's occupation						
	,						inst.) ▶	ection Film, enter it here			
	————	one no.		Email address			(
		parer's name	Preparer's signat	1		Date	PTIN		Check if:		
		r	Toparor 5 Signat			2410					
Paid	110								Self-employed		
Paid Preparer		n's name.					Dh	20.00	Self-employed		
	Firr	n's name ▶						ne no. 's EIN ▶			