

# Your taxes are done!

# And now, up to \$300 could be yours when you refer friends and family to Block.

Check your email inbox for a link to start earning referral rewards.



Thank you for being a client!



#### YOUR TAX PROFESSIONAL TODAY:

Keppy Miller 256-858-6583 2246 Winchester Rd Ne Ste 100 Huntsville, AL, 35811 WE'RE OPEN YEAR-ROUND:

Call 256-858-6583 Visit hrblock.com/myblock. Download the MyBlock App.

#### HOW WE MAXIMIZED YOUR REFUND:

By ensuring you qualified for an earned income credit, I helped you save:	\$4,747.00
I helped you claim the Child Tax Credit, reducing your taxes by:	\$3,000.00
In total, we reduced your tax liability by:	\$7,747.00

YOUR TAX PREPARATION AND RELATE	D FEES:	WHAT YOU CAN EXPECT:					
Tax Preparation:	\$275.00	Federal Refund :	\$7,671.00				
Other Fee(s):	\$55.00	Total Fees:	(\$369.00)				
Federal Refund Transfer :	\$39.00	Proceeds :	\$7,302.00				
Total:	\$369.00						

\* This is not proof of payment for your fees. Your fees will be paid from your Refund Account pursuant to the terms of the RT Application & Agreement. Please note if you choose a State RT and your state refund arrives before your federal refund, your fees will be paid from your Refund Account at that time.

\* If applicable, your total will be reduced by any other payments you authorize from your refund, such as repayment of Refund Advance or if you owe certain debt.

#### WHAT YOU NEED TO KNOW:

### To check the status of your return, visit hrblock.com/myreturnstatus or call 866-761-1040. You'll need your Social Security number and date of birth.

**Refund:** Federal and State refund timing varies. Delivery of your Federal refund may be delayed if the IRS selects your return for further review. The Department of Treasury Offset Program may offset your tax refund to pay delinquent federal student loans, child support or other debt. Call the Treasury Offset Program Call Center at 800-304-3107 if you have questions.

**Balance Due:** If you have a Federal balance due and did not make arrangements today to pay the full amount, go to DirectPay at IRS.gov or mail-in a check to pay the remaining balance by <u>April 18</u>. If you pay by credit/debit card, payment processor will assess a convenience fee. No part of this service fee goes to H&R Block. If you selected an installment plan, visit IRS.gov to apply for an online payment agreement. If you have a State balance due and did not make arrangements today to pay the full amount, you can pay the remaining balance by credit/debit card or check. Follow state instructions to avoid additional penalties/fees.

**Bank Account Information:** The bank account that will be used for your federal refund and/or balance due is: Routing Transit Number (RTN):<u>262275835</u> Deposit Account Number (DAN):<u>XXXXXX2232</u>

**Extension:** If you filed an extension, the original return must be filed by October 15. Any balance due must be paid by April 18 to avoid penalties/interest.

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

BLOCK ADVANTAGE

**H&R BLOCK** 

#### FEDERAL TAX RETURN SUMMARY 2021

Income	Year 2021	Year 2020	Change(\$)
Wages, salaries, tips, etc.:	\$25,353	\$5,732	\$19,621
Interest income:	\$0	\$0	\$0
Ordinary dividend income:	\$0	\$0	\$0
Refunds of state and local taxes:	\$0	\$0	\$0
Business income or (loss) (Schedule C):	\$0	\$0	\$0
Capital gain or (loss) (Schedule D):	\$0	\$0	\$0
Other gains or (losses) (Form 4797):	\$0 \$0	\$0 \$0	\$0 \$0
	\$0 \$0	\$0 \$0	\$0 \$0
IRA distributions and pension income:			
Rental real estate, partnerships, estates, etc.	\$0	\$0	\$0
(Schedule E):	<b>^</b>	<b>^</b>	<b>^</b>
Farm income or (loss) (Schedule F):	\$0	\$0	\$0
Unemployment compensation:	\$0	\$17,872	(\$17,872)
Taxable social security income:	\$0	\$0	\$0
Other income:	\$0	\$0	\$0
Total income:	\$25,353	\$23,604	\$1,749
		. ,	. ,
Adjustments			
Student loan interest deduction:	\$0	\$0	\$0
Domestic production activities deduction:	\$0	\$0	\$0 \$0
	-	-	
IRA contributions:	\$0 \$0	\$0 \$0	\$0 \$0
Deductible part of self-employment tax:	\$0 \$0	\$0	\$0
Self-employed health insurance:	\$O	\$0	\$0
Self-employed SEP, SIMPLE, and qualified plans:	\$0	\$0	\$0
Other adjustments:	\$0	\$0	\$0
Charitable contributions if taking standard deduction:	\$0	N/A	\$0
Total Adjustments:	\$0	\$0	\$0
Adjusted Gross Income (AGI)			
This is your total income less total adjustments:	\$25,353	\$23,604	\$1,749
,	÷ -,	+ - )	÷ ) -
Deductions			
Itemized/Standard Deductions:	\$18,800	\$18,650	\$150
	\$0	\$0	\$0
Medical and dental expenses:	\$0 \$822		
Taxes paid:	-	\$0 \$0	\$822
Interest paid:	\$0 \$0	\$0	\$0
Gifts to charity:	\$0 \$0	\$0	\$0
Casuality and theft losses:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
Qualified business income deduction:	\$0	\$0	\$0
Tax Computation			
Tax:	\$658	\$498	\$0
Alternative minimum tax:	\$0	\$0	\$0
Excess Advance Premium Tax Credit Repayment:	\$0	\$0	\$0
Excess Auvance Fremium Tax Credit Repayment.	ψΟ	φυ	ψŪ
Other Taxes	<b>.</b> -	<b>.</b> -	
Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$0	\$0	\$0
Total Taxes:	\$658	\$0	\$658

Credits

#### We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

The H&R Block Advantage document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the change with your tax professional.

