

Electronic Filing Instructions for your 2021 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Kellie W & Lucas S Talley
13966 S Charisma Lane
Herriman, UT 84096

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$6,735.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 559301429 Routing Transit Number: 124000054.																		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2022. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.																		
What You Need to Keep	Your Electronic Filing Instructions (this form) A copy of your federal return																		
2021 Federal Tax Return Summary	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>49,796.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>24,096.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>7,440.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>14,175.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>6,735.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>-10.17%</td></tr></table>	Adjusted Gross Income	\$	49,796.00	Taxable Income	\$	24,096.00	Total Tax	\$	7,440.00	Total Payments/Credits	\$	14,175.00	Amount to be Refunded	\$	6,735.00	Effective Tax Rate		-10.17%
Adjusted Gross Income	\$	49,796.00																	
Taxable Income	\$	24,096.00																	
Total Tax	\$	7,440.00																	
Total Payments/Credits	\$	14,175.00																	
Amount to be Refunded	\$	6,735.00																	
Effective Tax Rate		-10.17%																	

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

Your first name and middle initial: Kellie W
Last name: Talley
Your social security number: 223-45-0118
If joint return, spouse's first name and middle initial: Lucas S
Last name: Talley
Spouse's social security number: 646-05-9138
Home address (number and street): 13966 S Charisma Lane
Apt. no.:
City, town, or post office: Herriman
State: UT
ZIP code: 84096
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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

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

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

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Rows include Gabriella G Talley (Daughter), Olivia J Talley (Daughter), Liam L Talley (Son), and Dashiell C Talley (Son).

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with instructions for Single, Married, HOH, etc.), and final Taxable income of 24,096.

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	2,491.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2,491.
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	2,491.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,949.
24	Add lines 22 and 23. This is your total tax	24	7,440.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	1,556.
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	6,000.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	4,200.
31	Amount from Schedule 3, line 15	31	2,419.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	14,175.
33	Add lines 25d, 26, and 32. These are your total payments	33	14,175.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,735.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,735.
Direct deposit? See instructions.	b Routing number 1 2 4 0 0 0 0 5 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5 5 9 3 0 1 4 2 9		
	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	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

Your signature	Date	Your occupation Speech Pathologist	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 web designer	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. **(801) 879-5886** Email address _____

Paid Preparer Use Only

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

**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
Kellie W & Lucas S Talley

Your social security number
223-45-0118

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	35,029.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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	35,029.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	250.
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	2,475.
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	2,725.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Kellie W & Lucas S Talley

Your social security number
223-45-0118

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	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	4,949.
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	
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)

Part II Other Taxes *(continued)*

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
			4,949.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Kellie W & Lucas S Talley

Your social security number
223-45-0118

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1
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

(continued on page 2)

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	1,225.	
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	1,194.	
z	Other payments or refundable credits. List type and amount ► _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	2,419.
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	2,419.

**SCHEDULE C
(Form 1040)**

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of proprietor Kellie W Talley		Social security number (SSN) 223-45-0118
A Principal business or profession, including product or service (see instructions) private contractor speech language pathologist	B Enter code from instructions ▶ 6 1 1 0 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 13966 S Charisma Lane City, town or post office, state, and ZIP code Herriman, UT 84096		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here . . . <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/>	1	27,668.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	27,668.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	27,668.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	27,668.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	50.
15 Insurance (other than health)	15	106.	23 Taxes and licenses	23	70.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	225.	25 Utilities	25	1,080.
18 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	18		26 Wages (less employment credits)	26	
19 Tentative profit or (loss). Subtract line 18 from line 7	19		27a Other expenses (from line 48)	27a	1,019.
20 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	20		27b Reserved for future use	27b	
21 Net profit or (loss). Subtract line 20 from line 19. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	21		28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	2,550.
22 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	22		29 Tentative profit or (loss). Subtract line 28 from line 7	29	25,118.
	22		30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
	22		31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	25,118.
	22		32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32	
	22		32a <input type="checkbox"/> All investment is at risk.		
	22		32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

COMPUTER		1,019.
48 Total other expenses. Enter here and on line 27a	48	1,019.

**SCHEDULE C
(Form 1040)**

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of proprietor Lucas S Talley		Social security number (SSN) 646-05-9138
A Principal business or profession, including product or service (see instructions) WEB DESIGN	B Enter code from instructions ▶ 5 4 1 5 1 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 13966 S Charisma Lane City, town or post office, state, and ZIP code Herriman, UT 84096		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here		<input type="checkbox"/>
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	11,400.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	11,400.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	11,400.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	11,400.

