

U.S. Individual Income Tax Return

2021

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial KERRY A.		Last name SMITH		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial LORI D.		Last name SMITH		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 8129 VIRGINIA LANE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. MILTON				State ZIP code FL 32583	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

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

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):
				Child tax credit
				Credit for other dependents

Attach Sch. B if required. Standard Deduction for - • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	115,348.
	2a Tax-exempt interest	2a	b Taxable interest	2b 82.
	3a Qualified dividends	3a 70.	b Ordinary dividends	3b 70.
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7
	8 Other income from Schedule 1, line 10			8 57,367.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 172,867.
	10 Adjustments to income from Schedule 1, line 26			10 7,000.
	11 Subtract line 10 from line 9. This is your adjusted gross income			11 165,867.
	12a Standard deduction or itemized deductions (from Schedule A)	12a 32,355.		
	b Charitable contributions if you take the standard deduction (see instr.) ...	12b		
	c Add lines 12a and 12b		12c	32,355.
	13 Qualified business income deduction from Form 8995 or Form 8995-A		13	11,473.
14 Add lines 12c and 13		14	43,828.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	122,039.	

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

Form 1040 (2021)

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	18,341.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	18,341.
	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	18,341.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	18,341.
	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 4	25a	16,463.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	16,463.
	26	2021 estimated tax payments and amount applied from 2020 return	26	
	27a	Earned income credit (EIC)	27a	
		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 instr. <input type="checkbox"/>		
	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	16,463.
Refund	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		
	36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37	Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	1,878.
	38	Estimated tax penalty (see instructions)	38	

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

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

Sign Here

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

Your signature Date Your occupation

Spouse's signature Date Spouse's occupation

SALES REP

Phone no. 850-982-3287 Email address KERRYALANSMITH@GMAIL.COM

Paid Preparer Use Only

Preparer's name **STANLEY W. SAULS** Preparer's signature Date **APR 13 2022** PTIN **P00905086** Check if: ☐ Self-employed

Firm's name **SAULS CPA & ASSOCIATES, LLC** Firm's EIN **81-3607230**

Firm's address **P. O. BOX 10793 PENSACOLA, FL 32524-0793**

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

Form 1040 (2021)

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 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

KERRY A. & LORI D. SMITH

Your social security number

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	57,367.
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 ABLE account (see instructions)	8p	
z	Other income. List type and amount ►	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	57,367.

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	7,000.
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 8i	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	7,000.

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return KERRY A. & LORI D. SMITH	Your SSN [REDACTED]
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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 9. 165,867.
☐ **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.
10. Is line 9 more than the amount shown below for your filing status?
 • Single or married filing separately - \$80,000
 • Married filing jointly or qualifying widow(er) - \$160,000
 • Head of household - \$120,000
☒ **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. 10. _____
☐ **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. _____

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **07**

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

Your social security number

KERRY A. & LORI D. SMITH

Medical

**and
Dental
Expenses**

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

- | | | | |
|---|---|---|----------|
| 1 | Medical and dental expenses (see instructions) SEE STATEMENT 7 | 1 | 2,871. |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 2 165,867. | 2 | 165,867. |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 12,440. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |

**Taxes You
Paid**

- | | | | |
|---|--|----|--------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 8 <input checked="" type="checkbox"/> | 5a | 1,269. |
| b | State and local real estate taxes (see instructions) | 5b | 1,488. |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 2,757. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 2,757. |
| 6 | Other taxes. List type and amount | 6 | |
| 7 | Add lines 5e and 6 | 7 | 2,757. |

**Interest You
Paid**

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

- | | | | |
|----|---|----|--------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 9,725. |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Mortgage insurance premiums (see instructions) | 8d | |
| e | Add lines 8a through 8d | 8e | 9,725. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 9,725. |

**Gifts to
Charity**

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

- | | | | | |
|----|--|----|---------|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 18,493. | STMT 6 |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | 1,380. | |
| 13 | Carryover from prior year | 13 | | |
| 14 | Add lines 11 through 13 | 14 | 19,873. | |

**Casualty and
Theft Losses**

- | | | | |
|----|--|----|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
|----|--|----|--|

**Other
Itemized
Deductions**

- | | | | |
|----|---|----|--|
| 16 | Other - from list in instructions. List type and amount | 16 | |
|----|---|----|--|

**Total
Itemized
Deductions**

- | | | | |
|----|--|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a | 17 | 32,355. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

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

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021
Attachment
Sequence No. **08**

Your social security number

KERRY A. & LORI D. SMITH

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

GULF WINDS CU

GULF WINDS CU

Amount

16.

