## Consent to disclose your information for the refund advance loan and for a checking account with Credit Karma Money™

We'll review your tax info to see if you're eligible for Refund Advance through a checking account with Credit Karma Money™.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at <u>complaints@tigta.treas.gov</u>.

## Do you agree to let TurboTax use your tax return info to see if you're eligible for Refund Advance?

l agree x

Taxpayer First Name _	Victoria
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Taxpayer Last Name Feazell

Today's Date 01/20/2022
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Spouse First Name

Spouse Last Name

Today's Date

### What's the eligibility criteria?

Here are some of the eligibility requirements to qualify for a Refund Advance loan:

- Your federal refund is \$500 or more, minus any stimulus payment credit (also known as Recovery Rebate Credit) applied to it.
- You are 18 or older.
- You're not a resident of North Carolina, Connecticut, or Illinois.
- You're e-filing your federal tax return with TurboTax.
- Your physical address is listed on your tax return. Your address must be located in one of the eligible states and can't be a PO box or prison address.
- You're not filing one of these tax forms: 1310, 1040SS, 1040PR, 1040X, 8888, or 8862.
- You can't be filing on behalf of a deceased taxpayer.
- You must report income on a Form W-2, 1099-R , Sched C, or Sched CEZ.
- You must be approved for a checking account with Credit Karma Money™ banking services provided by MVB Bank, Inc.

Subject to review of third-party information.

#### What info are you using?

We'll use the following information:

Personal and contact info, age of primary filer and spouse, if any; address (state and zip); occupation of primary filer and spouse, if any; whether primary filer or spouse, if any, is in the military; military paygrade; military EIN; EIN from your W2; whether primary filer or spouse, if any, is a student; mobile phone (if any); IP address.

Filing info:

your filing status; number of dependents; when you start and file your federal and state returns; when your returns are accepted or rejected; what form of federal return you file; state where you're filing your return; whether you are filing on behalf of someone who is deceased; whether you are filing Schedules A, B, C, D, E or F; whether you are filing any of IRS Forms 1310, 1040SS, 1040PR, 1040X, 8888, or 8862; whether you have a Form 1099F; whether you have your prior year's adjusted gross income for filing; what you tell us about how you filed your taxes last year.

Refund info or tax liability info:

refund amount; how you're receiving your refund; amount of any tax balance due; how you pay any tax balance due; amount of any tax payments. Income, deductions and credits info: Individual W2 and 1099-R Form; adjusted gross income; total income amount; number of exemptions, deductions, and credits info (student loan interest deductions, child tax credits, earned income credit, total credits).

### TurboTax activity info:

Info about when you take certain actions in TurboTax (when you access TurboTax, whether you're a new or returning TurboTax customer, whether you import your prior year tax info to help prepare this year's return, when you choose a refund method, how and when you pay for TurboTax, when you access or print your return, when you pay any tax balance due, whether and when you add any products or services such as MAX, Plus, or Audit Defense, when you submit and verify your e-filing info).

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       Yes       No         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard Dependents       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       to you       (d) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependent         If more       (1) First name       Last name       1       Credit for other dependent       Child tax credit       Credit for other dependent         If an other to the dependents, see instructions;       Kait Lyrn N       Shaver       599-61-5826       Daughter       X       I         Attach       2a       Tax-exempt interest       2a       b       b       Taxable amount       1       Datable interest       2b       74       b	<b>104</b>	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn 20	) <b>2</b> '	OMB No.	1545-00	074 IRS Use Only	∕−Do not v	write or staple	in this space.
Victoria L       Peazell       678-10-7484         If joint return, spouse's first name and middle initial       Last name       Spouse's social security numl         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campai         672 Lincoln Ctr       Camden       AR       717015304       Spouse's social security numl         678 Junc opt office. If you have a foreign address, also complete spaces below.       State       ZIP code       Spouse's model filling jointy, want 3         678 Junc opt office. If you have a foreign address, also complete spaces below.       State       ZIP code       Spouse's model security numl         678 Junc opt office. If you have a foreign address, also complete spaces below.       State       ZIP code       Spouse if filling jointy, want 3         678 Junc opt office. If you have a foreign address, also complete spaces below.       State       ZIP code       Spouse it was or returd.       Spouse it was or returd.       You ta's office.       You	Check only	If yo	u checked the MFS box, enter the n	ame of	• .		,		· · · ·		, ,	. , . ,
If joint return, spouse's first name and middle initial       Last name       Spouse's social security numi         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campai         G72 Lincoln Ctr       R       712 Pode       Check here if you, or your         Camden       AR       712 Pode       Check here if you, or your         Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       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       Is blind         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse;       Was born before January 2, 1957       Is blind         Dependents; see instructions);       (1) First name       Last name       Immedring       Order it for other dependent         Robert K       Reece       868-17-7180       Son       X       Immedring         Attach       Sa       Qualified tividends       Sa       Sa       Son       X       Immedring       Sa       Podictions/im       Sa	Your first nam	e and mi	ddle initial	Last na	me					Your se	ocial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campain (Check here if you, or your spouse if filing jointly, want State (Check here if you, or your spouse af filing jointly, want State (Check here if you, or your spouse if filing jointly, want State (Check here if you, or your spouse at a dependent interest in any virtual currency?       Presidential Election Campain (Check here if you, or your spouse at a dependent interest in any virtual currency?       Yes No         Standard       Someone can claim:       You as a dependent interest in any virtual currency?       Yes No         Standard       Someone can claim:       You as a dependent interest in any virtual currency?       Yes No         Standard       Someone can claim:       You as a dependent interest in any virtual currency?       Yes No         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindhess You:       Were born before January 2, 1957       Is blind         Dependents, see instructions):       (1) First name       Last name       for you       Chuit tax credit for cher dependent in there is not see instructions):       Chuit tax credit for cher dependent is ensitive.       Age/Blindhess You       Chuit tax credit for cher dependent is not see instructions):       Chuit tax credit for cher dependent in there is not see instructions):       Chuit tax credit for cher dependent is not see instructions):       Chuit tax credit for cher dependent is not see instructions):       Chuit tax credit for cher dependent is not see	Victori	аL		Feaz	ell					678-	10-748	4
672 Lincoln Ctr       Che kere if you, or your spuce if iling jointy, want § to go to this fund. Checking is go to this fund. Checking box below will not change your is or reland.       State       2/P code       spuce if iling jointy, want § to go to this fund. Checking box below will not change your is or reland.       Spuce if iling jointy, want § to go to this fund. Checking box below will not change your is or reland.       Spuce if iling jointy, want § to go to this fund. Checking box below will not change your is or reland.       Spuce if iling jointy, want § to go to this fund. Checking box below will not change your is or reland.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes X No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):       Checking and dependent         If more       (1) First name       Last name       599-61-5826       Daughter       X       Image and	If joint return,	spouse's	first name and middle initial	Last na	me					Spouse	's social se	curity number
Canden       AR       717015304       to got this find. Checking box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       to got this find. Checking your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Gouse 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):       (a) Relationship       (4) V' if qualifies for (see instructions):       Child tax credit       Credit for defre dependent         than four       Kimberly       G Shaver       599-61-5826       Daughter       A       Image         than four       Kimberly       G Shaver       777-33-0374       Daughter       A       Image       Image<				instructi	ons.				Apt. no.	Check	here if you,	, or your
Canden       AR       717015304       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Quertary time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       See instructions):       (I) First name       Last name       number       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (I) First name       Last name       number       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         Robert K       Rece       868-17-7180       Son       Son       Cand for the dependents,         see instructions       Robert K       Reece       024-89-683       Daughter       Zb       74         Attach       2a       b Taxable amount       4b       5b       5b       5b       5b         Standard       2a       b Taxable amount       5b       5b       5b       5b       5b         Attach       2a       b Taxable amount       5b       5b       5b	City, town, or	post offi	ce. If you have a foreign address, also co	mplete s	paces below.		State					
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yeau       Spout         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       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 itemizes on a separate return or you were a dual-status alien         Age/Blindness You:       Were born before January 2, 1957       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four dependents       (1) First name       Last name       599-61-5826       Daughter       X       Image: Context of the pendent of t	Camden						AR		17015304	box be	low will not	t change
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (i) First name       Last name       number       (i) Y if qualifies for (see instructions):         If more       (i) First name       Last name       1000000000000000000000000000000000000	Foreign count	ry name		1	Foreign province	/state/co	ounty	F	oreign postal code	your ta	_	
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Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         the opendents, see instructions       (1) First name       Last name       599-61-5826       Daughter       X	Deduction		Gpouse itemizes on a separate retur	n or you	ı were a dual-s	tatus a	lien					
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here       Kamari I       Reece       024-89-6893       Daughter       Image: Construction of the standard of the		15					0 Son					
1       Wages, salaries, tips, etc. Attach Form(s) W-2       1         Attach       2a       Tax-exempt interest       1         Sch. B if       3a       Qualified dividends       3a       b         4a       IRA distributions       3a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 10       10       125       9       14, 767         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       10       125       10       122         11       14, 642       Widow(er), \$25,100       12       12       18,800       12       11       14, 642         Widow(er), \$25,100       12a       Standard deduction or itemized deduction (from Schedule A)												
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Sch. B if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Definition       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing separately, \$12,550       6a       Other income from Schedule 1, line 10       b       Taxable amount       7         Married filing jointy or Qualifying widw(er), \$25,100       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       125         11       Subtract line 10 from line 9. This is your adjusted gross income       11       14, 642         widw(er), \$25,100       12a       Standard deduction or itemized deduction (from Schedule A)       12a       18, 800.         12a       Standard deduction or itemized deduction from Form 8295 or Form 8295 A       11       14, 18, 800.         14       Add lines 12c and 13       14       18, 800.       14       18, 800.         15       Taxable income       14       16       18       18       18 <td< td=""><td></td><td>2a</td><td></td><td></td><td></td><td>k</td><td>Taxable int</td><td>erest</td><td></td><td>. 21</td><td>5</td><td>74.</td></td<>		2a				k	Taxable int	erest		. 21	5	74.
4a IRA distributions 4a   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   6a Social security benefits   6a Social security benefits   6a b   7   Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   6a   7   Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   8   7   9   9   10   10   11   12   11   12   13   14   18,800   15   15   16		3a	Qualified dividends	3a					s	. 3ł	5	
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Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,550       8       14,693         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       14,693         9       14,767       9       14,767         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10       125         11       14,642       11       14,642         widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       18,800         12a       Standard deduction or itemized deduction (see instructions)       12b       12c       18,800         •       Head of household, \$18,800       C       Add lines 12a and 12b       12a       12b       12c       18,800         •       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0       14       18,800         •       14       18,800       14       18,800       14       18,800		5a	Pensions and annuities	5a		k	<b>b</b> Taxable an	nount .		. 5ł	5	
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\$12,550       9       Add lines 1, 25, 30, 40, 55, 60, 7, and 8. This is your total income       9       14, 767         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10       125         • Head of household, \$18,800       12a       Standard deduction or itemized deductions (from Schedule A)       12a       18,800.       11       14,767         • Head of household, \$18,800       •       •       12a       12a, 800.       12a       12a, 800.       12b       12a       18,800.       12c       18,800.         • Head of household, \$18,800       •       •       12a       12a, 00.       12b       12c       18,800.       13       0       14       18,800.       14       18,800.       14       18,800.       14       18,800.       14       18,800.       14       18,800.       14       18,800.       14       18,800.       15       14       18,800.       15       15       0       15       0	Married filing	8	Other income from Schedule 1, lin	e 10						. 8		14,693.
• Married filing jointy or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       11       125         11       Subtract line 10 from line 9. This is your adjusted gross income       11       14,642         12a       Standard deduction or itemized deductions (from Schedule A)       12a       18,800.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       12       12         14       18,800       14       18,800       14       18,800		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>tot</b> a	al inco	me			▶ 9		14,767.
Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       1       14,642         Widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       18,800.         Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12c       18,800.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0         14       18,800       14       18,800       14       18,800	<ul> <li>Married filing</li> </ul>	10	Adjustments to income from Sche	dule 1, l	ine 26					. 10	<b>)</b>	125.
\$25,100       12a       12b       12b         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12c       18,800         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0         14       18,800       14       18,800       14       18,800	Jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross	incom	е			► <u>1</u>	1	14,642.
<ul> <li>Head of household, \$18,800</li> <li>If you checked any box under standard</li> <li>Add lines 12a and 12b</li> <li>Image: Add lines</li></ul>	widow(er), \$25.100	_12a	Standard deduction or itemized	deduct	i <b>ons</b> (from Sch	nedule /	A)	12a	18,80	0.		
\$18,800       C       Add lines 12a and 12b       12c       18,800         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0         14       Add lines 12c and 13       14       18,800       14       18,800         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       0	Head of	b	Charitable contributions if you take	the star	dard deduction	n (see ii	nstructions)	12b				
• If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0         14       Add lines 12c and 13       14       18,800         Deduction,       15       Taxable income       Subtract line 14 from line 11 lf zero or less enter -0-       15		c	Add lines 12a and 12b							. 12	с	18,800.
Standard         14         Add lines 12c and 13         14         18,800           Deduction,         15         Taxable income         Subtract line 14 from line 11. If zero or less enter -0-         15         0	<ul> <li>If you checked</li> </ul>	13	Qualified business income deduction	ion from	Form 8995 or	Form	8995-A			. 1:		0.
Deduction, see instructions.       15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	14									1	18,800.
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or	r less, e	enter -0			. 1	5	0.