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

8 Advertising	8		18	
9 Car and truck expenses (see instructions)	9		19	
10 Commissions and fees	10		20	
11 Contract labor (see instructions)	11		a	20a
12 Depletion	12		b	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	21
14 Employee benefit programs (other than on line 19)	14		22	22
15 Insurance (other than health)	15		23	23
16 Interest (see instructions):			24	24
a Mortgage (paid to banks, etc.)	16a		a	24a
b Other	16b		b	24b
17 Legal and professional services	17		25	25
			26	26
			27a	27a
			b	27b
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		27a	1,489.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27b	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		28	1,489.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		29	9,911.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			31	9,911.
			32a	<input type="checkbox"/> All investment is at risk.
			32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

COMPUTER		1,250.
CELL PHONE		239.
48 Total other expenses. Enter here and on line 27a	48	1,489.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

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

Social security number of person
with self-employment income ► **223-45-0118**

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 25,118.

3 Combine lines 1a, 1b, and 2 **3** 25,118.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 23,196.

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

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

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue ► **4c** 23,196.

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

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

6 Add lines 4c and 5b **6** 23,196.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 **7** 142,800

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11 **8a** 17,492.

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

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

d Add lines 8a, 8b, and 8c **8d** 17,492.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ► **9** 125,308.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 2,876.

11 Multiply line 6 by 2.9% (0.029) **11** 673.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 3,549.

13 **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 1,775.

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

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

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

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

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

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

Social security number of person
with self-employment income ► 646-05-9138

Lucas S Talley

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 9,911.

3 Combine lines 1a, 1b, and 2 **3** 9,911.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 9,153.

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

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

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 9,153.

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

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

6 Add lines 4c and 5b **6** 9,153.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 **7** 142,800

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11 **8a**

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

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

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

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 142,800.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1,135.

11 Multiply line 6 by 2.9% (0.029) **11** 265.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 1,400.

13 **Deduction for one-half of self-employment tax.**
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 700.

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

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

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

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

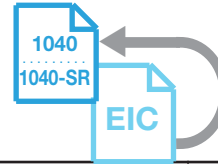
**SCHEDULE EIC
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

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



OMB No. 1545-0074

2021

Attachment
Sequence No. **43**

Name(s) shown on return

Kellie W & Lucas S Talley

Your social security number

223-45-0118

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

Before you begin:

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



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

Qualifying Child Information

Child 1

Child 2

Child 3

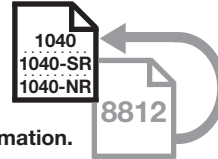
	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: Gabriella G Last name: Talley	First name: Olivia J Last name: Talley	First name: Liam L Last name: Talley
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, unless the child was born and died in 2021 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2021 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	646-94-4901	646-15-2514	081-13-2026
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>7</u> <i>If born after 2002 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>1</u> <u>0</u> <i>If born after 2002 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>1</u> <u>2</u> <i>If born after 2002 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4 a Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2021?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter	Daughter	Son
6 Number of months child lived with you in the United States during 2021 • If the child lived with you for more than half of 2021 but less than 7 months, enter "7." • If the child was born or died in 2021 and your home was the child's home for more than half the time he or she was alive during 2021, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Kellie W & Lucas S Talley

Your social security number

223-45-0118

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

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	49,796.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	49,796.	
4a	Number of qualifying children under age 18 with the required social security number	4a	4.	
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	0.	
c	Subtract line 4b from line 4a	4c	4.	
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	12,000.	
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	0.	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	12,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	12,000.	
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>			

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

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

14a	Enter the smaller of line 7 or line 12	14a	0.
b	Subtract line 14a from line 12	14b	12,000.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	0.
e	Add lines 14b and 14d	14e	12,000.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	14f	6,000.
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	6,000.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	6,000.

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

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

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

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

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

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

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

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

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

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

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

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

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

2021
Attachment
Sequence No. **73**

▶ **Go to www.irs.gov/Form8962 for instructions and the latest information.**

Name shown on your return

Your social security number

Kellie W & Lucas S Talley

223-45-0118

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

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions	1	6
2a	Modified AGI. Enter your modified AGI. See instructions	2a	49,796.
b	Enter the total of your dependents' modified AGI. See instructions	2b	
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	49,796.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	35,160.
5	Household income as a percentage of federal poverty line (see instructions)	5	141 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0000
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount 8a	8a	0.
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount 8b	8b	0.

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

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

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	12,156.	19,286.	0.	19,286.	12,156.	12,156.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	12,156.
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	12,156.
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	0.

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

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

Part IV Allocation of Policy Amounts

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

Allocation 1

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

Allocation 2

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

Allocation 3

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

Allocation 4

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

34 Have you completed all policy amount allocations?

Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

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

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

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

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form7202 for instructions and the latest information.