66.

1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1 2 82.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 4 82.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

Ordinary Dividends

- 5 List name of payer ► NATIONAL FINANCIAL SERVICES LLC

70.

5

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 70.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions. 127501 11-04-21

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
- 8 During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions X

Yes

No

Interest and Dividend Summary

Name: KERRY A. & LORI D. SMITH

FEIN/SSN: [REDACTED]

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A GULF WINDS CU	16.							
B GULF WINDS CU	66.							
C NATIONAL FINANCIAL SERVICES LLC							70.	70.
D								
E								
F								
G								
H								
I								
J								
K								
Totals	82.						70.	70.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
Totals								

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return KERRY A. & LORI D. SMITH	Your SSN [REDACTED]
--	-------------------------------

Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<u>122,039.</u>
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	<u>70.</u>
3. Are you filing Schedule D?*	3.	<u>0.</u>
<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.		
<input checked="" type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4. Add lines 2 and 3	4.	<u>70.</u>
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	<u>121,969.</u>
6. Enter:	6.	<u>80,800.</u>
\$ 40,400 if single or married filing separately, \$ 80,800 if married filing jointly or qualifying widow(er), \$ 54,100 if head of household.		
7. Enter the smaller of line 1 or line 6	7.	<u>80,800.</u>
8. Enter the smaller of line 5 or line 7	8.	<u>80,800.</u>
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	<u>0.</u>
10. Enter the smaller of line 1 or line 4	10.	<u>70.</u>
11. Enter the amount from line 9	11.	<u>0.</u>
12. Subtract line 11 from line 10	12.	<u>70.</u>
13. Enter:	13.	<u>501,600.</u>
\$ 445,850 if single, \$ 250,800 if married filing separately, \$ 501,600 if married filing jointly or qualifying widow(er), \$ 473,750 if head of household.		
14. Enter the smaller of line 1 or line 13	14.	<u>122,039.</u>
15. Add lines 5 and 9	15.	<u>121,969.</u>
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	<u>70.</u>
17. Enter the smaller of line 12 or line 16	17.	<u>70.</u>
18. Multiply line 17 by 15% (0.15)	18.	<u>11.</u>
19. Add lines 9 and 17	19.	<u>70.</u>
20. Subtract line 19 from line 10	20.	<u>0.</u>
21. Multiply line 20 by 20% (0.20)	21.	<u>0.</u>
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	<u>18,330.</u>
23. Add lines 18, 21, and 22	23.	<u>18,341.</u>
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>18,346.</u>
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	<u>18,341.</u>

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

KERRY A. & LORI D. SMITH**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 ☒ No

28	(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
A	SEE STATEMENT 10					
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals				57,367.
b Totals				
30 Add columns (h) and (k) of line 29a				30 57,367.
31 Add columns (g), (i), and (j) of line 29b				31 ()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 57,367.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	57,367.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2021

SCHEDULE E

Name KERRY A. SMITH

Passthrough KERRY ALAN SMITH LLC - KERRY ALAN SMITH LLC

ID

81-3080508

SSN/EIN

TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	53,769.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	53,769.							53,769.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	53,769.							53,769.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2021

SCHEDULE E

Name KERRY A. SMITH

Passthrough KERRY ALAN SMITH LLC - KERRY ALAN SMITH LLC

ID 81-3080508

SSN/EIN

TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income	53,769.							53,769.
Qualified service income								
Section 199A W-2 wages	48,500.							48,500.
Section 199A unadjusted basis								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2021

SCHEDULE E

Name **LORI D. SMITH**

Passthrough **SMITH AND SMITH PROPERTY MANAGEMENT - SMITH AND SMITH PRO** ID **85-2418872**

SSN/EIN **██████████**

SPOUSE

S CORPORATION

NONPASSIVE								
SCHEDULE E, PAGE 2								
K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return	
Ordinary business income (loss)								
Rental real estate income (loss)	1,799.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	1,799.						1,799.	
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	1,799.						1,799.	
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2021

