

# CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

OFFICE USE ONLY

## Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, MATTHEW "MATT" WOOD,  
*(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box  (see page 2 - Compound Last Names). No change can be made after the end of qualifying.)*

am a candidate for the office of LEE COUNTY COMMISSIONER, 5,  
*(Office) (District #) (Circuit #)*  
Lee County; my legal residence is 1209 RANDAN ST E LEHIGH ACRES LEE County, Florida; I am a qualified elector  
*(Group or Seat #)*

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

## Statement of Party

(Section 99.021(1)(b), Florida Statutes)

I am a member of the DEMOCRAT Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 127892870

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):

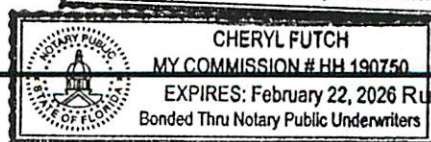
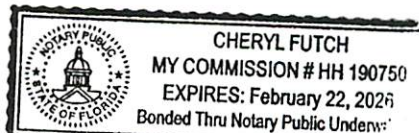
MAE-TH-YUW WUD

X Matthew Wood (239) 405-2827 WoodMatthew88@gmail.com  
Signature of Candidate Telephone Number Email Address  
1209 Randan st e Leehigh acres FL- 33974  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF LEE

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 27 day of June, 2022.  
Personally Known  OR Produced Identification   
Type of Identification Produced: FLDL



Please print or type your name, mailing address, agency name, and position below:

**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:  
**WOOD, MATTHEW CRAIG**

MAILING ADDRESS:  
**1209 RANDAN ST E**

**LEHIGH ACRES FL 33974 LEE**

CITY : ZIP : COUNTY :

NAME OF AGENCY :  
**LEE COUNTY COMMISSIONER DISTRICT 5**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK IF THIS IS A FILING BY A CANDIDATE

**PART A – NET WORTH**

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 26, 2022 was \$ \$153750.00.

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \$25,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

1209 Randan St. E Lehigh Acres FL 33974

\$300,000

Powerwash Pros Bank Account (30% Owner)

\$300

Powerwash Pros Assets (30% Owner)

\$9100

Personal Bank Account(50% Owner)

\$250

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

1209 Randan St. E Lehigh Acres FL 33974

\$126,000

car

\$20,000

Personal & student loan debt

\$8,000

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Powerwash Pros Debt (30% Owner)

\$1900

20210602 12:17:30 PM Lee Co PA



**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME** (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Powerwash Pros LLC		
ADDRESS OF BUSINESS ENTITY	28380 Old 41 Rd #4 Bonita Springs FL 33974		
PRINCIPAL BUSINESS ACTIVITY	exterior & roof cleaning		
POSITION HELD WITH ENTITY	owner/operator		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	30% owner		
NATURE OF MY OWNERSHIP INTEREST			

**PART F - TRAINING**

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

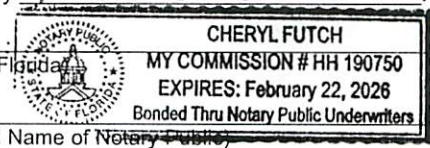
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 27 day of

June, 2022 by Matthew Wood

*(Signature of Notary Public--State of Florida)*  


(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification X

Type of Identification Produced FLDL

Matthew Wood  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
 Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

### Additional information from your 2021 Federal Tax Return

#### Form 2441: Child and Dependent Care Expenses

#### Additional Child Care Providers

#### Continuation Statement

Name	Address	City, State, ZIP	ID No.	Household Employee Checkbox	Amount Paid
charter schools usa gateway charter	800 corporate dr ste700	fort lauderdale FL 33334	[REDACTED]		300.
<b>Total</b>					300.

**Part IV Credit for Family Leave for Certain Self-Employed Individuals (April 1, 2021, through September 30, 2021, only)**

<b>59</b>	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required or provided to another. (Don't enter more than 60 days. Don't include any day you listed on either line 38b or line 40b.) See instructions	<b>59</b>	10.
<b>60a</b>	Net earnings from self-employment (see instructions)	<b>60a</b>	8,478.
<b>b</b>	Check this box if you are electing to use prior year net earnings from self-employment on line 60a . . . <input type="checkbox"/>		
<b>61</b>	Divide line 60a by 260 (round to nearest whole number)	<b>61</b>	33.
<b>62</b>	Multiply line 61 by 67% (0.67)	<b>62</b>	22.
<b>63</b>	Enter the smaller of line 62 or \$200	<b>63</b>	22.
<b>64</b>	Multiply line 59 by line 63	<b>64</b>	220.
<b>65</b>	Amount of qualified family leave wages you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	<b>65</b>	
<b>If line 65 is zero, skip to line 69 and enter the amount from line 64.</b>			
<b>66</b>	Add lines 64 and 65	<b>66</b>	
<b>67</b>	Enter the smaller of line 66 or \$12,000	<b>67</b>	
<b>68</b>	Subtract line 67 from line 66	<b>68</b>	
<b>69</b>	Subtract line 68 from line 64. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13h	<b>69</b>	220.