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

Form **1040** (2021)

Form 1040 (2021	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16		0.
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		0.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedul	e 8812		19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		250.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24		250.
	25	Federal income tax withheld				1 1				
	а	Form(s) W-2				25a				
	b	Form(s) 1099				<b>25b</b> 1	,274.			
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	1	,274.
If you have a	26	2021 estimated tax payment						26		
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				<b>27a</b> 6	,728.			
		Check here if you were b January 2, 2004, and you								
		taxpayers who are at least a								
	b	Nontaxable combat pay elec	tion	. 27b						
	с	Prior year (2019) earned inco	ome	. 27c	19,049.					
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	<b>28</b> 8	,400.			
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Recovery rebate credit. See	instructions .			30 1	,400.			
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27a and 28 throug	h 31. These are	your <b>total oth</b>	er payments an	d refundable cred	lits 🕨	32	16	,528.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			. 🕨	33	17	,802.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	17	,552.
neruna	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached, che	ck here		35a	17	,552.
Direct deposit?	►b	Routing number 0 3 1	1 0 1 2	79	► c Type: 🛛	Checking	Savings			
See instructions.	►d	Account number 1 6 9	1 5 5 9	5 8 7 9	9 9					
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another	•		m with the IRS?				× No	
Designee		structions		· · · · · Phone			onal identif			
		me ►		no.			ber (PIN)			
Sign	Un	der penalties of perjury, I declare t	hat I have examine		l accompanying scl				of my kno	wledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	than taxpayer) is b	ased on all information	on of which	prepare	r has any k	nowledge.
TIELE	Yo	ur signature		Date	Your occupation				t you an Ide	
	Ν.				online sa	lognowgon		nst.) 🕨 🚺	N, enter it h	iere
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>k</b>	oth must sign	Date	Spouse's occupa	<b>÷</b>		<i>'</i>	t your spou	ise an
Keep a copy for	Op.		our must sign.	Date	opouse s occupa					enter it here
your records.							(see i	nst.) 🕨		
	Phe	one no. (870)791-157	3	Email address						
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid									Self-e	mployed
Preparer	Firr	m's name 🕨 🦷 Self-Pre	epared				Phon	e no.		
Use Only	Firr	m's address 🕨					Firm'	s EIN 🕨		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/17/22 Intuit.cg.cfp.sp			Form 1	<b>040</b> (2021)

SCHE	DULE	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 for instructions and the latest information

OMB No. 1545-0074 2021 Attachment

Internal Revenue Service	•	Sequence No. <b>UI</b>	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
Victoria L Fea	678-10	-7484	
Port I Additi	anal Incomo		

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)	·		
3	Business income or (loss). Attach Schedule C		3	1,771.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	12,922.
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j	_	
k	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	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m		8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	8p		
z	Other income. List type and amount ►			
		8z	_	
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	14,693.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ule 1 (Form 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	125.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)	_	
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit <b>24b</b>		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>	_	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) <b>24h</b>		
i	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		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041) <b>24k</b>		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	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	26	125.

REV 01/17/22 Intuit.cg.cfp.sp

SCHE	DULE	2
(Form	1040)	

Department of the Treasury

Internal Revenue Service

### **Additional Taxes**

OMB No. 1545-0074 20

21

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number Victoria L Feazell 678-10-7484 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, 1040-SR, or 1040-NR, line 17 .	3	
Pa	rt II Other Taxes		

4	Self-employment tax. Attach Schedule SE	4	250.
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 <b>5</b>		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
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	
	(cc	ontinu	ued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2021

## Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount ▶	17a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
с	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount ►	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other</b> and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23t		21	250.
	ВАА	REV 01/17/22 Intuit.cg.cfp.sp	_	ule 2 (Form 1040) 2021

## SCHEDULE C (Form 1040)

Department of the Treasury

## Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2 1

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

	ient of the freasury		•		; partnerships must generally file		065. Attachment Sequence No. 09
	of proprietor						al security number (SSN)
	toria L Feazell						8-10-7484
A	Principal business or profession	on, incl	uding product or service (se	e instru	uctions)	B En	ter code from instructions
	online yard sales		•				▶   4   5   4   1   1   1
С	Business name. If no separate					D Em	ployer ID number (EIN) (see instr.)
	online yard sales		,				
E	Business address (including s	uite or	room no) ► 672 Linc	coln	Ctr		
-	City, town or post office, state				71701-5304		
F	· · · · · · · · · · · · · · · · · · ·	K Casl					
G					2021? If "No," see instructions fo	limit on	
H							
1			-		n(s) 1099? See instructions		
Par		oroqui					
1					this income was reported to you		4,631.
2	-						
3							4,631.
4							0.
5							4,631.
6					refund (see instructions)		
7	<b>•</b>		-		· · · · · · · · · · · ·		4,631.
Part	<b>Expenses.</b> Enter exp	enses	for business use of you	ir hom	ne <b>only</b> on line 30.	· · ·	1,001.
8	Advertising	8	,	18	Office expense (see instructions	). 18	
9	Car and truck expenses (see			19	Pension and profit-sharing plans		
Ũ	instructions)	9		20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipme	ent <b>20</b> a	1
11	Contract labor (see instructions)	11		b	Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179			22	Supplies (not included in Part III		
	expense deduction (not			23	Taxes and licenses		
	included in Part III) (see instructions)	13		24	Travel and meals:		
14	Employee benefit programs			a	Travel	. 24a	
14	(other than on line 19)	14		b	Deductible meals (see		-
15	Insurance (other than health)	15		Ĩ	instructions)	. 24b	
16	Interest (see instructions):			25	Utilities	. 25	
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits	s) <b>26</b>	
b	Other	16b		27a	Other expenses (from line 48).		
17	Legal and professional services	17		b	Reserved for future use		
28	Total expenses before exper		business use of home. Add	lines 8	8 through 27a	▶ 28	
29						. 29	
30	1 ( )				nses elsewhere. Attach Form 88	29	
	unless using the simplified me	-	•				
	Simplified method filers only			(a) you	ır home:		
	and (b) the part of your home	used fo	or business:		. Use the Simplified	_	
	Method Worksheet in the inst			ter on l	ine 30	. 30	
31	Net profit or (loss). Subtract						
	<ul> <li>If a profit, enter on both Sch</li> </ul>			on Sch	edule SE, line 2, (If you		
	checked the box on line 1, se					31	1,771.
	• If a loss, you must go to lin		, ,				- I
32	If you have a loss, check the l		t describes your investment	in this	activity. See instructions.		
	<ul> <li>If you checked 32a, enter th</li> </ul>						
	SE, line 2. (If you checked the		•		· ·	32a	All investment is at risk.
	Form 1041, line 3.	207 01					$\mathbf{D}$ Some investment is not
	<ul> <li>If you checked 32b, you mu</li> </ul>	st atta	ch Form 6198. Your loss ma	ay be li	mited.		at risk.

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Schedu	le C (Form 1040) 2021			Page <b>2</b>
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> 🗶 Cost <b>b</b> 🗌 Lower of cost or market <b>c</b> 🗌 Other (at	ach e	kplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventors if "Yes," attach explanation		. 🗌 Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		4,187.
36	Purchases less cost of items withdrawn for personal use	36		2,642.
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		6,829.
41	Inventory at end of year	41		8,543.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0.
Part		truc		line 9 and
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	vehicl	e for:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
	If "Yes," is the evidence written?		· · Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30	).	
		-1		
48	Total other expenses. Enter here and on line 27a	48	1	

SCHE	DULE	SE
(Form	1040)	

Α

b

2

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b

5a

b

6

7

8a

С

d

9

10 11

12

13

14

15

## **Self-Employment Tax**

OMB No. 1545-0074

20 ▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information. Department of the Treasury Attachment Attach to Form 1040, 1040-SR, or 1040-NR. Internal Revenue Service (99) Sequence No. 17 Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of person with **self-employment** income ► 678-10-7484 Victoria L Feazell Part I Self-Employment Tax Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income. If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . . . . . . . . . . Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions. **1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), 1a If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** Skip line 2 if you use the nonfarm optional method in Part II. See instructions. Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order 2 1,771. 3 1,771. 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 4a 1,636. Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . . 4b Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had **church employee income**, enter -0- and continue . . . . . . . . . . 1,636. **4c** Enter your church employee income from Form W-2. See instructions for definition of church employee income 5a 5b 0. 6 1,636. Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 . . . . . . 7 142,800 Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8a **b** Unreported tips subject to social security tax from Form 4137, line 10 . . . 8b Wages subject to social security tax from Form 8919, line 10 . . . . . . 8c 8d . . Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . 9 142,800. 10 203. 11 47. 250. 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040). 13 125. **Optional Methods To Figure Net Earnings** (see instructions) Part II Farm Optional Method. You may use this method only if (a) your gross farm income<sup>1</sup> wasn't more than \$8,820, or (b) your net farm profits<sup>2</sup> were less than \$6,367. 5.880 14 Enter the smaller of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) or \$5,880. Also, include 15 Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$6,367

and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times. 16 16 17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16 Also, include this amount on line 4b above 47

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.	<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount	<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.
you would have entered on line 1b had you not used the optional method.	I

#### SCHEDULE EIC (Form 1040)

Department of the Treasury

Name(s) shown on return

CAUTION

Internal Revenue Service (99)

## **Earned Income Credit**

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
 Go to www.irs.gov/ScheduleEIC for the latest information.

