

# Aaron Alexander

Aaron has never married, and has no dependents

He teaches 5<sup>th</sup>/6<sup>th</sup> grade math

He worked full time in the Chicago school system until 5/31/2021

He moved to Cedar Rapids in June

He began work full time for the CR school district starting in August

He received unemployment for June-July

He has no income other than what is documented

Details from his 2020 returns:

He had no refundable credits on his Federal return

He did not itemize

Total Federal refund was \$2500

Aaron received \$1400 for his 3<sup>rd</sup> EIP payment

Health coverage has been through employers

He has nothing significant to use for itemizing, but gave \$200 cash to charity

He had no out-of-pocket medical premiums that he paid.

He supplements his income by doing part-time work for a tutoring firm

He spent the following out of his pocket to help with tutoring:

Colored pencils	\$10
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Special blocks to illustrate math concepts	\$25
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Flash Cards	\$15
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He commuted 6 miles each way to the tutoring office, with no other mileage

He had \$350 of unreimbursed educator expenses to support his CR teaching job

His PIN for filing an Illinois return is 11223344

Bank: 1<sup>st</sup> National, routing 152637480, acct 95847362

**Social Security**

**227-00-6625**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**AARON ALEXANDER**

For Tax Training Purposes Only

**You will need:**

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

- Please complete pages 1-4 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.  
To report unethical behavior to the IRS, email us at [wi.voltax@irs.gov](mailto:wi.voltax@irs.gov)

**Part I – Your Personal Information** (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name AARON	M.I.	Last name ALEXANDER	Best contact number 310-555-5555	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 2522 WALNUT DR SE		Apt # 8	City CEDAR RAPIDS	State IA
4. Your Date of Birth 4/21/1994		5. Your job title	6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)				

**Part II – Marital Status and Household Information**

1. As of December 31, 2021, what was your marital status?  Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)  Married  Divorced  Legally Separated  Widowed

a. If Yes, Did you get married in 2021?  Yes  No

b. Did you live with your spouse during any part of the last six months of 2021?  Yes  No

Date of final decree \_\_\_\_\_

Date of separate maintenance decree \_\_\_\_\_

Year of spouse's death \_\_\_\_\_

2. List the names below of:

- everyone who lived with you last year (other than your spouse)
- anyone you supported but did not live with you last year

If additional space is needed check here  and list on page 3

										To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/21 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than \$4,300 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)						

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) <b>If yes, how many jobs did you have last year?</b> _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, etc.)
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? <b>If yes, do you have the recipient's SSN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input checked="" type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input checked="" type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? <b>If yes, for which tax year?</b> _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? <b>If so how much?</b> _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2021?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (B) Receive Advanced Child Tax Credit payments?

**Additional Information and Questions Related to the Preparation of Your Return**

- 1. Would you like to receive written communications from the IRS in a language other than English?  Yes  No If yes, which language? \_\_\_\_\_
- 2. Presidential Election Campaign Fund *(If you check a box, your tax or refund will not change)*  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund  You  Spouse
- 3. If you are due a refund, would you like: a. Direct deposit  Yes  No b. To purchase U.S. Savings Bonds  Yes  No c. To split your refund between different accounts  Yes  No
- 4. If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No
- 5. Did you live in an area that was declared a Federal disaster area?  Yes  No If yes, where? \_\_\_\_\_
- 6. Did you, or your spouse if filing jointly, receive a letter from the IRS?  Yes  No

**Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding . Your answer will be used only for statistical purposes. These questions are optional.**

- 7. Would you say you can carry on a conversation in English, both understanding & speaking?  Very well  Well  Not well  Not at all  Prefer not to answer
- 8. Would you say you can read a newspaper or book in English?  Very well  Well  Not well  Not at all  Prefer not to answer
- 9. Do you or any member of your household have a disability?  Yes  No  Prefer not to answer
- 10. Are you or your spouse a Veteran from the U.S. Armed Forces?  Yes  No  Prefer not to answer
- 11. Your race?  
 American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer
- 12. Your spouse's race?  
 American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer  
 No spouse
- 13. Your ethnicity?  Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer
- 14. Your spouse's ethnicity?  Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer  No spouse

Additional comments

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The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

VOID  CORRECTED

**Certain  
Government  
Payments**

**Copy 1  
For State Tax  
Department**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Iowa Workforce Development 1000 E Grand Ave Des Moines, IA 50319		1 Unemployment compensation \$ 1,500	OMB No. 1545-0120 Form <b>1099-G</b> (Rev. January 2022) For calendar year 20 <u>21</u>	
		2 State or local income tax refunds, credits, or offsets \$		
PAYER'S TIN 42-6004574	RECIPIENT'S TIN 227-00-6625	3 Box 2 amount is for tax year	4 Federal income tax withheld \$	
RECIPIENT'S name Aaron Alexander Street address (including apt. no.) 2522 Walnut Dr SE Apt 8 City or town, state or province, country, and ZIP or foreign postal code Cedar Rapids, IA 52402		5 RTAA payments \$	6 Taxable grants \$	
		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>	
		9 Market gain \$		
		10a State	10b State identification no.	11 State income tax withheld \$
Account number (see instructions)				\$

VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Mathnasium LLC 5120 W Goldleaf Circle Los Angeles, CA 90056</b>		OMB No. 1545-0116 <b>2021</b> Form <b>1099-NEC</b>		<b>Nonemployee Compensation</b>	
		1 Nonemployee compensation \$ <b>\$2,000</b>			
PAYER'S TIN <b>90-0088725</b>	RECIPIENT'S TIN <b>227-00-6625</b>	2			
RECIPIENT'S name <b>Aaron Alexander</b>		3			
Street address (including apt. no.) <b>2522 Walnut Dr SE Apt 8</b>		4 Federal income tax withheld \$			
City or town, state or province, country, and ZIP or foreign postal code <b>Cedar Rapids, IA 52402</b>					
		FATCA filing requirement <input type="checkbox"/>			
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$	

Form **1099-NEC**

[www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

Department of the Treasury - Internal Revenue Service

22222		a Employee's social security number 227-00-6625		OMB No. 1545-0008			
b Employer identification number (EIN) 42-6023551			1 Wages, tips, other compensation \$ 13,500		2 Federal income tax withheld \$ 1,200		
c Employer's name, address, and ZIP code Cedar Rapids School District 1243 20th St. SW Cedar Rapids, IA 52404			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial      Last name      Suff. Aaron Alexander 2522 Walnut Dr SE Apt 8 Cedar Rapids, IA 52402			11 Nonqualified plans		12a C C C C C D D \$2,600		
			13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b C C C C C E \$500		
			14 Other		12c C C C C C		
					12d C C C C C		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
IA	42-602355101	\$ 13,500	\$650				

Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2021

Department of the Treasury—Internal Revenue Service



22222		a Employee's social security number 227-00-6625		OMB No. 1545-0008				
b Employer identification number (EIN) 36-6005821			1 Wages, tips, other compensation \$ 15,000		2 Federal income tax withheld \$ 1,400			
c Employer's name, address, and ZIP code Chicago Public Schools 42 W. Madison St Chicago, IL 60602			3 Social security wages		4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial Aaron Alexander		Last name Alexander		Suff.		11 Nonqualified plans		12a C C C C C C D D \$2,000
1400 E. Lansing Apt 22		Chicago, IL 60602		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C C C C C C E \$500		
f Employee's address and ZIP code				14 Other		12c C C C C C C		12d C C C C C C
15 State IL	Employer's state ID number 36-6005821	16 State wages, tips, etc. \$ 15,000	17 State income tax \$ 800	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2021

Department of the Treasury—Internal Revenue Service

**AARON ALEXANDER  
2522 WALNUT DR SE APT 8  
CEDAR RAPIDS, IA 52402  
2021 INCOME TAX RETURN**

PRACTICE LAB  
 15 PRACTICE LAB WAY  
 WASHINGTON DC 20005  
 (202) 202-2022

AARON ALEXANDER  
 2522 WALNUT DR SE APT 8  
 CEDAR RAPIDS IA 52402  
 (319) 555-5555

Preparer No.: 995  
 Client No. : XXX-XX-6625  
 Invoice Date: 01/21/2022

**INVOICE**

Description	Amount
<b>PREPARATION OF 2021 FEDERAL/STATE FORMS &amp; WORKSHEETS:</b>  FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS) FORM 1040 SCHEDULE 2 (ADDITIONAL TAXES) FORM 1040 SCHEDULE 3 (ADDITIONAL CREDITS AND PAYMENTS) RECOVERY REBATE CREDIT WORKSHEET SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) (2) FORM 1099-G (UNEMPLOYMENT COMPENSATION) FORM 1099-NEC (NONEMPLOYEE COMPENSATION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION - SIMPLIFIED) FORM 8880 (RETIREMENT CREDIT) IA STATE PART-YEAR RESIDENT RETURN IL STATE PART-YEAR RESIDENT RETURN	
	<b>Total Invoice</b>
	<b>Amount Paid</b>
	<b>Balance Due</b>

TAX YEAR: 2021

PROCESS DATE: 01/21/2022

CLIENT : XXX-XX-6625 AARON ALEXANDER

BIRTH DATE : XX/XX/1994 Age:27

ADDRESS : 2522 WALNUT DR SE APT 8  
: CEDAR RAPIDS IA 52402

PREPARER : 995

Home : (319) 555-5555

Work : -

Cell : -

STATUS : SINGLE

FED TYPE: Electronic Mail

ST TYPE : Regular Tax

EFFECTIVE RATE: 11.89%

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040  
 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)  
 SCHEDULE 2 (ADDITIONAL TAXES)  
 SCHEDULE 3 (ADDITIONAL CREDITS AND PAYMENTS)  
 RECOVERY REBATE CREDIT WORKSHEET  
 FORM W-2  
 FORM 1099-G (UNEMPLOYMENT COMPENSATION)  
 FORM 1099-NEC (NONEMPLOYEE COMPENSATION)  
 SCHEDULE C (BUSINESS INCOME)  
 SCHEDULE SE (SELF EMPLOYMENT TAX)  
 FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)  
 FORM 8880 (RETIREMENT SAVINGS CREDIT)  
 FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION)  
 IA STATE PART YEAR RETURN  
 IL STATE PART YEAR RETURN

\* QUICK SUMMARY \*

<u>SUMMARY</u>	<u>FEDERAL</u>	<u>IA PART YEAR</u>	<u>IL PART YEAR</u>
FILING STATUS	1	1	1
TOTAL INCOME	31950	31950	0
TOTAL ADJUSTMENTS	388	207	0
ADJUSTED GROSS INCOME	31562	31181	0
DEDUCTIONS	12550	2130	0
EXEMPTIONS	0	0	0
TAXABLE INCOME	18450	29051	13872
TAX	2018	601	687
CREDITS	100	0	0
OTHER TAXES	275	0	0
PAYMENTS	2600	650	800
REFUND	407	49	113
AMOUNT DUE	0	0	0