BAA

REV 03/07/22 TTW

Form **7202** (2021)

**Part II Credit for Family Leave for Certain Self-Employed Individuals (January 1, 2021, through March 31, 2021, only)**

<b>25a</b>	Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to a son or daughter. (Don't enter more than 50 days. Don't include any day you listed on either line 4b or line 6b.) See instructions	<b>25a</b>	10
<b>b</b>	Enter the amount from line 25 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	<b>25b</b>	
<b>c</b>	Subtract line 25b from the number 50	<b>25c</b>	50.
<b>d</b>	Enter the smaller of line 25a or line 25c	<b>25d</b>	10.
<b>26a</b>	Net earnings from self-employment (see instructions)	<b>26a</b>	8,478.
<b>b</b>	Check this box if you are electing to use prior year net earnings from self-employment on line 26a . . . <input type="checkbox"/>		
<b>27</b>	Divide line 26a by 260 (round to nearest whole number)	<b>27</b>	33.
<b>28</b>	Multiply line 27 by 67% (0.67)	<b>28</b>	22.
<b>29</b>	Enter the smaller of line 28 or \$200	<b>29</b>	22.
<b>30</b>	Multiply line 25d by line 29	<b>30</b>	220.
<b>31a</b>	Amount of qualified family leave wages you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions)	<b>31a</b>	
<b>b</b>	Enter the amount from line 31 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter	<b>31b</b>	
<b>c</b>	Add lines 31a and 31b	<b>31c</b>	
<b>If line 31c is zero, skip to line 35 and enter the amount from line 30.</b>			
<b>32a</b>	Add lines 30 and 31c	<b>32a</b>	
<b>b</b>	Enter the amount from line 30 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	<b>32b</b>	
<b>c</b>	Add lines 32a and 32b	<b>32c</b>	
<b>33</b>	Enter the smaller of line 32c or \$10,000	<b>33</b>	
<b>34</b>	Subtract line 33 from line 32c	<b>34</b>	
<b>35</b>	Subtract line 34 from line 30. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b	<b>35</b>	220.

**Part III Credit for Sick Leave for Certain Self-Employed Individuals (April 1, 2021, through September 30, 2021, only)**

<b>36</b>	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions	<b>36</b>	6.
<b>37</b>	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Don't include days you included on line 36.) See instructions	<b>37</b>	11.
<b>38a</b>	Enter the smaller of 10 days or the number of days entered on line 36	<b>38a</b>	6.
<b>b</b>	List each day included on line 38a (MM/DD): <u>4/20, 4/21, 4/22, 4/23, 4/24, 4/25</u>		
<b>39</b>	Subtract line 38a from the number 10	<b>39</b>	4.
<b>40a</b>	Enter the smaller of line 37 or line 39.	<b>40a</b>	4.
<b>b</b>	List each day included on line 40a (MM/DD): <u>4/26, 4/27, 4/28, 4/29, 4/30, 5/1, 5/2, 5/3, 5/4, 5/5, 5/6</u>		
<b>Caution:</b> The total of line 38a plus line 40a cannot exceed 10 days.			
<b>41a</b>	Net earnings from self-employment (see instructions)	<b>41a</b>	8,478.
<b>b</b>	Check this box if you are electing to use prior year net earnings from self-employment on line 41a . . . <input type="checkbox"/>		
<b>42</b>	Divide line 41a by 260 (round to nearest whole number)	<b>42</b>	33.
<b>43</b>	Enter the smaller of line 42 or \$511	<b>43</b>	33.
<b>44</b>	Multiply line 38a by line 43	<b>44</b>	198.
<b>45</b>	Multiply line 42 by 67% (0.67)	<b>45</b>	22.
<b>46</b>	Enter the smaller of line 45 or \$200	<b>46</b>	22.
<b>47</b>	Multiply line 40a by line 46	<b>47</b>	88.
<b>48</b>	Add lines 44 and 47	<b>48</b>	286.
<b>49</b>	Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	<b>49</b>	
<b>50</b>	Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	<b>50</b>	
<b>If line 49 and line 50 are both zero, skip to line 58 and enter the amount from line 48.</b>			
<b>51</b>	Add lines 47 and 50	<b>51</b>	88.
<b>52</b>	Enter the smaller of line 51 or \$2,000	<b>52</b>	88.
<b>53</b>	Subtract line 52 from line 51	<b>53</b>	0.
<b>54</b>	Add lines 44, 49, and 52	<b>54</b>	286.
<b>55</b>	Enter the smaller of line 54 or \$5,110	<b>55</b>	286.
<b>56</b>	Subtract line 55 from line 54	<b>56</b>	0.
<b>57</b>	Add lines 53 and 56	<b>57</b>	0.
<b>58</b>	Subtract line 57 from line 48. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b	<b>58</b>	286.

## Credits for Sick Leave and Family Leave for Certain Self-Employed Individuals

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form7202](http://www.irs.gov/Form7202) for instructions and the latest information.