have a 1040-SR EIC

1040



\_\_\_\_\_

Your social security number 678-10-7484

Victoria L Feazell

If you are separated from your spouse, filing a separate return and meet the requirements to claim the EIC (see instructions), check here

See the instructions for Form 1040, lines 27a, 27b, and 27c, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social

- security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, see the instructions.
- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

<b>Qualifying Child Information</b>		Child 1		Child 2		Child 3	
1	Child's name	First name	Last name	First name	Last name	First name	Last name
	If you have more than three qualifying children, you have to list only three to get the maximum credit.	Kimberly	G Shaver	Kaitlynn	N Shaver	Robert K	Reece
2	<b>Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, unless the child was born and died in 2021 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2021 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	599-6	51-5826	777-3	33-0374	868-	17-7180
3	Child's year of birth	vounger than vo	$ \begin{array}{c c} 0 & 1 & 4 \\ \hline 0 & and the child is \\ u (or your spouse, if \\ ip lines 4a and 4b; \end{array} $	<i>vounger than yo</i>	$   \underbrace{\begin{array}{c} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 $	vounger than vo	0 1 9 02 and the child is ou (or your spouse, if kip lines 4a and 4b;
4 a	Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> <i>Go to line 4b.</i>	Go to line 5.	<b>No.</b> Go to line 4b.
k	Was the child permanently and totally disabled during any part of 2021?	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.
5	Child's relationship to you		quanty mg ennor		quantying tinta		quanty mg enna
	(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		Daughter		Son	
6	Number of months child lived with you in the United States during 2021						
	• If the child lived with you for more than half of 2021 but less than 7 months, enter "7."						
	• If the child was born or died in 2021 and your home was the child's home for more than half the time he or she was alive during 2021, enter "12."	Do not enter a months.	<u>12</u> months <i>more than 12</i>	Do not enter months.	<u>12</u> months more than 12	Do not enter months.	12 months more than 12

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

# Credits for Qualifying Children and Other Dependents



OMB No. 1545-0074

2021 Attachment Sequence No. 47

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2a       2a         b       Enter the amounts from line 15 of your Form 2555       2b       0.         2       2b       0.         3       Add lines 1 and 2d       2d       0.         3       Add lines 1 and 2d       3       14,642.         4       Number of qualifying children under age 18 with the required social security number       4a       4.         b       Number of children included on line 4a who were under age 6 at the end of 2021       4c       2.         5       If line 4a is more than zero, enter the amount from the Line SWorksheet; otherwise, enter -0.       5       1.3, 200.         6       0.       Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. mational, or U.S. resident alien. Also, do not include anyone you included on line 4a.       7         7       8       13, 200.       9       200,000.         9       200,000       9       200,000.       9       200,000.         10       Subtract line 9 from line 3.       1.4 erest, 1.0,00, enter the next multiple of \$1,000, enter       9       200,000.         11       0.       0.       11       0.       0.         12       Subtract line 9 form line 3.       1.4 erest, 1.0,00, enter the next multiple of \$1,000, enter       10       0.				security number
1       Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR       1       14, 642.         2a       Enter income from Puerto Rico hat you excluded       2a       0.         2a       Enter the amounts from lines 45 and 50 of your Form 2555       2a       0.         3       Add lines 2 abrough 2.       2d       0.         3       Add lines 1 and 2d       4a       4a       4.         4       Number of qualifying children under age 18 with the required social security number       4a       4a       2.         c       Subtract line 4b from line 4a       4.       4b       2.       5       13, 200.         6       Number of other dependents, including any qualifying children who are not under age 18 or who on to have the required social security number       6       0.       6         7       Mutiply line 6 by \$500       7       8       13, 200.       8       13, 200.         9       Enter the amount show below for your filing status.       *       7       8       13, 200.         11       Mutiply line 6 by \$500       7       8       13, 200.       9       200, 000.         10       Subtract line 9 from line 3.       11       0.       0.       0.       0.         11       The amount show			678-10-	-7484
2a       Enter income from Puerto Rico that you excluded       2a       2b       0.         b       Enter the amounts from lines 15 of your Form 4563.       2d       0.       2d       0.         c       Add lines 2a through 2c       3       14 , 642.       3       14 , 642.         4       Number of qualifying children under age 18 with the required social security number       4a       4.       4.         b       Number of children included on line 4a who were under age 6 at the end of 2021.       4c       2.       5         5       Hine 4a is more than zero, enter the amount from the Line 5 Worksheet: otherwise, enter -0.       5       13 , 200.         6       O.       Caution: Do not include avorsef, our spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alten. Also, do not include anyone you included on line 4a.       7         7       Multiply line 6 by \$300.       8       13 , 200.         9       Enter the amount shown below for your filing status.       8       13 , 200.         • Marie filing jointly-355, enter 50,0000       .       9       20 , 000.         10       Subtract line 9 from line 8.       17 , 200.       8       13 , 200.         11       Multiply line 10 by \$5% (0.05)       .       10       0.       10         12	Part			
b       Enter the amount from lines 45 and \$0 of your Form 2555       2b       0.         c       Finter the amount from line 15 of your Form 4563       2d       0.         3       Add lines 2a through 22       3       14,642.         4       Mumber of qualifying children under age 18 with the required social security number       4a       4.         5       Subtract line 49 from line 4a       4.       4       2.         5       Subtract line 40 from line 4a       4c       2.         6       O.       5       33,200.         6       Number of children under age 18 with the required social security number       4a       4.         7       Subtract line 4h rom line 4a       5       33,200.         6       O.       Cartion: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident atter. Aba, do not line due anyone you included on line 4a.       8       13,200.         9       Einter the amount shown below for your filing status.       7       8       13,200.         9       Einter the amount and and amount photo of 1,000, enter the next multiple of \$1,000. For term earmed.       9       200,000.         10       Subtract line 11 from line 8. If zero or less, enter -0.       11       0.         11       O.       12 </th <th>1</th> <th>•</th> <th>. 1</th> <th>14,642.</th>	1	•	. 1	14,642.
e       Enter the amount from line 15 of your Form 4563       2c       2d       0.         d       Add lines 2 and 2d       3       14,642.         4a       Number of qualifying children under age 18 with the required social security number       4a       4.       3         4b       2.       4b       2.       3       3       14,642.         4a       Number of children included on line 4a who were under age 6 at the end 0201.       4c       2.       5       13,200.         5       If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0.       5       13,200.         6       0.       Cautione 10 not include oynusel; our synue who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.       7         8       Add lines 5 and 7.       8       13,200.         9       Enter the amount shown below for your filing status.       8       13,200.         • Mairbip line 6 by \$500.       9       200,000       10         10       Subtract line 9 form line 8.       12       13,200.         11       Multiply line 10 by \$5% (0.05)       11       0.       12       13,200.         12       Subtract line 9 form line 8.       14,60.       12       13,200. <td>2a</td> <td></td> <td></td> <td></td>	2a			
d       Add lines 2 a through 2c.       2d       0.         3       Add lines 1 and 2d       3       14,642.         4       Number of qualifying children under age 18 with the required social security number       4a       4.         5       Subtract line 4 bro mine 4a       4c       2.         6       Number of other dependents, including any qualifying children who are not under age 16 d be not 0.000 on that we trequired social security number       5       13,200.         6       Number of other dependents, including any qualifying children who are not under age 16 d be on 0.       5       13,200.         7       Multiply line 6 by S500       7       8       13,200.         8       13,200.       7       8       13,200.         9       200,000       7       8       13,200.         10       Add lines 5 and 7.       8       13,200.       7         8       13,200.       7       9       200,000.         10       Subtract line 9 from line 3.       9       200,000.       9       200,000.         10       Subtract line 11 from line 8. If zero or less, enter -0.       10       0.       12       13,200.         12       Subtract line 14 from line 12.       10       12       13,200. <td< th=""><td>b</td><td></td><td>0.</td><td></td></td<>	b		0.	
3       Add lines 1 and 2d       3       14,642.         4a       Number of qualifying children under age 18 with the required social security number       4a       4.         5       Winber of children included on line 4a who were under age 6 at the end of 2021.       4a       4.         6       0.       4c       2.         5       If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter 0.       5       13, 200.         6       0.       Caution: Do not include owneel?, our sponse, who is not a U.S. citizen, U.S. national, or U.S. resident alten. Also, do not include anyone you included on line 4a.       7         7       Add lines 5 and 7.       8       13, 200.         9       Enter the amount shown below for your filing status.       7         8       13, 200.       9       200, 000.         10       Subtract line 9 from line 3.       11       0.         11       Multiply line 10 by 5% (0.05)       10       0.         12       Subtract line 11 from line 8. If zero or less, enter -0.       11       0.         13       Check here if you (or your spouse if married filing jointly).       A       Check here if you (or your spouse if married filing jointly).       A       Check here if you (or your spouse if married filing jointly).         4       Check h	с	5		
4a       Number of qualifying children under age 18 with the required social security number       4a       4.         b       Number of children included on line 4a who were under age 6 at the end of 2021       4b       2.         5       If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0.       5       13, 200.         6       Number of other dependents, including any qualifying children who are not under age       6       0.         7       Cantion: Do not include yourself; your spouse, or anyone who is not U.S. citizen, U.S. national, or U.S. resident aften. Also, do not include anyone you included on line 4a.       7         8       Add lines 5 and 7       7         9       Enter the amount shown below for your filing status.       7         • Married filing jointy—5400.000       9       200,000.         10       Subtract line 9 from line 3.       9       200,000.         11       O.       0       0       0         12       Subtract line 11 from line 8. If zero or less, enter -0.       11       0.         13       Check late here if you or your spouse if married filing jointly).       12       13, 200.         14       Enter the smaller of line 12.       10       0       0         10       Octeck alth apply to you (or your spouse if married filing jointly).	d			
b Number of children included on line 4a who were under age 6 at the end of 2021 4a 2.   c Subtract line 4b from line 4a 4a 2.   f If ine 4 is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0. 5 13,200.   6 Number of other dependents, including any qualifying children who are not under age 6 0. 6   7 8 Add lines 5 and 7. 8 13,200.   9 Enter the amount shown below for your filing status. 7 8 13,200.   • Marrief filing jointly3400,000 • And rome than 30.000 (r) 9 200,000.   • Add lines 5 and 7. 8 13,200. 10   9 Enter the amount shown below for your filing status. 9 200,000.   • Marrief filing jointly3400,000 • And rome than 28. 9 200,000.   • Marrief filing jointly3400,000 • If zero or less, enter -0. 10 0.   10 Subtract line 17 from line 3. • If zero or less, enter -0. 11   11 O. 12 200,000. 11   12 Subtract line 11 from line 8. If zero or less, enter -0. 11 0.   13 Check here if you (or your spouse if married filing jointly). A 14 13,200.   A Check here if you (or your spouse if married filing jointly). A 14 13,200.   14 Enter the smaller of line 14 on line 14. 14 0. 14   15 Check here if you (or your spouse if married filing jointly) were a bona fide	3		. 3	14,642.
