

Filing Status [ ] Single [x] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Personal information section including: Your first name and middle initial, Last name, Your social security number, Spouse's social security number, Home address, Apt. no., City, town, or post office, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code, Presidential Election Campaign checkboxes.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [ ] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income and deduction table with rows 1-15. Line 1: Wages, salaries, tips, etc. Attach Form(s) W-2. Line 11: Subtract line 10 from line 9. This is your adjusted gross income. Total value: 54,912.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	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	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 less, enter -0-	22	5,016
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23.	24	5,016
25	Federal income tax withheld		
a	Form(s) W-2		
b	Form(s) 1099		
c	Other forms (see instructions)		
d	Add lines 25a through 25c		
26	2021 estimated tax payments and refundable credits		
27a	Earned income credit		
	Check here if you were born after January 1, 1980, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 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	33	
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 <input type="checkbox"/>	35a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

**Income Tax Paid**

Check for a Schedule 2 page  
 If did not file a Schedule 2, enter the amount on Line 22  
 If did file, check for an amount on Line 2 of the Schedule 2  
 If there is an amount, subtract it from the amount on Line 22 and enter that amount on the application

If you have a qualifying child, attach Sch. EIC.

**Refund**

Direct deposit?  
See instructions.

**Amount You Owe**

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes.** Complete below.  **No**

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

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.

Your signature  Date  Your occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.  Email address

**Paid Preparer Use Only**

Preparer's name  Preparer's signature  Date  PTIN  Check if:  Self-employed

Firm's name  Phone no.

Firm's address  Firm's EIN

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
	<b>b</b> Date of original divorce or separation agreement (see instructions) ▶ _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
	<b>a</b> Net operating loss . . . . .	<b>8a</b> ( )		
	<b>b</b> Gambling income . . . . .	<b>8b</b>		
	<b>c</b> Cancellation of debt . . . . .	<b>8c</b>		
	<b>d</b> Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
	<b>e</b> Taxable Health Savings Account distribution . . . . .	<b>8e</b>		
	<b>f</b> Alaska Permanent Fund dividends . . . . .	<b>8f</b>		
	<b>g</b> Jury duty pay . . . . .	<b>8g</b>		
	<b>h</b> Prizes and awards . . . . .	<b>8h</b>		
	<b>i</b> Activity not engaged in for profit income . . . . .	<b>8i</b>		
	<b>j</b> Stock options . . . . .	<b>8j</b>		
	<b>k</b> Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>		
	<b>l</b> Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>		
	<b>m</b> Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>		
	<b>n</b> Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>		
	<b>o</b> Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>		
	<b>p</b> Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>		
	<b>z</b> Other income. List type and amount ▶ _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
	<b>b</b> Recipient's SSN.....▶ _____			
	<b>c</b> Date of original divorce or separation agreement (see instructions) ▶ _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
	<b>a</b> Jury duty pay (see instructions) . . . . .	<b>24a</b>		
	<b>b</b> Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
	<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>		
	<b>d</b> Reforestation amortization and expenses . . . . .	<b>24d</b>		
	<b>e</b> Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
	<b>f</b> Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
	<b>g</b> Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
	<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
	<b>i</b> Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>		
	<b>j</b> Housing deduction from Form 2555 . . . . .	<b>24j</b>		
	<b>k</b> Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
	<b>z</b> Other adjustments. List type and amount ▶ _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

► Attach to Form 1040, 1040-SR, or 1040-NR.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**Part I Tax**

1	Alternative minimum tax. Attach Form 6251 . . . . .	1	
2	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	2	
3	Add lines 1 and 2. Enter here and on Form 1040		

**Part II Other Taxes**

4	Self-employment tax. Attach Schedule SE . . . . .		
5	Social security and Medicare tax on unreported self-employment. Attach Form 4137 . . . . .		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required . . . . .	8	
9	Household employment taxes. Attach Schedule H . . . . .	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	10	
11	Additional Medicare Tax. Attach Form 8959 . . . . .	11	
12	Net investment income tax. Attach Form 8960 . . . . .	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	15	
16	Recapture of low-income housing credit. Attach Form 8611 . . . . .	16	

**Income Tax Paid**

Check for a Schedule 2 page  
If did not file a Schedule 2, enter the amount on Line 22  
If did file, check for an amount on Line 2 of the Schedule 2  
If there is an amount, subtract it from the amount on Line 22 and enter that amount on the application

*(continued on page 2)*

**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount ▶ _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount ▶ _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Additional tax from Schedule 8812 . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required . . . . .		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		2	
3	Education credits from Form 8863, line 19 . . . . .		3	300
4	Retirement savings contributions credit. Attach Form 8880 . . . . .		4	
5	Residential energy credits. Attach Form 5695 . . . . .		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800 . . . . .	6a		
b	Credit for prior year minimum tax. Attach Form 8801 . . . . .	6b		
c	Adoption credit. Attach Form 8839 . . . . .	6c		
d	Credit for the elderly or disabled. Attach Schedule R . . . . .	6d		
e	Alternative motor vehicle credit. Attach Form 8910 . . . . .	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	6f		
g	Mortgage interest credit. Attach Form 8396 . . . . .	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	6h		
i	Qualified electric vehicle credit. Attach Form 8834 . . . . .	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	6k		
l	Amount on Form 8978, line 14. See instructions . . . . .	6l		
z	Other nonrefundable credits. List type and amount ▶ _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z . . . . .		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		8	

(continued on page 2)

**Part II** Other Payments and Refundable Credits

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .	<b>13g</b>		
<b>h</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount ► _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	



# 2021 W-2

		a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
		b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld	
		c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
		d Control number		9		Do NOT report amounts with code DD	
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
						12a See instructions for box 12	
						12b	
						12c	
						12d	
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

**2021**

Department of the Treasury—Internal Revenue Service

Safe, accurate,



Copy C—For EMPLOYEE'S RECORDS

(See Notice to Employee on the back of Copy B.)