

EXAMPLE 2

Filing Status Single 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 ▶

Your first name and middle initial Joseph		Last name Work	Your social security number 123-45-6789	
If joint return, spouse's first name and middle initial Mary		Last name Work	Spouse's social security number 222-22-2222	
Home address (number and street). If you have a P.O. box, see instructions. 9000 House Street			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. Lilburn		State GA		ZIP code 30048
Foreign country name		Foreign province/state/county		Foreign postal code

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	Billy	Work	333-33-3333	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for- ● Single or Married filing separately, \$12,550 ● Married filing jointly or Qualifying widow(er), \$25,100 ● Head of household, \$18,800 ● If you checked any box under <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	75,000
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	(15,000)
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	60,000
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	60,000
	12a	Standard deduction or itemized deductions (from Schedule A).	12a	25,100
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b	12c	25,100
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12c and 13	14	25,100	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	34,900	

EXAMPLE 2

Table with 2 columns: Description and Amount. Rows include Tax (3,793), Federal income tax withheld (7,500), Total payments (7,500), Refund (6,707), and Amount You Owe (0).

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

Third Party Designee

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

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.

Paid Preparer Use Only

Preparer's signature, Date, PTIN, Check if: [] Self-employed, Preparer's name, Phone no., Firm's name, Firm's address, Firm's EIN

EXAMPLE 2

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Joseph Work		Social security number (SSN) 123-45-6789
A Principal business or profession, including product or service (see instructions) Direct Sales		B Enter code from instructions ▶454390
C Business name. If no separate business name, leave blank. Joseph Work		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 9000 House Street City, town or post office, state, and ZIP code Lilburn, GA 30048		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income			
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked		▶ <input type="checkbox"/>	1 5,000
2 Returns and allowances			2 0
3 Subtract line 2 from line 1			3 5,000
4 Cost of goods sold (from line 42)			4
5 Gross profit. Subtract line 4 from line 3.			5 5,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)			6
7 Gross income. Add lines 5 and 6			7 5,000

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	8	550	
9 Car and truck expenses (see instructions)	9	5,600	
10 Commissions and fees	10		
11 Contract labor (see instructions)	11		
12 Depletion	12		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	2,250	
14 Employee benefit programs (other than on line 19)	14		
15 Insurance (other than health)	15		
16 Interest (see instructions):			
a Mortgage (paid to banks, etc.)	16a		
b Other	16b		
17 Legal and professional services	17	419	
18 Office expense (see instructions)	18		
19 Pension and profit-sharing plans	19		
20 Rent or lease (see instructions):			
a Vehicles, machinery, and equipment	20a		
b Other business property	20b		
21 Repairs and maintenance	21		
22 Supplies (not included in Part III)	22	481	
23 Taxes and licenses	23		
24 Travel and meals:			
a Travel	24a	2,500	
b Deductible meals (see instructions)	24b		
25 Utilities	25		
26 Wages (less employment credits)	26	6,000	
27a Other expenses (from line 48)	27a	2,200	
b Reserved for future use	27b		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		20,000
29 Tentative profit or (loss). Subtract line 28 from line 7	29		(15,000)
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		(15,000)
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			
	32a	<input checked="" type="checkbox"/>	All investment is at risk.
	32b	<input type="checkbox"/>	Some investment is not at risk.

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