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

Social security number of person with self-employment income

Kellie W Talley

223-45-0118

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

1	Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions	1	5
2	Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Don't include days you included on line 1.) See instructions	2	3
3a	Enter the number from line 4 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	3a	
b	Enter the number from line 6 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	3b	
c	Add lines 3a and 3b	3c	
d	Subtract line 3c from the number 10	3d	10
4a	Enter the smaller of line 1 or line 3d	4a	5
b	List each day included on line 4a (MM/DD): <u>02/18, 2/19, 03/09, 03/10, 03/11</u>		
5	Subtract line 4a from line 3d	5	5
6a	Enter the smaller of line 2 or line 5	6a	3
b	List each day included on line 6a (MM/DD): <u>02/23, 02/24, 02/25</u>		
	Caution: The total of line 4a plus line 6a cannot exceed 10 days or line 3d, whichever is smaller.		
7a	Net earnings from self-employment (see instructions)	7a	23,196.
b	Check this box if you are electing to use prior year net earnings from self-employment on line 7a <input type="checkbox"/>		
8	Divide line 7a by 260 (round to nearest whole number)	8	89.
9	Enter the smaller of line 8 or \$511	9	89.
10	Multiply line 4a by line 9	10	445.
11	Multiply line 8 by 67% (0.67)	11	60.
12	Enter the smaller of line 11 or \$200	12	60.
13	Multiply line 6a by line 12	13	180.
14	Add lines 10 and 13	14	625.
15a	Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions)	15a	
b	Enter the amount from line 15 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter	15b	
c	Add lines 15a and 15b	15c	
16a	Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions)	16a	
b	Enter the amount from line 16 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter	16b	
c	Add lines 16a and 16b	16c	
	If line 15c and line 16c are both zero, skip to line 24 and enter the amount from line 14.		
17a	Add lines 13 and 16c	17a	
b	Enter the amount from line 13 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	17b	
c	Add lines 17a and 17b	17c	
18	Enter the smaller of line 17c or \$2,000	18	
19	Subtract line 18 from line 17c	19	
20a	Add lines 10, 15c, and 18	20a	
b	Enter the amount from line 10 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	20b	
c	Add lines 20a and 20b	20c	
21	Enter the smaller of line 20c or \$5,110	21	
22	Subtract line 21 from line 20c	22	
23	Add lines 19 and 22	23	
24	Subtract line 23 from line 14. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b	24	625.

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

25a	Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to a son or daughter. (Don't enter more than 50 days. Don't include any day you listed on either line 4b or line 6b.) See instructions	25a	10
b	Enter the amount from line 25 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	25b	
c	Subtract line 25b from the number 50	25c	50.
d	Enter the smaller of line 25a or line 25c	25d	10.
26a	Net earnings from self-employment (see instructions)	26a	23,196.
b	Check this box if you are electing to use prior year net earnings from self-employment on line 26a <input type="checkbox"/>		
27	Divide line 26a by 260 (round to nearest whole number)	27	89.
28	Multiply line 27 by 67% (0.67)	28	60.
29	Enter the smaller of line 28 or \$200	29	60.
30	Multiply line 25d by line 29	30	600.
31a	Amount of qualified family leave wages you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions)	31a	
b	Enter the amount from line 31 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter	31b	
c	Add lines 31a and 31b	31c	
If line 31c is zero, skip to line 35 and enter the amount from line 30.			
32a	Add lines 30 and 31c	32a	
b	Enter the amount from line 30 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	32b	
c	Add lines 32a and 32b	32c	
33	Enter the smaller of line 32c or \$10,000	33	
34	Subtract line 33 from line 32c	34	
35	Subtract line 34 from line 30. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b	35	600.

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

36	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions	36	6.
37	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Don't include days you included on line 36.) See instructions	37	10.
38a	Enter the smaller of 10 days or the number of days entered on line 36	38a	6.
b	List each day included on line 38a (MM/DD): 09/23, 09/24, 09/27, 9/28, 09/29, 09/30		
39	Subtract line 38a from the number 10	39	4.
40a	Enter the smaller of line 37 or line 39	40a	4.
b	List each day included on line 40a (MM/DD): 04/12, 04/26, 04/27, 08/24, 08/25, 08/26, 08/27, 08/30, 8/31 09/24 09/27, 09/28, 09/29, 09/30, Caution: The total of line 38a plus line 40a cannot exceed 10 days.		
41a	Net earnings from self-employment (see instructions)	41a	23,196.
b	Check this box if you are electing to use prior year net earnings from self-employment on line 41a <input type="checkbox"/>		
42	Divide line 41a by 260 (round to nearest whole number)	42	89.
43	Enter the smaller of line 42 or \$511	43	89.
44	Multiply line 38a by line 43	44	534.
45	Multiply line 42 by 67% (0.67)	45	60.
46	Enter the smaller of line 45 or \$200	46	60.
47	Multiply line 40a by line 46	47	240.
48	Add lines 44 and 47	48	774.
49	Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	49	
50	Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	50	
If line 49 and line 50 are both zero, skip to line 58 and enter the amount from line 48.			
51	Add lines 47 and 50	51	240.
52	Enter the smaller of line 51 or \$2,000	52	240.
53	Subtract line 52 from line 51	53	0.
54	Add lines 44, 49, and 52	54	774.
55	Enter the smaller of line 54 or \$5,110	55	774.
56	Subtract line 55 from line 54	56	0.
57	Add lines 53 and 56	57	0.
58	Subtract line 57 from line 48. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b	58	774.