c       Subtract line 4b from line 4a       4c       2.         5       If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0       5       13,200.         6       Number of other dependents, including any qualifying children who are not under age attains. The other dependents, included on line 4a.       6       0.         7       Multiply line 6 by 5500       7       8         8       Add lines 5 and 7.       8       13,200.         9       Enter the amount shown below for your filing status.       7       8         • Married filing jointly—S400,000       .       9       200,000.         • If more than zero and ot a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.       10       0.         13       Check here if you (or your spouse, enter -0.       12       13,200.       13         13       Check here if you (or your spouse if married filing jointly).       A       Check here if you (or your spouse if married filing jointly) and a principal place of abode in the United States for more than half of 2021       X       X         B       Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021       X       X         B       Check here if you (or your spouse if mar	<b>4</b> a		4.	
5       If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0	b		2.	
6       Number of other dependents, including any qualifying children who are not under age B or who do not have the required social security number       6       0.         Caution: Do not include oynous H; youry spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.       7         A dd lines 5 and 7.       8       13,200.         9       Enter the amount shown below for your filing status.       7         • Married filing jointly—\$400,000       •       9         • All other filing statuse—\$200,000       9       200,000.         10       Subtract line 9 from line 3.       9       200,000.         • If zero or less, enter -0.       10       0.       0.         • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.       10       0.         12       Subtract line 11 from line 8. If zero or less, enter -0.       12       13,200.         13       Check here if you (or your spouse if married filing jointly).       A       Check here if you (or your spouse if married filing jointly).         A check here if you (or your spouse if married filing jointly) were a hona file resident of Puerto Rico for 2021       14       0.         14       0.       144       0.       144       0.	c		2.	
If a or who do not have the required social security number       6       0.         Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.       7         Multiply line 6 by \$500       7         Add lines 5 and 7       8         Add lines 5 and 7       8         • Married filing jointly—\$400,000       •         • All other filing statuses—\$200,000       9         • All other filing statuses—\$200,000       9         • If zero or less, enter -0.       9         • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.       10         0       0.       11       0.         12       Subtract line 11 from line 8. If zero or less, enter -0.       11       0.         13       Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021       12       13, 200.         Part 1-83       Filers Who Check a Box on Line 13       14       0.         Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.       14a       0.         14       Enter the samaller of line I4a ron line 14c.       14d       0.	5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0	. 5	13,200.
alien. Also, do not include anyone you included on line 4a. 7 Multiply line 6 by \$500	6		0.	
8       Add lines 5 and 7.       8       13,200.         9       Enter the amount shown below for your filing status.       9       200,000.         • Married filing jointly—S400,000 }       • All other filing statuses—\$200,000 }       9       200,000.         10       Subtract line 9 from line 3.       • If zero or less, enter -0.       10       0.         • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.       10       0.         11       Multiply line 10 by 5% (0.05).       11       0.       11       0.         12       13,200.       Your your spouse if married filing jointly).       A       Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021.       Your your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021       Part I-B         Part I-B       Filers Who Check a Box on Line 13       Check here if you (or your spouse, enter the amount for the Credit Limit Worksheet A.       14a       0.         14       0.       Ida       0.       Ida       0.       14d       0.         14       14a       0.       Ida       0.       14d       0.       14d       0.       14d       0.       14d </th <td></td> <td></td> <td>ent</td> <td></td>			ent	
9       Enter the amount shown below for your filing status.       • Married filing jointly—\$400,000         • All other filing statuss—\$200,000       9       200,000.         10       Subtract line 9 from line 3.       • If zero or less, enter -0.       • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.       10       0         11       Multiply line 10 by 5% (0.05)       11       0.       12       13, 200.         12       Subtract line 11 from line 8. If zero or less, enter -0.       11       0       12       13, 200.         13       Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021       12       13, 200.         Part I-B       Filers Who Check a Box on Line 13       14a       0.         Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.       14a       0.         14       0.       14d       0.       14d       0.         15       Subtract line 14a from line 12       14b       13, 200.       14c       0.         16       Enter the samaller of line 14a or line 14c       14d       0.       14e       0.         16       Enter the agregate amount on this line. doesn't match the aggregat	7	Multiply line 6 by \$500	. 7	
<ul> <li>Married filing jointly—\$400,000</li> <li>All other filing statuses—\$200,000</li> <li>Subtract line 9 from line 3.</li> <li>If zero or less, enter -0.</li> <li>If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.</li> <li>Multiply line 10 by 5% (0.05)</li> <li>Subtract line 11 from line 8. If zero or less, enter -0.</li> <li>Check all the boxes that apply to you (or your spouse if married filing jointly).</li> <li>A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021</li> <li>PartI-B Filers Who Check a Box on Line 13</li> <li>Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.</li> <li>I4a Enter the smaller of line 7 or line 12</li> <li>b Subtract line 14 a from line 14.</li> <li>c Hier the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021.</li> <li>If hen anount on this line. If you din't receive any advance child tax credit payments for 2021. Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you din't receive any advance child tax credit payments for 2021.</li> <li>If the anount on this line doesn't match the aggregate amounts on line 12 do 0.</li> <li>If there the smaller of line 14 or line 14.</li> <li>g Subtract line 14 from lin</li></ul>	8	Add lines 5 and 7	. 8	13,200.
<ul> <li>All other filing statuses—\$200,000 Ĵ</li></ul>	9	Enter the amount shown below for your filing status.		
10       Subtract line 9 from line 3.       If zero or less, enter -0.         • If zero or less, enter -0.       • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.       10       0.         11       Multiply line 10 by 5% (0.05)       11       0.       11       0.         12       Subtract line 11 from line 8. If zero or less, enter -0.       11       0.       12       13, 200.         13       Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021       Imarried filing jointly) were a bona fide resident of Puerto Rico for 2021       Imarried Filips Stho Check a Box on Line 13         Part I-B       Filers Who Check a Box on Line 13         Subtract line 14 or or line 12       14a       0.         It a is zero, enter -0; otherwise, enter the amount from the Credit Limit Worksheet A       Ide       14b       13, 200.         c       If line 14a is zero, enter -0; otherwise, enter the amount from the Credit Limit Worksheet A       Ide       14d       0.         e add lines 14b and 14d       Ide are child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If		• Married filing jointly—\$400,000		
<ul> <li>If zero or less, enter -0.</li> <li>If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.</li> <li>Multiply line 10 by 5% (0.05)</li> <li>Subtract line 11 from line 8. If zero or less, enter -0.</li> <li>Check all the boxes that apply to you (or your spouse if married filing jointly).</li> <li>A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021</li> <li>Part I-B Filers Who Check a Box on Line 13</li> <li>Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.</li> <li>Ida Enter the smaller of line 7 or line 12</li> <li>United States for 2021</li> <li>Part I-B Filers Who Check a Box on Line 13</li> <li>Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.</li> <li>Ida 0.</li> <li>Ida</li></ul>		• All other filing statuses—\$200,000 \$	. 9	200,000.
<ul> <li>If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$125, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.</li> <li>Multiply line 10 by 5% (0.05)</li> <li>Subtract line 11 from line 8. If zero or less, enter -0-</li> <li>Check all the boxes that apply to you (or your spouse if married filing jointly).</li> <li>A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021</li> <li>B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021</li> </ul> Part I-B Filers Who Check a Box on Line 13 Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C. 14a Enter the smaller of line 7 or line 12 b Subtract line 14a from line 12 c Hi line 14a is zero, enter -0; otherwise, enter the amount from the Credit Limit Worksheet A d Enter the smaller of line 14a or line 14c c Add lines 14b and 14d d Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, see your Letter(s) 6419, the processing of your return will be delayed. g Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III 14g 8,400. <	10	Subtract line 9 from line 3.		
example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.       10       0.         11       Multiply line 10 by 5% (0.05)       11       0.         12       Subtract line 11 from line 8. If zero or less, enter -0-       12       13, 200.         13       Check all the boxes that apply to you (or your spouse if married filing jointly).       A       Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021       Image: Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021       Image: Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021         Part I-B       Filers Who Check a Box on Line 13       Image: Check here if you (or joint plate if an ine 13, do not complete Part I-B; instead, skip to Part I-C.       Image: Check here if you (or joint plate if a signal plate if		• If zero or less, enter -0		
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13       Check all the boxes that apply to you (or your spouse if married filing jointly).       A       Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021	12	Subtract line 11 from line 8. If zero or less, enter -0-	. 12	13,200.
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Part I-B       Filers Who Check a Box on Line 13         Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.       14a         14a       Enter the smaller of line 7 or line 12       14a         b       Subtract line 14a from line 12       14b         c       If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A       14b         d       Enter the smaller of line 14a or line 14c       14d         e       Add lines 14b and 14d       14e         f       Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you din't receive any advance child tax credit payments for 2021, enter -0-       14f       4,800.         Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.       14g       8,400.         g       Subtract line 14d from line 14g. This is your credit for other dependents. Enter this amount on line       14h       0.         i       Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR       14i       8,400.			5	
14a       Enter the smaller of line 7 or line 12       14a       0.         b       Subtract line 14a from line 12       14a       0.         c       If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A       14b       13,200.         d       Enter the smaller of line 14a or line 14c       14d       0.       14d       0.         e       Add lines 14b and 14d       114c       0.       14d       0.         f       Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-       14f       4,800.         Caution:       If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.       14g       8,400.         g       Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III       14g       8,400.         h       Enter the smaller of line 14g. This is your credit for other dependents. Enter this amount on line       14h       0.         i       Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040	Part			
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c       If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	b	Subtract line 14a from line 12	. 14b	
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filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.       Image: the state of the stat				4,800.
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19 of your Form 1040, 1040-SR, or 1040-NR       14h       0.         i       Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR       14h       0.	h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on li	ne	
your Form 1040, 1040-SR, or 1040-NR				0.
	i			8,400.
	For Pa			