SCHEDULE E

Name LORI D. SMITH

SSN/EIN

85-2418872

ID

Passthrough SMITH AND SMITH PROPERTY MANAGEMENT - SMITH AND SMITH PRO

SPOUSE

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income	1,799.							1,799.
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2021

SCHEDULE E

Name **KERRY A. SMITH**

Passthrough SMITH AND SMITH PROPERTY MANAGEMENT - SMITH AND SMITH PRO ID 85-2418872

S CORPORATION

SSN/EIN

TAXPAYER

NONPASSIVE		Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	1,799.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	1,799.							1,799.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	1,799.							1,799.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2021

SCHEDULE E

Name **KERRY A. SMITH**

Passthrough **SMITH AND SMITH PROPERTY MANAGEMENT - SMITH AND SMITH PRO** ID **85-2418872**

S CORPORATION

SSN/EIN

TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income	1,799.							1,799.
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

Health Savings Accounts (HSAs)

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.**2021**Attachment
Sequence No. 52

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

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶**LORI D. SMITH****Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	1,000.
8	Add lines 6 and 7	8	8,200.
9	Employer contributions made to your HSAs for 2021	9	4,900.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	4,900.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,300.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	

Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	3,170.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	3,170.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	3,170.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2021Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

KERRY A. & LORI D. SMITH

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, 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	KERRY ALAN SMITH LLC	81-3080508	53,769.
ii	SMITH AND SMITH PROPERTY MANAGEMENT	85-2418872	1,799.
iii	SMITH AND SMITH PROPERTY MANAGEMENT	85-2418872	1,799.
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	57,367.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	57,367.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	11,473.	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	11,473.	
11	Taxable income before qualified business income deduction	11	133,512.	
12	Net capital gain (see instructions)	12	70.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	133,442.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	26,688.	
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 ▶	15	11,473.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

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

Form **8995** (2021)

Noncash Charitable Contributions

► Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB. No. 1545-0074

Attachment
Sequence No. 155

Name(s) shown on your income tax return

Identifying number

KERRY A. & LORI D. SMITH

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.

Part I Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle, check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	SEE STATEMENT 11	<input type="checkbox"/>	
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A						
B						
C						
D						
E						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) - Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated.

- | | | |
|--|--|---|
| a <input type="checkbox"/> Art* (contribution of \$20,000 or more) | e <input type="checkbox"/> Other Real Estate | i <input type="checkbox"/> Vehicles |
| b <input type="checkbox"/> Qualified Conservation Contribution | f <input type="checkbox"/> Securities | j <input type="checkbox"/> Clothing and household items |
| c <input type="checkbox"/> Equipment | g <input type="checkbox"/> Collectibles** | k <input type="checkbox"/> Other |
| d <input type="checkbox"/> Art* (contribution of less than \$20,000) | h <input type="checkbox"/> Intellectual Property | |

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

3		(a) Description of donated property (if you need more space, attach a separate statement)		(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift		(c) Appraised fair market value	
A							
B							
C							
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received and attach a separate statement.	(h) Amount claimed as a deduction (see instructions)	(i) Date of contribution (see instructions)	
A							
B							
C							

Form **7203**(December 2021)
Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**▶ Attach to your tax return.
▶ Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

2021Attachment
Sequence No. **203**

Name(s) shown on return

KERRY A. SMITH

Identifying number

Name of S corporation

KERRY ALAN SMITH LLC

Employer identification number

81-3080508

Stock block (see instructions) ▶

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	65,008.
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	53,769.
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	53,769.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	118,777.
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	43,018.
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	75,759.
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	75,759.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	75,759.

Part II Shareholder Debt Basis**Section A - Amount of Debt** (If more than three debts, see instructions.)

Description	Debt 1	Debt 2	Debt 3	Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Combine lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	()	()	()	()
20 Loan balance at the end of the corporation's tax year. Combine lines 18 and 19				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

Description	Debt 1	Debt 2	Debt 3	Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Combine lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Combine lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					

**ALTERNATIVE MINIMUM TAX
S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

2021Attachment
Sequence No. **203**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form7203 for instructions and the latest information.