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

59	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required or provided to another. (Don't enter more than 60 days. Don't include any day you listed on either line 38b or line 40b.) See instructions	59	7.
60a	Net earnings from self-employment (see instructions)	60a	23,196.
b	Check this box if you are electing to use prior year net earnings from self-employment on line 60a . . . ► <input type="checkbox"/>		
61	Divide line 60a by 260 (round to nearest whole number)	61	89.
62	Multiply line 61 by 67% (0.67)	62	60.
63	Enter the smaller of line 62 or \$200	63	60.
64	Multiply line 59 by line 63	64	420.
65	Amount of qualified family leave wages you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	65	
If line 65 is zero, skip to line 69 and enter the amount from line 64.			
66	Add lines 64 and 65	66	
67	Enter the smaller of line 66 or \$12,000	67	
68	Subtract line 67 from line 66	68	
69	Subtract line 68 from line 64. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13h	69	420.

BAA

REV 02/05/22 TTMac

Tax History Report

▶ Keep for your records

2021

Name(s) Shown on Return

Kellie W & Lucas S Talley

	Five Year Tax History:				
	2017	2018	2019	2020	2021
Filing status					MFJ
Total income					52,521.
Adjustments to income					2,725.
Adjusted gross income					49,796.
Tax expense					3,636.
Interest expense . . .					
Contributions					7,181.
Misc. deductions . . .					
Other itemized ded'ns					0.
Total itemized/ standard deduction . .					25,700.
Exemption amount . .					0.
QBI deduction					
Taxable income					24,096.
Tax					2,491.
Alternative min tax . .					
Total credits					
Other taxes					4,949.
Payments					14,175.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					6,735.
Effective tax rate % . .					-10.17
**Tax bracket %					12.0

**Tax bracket % is based on Taxable income.

Section 1.263(a)-1(f)

▶ Attach to your income tax return

Name(s) Shown on Return

Kellie W & Lucas S Talley

Identification Number

223-45-0118

Tax Year: 2021

**Section 1.263(a)-1(f)
De Minimis Safe Harbor Election**

The taxpayer elects to make the de minimis safe harbor election under the Regulation 1.263(a)-1(f)

Name: Kellie W & Lucas S Talley

Address: 13966 S Charisma Lane, Herriman UT 84096

Identification Number: 223-45-0118

► Keep for your records

QuickZoom to Form 1095-A, Health Insurance Marketplace Statement. ► _____
QuickZoom to Form 8962, Premium Tax Credit (PTC) ► _____

Name(s) Shown on Return Your Social Security No.
Kellie W & Lucas S Talley **223-45-0118**

Owned by: (See tax help if recipient is a dependent)
 Taxpayer Spouse Spouse is covered by plan

Part I Recipient Information

1 Marketplace identifier UT	2 Marketplace-assigned pol. no. 97436176	3 Policy issuer's name	
4 Recipient's name		5 Recipient's SSN	6 Recipient's DOB
7 Recipient's spouse's name		8 Spouse's SSN	9 Spouse's DOB
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.) 13966 S Charisma Lane	
13 City or town Herriman	14 State or province UT	15 Country and ZIP or foreign postal code 84096	

Part II Covered Individuals

Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II.
Note: Checking this box again will repopulate the information below and overwrite existing entries.

A. Covered individual name First Last	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 _____				
17 _____				
18 _____				
19 _____				
20 _____				

Part III Coverage Information

	Month	Copy Feature See help for more info.	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21	JANUARY	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
22	FEBRUARY	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
23	MARCH	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
24	APRIL	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
25	MAY	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
26	JUNE	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
27	JULY	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
28	AUGUST	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
29	SEPTEMBER	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
30	OCTOBER	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
31	NOVEMBER	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
32	DECEMBER	<input type="checkbox"/>	1,012.97	1,607.14	1,012.97
33	Annual Totals		12,156.	19,286.	12,156.