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

Social security number of person with self-employment income

Matthew C Wood

**Part I Credit for Sick Leave for Certain Self-Employed Individuals (January 1, 2021, through March 31, 2021, only)**

<b>1</b> Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions . . .	<b>1</b>	4
<b>2</b> Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Don't include days you included on line 1.) See instructions . . .	<b>2</b>	10
<b>3a</b> Enter the number from line 4 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	<b>3a</b>	
<b>b</b> Enter the number from line 6 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	<b>3b</b>	
<b>c</b> Add lines 3a and 3b . . .	<b>3c</b>	
<b>d</b> Subtract line 3c from the number 10 . . .	<b>3d</b>	10
<b>4a</b> Enter the smaller of line 1 or line 3d . . .	<b>4a</b>	4
<b>b</b> List each day included on line 4a (MM/DD): <u>01/03, 01/04, 01/05, 01/06</u>		
<b>5</b> Subtract line 4a from line 3d . . .	<b>5</b>	6
<b>6a</b> Enter the smaller of line 2 or line 5 . . .	<b>6a</b>	6
<b>b</b> List each day included on line 6a (MM/DD): <u>01/07, 01/08, 01/09, 01/10, 01/11, 01/12, 01/13, 01/14, 01/15, 01/16</u>		
<b>Caution:</b> The total of line 4a plus line 6a cannot exceed 10 days or line 3d, whichever is smaller.		
<b>7a</b> Net earnings from self-employment (see instructions) . . .	<b>7a</b>	8,478.
<b>b</b> Check this box if you are electing to use prior year net earnings from self-employment on line 7a . . . <input type="checkbox"/>		
<b>8</b> Divide line 7a by 260 (round to nearest whole number) . . .	<b>8</b>	33.
<b>9</b> Enter the smaller of line 8 or \$511 . . .	<b>9</b>	33.
<b>10</b> Multiply line 4a by line 9 . . .	<b>10</b>	132.
<b>11</b> Multiply line 8 by 67% (0.67) . . .	<b>11</b>	22.
<b>12</b> Enter the smaller of line 11 or \$200 . . .	<b>12</b>	22.
<b>13</b> Multiply line 6a by line 12 . . .	<b>13</b>	132.
<b>14</b> Add lines 10 and 13 . . .	<b>14</b>	264.
<b>15a</b> Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions) . . .	<b>15a</b>	
<b>b</b> Enter the amount from line 15 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter . . .	<b>15b</b>	
<b>c</b> Add lines 15a and 15b . . .	<b>15c</b>	
<b>16a</b> Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions) . . .	<b>16a</b>	
<b>b</b> Enter the amount from line 16 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter . . .	<b>16b</b>	
<b>c</b> Add lines 16a and 16b . . .	<b>16c</b>	
<b>If line 15c and line 16c are both zero, skip to line 24 and enter the amount from line 14.</b>		
<b>17a</b> Add lines 13 and 16c . . .	<b>17a</b>	
<b>b</b> Enter the amount from line 13 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	<b>17b</b>	
<b>c</b> Add lines 17a and 17b . . .	<b>17c</b>	
<b>18</b> Enter the smaller of line 17c or \$2,000 . . .	<b>18</b>	
<b>19</b> Subtract line 18 from line 17c . . .	<b>19</b>	
<b>20a</b> Add lines 10, 15c, and 18 . . .	<b>20a</b>	
<b>b</b> Enter the amount from line 10 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	<b>20b</b>	
<b>c</b> Add lines 20a and 20b . . .	<b>20c</b>	
<b>21</b> Enter the smaller of line 20c or \$5,110 . . .	<b>21</b>	
<b>22</b> Subtract line 21 from line 20c . . .	<b>22</b>	
<b>23</b> Add lines 19 and 22 . . .	<b>23</b>	
<b>24</b> Subtract line 23 from line 14. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b . . .	<b>24</b>	264.

**Part IV Credit for Family Leave for Certain Self-Employed Individuals (April 1, 2021, through September 30, 2021, only)**

<b>59</b>	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required or provided to another. (Don't enter more than 60 days. Don't include any day you listed on either line 38b or line 40b.) See instructions	<b>59</b>	10.
<b>60a</b>	Net earnings from self-employment (see instructions)	<b>60a</b>	19,782.
<b>b</b>	Check this box if you are electing to use prior year net earnings from self-employment on line 60a . . . ► <input type="checkbox"/>		
<b>61</b>	Divide line 60a by 260 (round to nearest whole number)	<b>61</b>	76.
<b>62</b>	Multiply line 61 by 67% (0.67)	<b>62</b>	51.
<b>63</b>	Enter the smaller of line 62 or \$200	<b>63</b>	51.
<b>64</b>	Multiply line 59 by line 63	<b>64</b>	510.
<b>65</b>	Amount of qualified family leave wages you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	<b>65</b>	
<b>If line 65 is zero, skip to line 69 and enter the amount from line 64.</b>			
<b>66</b>	Add lines 64 and 65	<b>66</b>	
<b>67</b>	Enter the smaller of line 66 or \$12,000	<b>67</b>	
<b>68</b>	Subtract line 67 from line 66	<b>68</b>	
<b>69</b>	Subtract line 68 from line 64. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13h	<b>69</b>	510.

