E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only				-		• .	,	Head of				_				
one box.	•	u checked the MFS box, enter the on is a child but not your depende		or your spo	ouse. I	ir you cn	еске	a the HOH of	r Qvv	box, er	iter i	.ne cn	iia s	name i	rtne	qualitying
Your first name and middle initial				Last name								You	Your social security number			
If joint return, s	Last	_ast name								Spc	Spouse's social security number					
, σ	ust name															
Home address	(numbe	er and street). If you have a P.O. box, se	e instru	ctions.						Apt. no.				ntial Ele nere if yo		Campaign
City, town, or p	ost offic	ce. If you have a foreign address, also o	complete	e spaces be	elow.		State		ZIP c	ode		spo	ouse i	if filing j	jointly	, want \$3
only, town, or poor onloc. If you have a loroigh address, also complete													to go to this fund. Checking a box below will not change			
Foreign country name					Foreign province/state/county					Foreign postal code				or refu		arige
												Yo	u [Spouse		
At any time du	ring 20	021, did you receive, sell, exchange	e, or ot	herwise di	ispose	of any	finan	cial interest i	n any	virtual	curr	ency?		☐ Ye	s	No
Standard	Som	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 b	lind	Spot	ıse:	☐ Was bor	n bet	fore Jan	uary	2, 19	57	☐ Is	bline	d
Dependents	s (see	see instructions): (2) Social security (3) Relationship (4) V if qu									qualifie	es for	(see ins	structi	ions):	
If more	(1) F	irst name Last name		number				to you		Child tax cre		credit		Credit fo	r other	r dependents
than four																
dependents, see instruction:	s ——														=	
and check							_						_		ᆜ	1
here ▶											Ш	—				
Attach	_1_	Wages, salaries, tips, etc. Attach	1,	2a 3a								.	1	+-		
Sch. B if	2a	Tax-exempt interest					b Taxable interestb Ordinary dividendsb Taxable amount .						2b	+-		
required.	3a 4a	Qualified dividends IRA distributions										.	3b 4b	+-		
	4 а 5а	Pensions and annuities					kable amount			•	.	5b	+-			
Standard	6a	Social security benefits	6a			axable amount					6b	+				
Deduction for— Single or Married filing separately, \$12,550 Married filing jointly or Qualifying	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								ήţ	7	+				
	8	Other income from Schedule 1, line 10								_	8	\top				
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								•	9	1				
	10	Adjustments to income from Schedule 1, line 26								. [10					
	11	Subtract line 10 from line 9. This is your adjusted gross income								•	11					
widow(er), \$25,100	12a	12a Standard deduction or itemized deductions (from Schedule A) 12a														
Head of household, \$18,800	b	b Charitable contributions if you take the standard deduction (see instructions) 12b														
	С	c Add lines 12a and 12b									.	12c	;			
If you checked any box under Standard Deduction, see instructions.	13	Qualified business income deduction from Form 8995 or Form 8995-A								.	13					
	14	Add lines 12c and 13								.	14	\bot				
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								.	15					

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	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌				16		
	17	Amount from Schedule 2, lir	ne 3							17		
	18	Add lines 16 and 17								18		
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedu	le 8812				19		
	20	Amount from Schedule 3, lir	ne 8							20		
	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-e	mployment tax,	from Schedule	e 2, line 21 .					23		
	24	Add lines 22 and 23. This is	your total tax						•	24		
	25	Federal income tax withheld	from:									
	а	Form(s) W-2				25a						
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							. 2	25d		
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20	20 return				. [26		
If you have a qualifying child,	27a	Earned income credit (EIC)				27a						
attach Sch. EIC.		Check here if you were I										
		January 2, 2004, and you	,		_							
		taxpayers who are at least a	-	1 1	structions							
	b	Nontaxable combat pay elec				-						
	C	Prior year (2019) earned inco			0-1	- 00						
	28	Refundable child tax credit of				28						
	29	American opportunity credit				29						
	30	Recovery rebate credit. See				30						
	31	Amount from Schedule 3, lir				31	doble eve	d:4a	$\overline{}$	00		
	32 33	Add lines 27a and 28 throug Add lines 25d, 26, and 32. T								32		
	34	If line 33 is more than line 24						•		34		
Refund	35a		•			•	•		_ +	_		
Direct deposit?	b b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow 35a Routing number										
See instructions.	►d	Account number										
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36										
Amount	37	Amount you owe. Subtract					tructions		•	37		
You Owe	38	Estimated tax penalty (see in			1 3	38		•		31		
Third Party		you want to allow another										
Designee		structions					Yes. C	lamo	ete bel	ow.	□No	
_ 00.g00	Des								dentifica	ation	_	
	nar	me ►		no. ►			num	ber (F	PIN) ►			
Sign Here		der penalties of perjury, I declare										
		ief, they are true, correct, and com		on of		, ,						
	You	ur signature	Date				S sent you an Identity ion PIN, enter it here					
Joint return? See instructions. Keep a copy for your records.								(see inst.) ▶				
	Spe	ouse's signature. If a joint return,	Date	Spouse's occupa	ation			If the IRS sent your spouse an				
	,							,		ection PIN, enter it here		
									(see ins	t.) ▶		
		one no.	Email address									
Paid	Pre	eparer's name	Preparer's signat	Date	Date P1				Check if:			
Preparer				Ь,	Self-emplo							
Use Only	Firm's name ►								Phone no. Firm's EIN ▶			
-y	Firr	n's address ▶	Firm's address ▶									