H&R BLOCK<sup>®</sup> BLOCK ADVANTAGE

Child and other dependents tax credit: Foreign tax credit: Child Care Credit: Other Credits: Total Credits:	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0
PaymentsFederal income tax withheld:Estimated payments:Earned Income Credit:Additional Child Tax Credit:Recovery rebate credit:Qualified sick and family leave credit:Deferral for certain Schedule H or Schedule SE filers:Other Payments:Total Payments:	\$582 \$0 \$4,747 \$3,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$8,329	\$1,858 \$0 \$2,290 \$485 N/A N/A N/A \$0 \$4,633	(\$1,276) \$0 \$2,457 \$2,515 (\$2,200) \$0 \$0 \$0 \$0 \$1,496
<b>Refund</b> Amount overpaid: Overpayment applied to next year: Refund: Amount Due: Penalty:	\$7,671 \$0 \$7,671 \$0 \$0	\$6,833 \$0 \$6,833 \$0 \$0	\$838 \$0 \$838 \$0 \$0
Other Computations Marginal tax bracket:	10%		

Marginal tax bracket:	10%
Effective tax Rate:	3%
Filing Status:	HOH

Head of Household	Tax Bracket			
\$0 - \$14,200	10%	\$6,553 of your income was taxed at 10%		
\$14,200 - \$54,200	12%			
\$54,200 - \$86,350	22%			Your effective tax rate is 3%
\$86,350 - \$164,900	24%		1	You paid \$658 in federal income taxes
\$164,900 - \$209,400	32%			
\$209,400 - \$523,600	35%			
\$523,600 or greater	37%	]		

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.



# We stand behind our work.



#### Maximum Refund Guarantee<sup>1</sup>

We'll get you the largest refund to which you're entitled or your tax preparation is free. No one can get you a bigger refund than H&R Block - guaranteed.



100% Accuracy Guarantee

If we make an error on your return, we'll pay any penalties and interest due to our error.



Tax Notice Services<sup>2</sup>

If we made an error on your tax return, we'll address the resulting letter at no additional cost.

# 24/7 access to your info

Log in to your personalized MyBlock account anytime, anywhere, to:

- Check your e-file return status
- View your tax returns
- Review your tax checklist
- Share tax docs with your Tax Pro
- Access your Emerald Card<sup>®</sup>
- Go paperless with digital docs

hrblock.com/myblock

# We're here all year.

Our experienced tax pros are available by appointment to help in person all year long.

Call 800-HRBLOCK (800-472-5625) or visit hrblock.com to schedule an appointment.

<sup>1</sup> Refund claims must be made during the calendar year in which the return was prepared. Amendment included at no additional charge.

<sup>2</sup> H&R Block will explain the position taken by the IRS or other taxing authority and assist you in preparing an audit response. Does not include in person Audit Representation.

## Shawn!

Here are your personalized tax tips to consider:

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Reduce your out of pocket childcare costs	Save for college with a 529 plan	Claim tax benefits for qualifying relatives
If your employer offers dependent care	Anyone can contribute to a 529 plan for your	Since you are providing significant financial
benefits, you may be able to pay for up to	child, including grandparents or family friends.	support for parents or other relatives, you may
\$5,000 of child care costs with wages that are	Contributions grow and remain tax-free when	be able to deduct qualified medical expenses
not subject to tax. If you don't have access to	used to pay for qualified educational expenses	you pay on their behalf. If your employer offers
this employer benefit, you may claim a credit	such as room and board, books and supplies.	dependent care benefits you may be able to
up to \$1,050 for childcare expenses for one	Although there is no annual limit to what you	pay for up to \$5,000 of care expenses for your
qualifying individual or \$2,100 for two or more	can contribute, giving more than \$16,000 to a	dependent while you're at work with wages that
qualifying individuals.	single person has gift tax reporting implications.	are not subject to tax.

Secure access to your tax documents, Emerald Card<sup>™</sup>, and much more...

- Track receipts, donations, and other tax-related items year round.
  Utilize tax tools to estimate your refund or how much you owe.
  View a personalized tax checklist to know what you'll need when it's time to file.

#### 2022 INCOME TAX ESTIMATOR/PLANNER

SHAWN D SMITH 439-39-9184

9-39-9184			Keep for Your Recor
	Current 2021	Adjustments 2022	Estimated 2022
Filing status	HOH		HOH
ICOME:			
Wages, salaries, tips, etc.	25,353		25,353
Interest income	· · · · · ·		
Ordinary dividend income (excluding Qualified Dividends)			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D) (including Qual Dividends)			
Schedule 1 Income			
Refunds of state and local taxes			
Alimony received from divorces finalized before 1/1/2021		-	
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income	·		
Total income	25,353		25,353
DJUSTMENTS:	20,000		20,000
Schedule 1 Adjustments			
Educator expenses			
Certain business expenses of reservists, performing artist, and			
fee-basis government officials			
Health savings account deduction (Form 8889)			
Qualified moving expenses			
Deductible part of self-employment tax (Schedule SE)			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid on divorces finalized before 1/1/2021			
IRA deduction			
Student loan interest deduction			
Other adjustments			
Total adjustments			
DJUSTED GROSS INCOME:	25,353		25,353
EDUCTIONS:			
Standard deduction	18,800	600	19,400
Itemized deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	822		822
Interest paid ·····			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Total itemized deductions	822		822
Deduction actually claimed	18,800	600	19,400
Qualified business income deduction			