BAA

REV 03/07/22 TTW



**Part II Credit for Family Leave for Certain Self-Employed Individuals (January 1, 2021, through March 31, 2021, only)**

<b>25a</b>	Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to a son or daughter. (Don't enter more than 50 days. Don't include any day you listed on either line 4b or line 6b.) See instructions	<b>25a</b>	10
<b>b</b>	Enter the amount from line 25 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	<b>25b</b>	
<b>c</b>	Subtract line 25b from the number 50	<b>25c</b>	50.
<b>d</b>	Enter the smaller of line 25a or line 25c	<b>25d</b>	10.
<b>26a</b>	Net earnings from self-employment (see instructions)	<b>26a</b>	19,782.
<b>b</b>	Check this box if you are electing to use prior year net earnings from self-employment on line 26a <input type="checkbox"/>		
<b>27</b>	Divide line 26a by 260 (round to nearest whole number)	<b>27</b>	76.
<b>28</b>	Multiply line 27 by 67% (0.67)	<b>28</b>	51.
<b>29</b>	Enter the smaller of line 28 or \$200	<b>29</b>	51.
<b>30</b>	Multiply line 25d by line 29	<b>30</b>	510.
<b>31a</b>	Amount of qualified family leave wages you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions)	<b>31a</b>	
<b>b</b>	Enter the amount from line 31 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter	<b>31b</b>	
<b>c</b>	Add lines 31a and 31b	<b>31c</b>	
<b>If line 31c is zero, skip to line 35 and enter the amount from line 30.</b>			
<b>32a</b>	Add lines 30 and 31c	<b>32a</b>	
<b>b</b>	Enter the amount from line 30 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	<b>32b</b>	
<b>c</b>	Add lines 32a and 32b	<b>32c</b>	
<b>33</b>	Enter the smaller of line 32c or \$10,000	<b>33</b>	
<b>34</b>	Subtract line 33 from line 32c	<b>34</b>	
<b>35</b>	Subtract line 34 from line 30. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b	<b>35</b>	510.

**Part III Credit for Sick Leave for Certain Self-Employed Individuals (April 1, 2021, through September 30, 2021, only)**

<b>36</b>	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions	<b>36</b>	10.
<b>37</b>	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Don't include days you included on line 36.) See instructions	<b>37</b>	10.
<b>38a</b>	Enter the smaller of 10 days or the number of days entered on line 36	<b>38a</b>	10.
<b>b</b>	List each day included on line 38a (MM/DD): <u>4/20, 4/21, 4/22, 4/23, 4/24, 4/25, 4/26, 4/27, 4/28, 4/29, 4/30,</u>		
<b>39</b>	Subtract line 38a from the number 10	<b>39</b>	0.
<b>40a</b>	Enter the smaller of line 37 or line 39	<b>40a</b>	0.
<b>b</b>	List each day included on line 40a (MM/DD): _____ <b>Caution:</b> The total of line 38a plus line 40a cannot exceed 10 days.		
<b>41a</b>	Net earnings from self-employment (see instructions)	<b>41a</b>	19,782.
<b>b</b>	Check this box if you are electing to use prior year net earnings from self-employment on line 41a <input type="checkbox"/>		
<b>42</b>	Divide line 41a by 260 (round to nearest whole number)	<b>42</b>	76.
<b>43</b>	Enter the smaller of line 42 or \$511	<b>43</b>	76.
<b>44</b>	Multiply line 38a by line 43	<b>44</b>	760.
<b>45</b>	Multiply line 42 by 67% (0.67)	<b>45</b>	51.
<b>46</b>	Enter the smaller of line 45 or \$200	<b>46</b>	51.
<b>47</b>	Multiply line 40a by line 46	<b>47</b>	0.
<b>48</b>	Add lines 44 and 47	<b>48</b>	760.
<b>49</b>	Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	<b>49</b>	
<b>50</b>	Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	<b>50</b>	
<b>If line 49 and line 50 are both zero, skip to line 58 and enter the amount from line 48.</b>			
<b>51</b>	Add lines 47 and 50	<b>51</b>	0.
<b>52</b>	Enter the smaller of line 51 or \$2,000	<b>52</b>	0.
<b>53</b>	Subtract line 52 from line 51	<b>53</b>	0.
<b>54</b>	Add lines 44, 49, and 52	<b>54</b>	760.
<b>55</b>	Enter the smaller of line 54 or \$5,110	<b>55</b>	760.
<b>56</b>	Subtract line 55 from line 54	<b>56</b>	0.
<b>57</b>	Add lines 53 and 56	<b>57</b>	0.
<b>58</b>	Subtract line 57 from line 48. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13h	<b>58</b>	760.