CLIENT : AARON ALEXANDER

XXX-XX-6625

PREPARER : 995 DATE : 01/21/2022

\* W-2 INCOME FORMS SUMMARY \*

	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	T	BOARD OF EDUCATION	15000	1400	930	218	800 IL
2.	T	CEDAR RAPIDS SCHOOL	13500	1200	837	196	650 IA
		TOTALS.....	28500	2600	1767	414	1450

\* FORM 1099-G INCOME FORMS SUMMARY \*

	[T/S]	PAYER	UNEMPLOYMENT	FED WITH	STATE WITH ST
1.	T	IOWA WORKFORCE DEVELOPMENT	1500	0	0 IA
		TOTALS.....	1500	0	0

\* 1099-MISC/1099-NEC INCOME FORMS SUMMARY \*

	[T/S]	PAYER	RENTS	ROYALTIES	OTHER INCOME	FEDERAL WITH	NONEMPLOYEE COMPENSATION
1.	T	MATHNASIUM LLC	0	0	0	0	2000
		TOTALS.....	0	0	0	0	2000

		a Employee's social security number XXX-XX-6625		OMB No. 1545-0008		
b Employer identification number (EIN) 36-6005821			1 Wages, tips, other compensation 15000		2 Federal income tax withheld 1400	
c Employer's name, address, and ZIP code BOARD OF EDUCATION CITY OF CHICAGO 42 W MADISON STREET CHICAGO IL 60602			3 Social security wages 15000		4 Social security tax withheld 930	
			5 Medicare wages and tips 15000		6 Medicare tax withheld 218	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial AARON		Last name ALEXANDER		Suff.	11 Nonqualified plans	
1400 E LANSING APT 22 CHICAGO IL 60602			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a C o o l l e c t e d E 500	
			14 Other		12b C o o l l e c t e d DD 2000	
					12c C o o l l e c t e d	
f Employee's address and ZIP code					12d C o o l l e c t e d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	366005821	15000	800			

Form **W-2 Wage and Tax Statement** **2021** Department of the Treasury—Internal Revenue Service

		a Employee's social security number XXX-XX-6625		OMB No. 1545-0008		
b Employer identification number (EIN) 42-6023551			1 Wages, tips, other compensation 13500		2 Federal income tax withheld 1200	
c Employer's name, address, and ZIP code CEDAR RAPIDS SCHOOL DISTRICTC 1243 20TH ST SW CEDAR RAPIDS IA 52404			3 Social security wages 13500		4 Social security tax withheld 837	
			5 Medicare wages and tips 13500		6 Medicare tax withheld 196	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial AARON		Last name ALEXANDER		Suff.	11 Nonqualified plans	
2522 WALNUT DR SE CEDAR RAPIDS IA 52402			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a C o o l l e c t e d E 500	
			14 Other		12b C o o l l e c t e d DD 2600	
					12c C o o l l e c t e d	
f Employee's address and ZIP code					12d C o o l l e c t e d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IA	42602355101	13500	650			

Form **W-2 Wage and Tax Statement** **2021** Department of the Treasury—Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  MATHNASIUM LLC 5120 W GOLDLEAF CIRCLE LOS ANGELES CA 90056		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2022) For calendar year 20 <u>21</u>		<b>Nonemployee Compensation</b>	
PAYER'S TIN 90-0088725	RECIPIENT'S TIN XXX-XX-6625	1 Nonemployee compensation \$ 2000			
RECIPIENT'S name  AARON ALEXANDER  Street address (including apt. no.) 2522 WALNUT DR SE City or town, state or province, country, and ZIP or foreign postal code CEDAR RAPIDS IA 52402		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 4 Federal income tax withheld \$		<b>Copy B For Recipient</b> This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.		7 State income \$
		\$			\$

Form **1099-NEC** (Rev. 1-2022)

(keep for your records)

[www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

Department of the Treasury - Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>AARON ALEXANDER</b>	Social security number <b>XXX-XX-6625</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	31562
<b>2</b> Total tax . . . . .	<b>2</b>	2193
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	2600
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	407
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN 

1	6	6	2	5
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 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ 01/21/2022

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

3	6	9	2	5	8	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 01/21/2022

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**



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

Your first name and middle initial: AARON
Last name: ALEXANDER
Your social security number: XXX-XX-6625
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 2522 WALNUT DR SE
Apt. no.: 8
City, town, or post office: CEDAR RAPIDS
State: IA
ZIP code: 52402
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

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
[ ] Spouse itemizes on a separate return or you were a dual-status alien

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes categories like Wages, salaries, tips, etc. (28500), Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, line 10, Adjustments to income from Schedule 1, line 26, Standard deduction or itemized deductions (12550), Charitable contributions (200), Qualified business income deduction (362), and Taxable income (18450).