Caution: If you checked a two on line 13. do not complete Part LC:         15           58         Enter the anount from the Certifit Linit Workshert A.         15a           Additional child are cerdit. Complete Parts II-A through II-C if you meet each of the following items.         15b           Additional child are cerdit. Complete Parts II-A through II-C if you meet each of the following items.         15c           A add itens 15b and 15c         15b           C add itens 15b and 15c         15c           C add itens 15c         15c           C add itens 15c         15c           C add itens 15c         15c           S attract 11c         15c           S attract 11c         15c           C add itens 15c         15c           S attract 11c         15c	Schedu	le 8812 (Form 1040) 2021	Page <b>2</b>
Iss     incre the amount from the Credit Limit Worksheet A     15a       b     Enter the smaller of line 120 trine 15a     15b       c     Hard A standard Shild as credit. Complete Pars II-A through II-C if you meet each of the following items.     1.       1. You are not filling form 2555.     2. Line 4 is more than zero.     15c       2. Line 4 as in more than zero.     15c     15c       d     Add times 15b and 15c     15c       e     Incre the agregate amount of advance child tax credit payments you (and your spouse if filling jointly) received for 2021, See your Letter(s) 6419 for the amounts to include on this line. If you after treevies any advance whild tax credit payments for 2021, ener -0     15c       Cautions I for an amount on this line. If you offs I through IB-C, your remove while data credit payments for 2021, ener -0     15c       Cautions I for an E-S form line 15d. This is your norrefundable child tax credit and credit for other through IB-C, your crant child holds your remover the payments in the additional child tax credit. Cautions I for an E-S form line 15d. This is your norrefundable child tax credit. How the C-S form 100-100-NR       Part ILAA     Additional Child Tax Credit (use only if completing Part I-C)       Cautions I for an E-S form line 15d. This is your norrefundable child tax credit.       Cautions I for an E-S form line 15d. This is your norrefundable child tax credit.       Cautions I for an E-S form line 15d. This is your norrefundable child tax credit.       Cautions I for an E-S form line 15d. This is your norrefundable child tax cre	Part	I-C Filers Who Do Not Check a Box on Line 13	8
b       Enter the smaller of line 12 or line 15a       15b         Additional child ta cercifi. Complete Pars II-A through II-C if you meet each of the following items.       1         1. You are not filing Horm 2555.       2. Line 4.15 more than line 15a.       15c         2. Line 12 is more than line 15a.       15c       15d         3. Line 12 is more than line 15a.       15d       15d         c       If you completed Pars II-A through II-C, enter the amount from line 27; otherwise, enter -0:       15d         d       Add lines 15b and 15c       15d       15d         e       Inter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received       15d         G       aution of 16 born bine 15d.       17e 2001.       18d       15d         g       Line the aggregate amount on this line doesn't match the aggregate amount on line 28d or part III       15d         g       Line the amaller of line 15d. If zero or lines 15f through 15h and go to Part III       15g         g       Line the samaller of line 15d. If zero or lines 19f through 11C2, you cancel child tax cerdit.       15g         g       Line the born 2555. do not complete Parts 11-A through 11-C.)       15g         Caution: If you file form 255. do not complete Parts 11-A through 11-C.)       16a       16a         The throu nuber of line 16b or this line is	Cautio	n: If you checked a box on line 13, do not complete Part I-C.	
Additional child use credit. Complete Parts II-A through II-C if you meet each of the following items.	15a	Enter the amount from the Credit Limit Worksheet A	15a
<ol> <li>You are not filing Form 2555.</li> <li>Line 4 sin more than zero.</li> <li>Line 12 is more than line 15a.</li> <li>If you completed Pars II. A through II.C, enter the amount from line 27; otherwise, enter -0.</li> <li>If you completed Pars II. A through II.C, enter the amount from line 27; otherwise, enter -0.</li> <li>If you completed Pars II. A through II.C, enter the amount from line 27; otherwise, enter -0.</li> <li>If the parse of the line 16 show that is include on this line. If you are missing Letter 6103, see the instructions before entering an amount on this line. If you did is receive any advance child has credit apprents for any out any your spouse if filing jointly) received to be amaller of in 15b or line 15T. This is your control mubble child has credit and credit for other dependents. Eater this amount on line 19 dy our Form 1040, 1040-SR, or 1040-NR.</li> <li>Subtract line 15g from line 15T. This is your control mubble child has credit.</li> <li>Subtract line 15g from line 15T. This is your control mubble child has credit and credit for other dependents. Eater this amount on line 29 dy our Form 1040, 1040-SR, or 1040-NR.</li> <li>Subtract line 15f from line 12. If zero skip Parts II-A and II-B and enter -0- on line 27.</li> <li>Caution: If you child read credit (use orbly if completing Part II-C)</li> <li>Caution: If you child read child read credit orbit in a credit.</li> <li>Subtract line 135. do not complete Parts II-A through II-C; you cannot child the additional child that credit.</li> <li>Caution: If you child read child has credit and credit or other dependents.</li> <li>Subtract line 136. do not complete Parts II-A through II-C; you cannot child the additional child that credit.</li> <li>Caution: If you child read child read credit orbit in a credit.</li> <li>Subtract line 136. do not complete Parts II-A through II-C; you cannot child the additional child that credit.</li> <li>Subtract line 136. do not comp</li></ol>	b	Enter the smaller of line 12 or line 15a	15b
<ul> <li>2. Line 4 is more flan zero.</li> <li>3. Line 12 is more than line 15a.</li> <li>c If you completed Pars II-A through II-C, enter the amount from line 27; otherwise, enter -0.</li> <li>15c</li> <li>15d</li> <li>15d<!--</td--><td></td><td>Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.</td><td></td></li></ul>		Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
a. Line 12 k more than line 15a.       Image: Second		1. You are not filing Form 2555.	
c       if you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0.       15c         d       Add lines ISb and ISc       15d         e       Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on link line. If you datir treelves any advance child ats credit payments for 2021, enter -0.       15c         Candion: If the amount on this line. Given it in the aggregate amounts reported to you (and your spouse if filing jointly) or your Letter(s) 6419, the processing of your return will be delayed.       15c         G       Subtract line 15c from line 15f. This is your additional child tax credit. Enter this amount on line 19 of your Form 1400, 1400-SR, or 100-NR.       15c         FartIIA       Additional Child Tax Credit (use only if completing Part I-C)       15d         Cantion: If you checked a box on line 13. do not complete Parts II-A and II-B and enter -0- on line 27.       15d         Gantion: If you checked a box on line 13. do not complete Parts II-A and II-B and enter -0- on line 27.       15d         There the smaller of line 16b       17         Base transe line on the 12. If zero, skip Parts II-A and II-B and enter -0- on line 27.       15d         There the smaller of line 16b       17         Base amount on line 18 and enter -0- on line 27.       16d         There the smaller of line 16b       17         Base amount on line		2. Line 4a is more than zero.	
d       Add lines 15b and 15c       15d         e       Earce the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the for 2021, enter -0.       1sc         Caution: If the amount on this line. If you dish I receive any advance child tax credit payments for 2021, enter -0.       1sc         Caution: If the amount on this line deart in match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.       1sc         g       Enter the smaller of line 155 or this 157. This is your normerfundable child tax credit and credit for other 155. This is your normerfundable child tax credit. Enter this amount on line 28 of your return will be delayed.       1sc         Caution: If you checked a box on line 15. This is your nonrefundable child tax credit. Enter this amount on line 128 of your solution 156. This is your nonrefundable child tax credit. The 2005 cm 116. The site your head that credit for other 1610. The the seather 170 cm 116. The 270 ship parts 11-A and 11-B and enter -0 on line 27		<b>3.</b> Line 12 is more than line 15a.	
<ul> <li>e Enter the aggregate ansount of advance child tax credit payments you (and your spose if filing jointly) received for 2020. See your Letter(5) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions hefore entering an amount on this line of you (and your spouse etil filing jointly) on your Letter(5) 6419, the processing of your return will be delayed.</li> <li>f Subtract line 15e from line 15t. If zero or less, enter -0- on line. 15f through 15h and go to Part III</li></ul>	с	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you are missing Letter 6419, see the Caution: If the amount on this line. If you are missing Letter 6419, see the Caution: If the amount on this line. If you are missing Letter 6419, see the Caution: If the amount on this line. If you are missing Letter 6419, see the Caution: If the amount on line 154, there or these, senter -0. In time 151 and go to Part III       15e         g Enter the smaller of line 150 to rise to see, seter -0. On lines 15f through 151 and go to Part III       15g         h Subtract line 15g from line 15f. This is your additional child tax cerdit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR       15g         Form 1040, 1040-SR, or 1040-NR       15c       15c         Caution: If you checked a box on line 13. do not complete Parts IL-A through IL-C; you cannot claim the additional child tax cerdit. Caution: If you checked a box on line 13. do not complete Parts IL-A through IL-C; you cannot claim the additional child tax cerdit.       16a         16a       Subtract line 13b from line 12. If zero, skip Parts IL-A and IL-B and enter -0- on line 27       16a         17       Teart He samular of line line 13b and to the IB-B and enter -0- on line 27       16a         17       There the samular of line line 13b and the Complete Parts IL-A through IL-C; you cannot claim the additional child tax cerdit.       17a         18a       Image III Part IL-D       16b       17a         17       There the samular	d	Add lines 15b and 15c	15d
for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you are missing Letter 6419, see the Caution: If the amount on this line. If you are missing Letter 6419, see the Caution: If the amount on this line. If you are missing Letter 6419, see the Caution: If the amount on this line. If you are missing Letter 6419, see the Caution: If the amount on line 154, there or these, senter -0. In time 151 and go to Part III       15e         g Enter the smaller of line 150 to rise to see, seter -0. On lines 15f through 151 and go to Part III       15g         h Subtract line 15g from line 15f. This is your additional child tax cerdit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR       15g         Form 1040, 1040-SR, or 1040-NR       15c       15c         Caution: If you checked a box on line 13. do not complete Parts IL-A through IL-C; you cannot claim the additional child tax cerdit. Caution: If you checked a box on line 13. do not complete Parts IL-A through IL-C; you cannot claim the additional child tax cerdit.       16a         16a       Subtract line 13b from line 12. If zero, skip Parts IL-A and IL-B and enter -0- on line 27       16a         17       Teart He samular of line line 13b and to the IB-B and enter -0- on line 27       16a         17       There the samular of line line 13b and the Complete Parts IL-A through IL-C; you cannot claim the additional child tax cerdit.       17a         18a       Image III Part IL-D       16b       17a         17       There the samular	e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	
for 2021, enter -0.       15e         Caution: If the anount on this line dean't match the aggregate amounts reported to you (and your spouse if filing jointly) on your. Letter(s) 6419, the processing of your return will be delayed.       15f         f       Subtract line 15c from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III       15f         g       Enset the smaller of line 15b or line 157. This is your additional child tax credit. Enter this amount on line 28 of your       15g         Part II-2       Additional Child Tax Credit (use only if completing Part II-2)       Caution: if you fiele form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       16a         Idea       Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the smaller of line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27       16a         116a       Subtract line 25 form line 12. M zero, skip Parts II-A and II-B and enter -0 on line 27       16b         117       There the smaller of line 16a or line 16b       17         128       Earnet fine smort than 32,500?       18a         139       Is the amount on line 19b 15% (c. 0.15) and enter the result       19         141       Staneamount on line 19b 15% (c. 0.15) and enter the			
Cuttion: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.       Image: Cuttion of Cutter(s) 6419, the processing of Your return will be delayed.         f Subtract line 156 form line 156. This is your nonrefundable child tax credit and credit for other dependents. Earce this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.       Image: Cutter the smaller of line 157. This is your additional child tax credit. Enter this amount on line 28 of your form 1040, 1040-SR, or 1040-NR.         PartUL-A Additional Child Tax Credit (use only if completing Part I-C)       Image: Cutter the additional child tax credit.         Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       Image: Cutter the additional child tax credit.         16a       Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       Image: Cutter the additional child tax credit.         16a       Number of qualifying children you use for this line is the same as the number of children you used for line 4a.       Image: Cutter the smaller of line 16a or line 16b         17       Image: Cutter the smaller of line 16a or line 152.0007       Image: Cutter the smaller of line 16a or line 120.       Image: Cutter the smaller of line 16a or line 152.0007         18a       Image: Cutter the smaller of line 152.0007       Image: Cutter the smaller of line 152.0007       Image: Cutter the smaller of line 152.0007         19a       Is the amount			150
filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.       Image: Source of the so			150
f       Subtract line 15c from line 15c from line 15f. This is your nonrefundable child tax credit and credit for other dependents. Eater this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.       15g         PartIL-A       Additional Child Tax Credit (use only if completing Part I-C)       15h         Caution: If you file Form 2555, do not complete Pars II-A through 1-C; you cannot claim the additional child tax credit.       16a         16a       200       15h         PartIL-A       Additional Child Tax Credit (use only if completing Part I-C)       16a         Caution: If you file Form 2555, do not complete Pars II-A through 1I-C; you cannot claim the additional child tax credit.       16a         16a       20       16a         17       16a       16a         16a       16b       17         17       16a       16a         16b       17       16a         17       18a       16a         18       18a       17         19       18 the amount on line 18a more than 82,500?       18b         19       18 the amount on line 18a more than 82,500?       18b         19       19       19       19         20       Multiply the amount on line 18a, Enter the result       19         21       19       19       19       10a			
g       Enter the smaller of line 156. This is your Form 1040, 1040-SR, or 1040-NR       15g         h       Subtract line 15g from line 157. This is your Form 1040, 1040-SR, or 1040-NR       15g         h       Subtract line 15g from line 157. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR       15g         PartIL=A       Additional Child Tax Credit (use only if completing Part I-C)       15h         Caution: If you flecked abox on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       6a         Caution: If you checked abox on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       6a         16a       Subtract line 158 from line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27       16a         1b       Number of gualifying children under 18 with the required social security number:       x \$1,400.         Enter the smaller of line 16a or line 16b       17         18a       Earnet in come (see instructions).       18b         19       Is the amount on line 18a, more than \$2,500?       18a         19       Is the amount on line 19 by 15% (0.15) and enter the result       19         20       Multiply the amount on line 19b of 15%. Otherwise, skip Part II-B and enter the smaller on line 17 on line 20.       20         Next. On line 16b, is the amount from Tochedue 17% with	f		15f
dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-SR.       15g         h       Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR.       15g         PartILA       Additional Child Tax Credit (use only if completing Part1-C)       16a         Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       16a         16a       Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         17       TRP: The number of children you use for this line is the same as the number of children you used for line 4a.       17         18a       Earned income (see instructions)       18a       17         19       Is the amount on line 18a more than \$2,500?       18a       19         19       Is the amount on line 19b, 15% (0.15) and enter the result       19       20         19       Is the amount on line 19b, 15% (0.15) and enter the result       19       20         19       Is the amount on line 19b, 15% (0.15) and enter the result       19       20         19       Is the amount on line 17b, skip Part II-B and enter the smaller of line 17 on line 27.       20         Next. On line 16b, it the amount 5/con Schedule 2 (Form 1040), line 15. Schedule 2 (Form 1040 resulting 20 result)       21			131
h       Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your form 1040, 1040-SR, or 105-SR,	g		15g