# Credits for Sick Leave and Family Leave for Certain Self-Employed Individuals

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form7202](http://www.irs.gov/Form7202) for instructions and the latest information.

**2021**  
Attachment  
Sequence No. **202**

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

Social security number of person with self-employment income

Jessica Wood

[REDACTED]

**Part I Credit for Sick Leave for Certain Self-Employed Individuals (January 1, 2021, through March 31, 2021, only)**

<b>1</b>	Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions . . .	<b>1</b>	10
<b>2</b>	Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Don't include days you included on line 1.) See instructions . . .	<b>2</b>	10
<b>3a</b>	Enter the number from line 4 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	<b>3a</b>	
<b>b</b>	Enter the number from line 6 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	<b>3b</b>	
<b>c</b>	Add lines 3a and 3b . . .	<b>3c</b>	
<b>d</b>	Subtract line 3c from the number 10 . . .	<b>3d</b>	10
<b>4a</b>	Enter the smaller of line 1 or line 3d . . .	<b>4a</b>	10
<b>b</b>	List each day included on line 4a (MM/DD): <u>01/01, 01/02, 01/03, 01/04, 01/05, 01/06, 01/07, 01/08, 01/09, 1/10</u>		
<b>5</b>	Subtract line 4a from line 3d . . .	<b>5</b>	0
<b>6a</b>	Enter the smaller of line 2 or line 5 . . .	<b>6a</b>	0
<b>b</b>	List each day included on line 6a (MM/DD): _____		
	<b>Caution:</b> The total of line 4a plus line 6a cannot exceed 10 days or line 3d, whichever is smaller.		
<b>7a</b>	Net earnings from self-employment (see instructions) . . .	<b>7a</b>	19,782.
<b>b</b>	Check this box if you are electing to use prior year net earnings from self-employment on line 7a . . . ▶ <input type="checkbox"/>		
<b>8</b>	Divide line 7a by 260 (round to nearest whole number) . . .	<b>8</b>	76.
<b>9</b>	Enter the smaller of line 8 or \$511 . . .	<b>9</b>	76.
<b>10</b>	Multiply line 4a by line 9 . . .	<b>10</b>	760.
<b>11</b>	Multiply line 8 by 67% (0.67) . . .	<b>11</b>	51.
<b>12</b>	Enter the smaller of line 11 or \$200 . . .	<b>12</b>	51.
<b>13</b>	Multiply line 6a by line 12 . . .	<b>13</b>	0.
<b>14</b>	Add lines 10 and 13 . . .	<b>14</b>	760.
<b>15a</b>	Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions) . . .	<b>15a</b>	
<b>b</b>	Enter the amount from line 15 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter . . .	<b>15b</b>	
<b>c</b>	Add lines 15a and 15b . . .	<b>15c</b>	
<b>16a</b>	Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions) . . .	<b>16a</b>	
<b>b</b>	Enter the amount from line 16 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter . . .	<b>16b</b>	
<b>c</b>	Add lines 16a and 16b . . .	<b>16c</b>	
	<b>If line 15c and line 16c are both zero, skip to line 24 and enter the amount from line 14.</b>		
<b>17a</b>	Add lines 13 and 16c . . .	<b>17a</b>	
<b>b</b>	Enter the amount from line 13 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	<b>17b</b>	
<b>c</b>	Add lines 17a and 17b . . .	<b>17c</b>	
<b>18</b>	Enter the smaller of line 17c or \$2,000 . . .	<b>18</b>	
<b>19</b>	Subtract line 18 from line 17c . . .	<b>19</b>	
<b>20a</b>	Add lines 10, 15c, and 18 . . .	<b>20a</b>	
<b>b</b>	Enter the amount from line 10 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	<b>20b</b>	
<b>c</b>	Add lines 20a and 20b . . .	<b>20c</b>	
<b>21</b>	Enter the smaller of line 20c or \$5,110 . . .	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20c . . .	<b>22</b>	
<b>23</b>	Add lines 19 and 22 . . .	<b>23</b>	
<b>24</b>	Subtract line 23 from line 14. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b . . .	<b>24</b>	760.

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

- Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.
- No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month

**Premium Tax Credit (PTC)**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

**2021**  
Attachment  
Sequence No. **73**

Name shown on your return: **Jessica & Matthew C Wood** Your social security number: XXXXXXXXXX

- A.** If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box. See instructions.
- B.** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

**Part I Annual and Monthly Contribution Amount**

1 Tax family size. Enter your tax family size. See instructions . . . . .			<b>1</b>	4
2a Modified AGI. Enter your modified AGI. See instructions . . . . .	<b>2a</b>	31,584.		
	<b>2b</b>			
b Enter the total of your dependents' modified AGI. See instructions . . . . .				
3 Household income. Add the amounts on lines 2a and 2b. See instructions . . . . .			<b>3</b>	31,584.
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC			<b>4</b>	26,200.
5 Household income as a percentage of federal poverty line (see instructions) . . . . .			<b>5</b>	120 %
6 Reserved for future use . . . . .				
7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . .			<b>7</b>	0.0000
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	0.		
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount			<b>8b</b>	0.