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	2018
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	2018
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	100
<b>21</b>	Add lines 19 and 20	<b>21</b>	100
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	1918
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	275
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	2193
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	2600
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	2600
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	<b>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	2600
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	407
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	407
Direct deposit? See instructions.	<b>b</b> Routing number <u>X X X X X X X X X</u> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number <u>X X X X X X X X X X X X X X X X X X</u>		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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

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

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

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature  Date 01/21/22 Your occupation TEACHER If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

Phone no. (319) 555-5555 Email address

**Paid Preparer Use Only**

Preparer's name  Preparer's signature  Date 01/21/22 PTIN S12345678 Check if:  Self-employed

Firm's name  PRACTICE LAB Phone no. 202-202-2022

Firm's address  15 PRACTICE LAB WAY WASHINGTON DC 20005 Firm's EIN

QNA

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
XXX-XX-6625

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	1950
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	1500
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	3450

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

Schedule 1 (Form 1040) 2021

QNA

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	250
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	138
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount ▶ _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .	<b>26</b>	388

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **02**

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

Your social security number  
XXX-XX-6625

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	275
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

*(continued on page 2)*

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

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

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

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

Your social security number  
XXX-XX-6625

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	100
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount ▶ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	100

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

QNA

**Part II Other Payments and Refundable Credits**

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



**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

**2021**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

AARON ALEXANDER

XXX-XX-6625

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

<b>1</b>	Medical and dental expenses (see instructions)		
<b>2</b>	Enter amount from Form 1040 or 1040-SR, line 11	<b>2</b>	
<b>3</b>	Multiply line 2 by 7.5% (0.075)		
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		<b>4</b>

**Taxes You Paid**

<b>5</b>	State and local taxes.		
<b>a</b>	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	<b>5a</b>	1450
<b>b</b>	State and local real estate taxes (see instructions)	<b>5b</b>	
<b>c</b>	State and local personal property taxes	<b>5c</b>	
<b>d</b>	Add lines 5a through 5c	<b>5d</b>	1450
<b>e</b>	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	<b>5e</b>	1450
<b>6</b>	Other taxes. List type and amount ▶	<b>6</b>	
<b>7</b>	Add lines 5e and 6		<b>7</b> 1450

**Interest You Paid**

**Caution:** Your mortgage interest deduction may be limited (see instructions).

<b>8</b>	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
<b>a</b>	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	<b>8a</b>	
<b>b</b>	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	<b>8b</b>	
<b>c</b>	Points not reported to you on Form 1098. See instructions for special rules	<b>8c</b>	
<b>d</b>	Mortgage insurance premiums (see instructions)	<b>8d</b>	
<b>e</b>	Add lines 8a through 8d	<b>8e</b>	
<b>9</b>	Investment interest. Attach Form 4952 if required. See instructions.	<b>9</b>	
<b>10</b>	Add lines 8e and 9		<b>10</b>

**Gifts to Charity**

**Caution:** If you made a gift and got a benefit for it, see instructions.

<b>11</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	<b>11</b>	200
<b>12</b>	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500.	<b>12</b>	
<b>13</b>	Carryover from prior year	<b>13</b>	
<b>14</b>	Add lines 11 through 13		<b>14</b> 200

**Casualty and Theft Losses**

<b>15</b>	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		<b>15</b>
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**Other Itemized Deductions**

<b>16</b>	Other—from list in instructions. List type and amount ▶		<b>16</b>
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**Total Itemized Deductions**

<b>17</b>	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a		<b>17</b> 1650
<b>18</b>	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

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

Name of proprietor <b>AARON ALEXANDER</b>		Link: 1000	Social security number (SSN) <b>XXX-XX-6625</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>EDUCATIONAL</b>	<b>B</b> Enter code from instructions ▶ <b>611000</b>		
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)		
<b>E</b> Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code			
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶			
<b>G</b> Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>H</b> If you started or acquired this business during 2021, check here . . . <input type="checkbox"/>			
<b>I</b> Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/>	<b>1</b>	2000
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	2000
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	2000
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>	2000

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>	<b>18</b> Office expense (see instructions) . . . . .	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>	<b>20</b> Rent or lease (see instructions):	<b>20a</b>	
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20b</b>	
<b>12</b> Depletion . . . . .	<b>12</b>	<b>b</b> Other business property . . . . .	<b>21</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>	<b>21</b> Repairs and maintenance . . . . .	<b>22</b>	50
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	<b>22</b> Supplies (not included in Part III) . . . . .	<b>23</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>	<b>23</b> Taxes and licenses . . . . .	<b>24</b>	
<b>16</b> Interest (see instructions):		<b>24</b> Travel and meals:	<b>24a</b>	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel . . . . .	<b>24b</b>	
<b>b</b> Other . . . . .	<b>16b</b>	<b>b</b> Deductible meals (see instructions) . . . . .	<b>25</b>	
<b>17</b> Legal and professional services . . . . .	<b>17</b>	<b>25</b> Utilities . . . . .	<b>26</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>	<b>26</b> Wages (less employment credits) . . . . .	<b>27a</b>	50
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	<b>27a</b> Other expenses (from line 48) . . . . .	<b>27b</b>	1950
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>	<b>27b</b> <b>Reserved for future use</b> . . . . .		
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>			1950
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2021

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)  
**AARON ALEXANDER**

Social security number of person  
with **self-employment** income ► **XXX-XX-6625**

**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.

**A** 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), box 14, code A . . . . . **1a**

**b** 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.

**2** 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** 1950

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 1950

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 1801

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . . **4b**

**c** 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 . . . . . **4c** 1801

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income . . . . . **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . . **5b**

**6** Add lines 4c and 5b . . . . . **6** 1801

**7** 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

**8a** 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 8b through 10, and go to line 11 . . . . . **8a** 28500

**b** Unreported tips subject to social security tax from Form 4137, line 10 . . . . . **8b**

**c** Wages subject to social security tax from Form 8919, line 10 . . . . . **8c**

**d** Add lines 8a, 8b, and 8c . . . . . **8d** 28500

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . **9** 114300

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . . **10** 223

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 52

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 275

**13** **Deduction for one-half of self-employment tax.**  
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** . . . . . **13** 138

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**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.