#### 2022 INCOME TAX ESTIMATOR/PLANNER

SHAWN D SMITH 439-39-9184

39-39-9184			Keep for Your Records
	Current 2021	Adjustments 2022	Estimated 2022
TAX COMPUTATION (BEFORE CREDITS):			
Taxable income	6,553	-600	5,953
Tax	658	-60	598
Schedule 2 – Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment			
Tax rate	10%	-	10%
CREDITS:			
Child and other dependents tax credit			
Schedule 3 – Nonrefundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits			
OTHER TAXES:			
Schedule 2 – Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Health Care (Individual Responsibility) (repealed after 2019)			Not Applicable
Other taxes · · · · · · · · · · · · · · · · · · ·			
Total other taxes			
PAYMENTS:			
Federal income tax withheld	582		582
Earned income credit	4,747		4,747
Additional child tax credit	3,000		3,000
Schedule 3 – Refundable Credits and Payments			
Estimated payments			
American opportunity credit			
ACA premium tax credit			
Other payments			
Total payments	8,329		8,329
AMOUNT DUE / REFUND:			· · ·
Amount overpaid	7,671	60	7,731
Overpayment applied to next year			•
Refund	7,671	60	7,731
Amount due	,		

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2021 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2021 tax return prepared using the actual 2021 tax forms issued by the Internal Revenue Service and your actual 2021 source documents.

#### **ADDITIONAL DISCLOSURES:**

# SUBJECT TO AN ADJUSTED WITHHOLDING ENTRY, THE 2021 WITHHOLDING IS
BEING USED TO CALCULATE THE 2022 ESTIMATED TAX REFUND OR BALANCE DUE.
BEGINNING IN JANUARY 2022 THE IRS HAS CHANGED THE WAY W4 SHOULD BE
PREPARED REPORTING EXTRA INCOME, DEDUCTIONS AND CREDITS RATHER THAN
EXEMPTION COUNTS. THESE CHANGES MIGHT CAUSE SOME CHANGE IN WITHHOLDING.
ADVISE CLIENT THAT EMPLOYERS MAY REQUIRE A NEW W4 BE FILED UNDER THE NEW
FORMAT.

#### HRB TAX GROUP INC 2246 WINCHESTER RD NE STE 100 HUNTSVILLE AL 35811 2568586583

01-30-2022

SHAWN SMITH

INSTRUCTIONS FOR FILING 2021 FEDERAL FORM 1040/1040-SR .You will receive a refund of \$7,671.00.

.You have elected to file your Federal return ELECTRONICALLY. .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.

#### HRB TAX GROUP INC HUNTSVILLE WEST SHOPPING CTR 4710 UNIVERSITY DR NW HUNTSVILLE AL 35816 Phone: (256) 430-0668

January 30, 2022

Page 1

SHAWN SMITH 312 LITTLE LONES ROAD HUNTSVILLE AL-35811	Tax Prof Name: Keppy Miller Office number: 1676	
Federal		
Child Tax Credit	\$60.00	
Earned Income Credit	\$45.00	
Family	\$170.00	
Federal Sub Total	\$275.00	
Products		
Peace Of Mind	\$29.00	
Tax Identity Shield	\$26.00	
Federal RT	\$39.00	
Subtotal Adjustments, Discounts and Products	\$94.00	
Total Fees	\$369.00	