Form 1040, 1040-SR, or 1040-NR       15h         PartIL-A       Additional Child Tax Credit (use only if completing Part I-C; you cannot claim the additional child tax credit.         Caution: If you file Form 2553, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Ida       16a         Ida Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27       16b         TIP: The number of children you used for line 4a.       17         Is a mount on line 16a or line 16b       17         Is the amount on line 18a more than \$2,500?       18b         Is the amount on line 18a more than \$2,500?       18a         Vext. On line 16b, is the amount on line 120.       20         Vext. On line 19b y 15% (0.15) and enter the result       19         20       Multiply the amount on line 19b y 15% (0.15) and enter the result       19         Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20         Vext. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       21         21       Yes. If line 20 is equal to or more than li	h		13g
PartII-PA       Additional Child Tax Credit (use only if completing Part I-C)         Caution: If you file Form 255. do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Ida       b         Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27       16a         TP: The number of children you use for this line is the same as the number of children you used for line 4a.       17         Is a Earned income (see instructions).       18a         b       Nontaxable combat pay (see instructions).       18b         Jo       19       20         Metto Ba to accel to a serve time 4.2.000 rome?       19         No.       Leave line 19 blank and enter -0 on line 20.       19         Vest. Subtract \$2,500 from the amount on line 18 more than \$2,500?       19       20         Mettiply the amount on line 19 by 15% (0.15) and enter the result       19       20         Mettiply the amount on line 19 by 15% (0.15) and enter the result       19       20         Net. Cave line 19 blank and enter -0 on tine 20. Otherwise, go to line 21.       20       20         Part II-B       Certain Filer	п		15h
Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Idea	Part	Additional Child Tax Credit (use only if completing Part I-C)	1011
Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         16a         b Number of qualifying children under 18 with the required social security number:			
16a       Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         b       Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27       16b         TIP: The number of children you use for this line is the same as the number of children you used for line 4a.       17         Enter the smaller of line 16a or line 16b       17         18a       Earned income (see instructions)       18b         19       1s the amount on line 18a more than \$2,500 rom the amount on line 18a. Enter the result       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result       19         20       Multiply the amount on line 18a. Scher the result       19         20       Next. On line 16b, is the amount \$4,200 or more?       No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21.       20         Part II-B       Certain Filers Who Have Three or More Qualifying Children       21         21       Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2.       21         23       Enter the total of the amounts from Schedule 1 (Form 1040), line 15, Schedule 2 (Form 1040), line 15, Schedule 2 (Form 1040), line 13. and Schedule 2 (Form 1040), line 15, Schedule 2 (Form 1040), line 13.			x credit.
b       Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27       160         TIP: The number of children you used for hildren you used for line 4a.       17         If Enter the smaller of line 16a or line 16b       17         Is Earned income (see instructions)       18b         b       Nontaxable combat pay (see instructions).       18b         c       18a       19         20       Multiply the amount on line 18a more than \$2,500?       19         Multiply the amount on line 19 bank and enter -0 on line 20.       19       20         Vest. Subtract \$2,500 from the amount on line 18a. Enter the result       19       20         Multiply the amount on line 19 by 15% (0.15) and enter the result       19       20         Next. On line 16b, is the amount \$4,200 or more?       19       20       20         Next. On line 16b, is the amount \$4,200 or more?       19       20       20         Vest. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20       20         20 withheld or you paid Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly. include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare tax or ther 1 RRTA taxes, see inst			
Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 160   TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17   18a Earned income (see instructions) 18b   19 Is the amount on line 18a more than \$2,500? 18a   19 Is the amount on line 19 bank and enter -0- on line 20. 19   19 Ves. Subtract \$2,500 from the amount on line 18a. Enter the result 19   20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19   20 Next. On line 16b, is the amount \$4,200 or more? 19   20 No. If line 20 is zero, enter -0- on line 17, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21.   21 Yes. Subtract \$2,500 Have Three or More Qualifying Children   21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you gaid Additional Medicare Tax or tier 1 RRTA taxes, see instructions   22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13, and Schedule 3 (Form 1040), line 13, and Schedule 3 (Form 1040), line 13, and Schedule 3 (Form 1040), line 11.   23 Add lines 21 and 22.   24 1040 and 1040-SR filters: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.   25 Subtract line 24 from line 23. If zero or less, enter -0.   26 Enter the kmaller of line 17 or line 26 on line 27.   27   28 Add line 21 form 1640, line 16, enter 10, line 17.   29 Subtract line 24 from line 23. If z			
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.         17         Barred income (see instructions)         18a         Barred income (see instructions)         18a         Is the amount on line 18a more than \$2,500?          No. Leave line 19 blank and enter -0 on line 20.          Yes. Subtract \$2,500 from the amount on line 18a. Enter the result          Yes. Subtract \$2,500 from the amount on line 18a. Enter the result          Yes. Subtract \$2,500 from the amount on line 18a. Enter the result          Yes. Subtract \$2,500 from the amount on line 18a. Enter the result          Yes. Subtract \$2,500 from the amount \$4,200 or more?          No. If line 20 is zero, enter -0 on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.          Otherwise, go to line 21.         Otherwise, skip Part II-B and enter the amount from line 17 on line 27.          Otherwise, go to line 21.         Part II-B         Certain Filers Who Have Three or More Qualifying Children         21         Withheld social security. Medicare, and Additional Medicare Tax or tier 1 RRTA taxes, see instructions         your employer withh	~		16b
17 Enter the smaller of line 16a or line 16b 17   18a Earned income (see instructions) 18b   b Nontaxable combat pay (see instructions) 18b   19 Is the amount on line 18a more than \$2,500? 19   □ No. Leave line 19 blank and enter -0- on line 20. 19   20 Multiply the amount on line 19b, is the amount on line 18a. Enter the result 19   20 Multiply the amount on line 19b up 15% (0.15) and enter the result 19   20 Next. On line 16b, is the amount \$4,200 or more? 19   20 0 no line 27. 20   Yes. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21.   PartII-B3 Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tire 1 RRTA taxes, see instructions 22 23 24 1040 and 1040, line 5; Schedule 2 (Form 1040), line 15; Schedule 2 (Form 1040), line 13. 23 34 Add lines 21 and 22. 24 25 26 27 26 27 28 28 20 20 20 20 20 20 21 22 23 24 24 24 25 26 26 27 28 28 28 29 20 20 20 20 20 20 20 20 21 22 23 24 24 24 25 26 26 27 28 28 20 29 20			100
18a Earned income (see instructions)   b Nontaxable combat pay (see instructions)   19 Is the amount on line 18a more than \$2,500?     No. Leave line 19 blank and enter -0 on line 20.     Yes. Subtract \$2,500 from the amount on line 18a. Enter the result   19 Is the amount on line 19 by 15% (0.15) and enter the result   20 Next. On line 16b, is the amount \$4,200 or more?     No. If line 20 is zero, enter -0 on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.     Otherwise, go to line 21.   Part II-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2. boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions     21   22 23 Add lines 21 and 22 34 Add lines 21 and 22 35 34 dilers: Enter the total of the amounts from Schedule 2 (Form 1040), line 15, Schedule 2 (Form 1040), line 13. 24 23 24 1040-NR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 24 25 Subtract line 23 or line 23. fi zero or less, enter -0- 26 Enter the larger of line 20 or line 25. 27 26 Next, enter the amount on line 17 or line 26 on line 27. 27 26 27 27	17		17
b       Nontaxable combat pay (see instructions).       18b         19       Is the amount on line 18 more than \$2,500?         □       No. Leave line 19 blank and enter -0- on line 20.         □       Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result       19         20       Next. On line 16b, is the amount \$4,200 or more?       19         □       No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20         Otherwise, go to line 21.       20         Part II-S       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tire 1 RRTA taxes, see instructions       21         23       Add lines 21 and 22       23         24       10400 and       1040-SR filers: Enter the total of the amounts from Schedule 2 (Form 1040), line 13.       23         24       1040-SR filers: Enter the amount from Schedule 3 (Form 1040), line 11.       24       25         25	18a		
19       Is the amount on line 18a more than \$2,500?	b		
□       No. Leave line 19 blank and enter -0- on line 20.       19       19         □       Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19       20         Next. On line 16b, is the amount \$4,200 or more?       20       20         □       No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20         □       Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.       21         Part II-B       Certain Filers Who Have Three or More Qualifying Children       21         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare taxe or tier 1 RRTA taxes, see instructions       21         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13       22         23       Add lines 21 and 22       23       23         24       1040-SR filers: Enter the total of the amount from Schedule 3 (Form 1040), line 11.       24       24         24       1040-SR filers: Enter the total of the amount from Schedule 3 (Form 1040), line 11.       24       25         25       Subtract line 24 from line 25.       .       .       25 </td <td>19</td> <td></td> <td></td>	19		
20       Multiply the amount on line 19 by 15% (0.15) and enter the result       20         Next. On line 16b, is the amount \$4,200 or more?       20         0       No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20         1       Vess. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.       1         Part II-B       Certain Filers Who Have Three or More Qualifying Children       1         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       21         23       Add lines 21 and 22       2       21         24       1040 and 10400, line 5; Schedule 2 (Form 1040), line 11.       23         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       26         Part II-C       Additional Child Tax Credit       27			
20       Multiply the amount on line 19 by 15% (0.15) and enter the result       20         Next. On line 16b, is the amount \$4,200 or more?       20         0       No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20         1       Vess. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.       1         Part II-B       Certain Filers Who Have Three or More Qualifying Children       1         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       21         23       Add lines 21 and 22       2       21         24       1040 and 10400, line 5; Schedule 2 (Form 1040), line 11.       23         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       26         Part II-C       Additional Child Tax Credit       27		<b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result <b>19</b>	
Next. On line 16b, is the amount \$4,200 or more?         No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.         Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.         Part II-B       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 15; Schedule 2 (Form 1040), line 13.         23       Add lines 21 and 22         24       1040 and 1040-SR filers: Enter the total of the amounts from Schedule 3 (Form 1040), line 11.         24       1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.         25       Subtract line 24 from line 23. If zero or less, enter -0-         26       Enter the larger of line 20 or line 25         27       Enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit	20		20
20 on line 27.         Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.         Part II-B       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13       22         23       Add lines 21 and 22       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c			
20 on line 27.         Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.         Part II-B       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13       22         23       Add lines 21 and 22       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c		<b>No.</b> If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line	
Otherwise, go to line 21.         Part II-B       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       1         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 13       21         23       Add lines 21 and 22       23       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the smaller of line 17 or line 26 on line 27.       26         Part II-C       Additional Child Tax Credit       27			
Part II-B       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       21         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 13       22         23       Add lines 21 and 22       2       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       23         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the smaller of line 17 or line 26 on line 27.       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       27		<b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.	
21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       21         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 13       22         23       Add lines 21 and 22       23         24       1040 and 1040-SR filers:       Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       25       26         Next, enter the smaller of line 17 or line 26 on line 27.       26       27         Part II-C       Additional Child Tax Credit       27		Otherwise, go to line 21.	
boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If   your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see   instructions   instructions   22   Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13   23   Add lines 21 and 22   24   1040 and   1040-SR filers:   Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.   1040-NR filers:   Enter the amount from Schedule 3 (Form 1040), line 11.   25   Subtract line 24 from line 23. If zero or less, enter -0-   Next, enter the smaller of line 17 or line 26 on line 27.   Part II-C   Additional Child Tax Credit   27   Enter this amount on line 15c	Part	II-B Certain Filers Who Have Three or More Qualifying Children	
<ul> <li>your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions</li> <li>22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13</li> <li>23 Add lines 21 and 22</li> <li>24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.</li> <li>24 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.</li> <li>25 Subtract line 24 from line 23. If zero or less, enter -0-</li> <li>26 Enter the larger of line 20 or line 25.</li> <li>Next, enter the smaller of line 17 or line 26 on line 27.</li> <li>Part III-C Additional Child Tax Credit</li> <li>27 Enter this amount on line 15c.</li> </ul>	21		
instructions       1       21         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13.       22         23       Add lines 21 and 22       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the larger of line 20 or line 25       26         Next, enter the smaller of line 17 or line 26 on line 27.         27       Enter this amount on line 15c       27			
22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13 .       22         23       Add lines 21 and 22			
1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13       22         23       Add lines 21 and 22       23         24       1040 and       23         1040-SR filers:       Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       24         26       Enter the larger of line 20 or line 25       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       26         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27	22		-
23       Add lines 21 and 22       23       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       23         25       Subtract line 24 from line 23. If zero or less, enter -0-       24         26       Enter the larger of line 20 or line 25       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       26         Part II-C         Additional Child Tax Credit         27       Enter this amount on line 15c       27			
24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       24         26       Enter the larger of line 20 or line 25       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       26         Part II-C         Additional Child Tax Credit         27       Enter this amount on line 15c       27	23		-
1040-SR filers:       Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.         1040-NR filers:       Enter the amount from Schedule 3 (Form 1040), line 11.         25       Subtract line 24 from line 23. If zero or less, enter -0			-
and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 25 Subtract line 24 from line 23. If zero or less, enter -0	24		
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.       24       25         25       Subtract line 24 from line 23. If zero or less, enter -0			
25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the larger of line 20 or line 25       26         Next, enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27			
26       Enter the larger of line 20 or line 25       26         Next, enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27	25		25
Next, enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27			
Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27			
27       Enter this amount on line 15c	Part		
			27
		BAA REV 01/17/22 Intuit.cg.cfp.sp Sch	edule 8812 (Form 1040) 2021

