

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

SUPERVISOR OF ELECTIONS
2022 JUN 14 PM 12:58
PALM BEACH COUNTY, FL.

OFFICE USE ONLY

Candidate Oath

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

I, Gregg K. Weiss

(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 Palm Beach County Commissioner, 2, _____,
(Office) (District #) (Circuit #)

_____ ; my legal residence is Palm Beach 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 Democratic 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): 114248891

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):

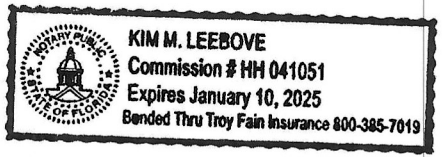
GREG K. WICE (Rhymes with Rice)

X [Signature] (561) 689-9787 votegreggweiss@gmail.com
Signature of Candidate Telephone Number Email Address
615 Kanuga Dr. West Palm Beach FL 33401
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Palm Beach

[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 13th day of June, 2022.
Personally Known OR Produced Identification
Type of Identification Produced: N/A



FORM 6

FULL AND PUBLIC DISCLOSURE

2021

OF FINANCIAL INTERESTS

SUPERVISOR OF ELECTIONS FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Weiss Gregg Kenneth

MAILING ADDRESS:

301 N. Olive Ave.

CITY :

West Palm Beach

ZIP :

33401

COUNTY :

Palm Beach

NAME OF AGENCY :

Palm Beach County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

2022 JUN 14 PM 12:58
PALM BEACH COUNTY, FL.

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 December, 20 21 was \$ 7,941,716.

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 \$ 80,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Merril Lynch Brokerage Account	3,463,364
Wells Fargo Checking	30,285
Retirement Account TIAA	255,129
Real Estate and residence (see attached)	5,333,935

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Fremont Bank, 580 Shea Center Dr. , Livermore, CA 94551	520,025
Merrill Lynch, 250 Vespy St., New York, NY	700,972

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

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.]

2022 JUN 14 PM 12:58

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	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
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

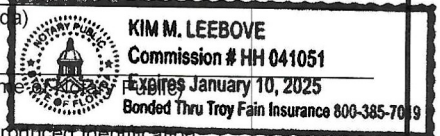
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Palm Beach
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 13th day of

June, 2022 by Gregg Weiss

Kim M. LeeBove
 (Signature of Notary Public--State of Florida)

Kim M. LeeBove
 (Print, Type, or Stamp Commissioned Name)



Personally Known X OR Produced Identification _____

Type of Identification Produced N/A

[Handwritten Signature]
 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

Gregg Kenneth Weiss 2021 Form 6 Attachment

SUPERVISOR OF ELECTIONS
2022 JUN 14 PM 12:58
PALM BEACH COUNTY, FL.

Real Estate

Address	Market Value
615 Kanuga Dr., West Palm Beach, FL	\$1,794,319
721 Kanuga Dr., West Palm Beach, FL	\$895,606
221 35 th St., Newport Beach, CA	\$2,644,010

Filing Status: Single [] Married filing jointly [X] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW) []

Your first name and middle initial: GREGG K. Last name: WEISS. Your social security number: [REDACTED]

Home address (number and street): 615 KANUGA DRIVE. Apt. no. [REDACTED]

City, town, or post office: WEST PALM BEACH. State: FL. ZIP code: 33401. Foreign country name: [REDACTED]

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

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

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

Main income table with rows 1-15. Includes columns for tax-exempt interest, qualified dividends, IRA distributions, pensions, social security benefits, capital gain, other income, total income, adjusted gross income, standard deduction, and taxable income.

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

STMT 3

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	61,528.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	61,528.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	386.
21	Add lines 19 and 20	21	386.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	61,142.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	6,763.
24	Add lines 22 and 23. This is your total tax	24	67,905.

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	21,678.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	21,678.

26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	
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	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	21,678.

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

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		

Direct deposit? See instructions.

36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	46,740.
38	Estimated tax penalty (see instructions)	38	513.

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 **PETER H. BOZETARNIK** Phone no. **561-253-7885** Personal identification number (PIN) [REDACTED]

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

Your signature _____ Date _____ Your occupation **COUNTY COMMISSIONER**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation **DEVELOPMENT MANAGER**

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name **PETER H. BOZETARNIK** Preparer's signature _____ Date **04/14/22** PTIN **P00343808** Check if: Self-employed

Firm's name **BOZETARNIK & COMPANY, LLP** Phone no. **561-253-7885**

Firm's address **TWO HARVARD CIRCLE, SUITE 400 WEST PALM BEACH, FL 33409** Firm's EIN [REDACTED]

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

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

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

2021
Attachment
Sequence No. **01**
SUPERVISOR OF ELECTIONS
2022 JUN 14 5:42:55
PALM BEACH COUNTY, FL

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

GREGG K. & REBECCA M. WEISS

Your social security number

XXXXXXXXXX
XXXXXX

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) ▶			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	30,226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling income	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
o	Section 461(l) excess business loss adjustment	8o		
p	Taxable distributions from an ABLA account (see instructions)	8p		
z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	30,226.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

SUPERVISOR OF ELECTIONS
 2022 JUN 14 PM 12:59
 PALM BEACH COUNTY

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

SUPERVISOR OF E
2021
Attachment
Sequence No. 02
2022 JUN 14
PALM BE

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

GREGG K. & REBECCA M. WEISS

Your social security number

[REDACTED]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	6,763.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

SUPERVISOR OF ELECTIONS
 2022 JUN 14 PM 12:59
 PALM BEACH COUNTY, FL.

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ▶	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			6,763.

**SCHEDULE 3
(Form 1040)**

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

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

2021
Attachment
Sequence No. **03**

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

GREGG K. & REBECCA M. WEISS

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	386.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
z	Other nonrefundable credits. List type and amount ▶	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	386.

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

Part II Other Payments and Refundable Credits

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

SUPERVISOR OF ELECTIONS

2022 JUN 14 PM 12:59

MIAMI BEACH COOK

Recovery Rebate Credit Worksheet - Line 30

SUPERVISOR OF ELECTIONS
2022 JUN 16 PM 12:59
PALM BEACH COUNTY, FL

Name(s) shown on return

GREGG K. & REBECCA M. WEISS

Your SSN

Before you begin: See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 If you received Notice 1444-C, have it available.
 Don't include on line 13 any amount you received but later returned to the IRS.
 If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

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

6. 2,800.
7. Multiply \$1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number

7. _____
8. Add lines 6 and 7

8. 2,800.
9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
 - Single or Married filing separately - \$75,000
 - Married filing jointly or qualifying widow(er) - \$150,000
 - Head of household - \$112,500 **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10
 No. Enter the amount from line 8 on line 12 and skip lines 10 and 11.

9. 427,966.
10. Is line 9 more than the amount shown below for your filing status?
 - Single or married filing separately - \$80,000
 - Married filing jointly or qualifying widow(er) - \$160,000
 - Head of household - \$120,000 **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
 No. Subtract line 9 from the amount shown above for your filing status

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

11. _____
12. Multiply line 8 by line 11

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

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

14. _____