	•	nt of the TreasuryInternal Revended Income		2021		OMB	No. 1545-00	74 IR:	S Use Only-	-Do not v	vrite or stap	e in this	space.
Filing Status	5	Single Married filing	jointly Marrie	ed filing separ	ately (I	MFS)	X Head of I	nousehold	(HOH)	Qua	lifying wi	dow(e	r) (QW)
Check only	If yo	ou checked the MFS box	k, enter the name	of your spous	se. If yo	ou checl	ked the HOH	l or QW bo	x, enter	the chi	ld's name	e if the	
one box.	qua	lifying person is a child I	but not your depe	ndent 🕨									
Your first name	and m	niddle initial		Last name	)				Your s	ocial s	ecurity	numbe	er
SHAWN D				SMITH					2	139-	-39-9	184	
lf joint return, s	pouse'	s first name and middle	initial	Last name	)				Spous	e's so	cial secu	irity nu	umber
Home address	(numb	er and street). If you hav	/e a P.O. box, see	instructions.			Apt. no.		Presid	ential	Election	Camp	aign
312 T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.	T.E.	LONES ROAD									you, or y		
-		If you have a foreign addres	s, also complete spac	ces below.	State		ZIP code		•		g jointly,		
HUNTSVIL					AL		35811		•		und. Che Il not cha	•	1
Foreign country			Foreign province	/state/county			Foreign po		your ta			inge	
i oroigii oounuj	name			, otato, oouniy			r oroigir po		,				Spouse
At any time dur	ina 201	21, did you receive, sell,	exchange or othe	anwise dispos	e of an	w financ	vial interact i	a any virtur	al currenc	w2	Yes		No
Standard	-		ou as a depender			-	dependent	Tany virtue		y:			
Deduction			-		•		•						
Deduction		Spouse itemizes on a s		you were a c	Juai-50	alus alle							
Age/Blindness	You	Were born before	January 2, 1957	Are blind	d Spo	ouse:	Was born	before Jar	nuary 2, 1		Is b		
Dependents (se	e instru	uctions):			(		al security	(3) Relat	•		/ if qualifi	esfor(s ⊧Credit	ee inst.): for other
_	(1) F	irst name	ast name			-	Imber	to y			tax credit	depe	ndents
If more <u>H</u> than four <del></del>	ALI	EGH BA	AILLIO				)-2843				Х		
dependents, <u>J</u>	AME	S BA	AILLIO		66	665-20-8847 GRANDCHI				0	Х		
see instructions and check													
here													
	_ 1	Wages, salaries, tips, e	etc. Attach Form(s	) W-2						1		25	,353
Attach Sch. B if	2a	Tax-exempt interest	2a		b	Taxable	interest			2b			
required.	3a	Qualified dividends	3a		b	Ordinary	/ dividends			3b			
•	4a	IRA distributions	4a				amount						
Standard	5a	Pensions and annuities	s <b>5a</b>		b	Taxable	amount		[				
Deduction for-	. 6a	Social security benefits	6a				amount			6b			
Single or Married	7	Capital gain or (loss). Attac	h Schedule D if requ	ired. If not requ						7			
filing separately, \$12,550	8	Other income from Scl	hedule 1, line 10							8			
Married filing	9	Add lines 1, 2b, 3b, 4b	, 5b, 6b, 7, and 8	. This is your	total ir	ncome .			🕨 🛛	9		25	,353
jointly or Qualifying	10	Adjustments to income	from Schedule 1	, line 26						10			
widow(er),	11	Subtract line 10 from li	ne 9. This is your	adjusted gro	oss inc	ome				11		25	,353
\$25,100	12a	Standard deduction of	or itemized dedu	ctions (from	Sched	ule A)	12a	18	,800			-	
<ul> <li>Head of household,</li> </ul>	b	Charitable contributions if							/ • • • •				
\$18,800	c	Add lines 12a and 12b	-							2c		18	,800
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business inco					-A		-	13		±0	,
Standard	14	Add lines 12c and 13			0.101	0000				14		1 8	,800
Deduction, see instructions.	15	Taxable income. Sub		line 11 If 70m		e enter			•••••	15			, <u>553</u>
	15	Taxable Income. Sub				o, enter	<b>0</b>			1.5		0	, 555
For Disclosure,	Priva	cy Act, and Paperwork	Reduction Act N	otice, see se	parate	instru	ctions.				Form 1	040 (2	2021)

Form 1040 (202	21) SMITH	439-39-	9184				_			Page <b>2</b>
1	6 Tax (see instruction	ons). Check if ar	ny from F	<sup>-</sup> orm(s): <b>1</b> 8	814 <b>2</b> 49	72 <b>3</b>			16	658
1	17 Amount from Schedule 2, line 3								17	
1	8 Add lines 16 and	17							18	658
19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812									19	
2	20         Amount from Schedule 3, line 8									
2										
22 Subtract line 21 from line 18. If zero or less, enter -0-									22	658
2	23 Other taxes, including self-employment tax, from Schedule 2, line 21									
2	4 Add lines 22 and	23. This is your	total tax	<b>t</b>					24	658
2	5 Federal income ta	ax withheld from	:							
	a Form(s) W-2					25	a	582		
	<b>b</b> Form(s) 1099					25	b			
	c Other forms (see	instructions) · ·				25	c			
	d Add lines 25a thro	ough 25c · · · ·							25d	582
	26 2021 estimated ta								26	
If you have a qualifying 2	<b>7a</b> Earned income credi	t (EIC) · · · · · · · · ·				27	'a	4,747		
child, attach Sch. EIC.	Check here if you	ı were born after	January	/ 1, 1998, and bef	ore					
	January 2, 2004, 3	and you satisfy a	all the ot	her requirements t	or					
	taxpayers who are	e at least age 18	, to clain	n the EIC. See ins	tructions	·□				
	b Nontaxable comb			I I						
	<b>c</b> Prior year (2019)	earned income		27c						
2	Refundable child tax cro from Schedule 8812	edit or additional child	d tax credit			28	3	3,000		
2	9 American opportunit						)	-,		
	0 Recovery rebate cre						)			
	Amount from Sch									
	2 Add lines 27a and						ndable cred	its 🕨	32	7,747
	3 Add lines 25d, 26								33	8,329
-	34 If line 33 is more t								34	7,671
	35a Amount of line 34					-	-		35a	7,671
	<b>b</b> Routing number			9742	► c Typ		Checking			
	► d Account number		2 2 2				j <u></u>	g-		
	6 Amount of line 34				d tax	36	5			
-	37 Amount you owe						structions	>	37	
You Owe 3	<b>38</b> Estimated tax per	nalty (see instruc	tions)			38	3			
Third Party									II	
Designee	instructions					<b>▶</b> X	Yes. Comple	ete below.	No	
	Designee's				Phone			Persona	l identific	ation
	name ► HRB 1	TAX GROU	P ING	C	no. ►2	256-8	58-658	3 number	(PIN)	01639
Sign	Under penalties of perjury	, I declare that I have	examined	this return and accompa	anying schedules	and stateme	ents, and to the b	est of my knowle	edge and be	lief, they are true,
Here	correct, and complete. De	claration of preparer	(other than	taxpayer) is based on a	Il information of w	hich prepare	er has any knowl	edge.	-	
Your signature Date Your occupation If the IRS sent you an lo										ntity
Joint return? See instructions. PARTS LIASION										
Keep a copy for	Spouse's signature. If a jo	oint return, <b>both</b> must	sign.	Date	Spouse's	occupatio	on	If the IRS sent		e an Identity
your records.								Protection PIN it here (see ins		
_	Phone no. 256-	-933-059	9	Email address	SHAWNSM	1ITH4	052@GM	AIL.CO	M	
Preparer's name Preparer's signature Date PTIN Chec								Check if:		
Paid KEPPY MILLER 01-30-2022P009936								Self-employed		
Preparer –		IRB TAX (	GROUI	P INC						6-858-6583
Use Only				FER RD NE	STE 10	0				
		HUNTSVIL				-		Firm's I	EIN 🕨	431871840
Go to www.irs.o	- gov/Form1040 for ins							1		Form <b>1040</b> (2021)