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
 **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.  **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
 **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSPP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
<b>11 Annual Totals</b>	10,628.	12,668.	0.	12,668.	10,628.	10,628.

Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSPP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
<b>12 January</b>						
<b>13 February</b>						
<b>14 March</b>						
<b>15 April</b>						
<b>16 May</b>						
<b>17 June</b>						
<b>18 July</b>						
<b>19 August</b>						
<b>20 September</b>						
<b>21 October</b>						
<b>22 November</b>						
<b>23 December</b>						

24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here			<b>24</b>	10,628.
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here			<b>25</b>	10,628.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27			<b>26</b>	0.

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here			<b>27</b>	
28 Repayment limitation (see instructions) . . . . .			<b>28</b>	
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2			<b>29</b>	

**Qualified Business Income Deduction  
Simplified Computation**

**2021**

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

Jessica & Matthew C Wood

Your taxpayer identification number

[REDACTED]

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	POWERWASH PROS LLC	[REDACTED]	19,907.
ii	POWERWASH PROS LLC	[REDACTED]	8,531.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	28,438.	
3	Qualified business net (loss) carryforward from the prior year	( )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	28,438.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5,688.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		5,688.
11	Taxable income before qualified business income deduction (see instructions)	6,417.	
12	Net capital gain (see instructions)	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	6,417.	
14	Income limitation. Multiply line 13 by 20% (0.20)		1,283.
15	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) ▶		1,283.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	( 0. )	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	( 0. )	



**Part III Additional Tax** (use only if line 14g or line 15f, whichever applies, is zero)

<b>28a</b>	Enter the amount from line 14f or line 15e, whichever applies . . . . .	<b>28a</b>	
<b>b</b>	Enter the amount from line 14e or line 15d, whichever applies . . . . .	<b>28b</b>	
<b>29</b>	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax . . . . .	<b>29</b>	
<b>30</b>	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line . . . . . <b>Caution:</b> If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	<b>30</b>	
<b>31</b>	Enter the smaller of line 4a or line 30 . . . . .	<b>31</b>	
<b>32</b>	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33 . . . . .	<b>32</b>	
<b>33</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly or Qualifying widow(er)—\$60,000</li> <li>• Head of household—\$50,000</li> <li>• All other filing statuses—\$40,000</li> </ul>	<b>33</b>	
<b>34</b>	Subtract line 33 from line 3. If zero or less, enter -0- . . . . .	<b>34</b>	
<b>35</b>	Enter the amount from line 33 . . . . .	<b>35</b>	
<b>36</b>	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 . . . . .	<b>36</b>	
<b>37</b>	Multiply line 32 by \$2,000 . . . . .	<b>37</b>	
<b>38</b>	Multiply line 37 by line 36 . . . . .	<b>38</b>	
<b>39</b>	Subtract line 38 from line 37 . . . . .	<b>39</b>	
<b>40</b>	Subtract line 39 from line 29. If zero or less, enter -0-. <b>This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19</b> . . . . .	<b>40</b>	

**Part I-C Filers Who Do Not Check a Box on Line 13**

**Caution:** If you checked a box on line 13, do not complete Part I-C.

<b>15a</b>	Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	<b>15a</b>	
<b>b</b>	Enter the smaller of line 12 or line 15a . . . . .	<b>15b</b>	
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.		
	<b>1.</b> You are not filing Form 2555.		
	<b>2.</b> Line 4a is more than zero.		
	<b>3.</b> Line 12 is more than line 15a.		
<b>c</b>	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0- . . . . .	<b>15c</b>	
<b>d</b>	Add lines 15b and 15c . . . . .	<b>15d</b>	
<b>e</b>	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- . . . . .	<b>15e</b>	
	<b>Caution:</b> If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
<b>f</b>	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III . . . . .	<b>15f</b>	
<b>g</b>	Enter the smaller of line 15b or line 15f. <b>This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.</b> . . . . .	<b>15g</b>	
<b>h</b>	Subtract line 15g from line 15f. <b>This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR</b> . . . . .	<b>15h</b>	

**Part II-A Additional Child Tax Credit (use only if completing Part I-C)**

**Caution:** If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

**Caution:** If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

<b>16a</b>	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 . . . . .	<b>16a</b>	
<b>b</b>	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 . . . . .	<b>16b</b>	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4a.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>	
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .	<b>20</b>	
	<b>Next.</b> On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> <b>No.</b> If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

**Part II-B Certain Filers Who Have Three or More Qualifying Children**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions . . . . .	<b>21</b>	
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. . . . .	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . .	<b>26</b>	
	<b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.		

**Part II-C Additional Child Tax Credit**

<b>27</b>	Enter this amount on line 15c . . . . .	<b>27</b>	
-----------	---	-----------	--

**SCHEDULE 8812**  
**(Form 1040)**

**Credits for Qualifying Children and Other Dependents**

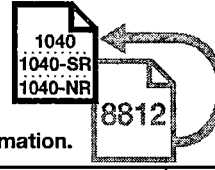
OMB No. 1545-0074

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.