**14** Maximum income for optional methods . . . . . **14** 5,880

**15** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,880. Also, include this amount on line 4b above . . . . . **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** Subtract line 15 from line 14 . . . . . **16**

**17** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) 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 . . . . . **17**

<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 you would have entered on line 1b had you not used the optional method. <sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Credit for Qualified Retirement Savings Contributions**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.**

**2021**  
Attachment  
Sequence No. **54**

Name(s) shown on return

AARON ALEXANDER

Your social security number

XXX-XX-6625



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$33,000 (\$49,500 if head of household; \$66,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2004; **(b)** is claimed as a dependent on someone else's 2021 tax return; or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2021. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2021 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2018 and **before** the due date (including extensions) of your 2021 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* . . . . .
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
<b>1</b>		
<b>2</b>	1000	
<b>3</b>	1000	
<b>4</b>		
<b>5</b>	1000	
<b>6</b>	1000	
<b>7</b>		1000
<b>8</b>	31562	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$19,750	0.5	0.5	0.5
\$19,750	\$21,500	0.5	0.5	0.2
\$21,500	\$29,625	0.5	0.5	0.1
\$29,625	\$32,250	0.5	0.2	0.1
\$32,250	\$33,000	0.5	0.1	0.1
\$33,000	\$39,500	0.5	0.1	0.0
\$39,500	\$43,000	0.2	0.1	0.0
\$43,000	\$49,500	0.1	0.1	0.0
\$49,500	\$66,000	0.1	0.0	0.0
\$66,000	---	0.0	0.0	0.0

**Note:** If line 9 is zero, **stop**; you can't take this credit.

- |           |       |
|-----------|-------|
| <b>9</b>  | x 0.1 |
| <b>10</b> | 100   |
| <b>11</b> | 2018  |
| <b>12</b> | 100   |
- Multiply line 7 by line 9 . . . . .
  - Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .
  - Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 . . . . .

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

**Qualified Business Income Deduction  
Simplified Computation**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment  
Sequence No. **55**

▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**

Name(s) shown on return

AARON ALEXANDER

Your taxpayer identification number

XXX-XX-6625

**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.

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>	EDUCATIONAL	XXX-XX-6625	1812
<b>ii</b>			
<b>iii</b>			
<b>iv</b>			
<b>v</b>			
<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b> 1812	
<b>3</b>	Qualified business net (loss) carryforward from the prior year	<b>3</b> ( )	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b> 1812	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)		<b>5</b> 362
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>	
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b> ( )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>	
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)		<b>9</b>
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9		<b>10</b> 362
<b>11</b>	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 18812	
<b>12</b>	Net capital gain (see instructions)	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b> 18812	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)		<b>14</b> 3762
<b>15</b>	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶		<b>15</b> 362
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	<b>16</b> ( )	
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	<b>17</b> ( )	

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**Worksheet 2. Applying the Deduction Limits**

**Caution:** Don't use this worksheet to figure the contributions you can deduct this year if you have a carryover of a charitable contribution from an earlier year.