Form <b>2441</b>			endent Care			1040 1040-SR	•		MB No. 1545-0074
			m 1040, 1040-SR, prm2441 for instruc		к.	040-NR		<b>1</b>	2021
Department of the Treasury Internal Revenue Service (99)		-	information.			2	441		ttachment equence No. <b>21</b>
Name(s) shown on return	1								al security number
SHAWN D SMITH	[							439-39	
A You can't claim a credit	for child and dep	endent care e	xpenses if your filing	g status is n	narried filing	separately (	unless	s you meet	the
requirements listed in the i									
<b>B</b> For 2021, your credit for	•	•			•		•••		
principal place of abode in								X	[]
	-		Provided the C						
1 (a) Care provider's	more than three t		see the instructions	and check	(c) Ide		(d) C	heck here if	(e) Amount paid
name	(numbe		no., city, state, and	ZIP code)		SSN or EIN)	is yo	are provider ur household ol. (see inst.)	
							emp	n. (see mst.)	
NONE								Π	0
	Did you rece	ive	No		- Comple				
d	ependent care b	enefits?	——— Yes		- Comple	te Part III or	n page	e 2 next.	
Caution: If the care was p	rovided in your h	ome, you may	owe employment ta	axes. For d	etails, see th	e instructior	s for	Schedule H	ł
(Form 1040). If you incurre	•					in 2021 for c	are to	be provide	ed
in 2022, don't include thes					ns.				
			Care Expense		na porcone	coo tho inct	ruction	as and sho	ck this box
	(a) Qualifying pe		i nave more than th		) Qualifying				fied expenses you
First	(a) Qualitying pe		Last			number		incurred a	nd paid in 2021 for listed in column (a)
HALIEGH	B.	AILLIO		65	9-20-2	843			
JAMES	B.	AILLIO		66	5-20-8	847			
		O Denit ente		:f			_		
3 Add the amounts in or \$16,000 if you ha				-			3		0
4 Enter your earned in							4		25,353
5 If married filing jointl									207000
student or was disal							5		25,353
6 Enter the smallest of	of line 3, 4, or 5						6		0
7 Enter the amount from	om Form 1040, 10	040-SR, or 104	10-NR, line 11. 7		2	5,353			
8 Enter on line 8 the d	lecimal amount sł	nown below th	at applies to the am	ount on lin	e 7.				
<ul> <li>If line 7 is \$125,00</li> </ul>									
If line 7 is over \$12	25,000 and no mo	ore than \$438,	000, see the instruct	ions for line	e 8 for the				
amount to enter.	28.000 don't oom	valoto lino 9 E	ntor zoro on lino Oo	Vou movik	ha abla ta				
<ul> <li>If line 7 is over \$43 claim a credit on li</li> </ul>			niel zelo on line 9a.	rou may i			8		<b>x.</b> 50
9a Multiply line 6 by the		on line 8				-	9a		<u> </u>
<b>b</b> If you paid 2020 exp							- u		0
from line 13 of the w		-					9b		
10 Add lines 9a and 9b						-			
refundable credit f	or child and dep	endent care e	expenses; enter the	amount fro	om this line o	on			
Schedule 3 (Form 1	· -	-	-						
B above, go to line						-	10		
11 Nonrefundable cre						on			
line B above, your c									
instructions to figure	•								^
Schedule 3 (Form 1)							11		U Form <b>2441</b> (2021)
For Paperwork Reductio	HACLNOLICE, SE	e your lax ret	un monuctions.						1 JULL <b>2771</b> (2021)

