

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 one box. qualifying person is a child but not your dependent ▶

Your first name and middle initial BRIAN M		Last name OWENS	Your social security number 361-72-7461
If joint return, spouse's first name and middle initial AMANDA K		Last name OWENS	Spouse's social security number 497-88-2055
Home address (number and street). If you have a P.O. box, see instructions. 714 WESLEY AVE		Apt. no.	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 checked="" type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. ST LOUIS		State MO	
Foreign country name		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):			(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):		
(1) First name	Last name				Child tax credit	Credit for other dependents	
ELLINGTON	OWENS		488-27-4591	SON	<input checked="" type="checkbox"/>		
ELLA	OWENS		499-27-9871	DAUGHTER	<input checked="" type="checkbox"/>		
LANGSTON	OWENS		032-43-4208	SON	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> SEE ATTACHMENT							

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	
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		7	
8 Other income from Schedule 1, line 10		8	34,866
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	34,866
10 Adjustments to income from Schedule 1, line 26		10	4,201
11 Subtract line 10 from line 9. This is your adjusted gross income		11	30,665
12a Standard deduction or itemized deductions (from Schedule A)		12a	25,100
b Charitable contributions if you take the standard deduction (see instructions)		12b	600
c Add lines 12a and 12b		12c	25,700
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	993
14 Add lines 12c and 13		14	26,693
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	3,972

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2021)

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	398
17 Amount from Schedule 2, line 3	17	
18 Add lines 16 and 17	18	398
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	398
23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,407
24 Add lines 22 and 23. This is your total tax	24	4,805
25 Federal income tax withheld from:		
a Form(s) W-2	25a	
b Form(s) 1099	25b	
c Other forms (see instructions)	25c	
d Add lines 25a through 25c	25d	
26 2021 estimated tax payments and amount applied from 2020 return	26	
27a Earned income credit (EIC). Check here if you were born after January 1, 1998, 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"/>	27a	5,631
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	13,800
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	19,431
33 Add lines 25d, 26, and 32. These are your total payments	33	19,431
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	14,626
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here . . . <input type="checkbox"/>	35a	14,626
Direct deposit? See instructions. b Routing number 0 8 1 5 1 9 5 4 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number 0 0 0 1 0 1 2 1 1 1		
36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
You Owe 38 Estimated tax penalty (see instructions)	38	
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions . . . <input checked="" type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No		
Designee's name HRB TAX GROUP INC	Phone no. 800-472-5625	Personal identification number (PIN) 90040
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 MUSICIANPRODUCER
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER
Phone no. 618-580-9565		Email address BRIANOWENSTV@GMAIL.COM
Preparer's name PRISCILLA DAVIS	Preparer's signature	Date 02-24-2022
Firm's name HRB TAX GROUP INC	PTIN P01526258	
Firm's address 1301 MAIN ST STE 101B KANSAS CITY MO 64105	Check if: <input type="checkbox"/> Self-employed	
		Phone no. 800-472-5625
		Firm's EIN 431871840

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2021)