<b><u>1040</u></b>		artment of the Treasury-Internal Revenue Servenue Servenue Servenue Servenue Servenue Servenue Servenue Ta		(99) turn	20	)21	OMB No.	1545-00	)74 IRS Use	e Only	—Do not v	vrite or stap	le in tr	nis space.
Filing Status Check only one box.	lf yc	Single Married filing jointly [ bu checked the MFS box, enter the r son is a child but not your depender	name of											
Your first name	and m	iddle initial	Last n	ame							Your so	ocial secu	<mark>rity n</mark>	umber
If joint return, s	pouse's	s first name and middle initial	Last n	ame							Spouse	's social s	ecuri	ity number
Home address	<mark>(numbe</mark>	er and street). If you have a P.O. box, see	e instruct	tions.					Apt. no.			ntial Elec		<b>Campaign</b> vour
City, town, or post office. If you have a foreign address, also comple				lete spaces below. State					I <mark>P code</mark>	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				F	oreign postal o	your ta:	k or refun	_	Spouse	
At any time du	-	021, did you receive, sell, exchange							any virtual c	urre	ncy?	Yes	\$ [	No
Standard Deduction		neone can claim: 📃 You as a de Spouse itemizes on a separate retu	•				as a depend ien	ent						
Age/Blindness	_		1957	Are b		Spou	ise: 🗌 Wa	s born l	before Janu	<u> </u>	-		blind	
Dependents		(see instructions): (1) First name Last name			(2) Social security (3) Relationsh number (to you)				(4) ✔ Child	ualifies for (see instructions): redit Credit for other dependents				
than four dependents, see instruction and check here ►	s													
Attach Sch. B if required.	3a       Qualified dividends       3a         4a       IRA distributions       4a		2a 3a 4a	a  b    a  b    a  b    b  Ordinary divic    b  Taxable amou				vidend	lends					
Standard Deduction for—	5a 6a 7	Pensions and annuities Social security benefits Capital gain or (loss). Attach Sche	<b>5a</b> <b>6a</b> edule D	b Taxable amount . b Taxable amount . b Taxable amount .						. 5b . 6b				
<ul> <li>Single or Married filing separately, \$12,550</li> </ul>	8 9	8       Other income from Schedule 1, line 10       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9												
<ul> <li>Married filing jointly or Qualifying widow(er), \$25,100</li> </ul>	10 11 12a	Subtract line 10 from line 9. This is your adjusted gross income							. <u>10</u> ▶ 11					
<ul> <li>Head of household, \$18,800</li> </ul>	b c	c Add lines 12a and 12b								. 12				
<ul> <li>If you checked any box under Standard</li> <li>Deduction,</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, ent</li> </ul>										. 13 . 14 . 15	•			
See instructions.		y Act, and Paperwork Reduction Act I							Cat. No. 11320E				/rm <b>1</b> (	<b>040</b> (2021)

Form **1040** (2021)

Form 1040 (2021	)					_		Page 2		
	16	Tax (see instructions). Check if any from F	orm(s): <b>1</b> 📃 8814	<b>2</b> 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 f	19							
	20	Amount from Schedule 3, line 8					20			
	21	Add lines 19 and 20					21			
	22	Subtract line 21 from line 18. If zero or le	ess, enter -0				22			
	23	Other taxes, including self-employment					23			
	24	Add lines 22 and 23. This is your total ta					24			
	25	Federal income tax withheld from:								
	а	Form(s) W-2			25a					
	b	Form(s) 1099			25b					
	с	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d			
	26	2021 estimated tax payments and amou					26			
If you have a L qualifying child,	27a	Earned income credit (EIC)	••	1	27a					
attach Sch. EIC.		Check here if you were born after J					-			
		January 2, 2004, and you satisfy all	the other requirem	nents for						
		taxpayers who are at least age 18, to cla		ictions 🕨 📋						
	b	Nontaxable combat pay election								
	С	Prior year (2019) earned income	<b>27c</b>							
	28	Refundable child tax credit or additional c	hild tax credit from Sch	nedule 8812	28		_			
	29	American opportunity credit from Form 8			29					
	30	Recovery rebate credit. See instructions			30					
	31	Amount from Schedule 3, line 15			31					
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits  32								
	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 <b>refunded to you.</b> If Form 8888 is attached, check here								
Direct deposit? See instructions.	►b	Routing number		<b>c</b> Type:	Checking	Savings				
See instructions.	►d	Account number								
	36	Amount of line 34 you want applied to y			36					
Amount	37	Amount you owe. Subtract line 33 from	line 24. For details or	n how to pay, se	ee instructions	. 🕨	37			
You Owe	38	Estimated tax penalty (see instructions)		🕨	38					
Third Party		you want to allow another person to						□		
Designee								No		
		signee's ne ▶	Phone no.			onal identi ber (PIN)				
Cian		der penalties of perjury, I declare that I have exa		companying sche				of my knowledge and		
Sign		ef, they are true, correct, and complete. Declara								
Here	Yo	ur signature	Date Yo	our occupation		If the	e IRS sent	you an Identity		
		-					ection PIN inst.) ►	, enter it here		
Joint return?										
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign	n. Date Sp	Date Spouse's occupation				your spouse an ption PIN, enter it here		
your records.	,									
	Ph	one no.	Email address				inst.) ►			
		parer's name Preparer's si	1		Date	PTIN		Check if:		
Paid			3		_ 210			Self-employed		
Preparer		n's name ►				Dha	ne no.			
Use Only						F110	n's EIN ►			
Use Only	Ci-	n's address 🕨				Eirm	'e FINI			