FDA 21 24411 BWF 1040 Form Software Copyright 1996 – 2022 HRB Tax Gro	ıp, Inc
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	CHEDULE EIC prm 1040)	E	arned				1040				<u>10. 15</u>	45-0074
(FC	Jiii 1040)	Complete and attach to For if you have a qualifying ch	orm 1040 or 1040-SR only			1040-SR	FIC		2		21	
	partment of the Treasury ernal Revenue Service (99)	Go to www.irs.gov/Schede	uleEIC for t	the latest	informat	ion.		EIC			hment ence N	No. <b>43</b>
	me(s) shown on return HAWN D SMITH							I	<b>Your soc</b> 39 <b>-</b> 3		-	umber
lf y	ou are separated from y	our spouse, filing a separate re	eturn and m	eet the re	quirement	ts to claim t	he EIC (s	ee instru	uctions), (	check he	ere	
B	efore you begi	<ul> <li>See the instructions fo</li> <li>(b) you have a qualifying</li> </ul>		), lines 27a	a, 27b, an	d 27c, to m	ake sure	that <b>(a)</b>	you can	take the	EIC, a	and
		<ul> <li>Be sure the child's nar security card. Otherwis the child's social secur</li> <li>If you have a child who child doesn't have an s</li> </ul>	e, at the tin ity card is n meets the	ne we proo ot correct, condition	cess your , call the S s to be yo	return, we Social Secu ur qualifyin	may redu rity Admin g child fo	ice your histration r purpos	EIC. If th at 800-3 ses of cla	e name 772-121: iiming the	or SSI 3. e EIC,	N on but that
С	● If your ● If you AUTION See th	an't claim the EIC for a child wh child doesn't have an SSN as take the EIC even though you he instructions for details.	defined in t are not eligi	he instruc ble, you n	tions for F nay not be	Form 1040, e allowed to	lines 27a take the	, 27b, ai credit fo	or up to 1	0 years.		
0	ualifying Child			ssue your	refund if	you do not fill in all lines that ap Child 2			apply to	pply for each qualifying child. Child 3		
1	Child's name		First nam		st name	First nam		ast name	e First	name		st name
•	If you have more than children, you have to li the maximum credit.		HALII BAILI			JAMES BAILI						
2	Child's SSN The child must have au the instructions for For 27b, and 27c, unless th and died in 2021 or yo self-only EIC (see instr child was born and die not have an SSN, ente and attach a copy of th certificate, death certifi medical records showi	m 1040, lines 27a, he child was born u are claiming the ructions). If your ed in 2021 and did er "Died" on this line he child's birth cate. or hospital	659-2	20-284	43	665-2	20-88	47				
3	Child's year of b		Year If born afte is younger spouse, if f	2009 ar 2002 <b>and</b> than you (or iling jointly) go to line 5.	9 the child your	Year If born after is younger spouse, if f 4a and 4b;	201 er 2002 <b>an</b> than you (d filing jointly	) <b>d</b> the chi or your y), skip lin	is yo es spou	rn after 20 unger than	n you (o g jointly	), skip lines
4 a	Was the child under a 2021, a student, and y your spouse, if filing ju	younger than you (or	Go to line 5.		<b>No.</b> b line 4b.	Go to line 5.		<b>No.</b> to line 4	b. Go t		Go te	<b>No.</b> o line 4b.
t	Was the child perman disabled during any p		Go to line 5.	. The child qualifying		Go to line 5.	The chil qualifyir		a Go t line			<b>No.</b> d is not a g child.
5	Child's relations											
	(for example, son, dau niece, nephew, eligible		GRANI	CHILI	D	GRANI	DCHII	D				
6	Number of mont with you in the U during 2021											
	<ul> <li>If the child lived with 2021 but less than 7 r</li> </ul>	h you for more than half of nonths, enter "7."										
	• If the child was born your home was the ch than half the time he of during 2021, enter "12	nild's home for more or she was alive 2."	months.	nter more t	onths than 12	<u>12</u> Do not er months.		-	mon	-	more	-
Fo	r Paperwork Reduction	n Act Notice, see your tax ret	urn instruc	tions.				5	Schedule	EIC (Fc	orm 10	040) 2021

For Paperwork Reduction Act Notice, see your tax return instructio
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	IEDULE 8812 n 1040)	Credits for Qualifying Children 1040 and Other Dependents			OMB No. 1545-0074
	tment of the Treasury al Revenue Service (99)	<ul> <li>Attach to Form 1040, 1040-SR, or 1040-NR.</li> <li>Go to www.irs.gov/Schedule8812 for instructions and the latest information.</li> </ul>	881	2	Attachment Sequence No. <b>47</b>
Name	e(s) shown on return			Your s	ocial security number
	WN D SMITH				9-39-9184
		ax Credit and Credit for Other Dependents		10	5 05 5101
1		m line 11 of your Form 1040, 1040–SR, or 1040–NR		1	25,353
2a		uerto Rico that you excluded 2a			
		om lines 45 and 50 of your Form 2555 2b		-	
		m line 15 of your Form 4563		-	
		20		2d	
3				3	25,353
		children under age 18 with the required social security no. 4a		2	20,000
		ncl. on line 4a who were under age 6 at the end of 2021 4b		<u> </u>	
		line 4a · · · · · · · · · · · · · · · · · ·		2	
5		n zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0		5	6,000
6		endents, including any qualifying children who are not			0,000
Ŭ		do not have the required social security number			
	8	ude yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.	s	-	
		to not include anyone you included on line 4a.	0.		
7	,	0		7	
8		•		8	6,000
9		own below for your filing status.			0,000
5	<ul> <li>Married filing jointly</li> </ul>				
		ses\$200,000		9	200,000
10	Subtract line 9 from I	—		5	200,000
10	<ul> <li>If zero or less, enter</li> </ul>				
		nd not a multiple of \$1,000, enter the next multiple of \$1,000. For			
		is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		10	0
11		6 (0.05)		11	0
12		line 8. If zero or less, enter –0–		12	6,000
13		that apply to you (or your spouse if married filing jointly).		12	0,000
15		(or your spouse if married filing jointly) had a principal place of abode in the Unite	4		
	•	an half of 2021	<b>—</b>	7	
		your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021	· · · · · <u>/</u>	4	
Da		/ho Check a Box on Line 13			
		eck a box on line 13, do not complete Part I-B; instead, skip to Part I-C.			
		ne 7 or line 12		14a	
		n line 12 · · · · · · · · · · · · · · · · · ·		14b	6,000
		ter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b>		14c	0,000
		ine 14a or line 14c		14d	0
		id		14e	6,000
f		amount of advance child tax credit payments you (and your spouse if filing jointly)		140	0,000
•		e your Letter(s) 6419 for the amounts to include on this line. If you are missing Let	or		
		tions before entering an amount on this line. If you didn't receive any advance child			
		2021, enter –0– · · · · · · · · · · · · · · · · · ·		14f	3,000
		unt on this line doesn't match the aggregate amounts reported to you (and your sp			5,000
		Letter(s) 6419, the processing of your return will be delayed.	5030 II		
~		n line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III		14g	2 000
y r				149	3,000
n		ne 14d or line 14g. This is your credit for other dependents. Enter this amoun n 1040, 1040-SR, or 1040-NR		14h	
				1411	
i		n line 14g. This is your refundable child tax credit. Enter this amount on line 2 40-SR, or 1040-NR		1 41	> ^^^
	your Form 1040, 104	יט-טו, או ועיש אוייס אייס אייס אייס אייס אייס אייס איי		14i	3,000

