| 1040-SR Department of the Treasury-Internal Revenue Service (99) 2021 OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. | | | | | | | | | | |
|--|---------------|------------|-----------|--|-------------|-------------|--|---|--|--|
| | | | | | | | | | | rite or staple in this space. |
| Filing | Single | | | Marrie | d filing jo | intly | | Married fili | ng sep | arately (MFS) |
| Status | Head of house | hold (HOH) | | Qualify | ing wido | w(er) (QW) | | | | |
| Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's | | | | | | | | | | |
| one box. name if the qualifying person is a child but not your dependent | | | | | | | | | | |
| Your first name and middle initial | | | Last name | | | | | | Your so | cial security number |
| | | | | | | | | | | |
| If joint return, spouse's first name and middle initial | | | Last name | | | | | | Spouse' | s social security number |
| | | | | | | | | | | |
| Home address (number and street). If you have a P.O. box, see | | | | see instructions. | | | | Apt. no. | Presider | ntial Election Campaign |
| | | | | | | | | Check here if you, or your | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code | | | | | | | code | spouse if filing jointly, want | | |
| | | | | | | | | | \$3 to go to this fund. Checking a box below will | |
| Foreign country name Foreign province/state/county | | | | | | | Foreio | n postal code | | ng a box below will nge your tax or |
| | | | | | | | | | refund. You Spouse | |
| At any time during 2001, did you receive cell evaluates as attenuing diagram of according | | | | | | | | | | |
| At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any | | | | | | | | | | |
| financial interest in any virtual currency? | | | | | | | | | | |
| Standard Someone can claim: You as a dependent Your spouse as a dependent | | | | | | | | | | |
| Deduction Spouse itemizes on a separate return or you were a dual-status alien | | | | | | | | | | |
| | (| Vous | □ Wo | re horn | hefore | lanuary 2 | 1057 | ☐ Are I | blind | |
| Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind | | | | | | | | | | |
| | | opouse. | _ vva | S DOIN | belole o | anuary 2, 1 | 1001 | | iiiu | |
| Dependents | | | | (2) Social security number (3) Relationship to | | | hip to | (4) if qualifies for (see instructions): | | |
| (see instructions): (1) First name Last name | | | you | | | | Child tax credit Credit for other dependents | | | |
| If more than four | | | | | | | | | | |
| dependents, see | | | | | | | | | | |
| instructions and | | | | | | | | | | |
| check here - | | | | | | | | | | |