**Form 1099-NEC
Nonemployee Compensation Worksheet**

2021

Name(s) Shown on Return
Kellie W Talley

Social Security Number
223-45-0118

Payer's EIN 45-2915075 **or SSN** _____
Payer's Name FUNctionabilities Inc
Account number (for your records only). _____

Spouse's 1099-NEC

Do not transfer this 1099-NEC to next year

Box 1	Nonemployee compensation <u>1,980.00</u> Double click to link to: Schedule C . ▶ <u>private contractor speech language pathologist</u> Schedule F . ▶ _____ <input type="checkbox"/> Report on line 1 of Form 1040 or Form 1040-NR and Form 8919 If checked, enter Reason Code for Form 8919 (see Help) _____ If Reason Code A or C, enter determination date _____ <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____
Box 2	Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
Box 4	Federal income tax withheld _____
Box 5	First state State tax withheld _____
Box 6	State . <u>UT</u> Payer's state no.. _____
Box 7	State income. <u>1,980.</u>
Box 5	Second state State tax withheld _____
Box 6	State . _____ Payer's state no.. _____
Box 7	State income. _____
	I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/>

Additional Payer and Recipient Information

Payer's address and ZIP code

Street _____
 City _____
 State _____ ZIP Code _____
 Foreign Country _____

Recipient's address and ZIP code

Transfer address from Federal Information Wks .
 Street _____
 City _____
 State _____ ZIP Code _____
 Foreign Country _____

**Form 1099-NEC
Nonemployee Compensation Worksheet**

2021

Name(s) Shown on Return
Kellie W Talley

Social Security Number
223-45-0118

Payer's EIN 81-1829615 **or SSN** _____
Payer's Name RICHARD HAGEN OCCUPATIONAL THERAPY LLC
Account number (for your records only). _____

Spouse's 1099-NEC **Do not transfer this 1099-NEC to next year**

Box 1	Nonemployee compensation <u>25,687.61</u> Double click to link to: Schedule C . ▶ <u>private contractor speech language pathologist</u> Schedule F . ▶ _____ <input type="checkbox"/> Report on line 1 of Form 1040 or Form 1040-NR and Form 8919 If checked, enter Reason Code for Form 8919 (see Help) _____ If Reason Code A or C, enter determination date _____ <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____
Box 2	Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
Box 4	Federal income tax withheld _____
Box 5	First state State tax withheld _____
Box 6	State . _____ Payer's state no. _____
Box 7	State income. _____
Box 5	Second state State tax withheld _____
Box 6	State . _____ Payer's state no. _____
Box 7	State income. _____
	I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/>

Additional Payer and Recipient Information

Payer's address and ZIP code

Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Recipient's address and ZIP code

Transfer address from Federal Information Wks .
Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____


Form 1099-NEC
Nonemployee Compensation Worksheet

2021

Name(s) Shown on Return <u>Lucas S Talley</u>	Social Security Number <u>646-05-9138</u>
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Payer's EIN 46-4772343 **or SSN** _____
Payer's Name EAZE MEDICAL SOLUTIONS
Account number *(for your records only)*. _____

Spouse's 1099-NEC **Do not transfer this 1099-NEC to next year**

Box 1	Nonemployee compensation <u>11,400.00</u> Double click to link to: Schedule C . ▶ <u>WEB DESIGN</u> Schedule F . ▶ _____ <input type="checkbox"/> Report on line 1 of Form 1040 or Form 1040-NR and Form 8919 If checked, enter Reason Code for Form 8919 (see Help) _____ If Reason Code A or C, enter determination date _____ <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____ 
Box 2	Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
Box 4	Federal income tax withheld _____
Box 5	First state State tax withheld _____
Box 6	State . _____ Payer's state no.. _____
Box 7	State income. _____
Box 5	Second state State tax withheld _____
Box 6	State . _____ Payer's state no.. _____
Box 7	State income. _____

I confirm that the state withholding identification number(s) are accurate

Additional Payer and Recipient Information

Payer's address and ZIP code	Recipient's address and ZIP code
<input type="checkbox"/> _____	Transfer address from Federal Information Wks . <input type="checkbox"/>
Street _____	Street _____
City _____	City _____
State _____ ZIP Code _____	State _____ ZIP Code _____
Foreign Country _____	Foreign Country _____

Tax Payments Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return
Kellie W & Lucas S Talley

Social Security Number
223-45-0118

Estimated Tax Payments for 2021 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/21		04/15/21			04/15/21		
2	06/15/21		06/15/21			06/15/21		
3	09/15/21		09/15/21			09/15/21		
4	01/18/22		01/18/22			01/18/22		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2021					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2021 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			0.	791.	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Positive Adjustment	St	Loc			
e	Negative Adjustment	St	Loc			
f	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18f			0.	791.	
20	Total Tax Payments for 2021			0.	791.	