Name(s) shown on return

KERRY A. SMITH

Identifying number

Name of S corporation

KERRY ALAN SMITH LLC

Employer identification number

81-3080508

Stock block (see instructions) ▶

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	65,008.
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	53,769.
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	53,769.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	118,777.
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	43,018.
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	75,759.
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	75,759.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	75,759.

Part II Shareholder Debt Basis**Section A - Amount of Debt** (If more than three debts, see instructions.)

Description	Debt 1	Debt 2	Debt 3	Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Combine lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	()	()	()	()
20 Loan balance at the end of the corporation's tax year. Combine lines 18 and 19				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

Description	Debt 1	Debt 2	Debt 3	Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Combine lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Combine lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					

**INDIVIDUAL RETIREMENT ACCOUNT
COMPUTATION FOR
FEDERAL 1040**

Name: **KERRY A. SMITH**

SSN: **[REDACTED]**

Traditional IRA Deduction Computation

Covered by an employer retirement plan? ☐ Yes ☒ No

1 Traditional IRA limitation	7,000.	
2 Less: Amount contributed to Roth IRA	0.	
3 Net traditional IRA amount		7,000.
4 Wages and other earned income after Keogh deduction	115,348.	
5 Enter foreign housing and earned income exclusion		
6 Net compensation (line 4 minus line 5)		115,348.
7 Amount contributed to traditional IRA		7,000.
8 Allowable contribution (lesser of line 3, line 6 or line 7)		7,000.
9 Contribution credit:		
a IRA limitation		
b IRA contributions from line 7		
c Contribution credit, line 9a minus line 9b		
d Prior year excess contribution not previously eliminated		
e Additional allowable contribution (lesser of line 9c or line 9d)		
10 Total allowable contribution, line 8 plus line 9e		7,000.
11 Excess Contribution		
12 Limitation Reduction:		
a Traditional IRA limitation	7,000.	
b Adjusted gross income before traditional IRA deduction	172,867.	
c Phaseout level	198,000.	
d Excess AGI, line 12b minus line 12c	0.	
e Reduction ratio, line 12d divided by \$10,000 or \$20,000		
f Amount of limitation reduction, line 12a times line 12e (round down to previous \$10)	0.	
g Reduced limitation, line 12a minus line 12f. Not less than \$200 if ratio under 100%		7,000.
13 Traditional IRA deduction, lesser of line 10 or line 12g		7,000.

Roth IRA Contribution Computation

1 Roth IRA limitation		
2 Amount contributed to traditional IRA		
3 Net Roth IRA limitation		
4 Wages and other earned income after Keogh deduction and foreign earned income exclusion		
5 Amount contributed to Roth IRA		
6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5)		
7 Limitation Reduction:		
a Modified AGI for Roth IRA purposes		
b Phaseout level		
c Excess AGI, line 7a minus line 7b		
d Reduction ratio, line 7c divided by \$10,000 or \$15,000		
e Amount of limitation reduction, line 1 times line 7d (round down to previous \$10)		
8 Roth IRA contribution (lesser of line 1 minus line 7e or line 6). Not less than \$200 if ratio under 100%		

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	1
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S TTI, INC.	66,848.	8,023.			4,971.	1,163.
T KERRY ALAN SMITH, LLC	48,500.	8,440.			3,007.	703.
TOTALS	115,348.	16,463.			7,978.	1,866.

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	2
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NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
NATIONAL FINANCIAL SERVICES LLC	70.	70.
TOTAL INCLUDED IN FORM 1040, LINE 3A		70.

FORM 1040	TAX	STATEMENT	3
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DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	18,341.
TOTAL TO FORM 1040, LINE 16	18,341.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT	4
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T S DESCRIPTION	AMOUNT
S TTI, INC.	8,023.
T KERRY ALAN SMITH, LLC	8,440.
TOTAL TO FORM 1040, LINE 25A	16,463.

SCHEDULE 1	ALLOWABLE IRA DEDUCTION	STATEMENT	5
		TAXPAYER AMOUNT	SPOUSE AMOUNT
TOTAL IRA DEDUCTIONS TO SCHEDULE 1, LINE 20		7,000.	

