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		Single Married filing jointly u checked the MFS box, enter the						Head of ed the HOH o							
one box.		on is a child but not your depende	_									W			
Your first name and middle initial				Last name								Your social security number			
If joint return, sp	Last na	Last name							Spouse's social security number						
Home address (numbe	r and street). If you have a P.O. box, se	e instruction	ons.						Apt. no.			ial Election	n Campaign or your	
City, town, or po	complete s	nplete spaces below. State					ZIP code t		to go	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change					
Foreign country	F	Foreign province/state/county F									r refund. You	Spouse			
At any time dur	ing 20	021, did you receive, sell, exchange	e, or othe	rwise di	ispos	e of any	fina	ncial interest i	in an	y virtual curi	ency?	[Yes	☐ No	
Standard Deduction	_	eone can claim:	•			•		a dependent							
Age/Blindness	You:	Were born before January 2,	1957	Are b	lind	Spo	use	: Was bor	rn be	efore January	, 2, 195	7	Is bli	nd	
Dependents	(see	instructions):		(2) Social security (3) Relationsh					nip	ip (4) ✔ if quali			alifies for (see instructions):		
If more	(1) F	rst name Last name		number			to you			Child tax cred		Cr	edit for oth	er dependents	
than four dependents,															
see instructions	_														
and check here ►	_											+		=	
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2 .	٠.						. T	1			
Attach	2a	Tax-exempt interest	2a						t			2b			
Sch. B if	За	Qualified dividends	3a				b Ordinary dividends				. [3b			
required.	4a	IRA distributions	4a				b Taxable amount .				. [4b			
	5a	Pensions and annuities	5a				b Taxable amount .					5b			
Standard	6a	Social security benefits	6a	6a b Taxa				axable amoun	t.			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										7			
Married filing	8	Other income from Schedule 1, line 10										8			
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									>	9			
Married filing	10	Adjustments to income from Schedule 1, line 26										10			
jointly or Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income										11			
widow(er), \$25,100	12a	Standard deduction or itemized	d 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										l2c			
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A										13			
any box under Standard	14	Add lines 12c and 13										14			
Deduction, see instructions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. lf	zero (or less, o	ente	r-0				15			

Form 1040 (2021)									Page 2		
	16	Tax (see	instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16			
	17	Amount 1	from Schedule 2, lir	ne 3					. 17			
	18	Add lines	s 16 and 17						. 18			
	19	Nonrefur	. 19									
	20	Amount 1	. 20									
	21		s 19 and 20									
	22	Subtract line 21 from line 18. If zero or less, enter -0										
	23	Other taxes, including self-employment tax, from Schedule 2, line 21										
	24	Add lines										
	25		ncome tax withheld	•								
	а		N-2				25a					
	_	` ,					25b					
	b	` ,	1099									
	C		ms (see instruction	•			25c					
	d	Add lines										
f you have a	26		imated tax paymen				1 1		. 26			
qualifying child, attach Sch. EIC.	27a		ncome credit (EIC)				27a					
attaon com Elo.			nere if you were									
			2, 2004, and yo									
	b		ble combat pay ele	-		Structions -						
	C		ir (2019) earned inc									
	28	•	ole child tax credit o			Schodulo 9919	28					
	29		n opportunity credit				29					
	30	•	y rebate credit. See				30					
	31		from Schedule 3, lir				31		▶ 32			
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments										
	33											
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 \rightarrow 35a										
Direct deposit?	►b	Routing r	number			▶ c Type:	Checking	Savi	ngs			
See instructions.	►d	Account r	number									
	36	Amount of	of line 34 you want	applied to your	2022 estimate	ed tax 🕨	36					
Amount	37	Amount	you owe. Subtract	t line 33 from line	24. For details	s on how to pay, s	see instruction	ns .	▶ 37			
You Owe	38	Estimate	d tax penalty (see i	nstructions) .		🕨	38					
Third Party	Do	you wan	nt to allow another	r person to disc	cuss this retu	n with the IRS?	See					
Designee	ins	instructions							lete below.	☐ No		
		Designee's					identification					
		ne 🕨			no. ▶			number (F				
Sign Here										st of my knowledge an er has any knowledge.		
				ipiete. Deciaration (iscu on all lillori	11011 OT		,		
	You	ur signature			Date	Your occupation				nt you an Identity PIN, enter it here		
Joint return?									(see inst.) ▶			
See instructions.	Spe	ouse's siana	ature. If a joint return,	both must sign. Date		Spouse's occupation			If the IRS se	If the IRS sent your spouse an		
Keep a copy for			,	3				Identity Protection PIN, enter it here				
your records.							(see inst.) ▶	·				
	Pho	one no.			Email address							
	Pre	parer's nam	ne	Preparer's signat	ure		Date	PT	IN	Check if:		
										Self-employed		
Paid Preparer	——Firr	m's name ▶	•						Phone no.			
		m's name 🕨		1					Phone no.	•		