Prior Year Taxes Paid In 2021 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2020 extensions				
22	2020 estimated tax paid after 12/31/2020				
23	Balance due paid with 2020 return				
24	Other (amended returns, installment payments, etc)				

25 Amount paid with 2020 federal extension Date paid

Federal Carryover Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return Kellie W & Lucas S Talley	Social Security Number 223-45-0118
---	--

2020 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2020 State Extension Information

(a) State	(b) Paid With Extension

2020 Locality Extension Information

(a) Locality	(b) Paid With Extension

2020 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2020 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2020 State Taxes Due Information

(a) State	(e) Paid With Return

2020 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2020 State Refund Applied Information

(a) State	(g) Applied Amount

2020 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2020 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2020 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2020	2021
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		10,817.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		49,796.
6	Tax liability for Form 2210 or Form 2210-F		0.
7	Alternative minimum tax		
8 a	Federal overpayment applied to next year estimated tax		
b	Federal extension payment for 2020 return		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2020	2021
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2020	2021
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2021
		b	2020
		c	2019
		d	2018
		e	2017
		f	2016
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2021
		b	2020
		c	2019
		d	2018
		e	2017
		f	2016

Credit Carryovers			2020	2021
18	General business credit		18	
19	Adoption credit from:		19 a	
	a	2021		
	b	2020		
	c	2019		
	d	2018		
	e	2017		
	f	2016		
20	Mortgage interest credit from:		20 a	
	a	2021		
	b	2020		
	c	2019		
	d	2018		
21	Credit for prior year minimum tax		21	
22	District of Columbia first-time homebuyer credit		22	
23	Residential energy efficient property credit		23	

Other Carryovers			2020	2021
24	Section 179 expense deduction disallowed		24	
25	Excess foreign housing deduction:		25 a	
	a	Taxpayer (Form 2555, line 46)		
	b	Taxpayer (Form 2555, line 48)		
	c	Spouse (Form 2555, line 46)		
	d	Spouse (Form 2555, line 48)		

Charitable Contribution Carryovers

26	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					

27	2021 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2021					0.
b	2020					
c	2019					
d	2018					
e	2017					

28 Amount overpaid less earned income credit

Qualified Business Income Deduction (Section 199A) carryovers			2020	2021
29	Qualified business loss carryforward		29	
30	Qualified PTP loss carryforward		30	
31	Applicable percentage		31 a	
		2018		
		2019	b	
		2020	b	

2020 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State



Recovery Rebate Credit Worksheet

2021

Name(s) Shown on Return
Kellie W & Lucas S Talley

Social Security No.
223-45-0118

This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.

<p>1 Can you be claimed as a dependent on another person's 2021 return? <input checked="" type="checkbox"/> No. Go to line 2 <input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet</p> <p>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? <input checked="" type="checkbox"/> Yes. Go to line 6 <input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, 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)? <input type="checkbox"/> Yes. Your credit is not limited. Go to line 6. <input type="checkbox"/> No. Go to line 4.</p> <p>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)? <input type="checkbox"/> Yes. Your credit is limited. Go to line 6. <input type="checkbox"/> No. Go to line 5</p> <p>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? <input type="checkbox"/> Yes. Enter 0 on line 6 and go to line 7. <input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>6 Enter: ● \$1,400 if single, head of household, married filing separately, 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</p> <p>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 identification number</p> <p>8 Add lines 6 and 7</p> <p>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 <input type="checkbox"/> Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 <input checked="" type="checkbox"/> No. Enter the amount from line 8 on line 12 and skip lines 10 and 11</p> <p>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-\$120,500 <input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30. <input type="checkbox"/> No. Subtract line 9 from the amount shown above for your filing status.</p> <p>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</p> <p>12 Multiply line 8 by line 11.</p> <p>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 for the amount to enter here</p> <p>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.</p>	<p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	<p style="text-align: right;">2,800.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: right;">5,600.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: right;">8,400.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: right;">8,400.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: right;">8,400.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: right;">4,200.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: right;">4,200.</p>
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ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Kellie W & Lucas S Talley

Primary SSN: 223-45-0118

Federal Return Submitted: February 12, 2022 11:06 AM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 02/12/2022

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2022. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2022, your Intuit electronic postmark will indicate April 18, 2022, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2022, and a corrected return is submitted and accepted before April 23, 2022. If your return is submitted after April 23, 2022, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 17, 2022. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2022, and the corrected return is submitted and accepted by October 22, 2022.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Electronic Filing Instructions for your 2021 Utah Tax Return

Important: Your taxes are not finished until all required steps are completed.