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	6
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
CALVARY BAPTIST CHURCH		17,150.	
CALVARY BAPTIST CHURCH		778.	
DARE		10.	
GOSPEL PARTNERS MEDIA		240.	
GRACE TO YOU		200.	
HELP PAIGE REBUILD HER HOME		25.	
SANTA ROSA COUNTY CHAMBER		50.	
TOYS FOR TOTS		20.	
UNITED BREAST CANCER FOUNDATION		20.	
SUBTOTALS		18,493.	
TOTAL TO SCHEDULE A, LINE 11			18,493.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
PRESCRIPTION MEDICINES AND DRUGS		2,871.	
TOTAL TO SCHEDULE A, LINE 1		2,871.	

SCHEDULE A	STATE AND LOCAL GENERAL SALES TAXES	STATEMENT	8
DESCRIPTION		AMOUNT	
STATE SALES TAX		1,087.	
LOCAL SALES TAX		182.	
TOTAL TO SCHEDULE A, LINE 5A		1,269.	

SCHEDULE A

GENERAL SALES TAX DEDUCTION WORKSHEET

STATEMENT 9

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	1,087.
	FLORIDA	
	IF, FOR ALL OF 2021, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7.	
	OTHERWISE, GO TO LINE 2.	
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2021?	
	IF NO, ENTER -0-.	
	IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2021? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS.	
	IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7.	
	IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.	1.0000
	MILTON	
4	DID YOU ENTER -0- ON LINE 2 ABOVE?	
	IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6.	
	IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.	6.0000
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.1670
6	DID YOU ENTER -0- ON LINE 2 ABOVE?	
	IF NO, MULTIPLY LINE 2 BY LINE 3.	
	IF YES, MULTIPLY LINE 1 BY LINE 5.	182.
6A	ADD LINE 1 AND LINE 6.	1,269.
6B	PART-YEAR DAYS RATE.	1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.	1,269.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.	
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5A AND CHECK BOX.	1,269.

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 10

NAME

EMP ID NO.

CODE	X IF FRN	BASIS COMP REQ	ANY NOT AT RISK	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
KERRY ALAN SMITH LLC								
81-3080508								
S		X						53,769.
SMITH AND SMITH PROPERTY MANAGEMENT								
85-2418872								
S								1,799.
SMITH AND SMITH PROPERTY MANAGEMENT								
85-2418872								
S								1,799.
TOTALS TO SCH. E, LN. 29								57,367.