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

Schedule 8812 (Form 1040) 2021

Form 8867

## Paid Preparer's Due Diligence Checklist Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),

Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040–SR, 1040–NR, 1040–PR, or

OMB No. 1545-0074

(Rev. December 2021) Department of the Treasury

▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment Sequence No. 70

Internal Reve	nue S	Service	
Taxpayer n	ame	(s) shown c	on return
SHAWN	D	SMITH	

Taxpayer identification number

1	ર	9_	2	9-	91	8	1
±	S	9-	5	9-	ЭL	0 '	±

Enter preparer's name and PTIN KEPPY MILLER P00993687

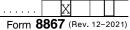
#### Part I **Due Diligence Requirements**

	The benefit(s) claimed (check all that apply). The credit(s) and/or HOH filing status claimed on the return and complete the relative benefit(s) claimed (check all that apply). The credit $X$ EIC $X$ CTC/ACTC/ODC $AC$	_	7	
	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you? (See instructions if relying on prior year earned income.)	X		IN/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC	<u> </u>		
-	worksheets found in the Form 1040, 1040–SR, 1040–NR, 1040–PR, 1040–SS, or Schedule 8812 (Form			
	1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own			
	worksheet(s) that provides the same information, and all related forms and schedules for each credit			
	claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing			
	status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or			
	information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"			
	answer questions 4a and 4b. If "No," go to question 5.)		X	
	Did you make reasonable inquiries to determine the correct, complete, and consistent information?		<u> </u>	
t	Did you contemporaneously document your inquiries? (Documentation should include the questions			
	you asked, whom you asked, when you asked, the information that was provided, and the impact the			
_	information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must			
	keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form			
	8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the			
	taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure			
	the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on:	<u> </u>		
	DID NOT RELY ON DOCS, NOTED IN FILE			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the			
6	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her			
	return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?			
•	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	E A		
a	Did you complete the required recertification Form 8862?			
	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and			
	correct Schedule C (Form 1040)?			X
For F	Paperwork Reduction Act Notice, see separate instructions.	Form 886	<b>37</b> (Rev. 1	2-2021)

Form 8867 (Rev. 12-2021)

Form	18867 (Rev. 12-2021) SMITH 439-39-9184			Page 2
Pa	rt II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying	Yes	No	N/A
	children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer		_	
	has supported the child the entire year?	X		
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of		_	
	more than one person (tiebreaker rules)?	Х		
Par	t III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACT			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar		_	
	statement to the return?	X		
Par	t IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)			1
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified	L	Yes	No
	tuition and related expenses for the claimed AOTC?			
Pa	t V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)	)		1
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year	L	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Х	
Par	t VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or H	IOH filing		
	status on the return of the taxpayer identified above if you:			
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the	ne return o	r	
	in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or	HOH filing		
	status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any	applicable	•	
	credit(s) claimed and HOH filing status, if claimed;			
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instruc Document Retention.	tions under	r	
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibil	ity for the		
	credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).			
	<ol> <li>A record of how, when, and from whom the information used to prepare this form and the applicable work obtained.</li> </ol>	sheet(s) wa	as	
	5. A record of any additional information you relied upon, including questions you asked and the taxpayer's re	esponses, †	to	
	determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of t	he credit(s)	).	
	Not the second second second the state of the state of the second s			

- If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).
- 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?....



Yes

No

#### 2021 WAGES AND SALARIES SUMMARY ATTACHMENT

SHAWN D SMITH

|--|

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
JOHNSTON SALES LLC TOTAL	46-4462442	Т	25,353 25,353	582 582	1,572 1,572	AL	25,353 25,353		

SHAWN D SMITH 439-39-9184

W-2	JOHNSTON SALES	LLC	582
TOTAL TO	FORM 1040/1040-SR	LINE 25D	582

#### **2021 EXPLANATION ATTACHMENT**

SHAWN D SMITH 439-39-9184

FORM 8867, LINE 5, OTHER DOCUMENTS RELIED UPON

TAXPAYER HAS PAPERWORK SHOWING SHE HAS CUSTODY OF GRANDCHILDREN

#### 2021 SCHEDULE 8812 LINE 5 WORKSHEET

-	AWN D SMITH 9-39-9184	ĸ	eep for Your Records
1.	Multiply Schedule 8812, line 4b, by \$3,600 · · · · · · · · · · · · · · · · · ·	1.	
2.	Multiply Schedule 8812, line 4c, by \$3,000 · · · · · · · · · · · · · · · · · ·	2.	6,000
3.	Add line 1 and line 2	3.	6,000
4.	Multiply Schedule 8812, line 4a, by \$2,000	4.	4,000
5.	Subtract line 4 from line 3	5.	2,000
6.	<ul> <li>Enter the amount shown below for your filing status:</li> <li>Married filing jointly - \$12,500</li> <li>Qualifying widow(er) - \$2,500</li> <li>Head of household - \$4,375</li> </ul>		
	• All other filing statuses – \$6,250	6.	4,375
7.	Enter the smaller of line 5 or line 6	7.	2,000
8.	<ul> <li>Enter the amount shown below for your filing status:</li> <li>Married filing jointly or Qualifying widow(er) - \$150,000</li> <li>Head of household - \$112,500</li> <li>All other filing statuses - \$75,000</li> </ul>	8.	112,500
9.	<ul> <li>Subtract line 8 from Schedule 8812, line 3</li> <li>If zero or less, enter -0-</li> <li>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</li> </ul>	9.	
10.	Multiply line 9 by 5% (0.05)	10.	
11.	Enter the smaller of line 7 or line 10	11.	
12.	Subtract line 11 from line 3. Enter on Schedule 8812, line 5	12.	6,000

