EXAMPLE 3

Deduction for-

Married filing separately,

Single or

\$12,550

Married filing

jointly or

Qualifying

widow(er),

\$25,100

\$18,800 • If you checked

any box under

see instructions.

Standard Deduction

 Head of household, 7

8

9

10

11

12a

b

C

13

14

15

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. Filing Status Single Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW) Check only 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 one box. person is a child but not your dependent Your first name and middle initial Last name Your social security number 123-45-6789 Joseph Work If joint return, spouse's first name and middle initial Last name Spouse's social security number Mary Work 222-22-2222 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 9000 House Street Check here if you, or your spouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. ZIP code to go to this fund. Checking a Lilburn GA 30048 box below will not change Foreign country name your tax or refund. Foreign province/state/county Foreign postal code You Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No You as a dependent Standard Someone can claim: 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 blind Spouse: Was born before January 2, 1957 ☐ Is blind (see instructions): (2) Social security Relationship **Dependents** (3) (4) Check if qualifies for (see instructions): to you (1) First name number Child tax credit Credit for other dependents Last name If more than four Billy 333-33-3333 x Work Son dependents, see instructions and check here > 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 115,000 Attach 2a Tax-exempt interest 2a Taxable interest . . 2b Sch. B if Qualified dividends 3a Ordinary dividends 3b 3a required. 4a IRA distributions 4a Taxable amount 4b Pensions and annuities . . . 5a 5b 5a Social security benefits . . . 6a 6a b Taxable amount 6b Standard

Capital gain or (loss). Attach Schedule D if required. If not required, check here

Subtract line 10 from line 9. This is your adjusted gross income .

Qualified business income deduction from Form 8995 or Form 8995-A

Standard deduction or itemized deductions (from Schedule A).

Charitable contributions if you take the standard deduction (see instructions)

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-. .

Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. EEA

Add lines 12c and 13

Adjustments to income from Schedule 1, line 26

Form **1040** (2021)

115,000

115,000

25,100

25,100

89,900

7

8

9

10

11

12c

13

14

15

12a

12b

EXAM	PLE	3
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Form 1040 (2021	1)	Joseph & Mary Work					123-45	5-6789 Page 2
	16	Tax (see instructions). Check if any from F	orm(s): 1 881	4 2 4972	3 🗌		16	11,281
	17	Amount from Schedule 2, line 3					. 17	
	18	Add lines 16 and 17					. 18	11,281
	19	Nonrefundable child tax credit or credit for	other dependents	from Schedule 8	812		19	3,000
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					. 21	3,000
	22	Subtract line 21 from line 18. If zero or les	s, enter -0			. .	22	8,281
	23	Other taxes, including self-employment tax	, from Schedule 2	, line 21		. .	23	
	24	Add lines 22 and 23. This is your total tax	x				24	8,281
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	17,2	50	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	17,250
If you have a	26	2021 estimated tax payments and amount	applied from 2020	retum			26	
qualifying child, attach Sch. EIC.	<u>27</u> a	Earned income credit (EIC)			27a			
uttaon con. Erc.		Check here if you were born after January	1, 1998, and befo	ore				
		January 2, 2004, and you satisfy all the oth	•					
		taxpayers who are at least age 18, to clair	n the EIC. See ins	tructions 🕨 🗌				
	b	Nontaxable combat pay election	27b					
	С	Prior year (2019) earned income	27c					
	28	Refundable child tax credit or additional ch	nild tax credit from	Schedule 8812	28			
	29	American opportunity credit from Form 886	63, line 8		29			
	30	Recovery rebate credit. See instructions			30		0	
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27a and 28 through 31. These	are your total oth	er payments an	d refundal	ble credits .	32	0
	33	Add lines 25d, 26, and 32. These are you	r total payments				▶ 33	17,250
Refund	34	If line 33 is more than line 24, subtract lin	e 24 from line 33.	This is the amou	ınt you ove	erpaid <u>.</u>	34	8,969
	35a	Amount of line 34 you want refunded to					35a	8,969
Direct deposit? See instructions.	►b	Routing number X X X X X X		► c Type:		g 📙 Saving	ıs	
See mstructions.	► d	Account number X X X X X X						
	36	Amount of line 34 you want applied to yo	our 2022 estimate	ed tax ▶	36			
Amount	37	Amount you owe. Subtract line 33 from I			see instruc	ctionsı	37	0
You Owe	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to discuss						
Designee		structions			▶ ∐	Yes. Complet		x No
		signee's me ▶	Pnone no. ▶			Personal ide number (PIN		
Cian		der penalties of perjury, I declare that I have exam		l accompanying sch	nedules and			of my knowledge and
Sign		lief, they are true, correct, and complete. Declarat						
Here	Yo	ur signature	Date	Your occupation		I		ent you an Identity
		C					rotection F see inst.)	PIN, enter it here
Joint return? See instructions.	—							
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion			ent your spouse an tection PIN, enter it here
your records.						I	ee inst.)	
	Ph	one no.	Email address					
	Pre	eparer's signature	1	Da	ate	PTIN		Check if:
Paid					-			Self-employed
Preparer	Pre	eparer's name		Ph	one no.	l		
Use Only		m's name ▶		1				1
		m's address ▶						
						Fi	rm's EIN 🕨	•