Attachment  
Sequence No. **47**

Name(s) shown on return

Jessica & Matthew C Wood

Your social security number

[REDACTED]

**Part I-A Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	31,584.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	31,584.	
<b>4a</b>	Number of qualifying children under age 18 with the required social security number . . . . .	<b>4a</b>	2.	
<b>b</b>	Number of children included on line 4a who were under age 6 at the end of 2021 . . . . .	<b>4b</b>	1.	
<b>c</b>	Subtract line 4b from line 4a . . . . .	<b>4c</b>	1.	
<b>5</b>	If line 4a is more than zero, enter the amount from the <b>Line 5 Worksheet</b> ; otherwise, enter -0- . . . . .	<b>5</b>	6,600.	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number . . . . .	<b>6</b>	0.	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.				
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>		
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	6,600.	
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	<b>9</b>	400,000.	
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	<b>10</b>	0.	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0.	
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	6,600.	
<b>13</b>	Check all the boxes that apply to you (or your spouse if married filing jointly). <b>A</b> Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 . . . . . <input checked="" type="checkbox"/> <b>B</b> Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>			

**Part I-B Filers Who Check a Box on Line 13**

**Caution:** If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

<b>14a</b>	Enter the smaller of line 7 or line 12 . . . . .	<b>14a</b>	0.	
<b>b</b>	Subtract line 14a from line 12 . . . . .	<b>14b</b>	6,600.	
<b>c</b>	If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	<b>14c</b>	0.	
<b>d</b>	Enter the smaller of line 14a or line 14c . . . . .	<b>14d</b>	0.	
<b>e</b>	Add lines 14b and 14d . . . . .	<b>14e</b>	6,600.	
<b>f</b>	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- . . . . .	<b>14f</b>	3,300.	
<b>Caution:</b> If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.				
<b>g</b>	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III . . . . .	<b>14g</b>	3,300.	
<b>h</b>	Enter the smaller of line 14d or line 14g. <b>This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR</b> . . . . .	<b>14h</b>	0.	
<b>i</b>	Subtract line 14h from line 14g. <b>This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR</b> . . . . .	<b>14i</b>	3,300.	

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

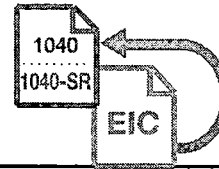
BAA

REV 03/07/22 TTW

Schedule 8812 (Form 1040) 2021

**SCHEDULE EIC  
(Form 1040)**

**Earned Income Credit  
Qualifying Child Information**



OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- ▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**

Name(s) shown on return

Jessica & Matthew C Wood

Your social security number

[REDACTED]

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

**Before you begin:**

- See the instructions for Form 1040, lines 27a, 27b, and 27c, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

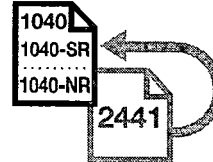
**Child 1**

**Child 2**

**Child 3**

	Child 1	Child 2	Child 3
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name Adelina M Wood	First name Last name Eloise C Wood	First name Last name
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, unless the child was born and died in 2021 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2021 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	[REDACTED]	[REDACTED]	
<b>3 Child's year of birth</b>	Year <u>2 0 1 3</u> <i>If born after 2002 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2 0 1 7</u> <i>If born after 2002 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 2002 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4 a</b> Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
<b>b</b> Was the child permanently and totally disabled during any part of 2021?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter	Daughter	
<b>6 Number of months child lived with you in the United States during 2021</b> • If the child lived with you for more than half of 2021 but less than 7 months, enter "7." • If the child was born or died in 2021 and your home was the child's home for more than half the time he or she was alive during 2021, enter "12."	_____ 12 months Do not enter more than 12 months.	_____ 12 months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

# Child and Dependent Care Expenses



Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return

Jessica & Matthew C Wood

Your social security number

**A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box

**B** For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box

**Part I** Persons or Organizations Who Provided the Care—You must complete this part.

If you have more than three care providers, see the instructions and check this box

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
	Kinderland Place	12330 Westlinks dr fort myers FL 33913		<input type="checkbox"/>	1,200.
	charter schools usa gateway charter	800 corporate dr ste 700 fort lauderdale FL 33334		<input type="checkbox"/>	720.
	charter schools usa	800 corporate dr ste 700 fort lauderdale FL 33334		<input type="checkbox"/>	450.