Schedu	ile 8812 (Form 1040) 2021	Page <b>3</b>
Par	t III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)	
28a	Enter the amount from line 14f or line 15e, whichever applies	28a
b	Enter the amount from line 14e or line 15d, whichever applies	28b
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30
	<b>Caution:</b> If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
31	Enter the smaller of line 4a or line 30	31
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32
33	Enter the amount shown below for your filing status.	
	• Married filing jointly or Qualifying widow(er)—\$60,000	
	• Head of household—\$50,000	
	• All other filing statuses—\$40,000	33
34	Subtract line 33 from line 3. If zero or less, enter -0	34
35	Enter the amount from line 33	35
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36
37	Multiply line 32 by \$2,000	37
38	Multiply line 37 by line 36	38
39	Subtract line 38 from line 37	39
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter	
	this amount on Schedule 2 (Form 1040), line 19	40
	BAA REV 01/17/22 Intuit.og.cfp.sp Sch	edule 8812 (Form 1040) 2021

Form <b>8995</b>
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### Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

-	Go to warner i	rs.aov/Form8995	5 for instructions	and the lates	tinformation
-		13.407/F01110333	, וסו ווופנו עכנוטוו:	s anu ine iales	i innormation.

	2021				
•	Attachment Sequence No. <b>55</b>				
Your taxpayer identification number					

OMB No. 1545-2294

Name(s) shown on return Victoria L Feazell b

678-10-7484

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name (b) Taxpayer identification number		(c) Qualified business income or (loss)	
i	online yard sales	678-10-7484		1,646.
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b> 1,646.		
3 4 5	Qualified business net (loss) carryforward from the prior year	<b>3</b> ( 2,696.) <b>4</b> 0.	5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)         (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	
10	Qualified business income deduction before the income limitation. Add lines 5 and	d9	10	0.
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 0.		
12	Net capital gain (see instructions)	<b>12</b> 0.		
13	Subtract line 12 from line 11. If zero or less, enter -0	<b>13</b> 0.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	zero, enter -0	16	( 1,050.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0-		17	( 0.)
For Pri		2 Intuit.cg.cfp.sp		Form 8995 (2021)





## ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial			Last Name			Primary's Social Security Number					
•VICTORIA L			●FEAZELL			•678-10-7484					
Spouse'	s Legal First Name and Middle	Initial	Last Name			Spouse's Social Security Number					
Mailing /	Address (Number and Street, P.O.	. Box or Rural Route)			Те	lephor	ne				
	LINCOLN CTR					870	)791-15	573			
City		State or Province		ZIP	Check if a		s outside U.S				
CAMD	EN	AR		717015304	Foreign Cou	ntry					
PAR	<b>I - TAX RETURN INFORM</b>	MATION (Whole Dollars On	ıly)	•	-						
1	Total Income (Form AR1000F c	or AR1000NR, Line 23)				1		1,845.	00		
2. 1	Net Tax (Form AR1000F or AR	1000NR, Line 38)				2		0.	00		
3. 5	State Income Tax Withheld (For	rm AR1000F or AR1000NR	, Line 39	9)		3	•	0.	00		
	Refund (Form AR1000F or AR							0.	00		
	Tax Due (Form AR1000F or AF								00		
	II - DECLARATION OF TA										
<ul> <li>6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.</li> <li>6b. X I do not want direct deposit of my refund or I am not receiving a refund.</li> <li>6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).</li> <li>6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).</li> <li>If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.</li> <li>Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding</li> </ul>											
consent of Arkan and if re and/or tr return e		this declaration, and accom ansmitter an acknowledgem fection. If the processing of delay, or when the refund wa disclosure to the State of Ar	panying ent of rec my return is sent. Ir	schedules and statements ceipt of transmission and an n or refund is delayed, I aut n addition, by using a compu	to the State of A n indication of w chorize the State uter system and g to my use of t	rkansa hethe of Arl softwa	as. I also c r or not my kansas to d are to prepa	consent to the return is acc lisclose to my are and trans	e State epted, y ERO mit my		

## **DO NOT MAIL THIS FORM**

#### 2021 AR1000F **ARKANSAS INDIVIDUAL INCOME TAX RETURN** . . \_



# AR1

**CHECK BOX IF** 

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Fu	III Year Resident						AN	/IENL	ED F	EI	URN			Softw	are l	D
Jan.	. 1 - Dec. 31, 2021 or fiscal year ending		, 20	•				•					•	LURBO,	ГАХ	
	Primary's legal first name	MI	Last na	ame				Check	Prin	nary's	socia	l secur				
1	• VICTORIA	• L	. • ਜਾਜ	AZELL			• 🗖	Deceas		-						
18H	Spouse's legal first name	ame	ne Spouse's social security number													
USE LABEL OR PRINT OR TYPE					• 🗖	Check Decease	п .		000.0							
BBB	Mailing address (number and street, P.O. box o		•				• 🗆	Deceas	_	book	if oddr	ess is c	utoida			
<b>ME</b>	● 672 LINCOLN CTR	i i ui ai i oute)								neck	li auui	ess is c	Juisiae	50.5.		
l⊇¤	City S	tate or pro	vinco		ZIP					oian c	ountry	name				
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⊢_×		AR			• / 1	. 7015	304									
FILING STATUS Check Only One Box	1.• Single (Or widowed before 2021 of	or divorced	at end of 202	21)	4.●	Ma	rried f	iling se	parately	/ on t	he sar	ne retu	ırn			
Į₹§	2.• Married filing joint (Even if only o	one had inc	ome)		5.●	Ma	rried f	iling se	parately	/ on c	lifferer	nt retur	ns			
Se	3.• X Head of household (See instruct	ions)			'	Ent	ter spo	ouse's r	name h	ere ai	nd SS	N abov	'e			
βΞ¥	If the qualifying person was you		t not your de	ependent,	6.•	Su	rviving	spous	e with c	lepen	dent c	hild				
[프 중	enter child's name here:			·	'	- Yea	ar spo	use die	d: <b>(See</b>	instru	ctions	)				
• [	Check here if you want a tax booklet	mailed to	vou next ve	ar					if you				ate e	exten	sion	
						or an	auto	matic	feder	ale	<b>ctens</b>	ion				
	7A. X Yourself • 65 or over	•	65 Special	•	Blind	•	De	af	ХH	ead o	f hous	sehold/	surviv	/ing sp	ouse	
			05.0		1	. Г		,		(Filing s	tatus 3 o	nly)	(Filing s	status 6 oi	ıly)	
	Spouse • 65 or over		65 Special	•	Blind	■L	_ De			_	_	Г				Τ_
TS	Multiply number of boxes checked									7A 2	X \$2	29 =			58.	00
CREDITS	Dependents (Do not list yourself															
	First name	Last nar	ne	Depend	dent's so	cial sec	urity n	umber		De	pende	nt's rel	ations	ship to	you	
Ì ₹	1. Kimberly Shaver			599-61-5826						DAUGHTER						
PERSONAL TAX	2 Kaitlynn Shaver			777-33-0374 DAUGH						AUGHTER						
l S	3. See Line 7B - Additional Depa	ondonta	Ctatomont													
Ш.																
۳.	7B. Multiply number of <b>DEPENDENTS</b>								=	29 =			116.	00		
	7C. Multiply number of qualifying individua	als from <b>AF</b>	R1000RC5 (	See instruc	ee instructions)						X\$	500 =				00
	7D. TOTAL PERSONAL TAX CREDI	TS: (Add )	lines 74 7B	and 7C F	nter total	here and	d on lir	ne 34)							174.	00
⊢															_ / _ •	100
	DL#/State ID 930318439	Your state	AR		e date /dd/yyyy) _	04/	10/2	2019			oiration n/dd/yy		12/	15/2	022	
<u> </u>								,	,,,	,,,						
	DL# / State ID	Issue date Expiration date (mm/dd/yyyy) (mm/dd/yyyy)														
		Spouse sta		(1111	, dd, yyyy) _					(111	n/uu/yy	yy) <u> </u>				
	Direct deposit allowed to U.S. banks on	v. Check	if either den	osit(s) wil	l ultimate	elv be p	laced	in a fo	reign ag	cour	nt.●[					
		,														
S I	Routing Number 1	Ac	count Nur	nber 1		Checki	ng or	•	Saving	s		C	)irect	depos	sit 1 A	mt
DIRECT DEPOSI												٦_		•		
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	PLEASE SIGN HERE: Under penalties of knowledge and belief, they are true, correct and															
					•		'							as any i	liowie	age.
ERE ERE	(www.atap.arkansas.gov). Che	ck the bo	x if you stil	I want us	to mail	you a p	aper	Form 1	099-G i	next	year.					
PLEASE SIGN HERE	Primary's signature		Date		Tele	ephone				May	he Ar	kansas	Revenu	Je		
Se			_				791-1	1573	3	-	-	cuss th		rn		
	Spouse's signature		Date		Tele	ephone						e prepa				
			<b>ID-1</b>								Yes		No			
≃	Paid preparer's signature				PTIN/I	) numb	er						Depart	tment L		у
l d la	SELF-PREPARED			0:1/01								A			•	
PAID PREPARER	Preparer's name			City/Sta	le/∠IP							Teleph	one			
1 2	E-mail															