#### 2021 WORKSHEET A, EARNED INCOME CREDIT (EIC) - LINE 27a

SHAWN D SMITH 439-39-9184	Keep for Your Records
Before you begin:	<ul> <li>Be sure you are using the correct worksheet. Use this worksheet only if you answered "No" to Step 5, question 2, in the instructions. Otherwise, use Worksheet B.</li> </ul>
PART 1 All Filers Using Worksheet A	<ol> <li>Enter your earned income from Step 5</li></ol>
	<ul> <li>4. Are the amounts on lines 3 and 1 the same?</li> <li>X Yes. Skip line 5; enter the amount from line 2 on line 6.</li> <li>No. Go to line 5.</li> </ul>
PART 2 Filers Who Answered "No" on Line 4	<ul> <li>5. If you have:</li> <li>No qualifying children who have a valid SSN, is the amount on line 3 less than \$11,650 (\$17,600 if married filing jointly)?</li> <li>1 or more qualifying children who have a valid SSN, is the amount on line 3 less than \$19,550 (\$25,500 if married filing jointly)?</li> <li>Yes. Leave line 5 blank; enter the amount from line 2 on line 6. No. Look up the amount on line 3 in the EIC Table in the instructions to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here</li></ul>
PART 3	6. This is your earned income credit
Your Earned Income Credit	Form 1040 or 1040-SR, line 27a.  Reminder -  If you have a qualifying child, complete and attach Schedule EIC.  Caution: If your EIC for a year after 1996 was reduced or disallowed, see the instructions to find out if you must file Form 8862 to take the credit for 2021.  NUMBER OF QUALIFYING CHILDREN: 2

**Keep for Your Records** 

DEPENDENTS PARENTS ARE MIA

DATE INFORMATION WAS OBTAINED: 01-30-2022 INFORMATION WAS OBTAINED FROM: SHAWN D SMITH

Taxpayer Signature SHAWN D SMITH Date

Spouse Signature

Date

Form	887	9
(Rev. J	anuarv	2022)

Department of the Treasury Internal Revenue Service

#### **IRS e-file Signature Authorization**

CLIENT COPY

OMB No. 1545-0074

582

671

▶ ERO must obtain and retain completed Form 8879. Go to www.irs.gov/Form8879 for the latest information.

Submission Identification	tion Number (SID)
•	

Taxpayer's name	

Taxpayer's name	Social security number
HAWN D SMITH 439-39-91	
Spouse's name	Spouse's social security number
Part I Tax Return Information Tax Year Ending Dec	cember 31, 2021 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	
<b>2</b> Total tax	

#### 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 ..... 3 Amount you want refunded to you 4 4 7. 5 Amount you owe 5

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X I authorize HRB TAX GROUP INC	to enter or generate my PII	N <u>19184</u> as my
ERO firm name		Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing		don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend		
if you are entering your own PIN <b>and</b> your return is filed using the Practitioner	PIN method. The ERO must	complete Part III below.
Your signature		Date ► 1/30/2022
Spouse's PIN: check one box only		
I authorize	to enter or generate my PII	N as my
ERO firm name		Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing		don't enter all zeros
	led) I am now authorizing. C	heck this box only
I will enter my PIN as my signature on the income tax return (original or amend	, 3	
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner	, 3	complete Part III below.
if you are entering your own PIN <b>and</b> your return is filed using the Practitioner	, 3	•
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(Rev. January 2021) Department of the Treasury Internal Revenue Service

#### **IRS e-file Signature Authorization**

▶ ERO must obtain and retain completed Form 8879. Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's	name

Taxpayer's name	Social security number
SHAWN D SMITH	439-39-9184
Spouse's name	Spouse's social security number
Part I Tax Return Information Tax Year Ending December 31,	, 2021 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	

1	Adjusted gross income	1	25,353
2	Total tax	2	658
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	582
4	Amount you want refunded to you	4	7,671
5	Amount you owe	5	

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X I authorize HRB TAX GROUP INC	to enter or generate my PIN	19184	as my
ERO firm name		Enter five digits, but	
signature on the income tax return (original or amended) I am now authorizing		don't enter all zeros	;
I will enter my PIN as my signature on the income tax return (original or amend	led) I am now authorizing. Cheo	k this box <b>only</b>	
if you are entering your own PIN <b>and</b> your return is filed using the Practitioner	PIN method. The ERO must co	mplete Part III below.	
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Your signature		Date ► <u>1/30/2</u>	022
Spouse's PIN: check one box only			_
I authorize	to enter or generate my PIN		as my
ERO firm name		Enter five digits, but	t
signature on the income tax return (original or amended) I am now authorizing		don't enter all zeros	;
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Spouse's signature		Date 🕨	
Spouse's signature  Practitioner PIN Method Returns O	nly –– continue below	Date 🕨	
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