Kellie W & Lucas S Talley
13966 S Charisma Lane
Herriman, UT 84096

Balance Due/Refund	Your Utah state tax return (Form TC-40) shows a refund due to you in the amount of \$3.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 559301429 Routing Transit Number: 124000054.												
Where's My Refund?	Before you call the Utah State Tax Commission with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Utah State Tax Commission directly at (801)297-2200. From outside of Utah use (800)662-4335. You can also visit the Utah State Tax Commission web site at incometax.utah.gov .												
No Signature Document Needed	No signature form is required since you signed your return electronically.												
What You Need to Keep	Your Electronic Filing Instructions (this form) A copy of your state and federal returns W-2s, W-2Gs, 1099Rs and 1099Gs												
2021 Utah Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>49,796.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>794.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>791.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>3.00</td></tr></table>	Taxable Income	\$	49,796.00	Total Tax	\$	794.00	Total Payments/Credits	\$	791.00	Amount to be Refunded	\$	3.00
Taxable Income	\$	49,796.00											
Total Tax	\$	794.00											
Total Payments/Credits	\$	791.00											
Amount to be Refunded	\$	3.00											

40101

1555

Utah State Tax Commission
Utah Individual Income Tax Return
 All State Income Tax Dollars Fund Education

**2021
TC-40**

INTUIT

• Amended Return - enter code: (see instructions)

Full-yr Resident?

Your Social Security No.	Your first name	Your last name	Y/N
223450118	KELLIE	TALLEY	Y
Spouse's Soc. Sec. No.	Spouse's first name	Spouse's last name	
646059138	LUCAS	TALLEY	Y
	Address	Telephone number	
	13966 S CHARISMA LANE	801-879-5886	
	City	Foreign country (if not U.S.)	
	HERRIMAN	UT	84096

If deceased, complete page 3, Part 1

1 Filing Status - enter code 1 = Single • 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying widow(er) <small>If using code 2 or 3, enter spouse's name and SSN above</small>	• 2 Qualifying Dependents a 4 Dependents age 16 and under b Other dependents c 4 Total (add lines a and b) Dependents must be claimed for the child tax credit on your federal return. See instructions.	3 Election Campaign Fund Does not increase your tax or reduce your refund. Enter the code for the party of your choice. <table border="0"> <tr> <td>Yourself</td> <td>Spouse</td> </tr> <tr> <td>•</td> <td>•</td> </tr> </table> See instructions for code letters or go to incometax.utah.gov/elect . If no contribution, enter N .	Yourself	Spouse	•	•
Yourself	Spouse					
•	•					

4	Federal adjusted gross income from federal return	• 4	49796
5	Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)	• 5	
6	Total income - add line 4 and line 5	6	49796
7	State tax refund included on federal form 1040, Schedule 1, line 1 (if any)	• 7	
8	Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)	• 8	
9	Utah taxable income (loss) - subtract the sum of lines 7 and 8 from line 6	• 9	49796
10	Utah tax - multiply line 9 by 4.95% (.0495) (not less than zero)	• 10	2465
11	Utah personal exemption (multiply line 2c by \$1,750)	• 11	7000
12	Federal standard or itemized deductions	• 12	25100
13	Add line 11 and line 12	13	32100
14	State income tax included in federal itemized deductions	• 14	
15	Subtract line 14 from line 13	15	32100
16	Initial credit before phase-out - multiply line 15 by 6% (.06)	• 16	1926
17	Enter: \$15,095 (if single or married filing separately); \$22,643 (if head of household); or \$30,190 (if married filing jointly or qualifying widower)	• 17	30190
18	Income subject to phase-out - subtract line 17 from line 9 (not less than zero)	18	19606
19	Phase-out amount - multiply line 18 by 1.3% (.013)	• 19	255
20	Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	• 20	1671
21	If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)	• 21	
22	Utah income tax - subtract line 20 from line 10 (not less than zero)	• 22	794

Electronic filing is quick, easy and free, and will speed up your refund.