FORM 8283 NONCASH CHARITABLE CONTRIBUTIONS OF \$5,000 OR LESS STATEMENT 11

NAME OF THE DONEE ORGANIZATION : GOODWILL EASTERSEALS
ADDRESS OF THE DONEE ORGANIZATION : 2440 GORDON, MOBILE, AL 36617
CHECK BOX IF DONATION IS VEHICLE :
VEHICLE IDENTIFICATION NUMBER :
DESCRIPTION OF DONATED PROPERTY : CLOTHING AND FURNITURE
DATE OF CONTRIBUTION : 08/24/21
DATE ACQUIRED BY DONOR : VAR.
HOW ACQUIRED BY DONOR : PURCHASE
DONOR'S COST OR ADJUSTED BASIS : 480.
FAIR MARKET VALUE : 160.
METHOD USED TO DETERMINE THE FAIR MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : GOODWILL EASTERSEALS
ADDRESS OF THE DONEE ORGANIZATION : 2440 GORDON, MOBILE, AL 36617
CHECK BOX IF DONATION IS VEHICLE :
VEHICLE IDENTIFICATION NUMBER :
DESCRIPTION OF DONATED PROPERTY : CLOTHING AND OTHER HOUSEHOLD ITEMS
DATE OF CONTRIBUTION : 11/21/21
DATE ACQUIRED BY DONOR : VAR.
HOW ACQUIRED BY DONOR : PURCHASE
DONOR'S COST OR ADJUSTED BASIS : 480.
FAIR MARKET VALUE : 160.
METHOD USED TO DETERMINE THE FAIR MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : GOODWILL EASTERSEALS
ADDRESS OF THE DONEE ORGANIZATION : 2440 GORDON, MOBILE, AL 36617
CHECK BOX IF DONATION IS VEHICLE :
VEHICLE IDENTIFICATION NUMBER :
DESCRIPTION OF DONATED PROPERTY : CLOTHING AND OTHER HOUSEHOLD ITEMS
DATE OF CONTRIBUTION : 07/01/21
DATE ACQUIRED BY DONOR : VAR.
HOW ACQUIRED BY DONOR : PURCHASE
DONOR'S COST OR ADJUSTED BASIS : 405.
FAIR MARKET VALUE : 135.
METHOD USED TO DETERMINE THE FAIR MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : GOODWILL EASTERSEALS
ADDRESS OF THE DONEE ORGANIZATION : 2440 GORDON, MOBILE, AL 36617
CHECK BOX IF DONATION IS VEHICLE :
VEHICLE IDENTIFICATION NUMBER :
DESCRIPTION OF DONATED PROPERTY : CLOTHING, ELECTRONICS, AND OTHER HOUSEHOLD ITEMS
DATE OF CONTRIBUTION : 03/22/21
DATE ACQUIRED BY DONOR : VAR.
HOW ACQUIRED BY DONOR : PURCHASE
DONOR'S COST OR ADJUSTED BASIS : 660.
FAIR MARKET VALUE : 220.
METHOD USED TO DETERMINE THE FAIR MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : GOODWILL EASTERSEALS
 ADDRESS OF THE DONEE ORGANIZATION : 2440 GORDON, MOBILE, AL 36617
 CHECK BOX IF DONATION IS VEHICLE :
 VEHICLE IDENTIFICATION NUMBER :
 DESCRIPTION OF DONATED PROPERTY : CLOTHING AND OTHER HOUSEHOLD ITEMS
 DATE OF CONTRIBUTION : 03/24/21
 DATE ACQUIRED BY DONOR : VAR.
 HOW ACQUIRED BY DONOR : PURCHASE
 DONOR'S COST OR ADJUSTED BASIS : 390.
 FAIR MARKET VALUE : 130.
 METHOD USED TO DETERMINE THE FAIR MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : GOODWILL EASTERSEALS
 ADDRESS OF THE DONEE ORGANIZATION : 2440 GORDON, MOBILE, AL 36617
 CHECK BOX IF DONATION IS VEHICLE :
 VEHICLE IDENTIFICATION NUMBER :
 DESCRIPTION OF DONATED PROPERTY : OTHER HOUSEHOLD ITEMS
 DATE OF CONTRIBUTION : 02/20/21
 DATE ACQUIRED BY DONOR : VAR.
 HOW ACQUIRED BY DONOR : PURCHASE
 DONOR'S COST OR ADJUSTED BASIS : 75.
 FAIR MARKET VALUE : 25.
 METHOD USED TO DETERMINE THE FAIR MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : GOODWILL EASTERSEALS
 ADDRESS OF THE DONEE ORGANIZATION : 2440 GORDON, MOBILE, AL 36617
 CHECK BOX IF DONATION IS VEHICLE :
 VEHICLE IDENTIFICATION NUMBER :
 DESCRIPTION OF DONATED PROPERTY : CLOTHING
 DATE OF CONTRIBUTION : 12/18/21
 DATE ACQUIRED BY DONOR : VAR.
 HOW ACQUIRED BY DONOR : PURCHASE
 DONOR'S COST OR ADJUSTED BASIS : 600.
 FAIR MARKET VALUE : 200.
 METHOD USED TO DETERMINE THE FAIR MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : WATERFRONT THRIFT STORE
 ADDRESS OF THE DONEE ORGANIZATION : 4467 AVALON, MILTON, FL 32583
 CHECK BOX IF DONATION IS VEHICLE :
 VEHICLE IDENTIFICATION NUMBER :
 DESCRIPTION OF DONATED PROPERTY : CLOTHING
 DATE OF CONTRIBUTION : 12/08/21
 DATE ACQUIRED BY DONOR : VAR.
 HOW ACQUIRED BY DONOR : PURCHASE
 DONOR'S COST OR ADJUSTED BASIS : 180.
 FAIR MARKET VALUE : 60.
 METHOD USED TO DETERMINE THE FAIR MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : WATERFRONT THRIFT STORE
ADDRESS OF THE DONEE ORGANIZATION : 4467 AVALON, MILTON, FL 32583
CHECK BOX IF DONATION IS VEHICLE :
VEHICLE IDENTIFICATION NUMBER :
DESCRIPTION OF DONATED PROPERTY : MISCELLANEOUS HOUSEHOLD ITEMS
DATE OF CONTRIBUTION : 11/21/21
DATE ACQUIRED BY DONOR : VAR.
HOW ACQUIRED BY DONOR : PURCHASE
DONOR'S COST OR ADJUSTED BASIS : 150.
FAIR MARKET VALUE : 50.
METHOD USED TO DETERMINE THE FAIR
MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : WATERFRONT THRIFT STORE
ADDRESS OF THE DONEE ORGANIZATION : 4467 AVALON, MILTON, FL 32583
CHECK BOX IF DONATION IS VEHICLE :
VEHICLE IDENTIFICATION NUMBER :
DESCRIPTION OF DONATED PROPERTY : SHOES
DATE OF CONTRIBUTION : 08/07/21
DATE ACQUIRED BY DONOR : VAR.
HOW ACQUIRED BY DONOR : PURCHASE
DONOR'S COST OR ADJUSTED BASIS : 300.
FAIR MARKET VALUE : 100.
METHOD USED TO DETERMINE THE FAIR
MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : GOODWILL EASTERSEALS
ADDRESS OF THE DONEE ORGANIZATION : 2440 GORDON, MOBILE, AL 36617
CHECK BOX IF DONATION IS VEHICLE :
VEHICLE IDENTIFICATION NUMBER :
DESCRIPTION OF DONATED PROPERTY : CLOTHING
DATE OF CONTRIBUTION : 01/30/21
DATE ACQUIRED BY DONOR : VAR.
HOW ACQUIRED BY DONOR : PURCHASE
DONOR'S COST OR ADJUSTED BASIS : 195.
FAIR MARKET VALUE : 65.
METHOD USED TO DETERMINE THE FAIR
MARKET VALUE : THRIFT SHOP VALUE

