

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

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

Your first name and middle initial ERIN E	Last name MINO	Your social security number ***-**-1465
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 instructions. 961 LORIMER STREET		Apt. no. 1	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office. If you have a foreign address, also complete spaces below. BROOKLYN	State NY	ZIP code 11222	
Foreign country name	Foreign province/state/country	Foreign postal code	

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents

Attach Sch.B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	74,877	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	164
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Soc. sec. ben.	6a	b Taxable amount	6b	
Standard Deduction for — • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7		
	8	Other income from Schedule 1, line 10		8	0	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	75,041	
	10	Adjustments to income from Schedule 1, line 26		10	580	
	11	Subtract line 10 from line 9. This is your adjusted gross income		11	74,461	
	12a	Standard deduction or itemized deductions (from Schedule A)		12a	12,550	
	b	Charitable contributions if you take the standard deduction (see instructions)		12b	150	
	c	Add lines 12a and 12b		12c	12,700	
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13		
	14	Add lines 12c and 13		14	12,700	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	61,761		

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	9,339
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,339
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	9,339
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	9,339
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,918
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,918
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 other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Sch. 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,918
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	579
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	579
b	Routing number 031000503	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number *****7217		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit?
See instructions.

Amount You Owe

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 **JACQUELINE DEPIETTO** Phone no. **215-579-2916** Personal identification number (PIN) **09798**

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	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
JACQUELINE DEPIETTO		VISUAL MERCHANDISER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Joint return?
See instructions.
Keep a copy for your records.

Phone no.	Email address	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
		JACQUELINE DEPIETTO	JACQUELINE DEPIETTO	04/11/22	*****	
Firm's name DEPIETTO & DEPIETTO, LLC						Phone no. 215-579-2916
Firm's address 88 PADDOCK WAY						
Firm's address HOLLAND PA 18966						Firm's EIN **-***7666