<b>Step 1. Enter any qualified conservation contributions (QCCs) made during the year.</b>		
1. If you are a qualified farmer or rancher, enter any QCCs subject to the limit based on 100% of adjusted gross income (AGI)	1	
2. Enter any QCCs not entered on line 1	2	
<b>Step 2. Enter your other charitable contributions made during the year.</b>		
3. Enter cash contributions that you elect to treat as qualified contributions. Don't include this amount on line 4 below	3	
4. Enter your contributions of capital gain property "for the use of" any qualified organization	4	
5. Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	5	
6. Enter your contributions of capital gain property to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	6	
7. Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	7	
8. Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	8	
9. Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	9	
10. Enter your cash contributions to 50% limit organizations that you elected not to treat as qualified contributions. Don't include any contributions you entered on a previous line	10	200
<b>Step 3. Figure your deduction for the year (if any result is zero or less, enter -0-)</b>		
11. Enter your adjusted gross income (AGI)	11	31562
<i>Cash contributions subject to the limit based on 60% of AGI</i> (If line 10 is zero, enter -0- on lines 12 through 14.)		
12. Multiply line 11 by 0.6	12	18937
13. <b>Deductible amount.</b> Enter the smaller of line 10 or line 12	13	200
14. Carryover. Subtract line 13 from line 10	14	
<i>Noncash contributions subject to the limit based on 50% of AGI</i> (If line 9 is zero, enter -0- on lines 15 through 18.)		
15. Multiply line 11 by 0.5	15	
16. Subtract line 13 from line 15	16	
17. <b>Deductible amount.</b> Enter the smaller of line 9 or line 16	17	
18. Carryover. Subtract line 17 from line 9	18	
<i>Contributions (other than capital gain property) subject to limit based on 30% of AGI</i> (If lines 5 and 7 are both zero, enter -0- on lines 19 through 25.)		
19. Multiply line 11 by 0.5	19	
20. Add lines 8, 9, and 10	20	
21. Subtract line 20 from line 19	21	
22. Multiply line 11 by 0.3	22	
23. Add lines 5 and 7	23	
24. <b>Deductible amount.</b> Enter the smallest of line 21, 22, or 23	24	
25. Carryover. Subtract line 24 from line 23	25	
<i>Contributions of capital gain property subject to limit based on 30% of AGI</i> (If line 8 is zero, enter -0- on lines 26 through 31.)		
26. Multiply line 11 by 0.5	26	
27. Add lines 9 and 10	27	
28. Subtract line 27 from line 26	28	
29. Multiply line 11 by 0.3	29	
30. <b>Deductible amount.</b> Enter the smallest of line 8, 28, or 29	30	
31. Carryover. Subtract line 30 from line 8	31	
<i>Contributions subject to the limit based on 20% of AGI</i> (If lines 4 and 6 are both zero, enter -0- on lines 32 through 41.)		
32. Multiply line 11 by 0.5	32	
33. Add lines 13, 17, 24, and 30	33	
34. Subtract line 33 from line 32	34	
35. Multiply line 11 by 0.3	35	
36. Subtract line 24 from line 35	36	
37. Subtract line 30 from line 35	37	
38. Multiply line 11 by 0.2	38	
39. Add lines 4 and 6	39	
40. <b>Deductible amount.</b> Enter the smallest of line 34, 36, 37, 38, or 39	40	
41. Carryover. Subtract line 40 from line 39	41	
<i>QCCs subject to limit based on 50% of AGI</i> (If line 2 is zero, enter -0- on lines 42 through 46.)		
42. Multiply line 11 by 0.5	42	
43. Add lines 13, 17, 24, 30, and 40	43	
44. Subtract line 43 from line 42	44	
45. <b>Deductible amount.</b> Enter the smaller of line 2 or line 44	45	
46. Carryover. Subtract line 45 from line 2	46	

Note: Worksheet 2 continues on the next page.

**Worksheet 2—continued**

<b>QCCs subject to limit based on 100% of AGI</b> (If line 1 is zero, enter -0- on lines 47 through 51.)		
47. Enter the amount from line 11	47	
48. Add lines 13, 17, 24, 30, 40, and 45	48	
49. Subtract line 48 from line 47	49	
50. <b>Deductible amount.</b> Enter the smaller of line 1 or line 49	50	
51. Carryover. Subtract line 50 from line 1	51	
<b>Qualified cash contributions for 2020</b> (If line 3 is zero, enter -0- on lines 52 through 56.)		
52. Enter the amount from line 11	52	
53. Add lines 13, 17, 24, 30, 40, 45, and 50	53	
54. Subtract line 53 from line 52	54	
55. <b>Deductible amount.</b> Enter the smaller of line 3 or line 54	55	
56. Carryover. Subtract line 55 from line 3	56	
<b>Deduction for the year</b>		
57. Add lines 13, 17, 24, 30, 40, 45, 50, and 55. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12, whichever is appropriate. Also, enter the amount from line 55 on the dotted line next to the line 11 entry space	57	200
<b>Note.</b> Any amounts in the carryover column are not deductible this year but can be carried over to next year. See <i>Carryovers</i> , later, for more information about how you will use them next year.		

QNA







# Recovery Rebate Credit Worksheet—Line 30

**Before you begin:** ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.  
 ✓ If you received Notice 1444-C, have it available.

Don't include on line 13 any amount you received but later returned to the IRS.  
 If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.  
 **No.** Go to line 2.  
 **Yes.**  You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?  
 **Yes.** Go to line 6.  
 **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?  
 **Yes.** Your credit is not limited. Go to line 6.  
 **No.** Go to line 4.
4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?  
 **Yes.** Your credit is limited. Go to line 6.  
 **No.** Go to line 5.
5. Do you have any dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?  
 **Yes.** Enter zero on line 6 and go to line 7.  
 **No.**  You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
6. Enter:
  - \$1,400 if single, head of household, married filing separately, or qualifying widow(er),
  - \$1,400 if married filing jointly and you answered "Yes" to question 4, or
  - \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3

6. 1400
7. Multiply \$1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number


7. \_\_\_\_\_

8. Add lines 6 and 7

8. 1400

9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
  - Single or Married filing separately—\$75,000
  - Married filing jointly or qualifying widow(er)—\$150,000
  - Head of household—\$112,500 **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10

9. 31562

 **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.
10. Is line 9 more than the amount shown below for your filing status?
  - Single or married filing separately—\$80,000
  - Married filing jointly or qualifying widow(er)—\$160,000
  - Head of household—\$120,000 **Yes.**  You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
 **No.** Subtract line 9 from the amount shown above for your filing status.