NAME OF THE DONEE ORGANIZATION : GOODWILL EASTERSEALS
ADDRESS OF THE DONEE ORGANIZATION : 2440 GORDON, MOBILE, AL 36617
CHECK BOX IF DONATION IS VEHICLE :
VEHICLE IDENTIFICATION NUMBER :
DESCRIPTION OF DONATED PROPERTY : CLOTHING
DATE OF CONTRIBUTION : 01/04/21
DATE ACQUIRED BY DONOR : VAR.
HOW ACQUIRED BY DONOR : PURCHASE
DONOR'S COST OR ADJUSTED BASIS : 225.
FAIR MARKET VALUE : 75.
METHOD USED TO DETERMINE THE FAIR
MARKET VALUE : THRIFT SHOP VALUE

a Employee's social security number [REDACTED]		Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008			
b Employer identification number (EIN) 81-3080508		1 Wages, tips, other compensation 48500.00		2 Federal income tax withheld 8439.75	
c Employer's name, address, and ZIP code KERRY ALAN SMITH LLC 8129 VIRGINIA LN MILTON FL 32583		3 Social security wages 48500.00		4 Social security tax withheld 3007.00	
		5 Medicare wages and tips 48500.00		6 Medicare tax withheld 703.25	
		7 Social security tips		8 Allocated tips	
d Control number		9 [REDACTED]		10 Dependent care benefits	
e Employee's name, address, and ZIP code KERRY A SMITH 8129 VIRGINIA LANE MILTON FL 32583		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2021

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

a Employee's social security number [REDACTED]		Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008			
b Employer identification number (EIN) 81-3080508		1 Wages, tips, other compensation 48500.00		2 Federal income tax withheld 8439.75	
c Employer's name, address, and ZIP code KERRY ALAN SMITH LLC 8129 VIRGINIA LN MILTON FL 32583		3 Social security wages 48500.00		4 Social security tax withheld 3007.00	
		5 Medicare wages and tips 48500.00		6 Medicare tax withheld 703.25	
		7 Social security tips		8 Allocated tips	
d Control number		9 [REDACTED]		10 Dependent care benefits	
e Employee's name, address, and ZIP code KERRY A SMITH 8129 VIRGINIA LANE MILTON FL 32583		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2021

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service, if you