To learn more, go to tap.utah.gov

Utah Individual Income Tax Return (continued)

INTUIT

**TC-40
2021**

Pg. 2

40102 SSN 223450118

Last name **TALLEY**

23	Enter tax from TC-40, page 1, line 22	23	794
24	Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24	6
25	Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 41	• 25	788
26	Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)	• 26	
27	Subtract line 26 from line 25 (not less than zero)	27	788
28	Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28	
29	AMENDED RETURN ONLY - previous refund	• 29	
30	Recapture of low-income housing credit	• 30	
31	Utah use tax	• 31	
32	Total tax, use tax and additions to tax (add lines 27 through 31)	32	788
33	Utah income tax withheld shown on TC-40W, Part 1 (attach TC-40W, page 1)	• 33	791
34	Credit for Utah income taxes prepaid from TC-546 and 2020 refund applied to 2021	• 34	
35	Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2)	• 35	
36	Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2)	• 36	
37	AMENDED RETURN ONLY - previous payments	• 37	
38	Refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 38	
39	Total withholding and refundable credits - add lines 33 through 38	39	791
40	TAX DUE - subtract line 39 from line 32 (not less than zero)	• 40	
41	Penalty and interest (see instructions)	41	
42	TOTAL DUE - PAY THIS AMOUNT - add line 40 and line 41	• 42	
43	REFUND - subtract line 32 from line 39 (not less than zero)	• 43	3
44	Voluntary subtractions from refund (not greater than line 43) Enter the total from page 3, Part 5	• 44	
45	DIRECT DEPOSIT YOUR REMAINING REFUND - provide account information (see instructions for foreign accounts)	checking	savings
	• Routing number 124000054 • Account number 559301429	Account type: • <input checked="" type="checkbox"/>	• <input type="checkbox"/>

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN Your signature _____ Date _____ Spouse's signature (if filing jointly) _____ Date _____
HERE

Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN
Paid Preparer's Section	Preparer's signature SELF-PREPARED	Preparer's telephone number	Preparer's PTIN
	Firm's name and address		Preparer's EIN

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption.

Income Tax Supplemental Schedule

INTUIT

**TC-40A
2021**

Pg. 1

40104 SSN 223-45-0118

Last name **TALLEY**

Part 1 - Additions to Income (enter the code and amount of each addition to income)

See instructions or incometax.utah.gov for codes.

Code Amount

-
-
-
-
-

Total additions to income (add all additions to income and enter total here and on TC-40, line 5)

Part 2 - Subtractions from Income (enter the code and amount of each subtraction from income)

See instructions or incometax.utah.gov for codes.

Code Amount

If using subtraction 77 (Native American Income), enter your enrollment number and tribal code:

		Tribe	
	Enrollment Number	Code	
You	•		
Spouse	•		

-
-
-
-

Total subtractions from income (add all subtractions from income and enter total here and on TC-40, line 8)

Part 3 - Apportionable Nonrefundable Credits (enter the code and amount of each credit)

See instructions or incometax.utah.gov for codes.

Code Amount

• 23 6

If you are using credit 18 (Retirement Credit), enter your birth date(s):

You	•		Spouse	•	
		mm/dd/yy			mm/dd/yy

-
-
-
-

Total apportionable nonrefundable credits (add all Part 3 credits and enter total here and on TC-40, line 24) 6

Part 4 - Nonapportionable Nonrefundable Credits (enter the code and amount of each credit)

See instructions or incometax.utah.gov for codes.

Code Amount

-
-
-
-

If you are using credit 02 (Qualified Sheltered Workshop), enter the sheltered workshop's name:

Total nonapportionable nonrefundable credits (add all Part 4 credits and enter total here and on TC-40, line 26)

**Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.**

Income Tax Supplemental Schedule

INTUIT

**TC-40A
2021**

Pg. 2

40105

SSN 223-45-0118

Last name TALLEY

Part 5 - Refundable Credits (enter the code and amount of each refundable credit)

Code Amount

See instructions or incometax.utah.gov for codes.

-
-
-
-
-

Total refundable credits (add all refundable credits and enter total here and on TC-40, line 38)

**Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.**

Part 1 - Utah Withholding Tax Schedule

INTUIT

**TC-40W
2021**

Pg. 1

40109 SSN 223-45-0118

Last name **TALLEY**

Line Explanations	IMPORTANT
1 Employer/payer ID number from W-2 box "b" or 1099 2 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) 3 Employer/payer name and address from W-2 box "c" or 1099 4 Enter "X" if reporting Utah withholding from form 1099 5 Employee's Social Security number from W-2 box "a" or 1099 6 Utah wages or income from W-2 box "16" or 1099 7 Utah withholding tax from W-2 box "17" or 1099	<p>Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form.</p> <p>Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax.</p> <p>Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.</p>
<p>First W-2 or 1099</p> 1 273411382 2 13340423003WTH (14 characters, no hyphens) 3 ASPEN HILL SPEECH PATHOLOGY GROUP 1148 KING CT KAYSVILLE UT84037 4 5 223450118 6 17492. 7 791.	<p>Second W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7
<p>Third W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7	<p>Fourth W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: **791.**

Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.
Do not attach W-2s or 1099s to your Utah return.