10. \_\_\_\_\_

11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
  - Single or married filing separately—\$5,000
  - Married filing jointly or qualifying widow(er)—\$10,000
  - Head of household—\$7,500

11. \_\_\_\_\_
12. Multiply line 8 by line 11

12. 1400

13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here

13. 1400

14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR

14. \_\_\_\_\_

# 2021 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).**

Your last name: ALEXANDER Your first name/middle initial: AARON  
 Spouse's last name: \_\_\_\_\_ Spouse's first name/middle initial: \_\_\_\_\_



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:  
2522 WALNUT DR SE APT 8

City, State, ZIP:  
CEDAR RAPIDS IA 52402

Spouse SSN: \_\_\_\_\_ Your SSN: XXX-XX-6625

**Step 2 Filing Status: Mark one box only**

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/21. <input type="checkbox"/>
3	Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/21: County No. <u>57</u> School District No. <u>1053</u>
4	Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

**Step 3 Exemptions**

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	X \$ 40 = \$ _____ ▲ <u>1</u>	X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	X \$ 20 = \$ _____ ▲ _____	X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	X \$ 40 = \$ _____ ▲ _____	X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

**Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet**

	B. Spouse/Status 3 ▲	A. You or Joint ▲
	<u>                    </u>	<u>                    </u>

Step 5 Gross Income		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc .....	1.	_____	<u>28500</u> .00	_____	_____
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	2.	_____	_____	_____	_____
3. Ordinary dividend income. If more than \$1,500, complete Sch. B....	3.	_____	_____	_____	_____
4. Taxable alimony received.....	4.	_____	_____	_____	_____
5. Business income/(loss). See instructions .....	5.	_____	<u>1950</u> .00	_____	_____
6. Capital gain/(loss). See instructions .....	6.	_____	_____	_____	_____
7. Other gains/(losses). See instructions.....	7.	_____	_____	_____	_____
8. Taxable IRA distributions .....	8.	_____	_____	_____	_____
9. Taxable pensions and annuities.....	9.	_____	_____	_____	_____
10. Rents, royalties, partnerships, estates, etc. See instructions.....	10.	_____	_____	_____	_____
11. Farm income/(loss). See instructions .....	11.	_____	_____	_____	_____
12. Unemployment compensation. See instructions.....	12.	_____	<u>1500</u> .00	_____	_____
13. Gambling winnings.....	13.	_____	_____	_____	_____
14. Other income, bonus depreciation, and section 179 adjustment .....	14.	_____	_____	_____	_____
15. Gross Income. Add lines 1-14.....	15.	_____	_____	_____	<u>31950</u> .00 ▲

**NOTE:** Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
16. Payments to an IRA, Keogh, or SEP.....	16.	_____	_____	_____	_____
17. Deductible part of self-employment tax.....	17.	_____	<u>138</u> .00	_____	_____
18. Health insurance premium .....	18.	_____	_____	_____	_____
19. Penalty on early withdrawal of savings.....	19.	_____	_____	_____	_____
20. Alimony paid .....	20.	_____	_____	_____	_____
21. Pension/retirement income exclusion .....	21.	_____ ▲	_____	_____	_____
22. Moving expense deduction from federal form 3903.....	22.	_____	_____	_____	_____
23. Iowa capital gain deduction. Must include corresponding IA 100 schedule .....	23.	_____ ▲	_____	_____	_____
24. Other adjustments.....	24.	_____	<u>350</u> .00	_____	_____
25. Total adjustments. Add lines 16-24 .....	25.	_____	_____	_____	<u>488</u> .00 ▲
26. Net Income. Subtract line 25 from line 15 .....	26.	_____	_____	_____	<u>31462</u> .00 ▲

Step 7 Federal Taxes and Qualified Deductions		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
27. Federal income tax refund/overpayment received in 2021 .....	27.	_____ ▲	<u>2500</u> .00	_____	_____
28. Self-employment/household employment/other federal taxes .....	28.	_____ ▲	_____	_____	_____
29. Addition for federal taxes. Add lines 27 and 28 .....	29.	_____	_____	_____	<u>2500</u> .00
30. Total. Add lines 26 and 29.....	30.	_____	_____	_____	<u>33962</u> .00
31. Federal tax withheld in 2021, federal estimated tax payments made in 2021, and federal taxes paid in 2021 for 2020 and prior years .....	31.	_____ ▲	<u>2600</u> .00	_____	_____
32. Qualified business income deduction. 50.0% (.50) of federal amount. See instructions.....	32.	_____ ▲	<u>181</u> .00	_____	_____
33. DPAD 199A(g) deduction. 50.0% (.5) of federal amount .....	33.	_____ ▲	_____	_____	_____
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....	34.	_____	_____	_____	<u>2781</u> .00
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2 .....	35.	_____	_____	_____	<u>31181</u> .00 ▲



2021 IA 1040, page 2

Table with columns for line numbers, descriptions, and amounts. Includes sections for Step 8 Taxable Income, Step 9 Tax, Credits, and Contributions, and Step 10 Credits. Key values include 31181.00, 29051.00, 1240.00, 40.00, 1200.00, 628.00, 572.00, 601.00, 650.00, 49.00.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE 01/21/22 [ ] Your signature Date Check if deceased Date of death
Spouse's signature Date Check if deceased Date of death
(319) 555-5555 Daytime telephone number

01/21/22
Preparer's signature Date
S12345678
Preparer's PTIN Firm's FEIN
(202) 202-2022 Daytime telephone number

This return is due May 2nd, 2022. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: Iowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to Iowa Department of Revenue



Name(s): AARON ALEXANDER Social Security Number: XXX-XX-6625

**Mark the appropriate box for you and your spouse**

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2021	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
A part-year resident of Iowa during 2021	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
	Date moved into Iowa: _____	<u>06/01/2021</u>
	Date moved out of Iowa: _____	<u>12/31/2021</u>
A full-year resident of Iowa during 2021	<input type="checkbox"/>	<input type="checkbox"/>