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### Primary SSN \_\_\_\_\_\_678-10-7484

\_\_\_\_

		ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A	) Primary/Joint Income		(B) Spouse's Income Status 4 Only		
s	8.	Wages, salaries, tips, etc: (Attach W-2s)			00	• 00		
660	9.	Military pay: Primary   Primary   O  O  Spouse   O  O  O						
s)/1(	10.	Interest income: (If over \$1,500, Attach AR4)10	•	74.	00	• 00		
1-2(\$	11.	Dividend income: (If over \$1,500, Attach AR4)	•		00	• 00		
۴.	12.	Alimony and separate maintenance received:	•		00	• 00		
do	13.	Business or professional income: (Attach federal Schedule C)	•	1,771.	00	• 00		
on te	14.	Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	•		00	• 00		
k K	15.	Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	•		00	• 00		
це	16.	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	•		00	• 00		
ach	17.	Military retirement: Primary   00 Spouse   00 00						
Att	18A	Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)						
ere		Gross distribution 00 Taxable amount 00 Less \$6,000 18A	•		00			
Р Ч	18B.	Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)			00	• 00		
s)66	10				00	• 00		
/10		Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)			00	• 00		
2(s)	20.	Farm income: (Attach federal Schedule F)	-		00	• 00		
×	21.	Unemployment: Primary/Joint 12,922.00 Spouse 00 21			00	• 00		
tach	22.	Other income/depreciation differences: (Attach Form AR-OI)			00			
At	23.	TOTAL INCOME: (Add lines 8 through 22)			00			
	24.	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	•	1 0 4 5		• 00		
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	-	1,845.	00	• 00		
		Select tax table: (Select only one) 26			_			
	27.	• X Low income table (\$0), For low income qualifications see line 26 instructions						
N		<ul> <li>Standard deduction (\$2,200 or \$4,400 for filing status 2 only)</li> </ul>		0	~~			
TAT		• Itemized deductions (Attach AR3) 27	-	0.		-		
		NET TAXABLE INCOME: (Subtract line 27 from line 25)	•		00	• 00		
COMPUTATION		TAX: (Enter tax from tax table)		I	00	00		
TAX 0	30.	Combined tax: (Add amounts from line 29, columns A and B)				0.00		
F	31.					• 00		
	32.	Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)			2	• 00		
	33.	TOTAL TAX: (Add lines 30 through 32)			3	• 0.00		
s.	34.	Personal tax credit(s): (Enter total from line 7D)		174.	00			
EDITS	35.	Child care credit: (Attach AR2441)			00			
CRE	36.	Other credits: (Attach AR1000TC)	•		00			
IAX	37.	TOTAL CREDITS: (Add lines 34 through 36)		3	7	• 174.00		
⊢	38.	NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)			8	• 0.00		
	39.	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	•	0.	00			
	40.	Estimated tax paid or credit brought forward from 2020:	•		00			
	41.	Payment made with extension: (See instructions)			00			
NTS	42.	AMENDED RETURNS ONLY - Previous payments: (See instructions)			00			
PAYMENTS	43.	Early childhood program: Certification number:						
PAV		(Attach AR1000EC and AR2441)	•		00	0		
		TOTAL PAYMENTS: (Add lines 39 through 43)				• 0.00		
	45.	AMENDED RETURNS ONLY - Previous refund: (See instructions)				• 00		
	46.	Adjusted total payments: (Subtract line 45 from line 44)				• 0.00		
Ч	47.					• 0.00		
TAX DUE		· · · · · · · · · · · · · · · · · · ·	•		00			
1 Z		Amount of Check-off Contributions: (Attach Schedule AR1000-CO)			00			
D OR	50.	AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)				-		
REFUND		AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)			1•			
REF		UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A Penalty 52B			امد	• 00		
Ľ.	J⊃2C	Add lines 51 and 52B: (See instructions)		IUTAL DUE 5	20	- 00		





### ARKANSAS INDIVIDUAL INCOME TAX INTEREST AND DIVIDENDS

Primary's legal name	Primary's social security number
VICTORIA L FEAZELL	678-10-7484

**Full Year Resident Filers** - Complete columns **(A) and (B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A) only**.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns (A) and (C) only.

### Part I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	(A) Primary/Joint		(B) Spouse (If Filing Status 4)	(C) Arkansas Onl	
LENDINGCLUB CORPORATION	74.	00	00	00	
		00	00	00	
		00	00	00	
		00	00	00	
		00	00	00	
		00	00	00	
		00	00	00	
		00	00	00	
		00	00	00	
		00	00	00	
Add the amounts listed and enter the total here and on line 10, Form AR1000F/ AR1000NR.	74.	00	00	00	

### Part II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	(A) Primary/Joint	(B) Spouse (If Filing Status 4)	(C) Arkansas Only
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
Add the amounts listed and enter the total here and on line 11, Form AR1000F/ AR1000NR.	00	00	00

#### Part III - INCOME NOT SUBJECT TO ARKANSAS TAX (See Instructions on pages 9 & 10)

Social security		00	00
Railroad retirement benefits		00	00
Ministers housing allowance		00	00
CHILD SUPPORT	4,534.	00	00
TOTAL INCOME NOT SUBJECT TO ARK	4,534.00		
Page AR4 (R 6/09/2021)			REV 01/20/22 INTUIT.CG.CFP.SP

## Additional information from your 2021 Arkansas Tax Return

### Form AR1000F: Individual Income Tax Return Line 7B - Additional Dependents Statement

#### **Continuation Statement**

Dependent's Name	SSN	Dependent's Relationship
ROBERT REECE	868-17-7180	SON
KAMARI REECE	024-89-6893	DAUGHTER

## SCHEDULE C (Form 1040)

Department of the Treasury

## Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2 1

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

	nent of the freasury		•		; partnerships must generally fil		065. Attachment Sequence No. 09
	of proprietor						I security number (SSN)
	toria L Feazell						-10-7484
A	Principal business or profession	on, incl	uding product or service (se	e instru	uctions)	B Ent	ter code from instructions
	online yard sales		• ·				▶   4   5   4   1   1   1
С	Business name. If no separate					D Em	ployer ID number (EIN) (see instr.)
	online yard sales		,				
E	Business address (including s	uite or	roomno)▶ 672 Linc	coln	Ctr		
-	City, town or post office, state				71701-5304		
F	· · · · · · · · · · · · · · · · · · ·	X Cash					
G					2021? If "No," see instructions fo	r limit on	
H							
1			-		n(s) 1099? See instructions		
					· · · · · · · · · · · · · · · ·		
Par		oroqui					
1					this income was reported to you		4,631.
2	-						
3							4,631.
4							0.
5							4,631.
6					refund (see instructions)		
7	<b>•</b>		•		· · · · · · · · · · · · ·		4,631.
Part	<b>Expenses.</b> Enter exp	enses	for business use of you	ir hom	ne <b>only</b> on line 30.	· .	1,001.
8	Advertising	8	,	18	Office expense (see instructions	). 18	
9	Car and truck expenses (see			19	Pension and profit-sharing plan	· –	
Ũ	instructions)	9		20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipme	ent <b>20a</b>	
11	Contract labor (see instructions)	11		b	Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179			22	Supplies (not included in Part III		
	expense deduction (not			23	Taxes and licenses	· – –	
	included in Part III) (see instructions)	13		24	Travel and meals:		
14	Employee benefit programs			a	Travel	. 24a	
	(other than on line 19)	14		b	Deductible meals (see		
15	Insurance (other than health)	15		1 ~	instructions)	. 24b	
16	Interest (see instructions):			25	Utilities	. 25	2,860.
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credit	s) <b>26</b>	
b	Other	16b		27a	Other expenses (from line 48).		
17	Legal and professional services	17		b	Reserved for future use .		
28	Total expenses before exper	ises for	business use of home. Add	lines a	8 through 27a	▶ 28	2,860.
29	Tentative profit or (loss). Subt	ract line	e 28 from line 7			. 29	1,771.
30	Expenses for business use of	of vour	home. Do not report these	e expe	nses elsewhere. Attach Form 88	29	
	unless using the simplified me	-				-	
	Simplified method filers only	<b>y:</b> Enter	the total square footage of	(a) you	ır home:		
	and (b) the part of your home	used fo	or business:		. Use the Simplified	1	
	Method Worksheet in the inst	ruction	s to figure the amount to en	ter on l	line 30	. 30	
31	Net profit or (loss). Subtract	line 30	from line 29.				
	<ul> <li>If a profit, enter on both Sch</li> </ul>	nedule	1 (Form 1040). line 3. and o	on Sch	edule SE. line 2. (If you		
	checked the box on line 1, se					31	1,771.
	• If a loss, you must go to lin		,				-1
32	If you have a loss, check the l		t describes your investment	in this	activity. See instructions.		
	<ul> <li>If you checked 32a, enter th</li> </ul>						
	SE, line 2. (If you checked the		•		· .	32a	X All investment is at risk.
	Form 1041, line 3.	•11	,				Some investment is not
	<ul> <li>If you checked 32b, you mu</li> </ul>	I <b>st</b> atta	ch <b>Form 6198.</b> Your loss ma	av be li	mited.		at risk.

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Schedu	le C (Form 1040) 2021			Page <b>2</b>
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> 🗶 Cost <b>b</b> 🗌 Lower of cost or market <b>c</b> 🗌 Other (at	ach e	kplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventors if "Yes," attach explanation		. 🗌 Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		4,187.
36	Purchases less cost of items withdrawn for personal use	36		2,642.
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		6,829.
41	Inventory at end of year	41		8,543.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0.
Part		truc		line 9 and
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	vehicl	e for:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
	If "Yes," is the evidence written?		· · Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30	).	
		-1		
48	Total other expenses. Enter here and on line 27a	48	1	