See Additional Child Care Providers

Did you receive dependent care benefits?  No  Yes  
 Complete only Part II below.  
 Complete Part III on page 2 next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

**Part II** Credit for Child and Dependent Care Expenses

**2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		
Adelina M	Wood		450.
Eloise C	Wood		2,220.

<b>3</b>	Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	<b>3</b>	2,670.
<b>4</b>	Enter your <b>earned income</b> . See instructions	<b>4</b>	21,482.
<b>5</b>	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	10,106.
<b>6</b>	Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	2,670.
<b>7</b>	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	<b>7</b>	31,584.
<b>8</b>	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. • If line 7 is \$125,000 or less, enter .50 on line 8. • If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter. • If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.	<b>8</b>	X .50
<b>9a</b>	Multiply line 6 by the decimal amount on line 8	<b>9a</b>	1,335.
<b>9b</b>	If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10	<b>9b</b>	
<b>10</b>	Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your <b>refundable credit for child and dependent care expenses</b> ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11	<b>10</b>	1,335.
<b>11</b>	<b>Nonrefundable credit for child and dependent care expenses.</b> If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2	<b>11</b>	



**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)

Social security number of person  
with self-employment income ▶

Matthew C Wood

**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** 9,180.

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 9,180.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 8,478.

**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** 8,478.

**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** 0.

**6** Add lines 4c and 5b . . . . . **6** 8,478.

**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** 1,575.

**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** 1,575.

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . **9** 141,225.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . . **10** 1,051.

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 246.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 1,297.

**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** 649.

**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 (2/3) 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 (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<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>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

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.

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

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

Social security number of person  
with self-employment income ▶

Jessica Wood

**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.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</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 . . . . .	<b>1b</b>	( )
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.			
<b>2</b>	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 . . . . .	<b>2</b>	21,421.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	21,421.
<b>4a</b>	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4a</b>	19,782.
<b>b</b>	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue . . . . . ▶	<b>4c</b>	19,782.
<b>5a</b>	Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income . . . . .	<b>5a</b>	
<b>b</b>	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . .	<b>5b</b>	0.
<b>6</b>	Add lines 4c and 5b . . . . .	<b>6</b>	19,782.
<b>7</b>	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 . . . . .	<b>7</b>	142,800
<b>8a</b>	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 . . . . .	<b>8a</b>	1,575.
<b>b</b>	Unreported tips subject to social security tax from Form 4137, line 10 . . . . .	<b>8b</b>	
<b>c</b>	Wages subject to social security tax from Form 8919, line 10 . . . . .	<b>8c</b>	
<b>d</b>	Add lines 8a, 8b, and 8c . . . . .	<b>8d</b>	1,575.
<b>9</b>	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . ▶	<b>9</b>	141,225.
<b>10</b>	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124) . . . . .	<b>10</b>	2,453.
<b>11</b>	Multiply line 6 by 2.9% (0.029) . . . . .	<b>11</b>	574.
<b>12</b>	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 2 (Form 1040), line 4</b> . . . . .	<b>12</b>	3,027.
<b>13</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter here and on <b>Schedule 1 (Form 1040), line 15</b> . . . . .	<b>13</b>	1,514.

**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.

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

**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.

<b>16</b>	Subtract line 15 from line 14 . . . . .	<b>16</b>	
<b>17</b>	Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above . . . . .	<b>17</b>	

<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.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Jessica & Matthew C Wood

[Redacted]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [ ] Yes [X] No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A-D for POWERWASH PROS LLC.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Rows A-D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Rows 38, 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

**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>	1,754.	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>13c</b>	0.	
<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>	1,335.	
<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>	1,776.	
<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>	4,865.
<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>	4,865.

**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  
Jessica & Matthew C Wood

Your social security number

**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>	
<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>	

(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>	4,324.

**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  
Jessica & Matthew C Wood

Your social security number

**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>	4,324.
<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 Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<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>	2,163.
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	4.
<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>	2,167.

**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

Jessica & Matthew C Wood

Your social security number

[REDACTED]

**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>	
<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>	30,601.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<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>	30,601.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	513.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	513.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	513.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,324.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	4,837.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	4,694.
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	3,300.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	4,865.
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	32	12,859.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	12,859.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	8,022.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	8,022.
b	Routing number: [REDACTED] Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number: [REDACTED]		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions.

Amount You Owe

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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation exterior cleaning	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Exterior Cleaner	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no. (239) 908-1939	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> Self-Prepared	Firm's address <input type="text"/>			Phone no.
Firm's address <input type="text"/>			Firm's EIN <input type="text"/>	

Filing Status [ ] Single [X] 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

Form fields for personal information: Your first name and middle initial (Jessica), Last name (Wood), Your social security number, Spouse's social security number, Home address (1209 Randan St. E), City (Lehigh Acres), State (FL), ZIP code (33974), Foreign country name, Foreign province/state/county, Foreign postal code.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [X] Yes [ ] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

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

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Rows for Adeline M Wood (Daughter) and Eloise C Wood (Daughter).

Main income table with columns for line numbers and amounts. Rows include: 1 Wages, salaries, tips, etc. (3,150); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10 (30,601); 9 Total income (33,751); 10 Adjustments to income (2,167); 11 Adjusted gross income (31,584); 12a Standard deduction or itemized deductions (25,100); 12b Charitable contributions (67); 12c Total deductions (25,167); 13 Qualified business income deduction (1,283); 14 Total deductions (26,450); 15 Taxable income (5,134).

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