**Iowa-Source Income**

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc. ....	1. _____ .00	13500.00
2. Taxable interest income .....	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss) .....	5. _____ .00	_____ .00
6. Capital gain or (loss) .....	6. _____ .00	_____ .00
7. Other gains or (losses).....	7. _____ .00	_____ .00
8. Taxable IRA distributions .....	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	_____ .00
11. Farm income or (loss) .....	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	1500.00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14 .....	15. _____ .00	▲ 15000.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium .....	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings .....	19. _____ .00	_____ .00
20. Alimony paid .....	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction <b>into</b> Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24.....	25. _____ .00	▲ _____ .00
26. Iowa net income. Subtract line 25 from line 15 .....	26. _____ .00	15000.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	31462.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0% .....	28. _____ %	47.7 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0% .....	29. _____ %	52.3 %
30. Iowa tax on total income from IA 1040, line 39 .....	30. _____ .00	1240.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	1200.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	628.00



Supporting Statement for OTHER ADJUSTMENTS  
Client : ALEXANDER XXX-XX-6625

<u>DESCRIPTION</u>	<u>SPOUSE</u>	<u>TAXPAYER</u>
a	0	100
ee	0	250



Illinois Department of Revenue  
**2021 Form IL-1040**  
 Individual Income Tax Return



or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

**Step 1: Personal Information**



AARON ALEXANDER 1994 XXX-XX-6625

2522 WALNUT DR SE APT 8

CEDAR RAPIDS IA 52402

- B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household  
**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
**D** Check the box if this applies to you during 2021:  Nonresident - **Attach** Sch. NR  Part-year resident - **Attach** Sch. NR

**Step 2: Income**

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	31562.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. <b>Attach</b> Schedule M.	3	.00
4	<b>Total income.</b> Add Lines 1 through 3.	4	31562.00

**Step 3: Base Income**

5	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	9	31562.00

**Step 4: Exemptions**

10 a	Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>	a	2375.00
b	<b>Check</b> if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
c	<b>Check</b> if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. <b>Attach</b> Schedule IL-E/EIC.	d	.00
	<b>Exemption allowance.</b> Add Lines 10a through 10d.	10	2375.00

**Step 5: Net Income and Tax**

11	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the <b>Illinois net income</b> from Schedule NR. <b>Attach</b> Schedule NR.	11	13872.00
12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	12	687.00
13	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	13	.00
14	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	14	687.00

**Step 6: Tax After Nonrefundable Credits**

15	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	15	.00
16	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	.00
19	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	19	687.00

**Step 7: Other Taxes**

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	21	.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	23	687.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.





Illinois Department of Revenue  
**2021 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident  
 Computation of Illinois Tax**

IL Attachment No. 2

AARON ALEXANDER  
 Your name as shown on your Form IL-1040

X X X - X X - 6 6 2 5  
 Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2021.
  - I lived in **Illinois** from 01 / 01 / 21 to 05 / 31 / 21 I lived in IA from 06 / 01 / 21 to 12 / 31 / 21  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - My spouse lived in **Illinois** from \_\_ / \_\_ / 21 to \_\_ / \_\_ / 21, and \_\_\_\_\_ from \_\_ / \_\_ / 21 to \_\_ / \_\_ / 21  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2021. Enter the two-letter abbreviation of that state.  
 \_\_\_\_\_

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	<u>5</u> 28500.00	<u>15000.00</u>
<b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> .00	<u>.00</u>
<b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> .00	<u>.00</u>
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> .00	<u>.00</u>
<b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> .00	<u>.00</u>
<b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> 1950.00	<u>.00</u>
<b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> .00	<u>.00</u>
<b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> .00	<u>.00</u>
<b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> .00	<u>.00</u>
<b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> .00	<u>.00</u>
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> .00	<u>.00</u>
<b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> .00	<u>.00</u>
<b>17</b> Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> 1500.00	<u>.00</u>
<b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> .00	<u>.00</u>
<b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	<b>20</b> 15000.00	<u>15000.00</u>

Continue with Step 3 on Page 2 →





**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion
<b>Adjustments to Income</b>	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	<b>21</b>	15000.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	<b>22</b> 250.00	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	<b>23</b> .00	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	<b>24</b> .00	.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	<b>25</b> .00	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	<b>26</b> 138.00	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	<b>27</b> .00	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	<b>28</b> .00	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	<b>29</b> .00	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	<b>30</b> .00	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	<b>31</b> .00	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	<b>32</b> .00	.00
	33 RESERVED	<b>33</b>	
	34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	<b>34</b> .00	.00
	35 Other adjustments (see instructions)	<b>35</b> .00	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b>	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b> 31562.00	
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>	15000.00

**Step 4: Figure your Illinois additions and subtractions**

*In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.*

		Column A Form IL-1040 Total	Column B Illinois Portion
<b>Illinois Adjustments</b>	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b> .00	.00
	40 Other additions (Form IL-1040, Line 3)	<b>40</b> .00	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b>	15000.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b> .00	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	<b>43</b> .00	.00
	44 Other subtractions (Form IL-1040, Line 7)	<b>44</b> .00	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b>	.00

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	<b>46</b>	15000.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		
	47 Enter the base income from Form IL-1040, Line 9.	<b>47</b> 31562.00	
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	<b>48</b> 0.475	
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b> 2375.00	
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>	1128.00
	51 Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11. →	<b>51</b>	13872.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your <b>tax</b> . →	<b>52</b>	687.00

