

**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. ▶ [REDACTED]

Your first name and middle initial: **Katharine M** Last name: **Porter** Your social security number: [REDACTED]  
 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. Apt. no. Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse  
 City, town, or post office. If you have a foreign address, also complete spaces below. State: **CA** ZIP code: [REDACTED]  
 Foreign country name: Foreign province/state/county: 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, 1967  Are blind Spouse:  Was born before January 2, 1967  Is blind

**Dependents** (see instructions):

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

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	152,934.
<b>2a</b> Tax-exempt interest	<b>2a</b>	
<b>3a</b> Qualified dividends	<b>3a</b>	
<b>4a</b> IRA distributions	<b>4a</b>	
<b>5a</b> Pensions and annuities	<b>5a</b>	
<b>6a</b> Social security benefits	<b>6a</b>	
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>7</b>	
<b>8</b> Other income from Schedule 1, line 10	<b>8</b>	5,223.
<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	<b>9</b>	158,157.
<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>	70.
<b>11</b> Subtract line 10 from line 9. This is your adjusted gross income	<b>11</b>	158,087.
<b>12a</b> Standard deduction or itemized deductions (from Schedule A)	<b>12a</b>	19,666.
<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
<b>c</b> Add lines 12a and 12b	<b>12c</b>	19,666.
<b>13</b> Qualified business income deduction from Form 6995 or Form 6995-A	<b>13</b>	1,031.
<b>14</b> Add lines 12c and 13	<b>14</b>	20,697.
<b>15</b> Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	<b>15</b>	137,390.

**Standard Deduction for—**  
 \* Single or Married filing separately: \$12,550  
 \* Married filing jointly or Qualifying widow(er): \$24,100  
 \* Head of household: \$18,800  
 \* If you checked any box under Standard Deduction, see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4872 3 <input type="checkbox"/>	16	25,543.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	25,543.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 6	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	25,543.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,687.
24	Add lines 22 and 23. This is your total tax	24	27,230.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	24,625.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	24,625.
26	2021 estimated tax payments and amount applied from 2020 return	26	1,546.
27a	Earned income credit (EIC) <input type="checkbox"/> NO	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	2,000.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,000.
33	Add lines 25d, 26, and 32. These are your total payments	33	26,171.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	941.
35a	Amount of line 34 you want refunded to you. If Form 8886 is attached, check here <input type="checkbox"/>	35a	941.
Direct deposit? See instructions	b Routing number: [redacted] Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number: [redacted]		
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.

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: \_\_\_\_\_ 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[Signature]		Self-employed	
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 inst.)
Photo no.	Email address		

Paid Preparer Use Only

Preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ PTIN: \_\_\_\_\_ Check if  Self-employed

Firm's name: Self-Prepared Phone no.: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number

**Part 1 Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	0.
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C	<b>3</b>	5,223.
<b>4</b>	Other gains or (losses). Attach Form 4797	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	
<b>7</b>	Unemployment compensation	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss	<b>8a</b>	( )
<b>b</b>	Gambling income	<b>8b</b>	
<b>c</b>	Cancellation of debt	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends	<b>8f</b>	
<b>g</b>	Jury duty pay	<b>8g</b>	
<b>h</b>	Prizes and awards	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income	<b>8i</b>	
<b>j</b>	Stock options	<b>8j</b>	
<b>k</b>	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	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions)	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions)	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLÉ account (see instructions)	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	5,223.

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

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	70.
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
	<b>b</b> Recipient's SSN . . . . .	▶		
	<b>c</b> Date of original divorce or separation agreement (see instructions) ▶ . . . . .			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
	<b>a</b> Jury duty pay (see instructions) . . . . .	<b>24a</b>		
	<b>b</b> Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
	<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>		
	<b>d</b> Reforestation amortization and expenses . . . . .	<b>24d</b>		
	<b>e</b> Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
	<b>f</b> Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
	<b>g</b> Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
	<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
	<b>i</b> 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 . . . . .	<b>24i</b>		
	<b>j</b> Housing deduction from Form 2555 . . . . .	<b>24j</b>		
	<b>k</b> Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
	<b>z</b> Other adjustments. List type and amount ▶ . . . . .	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	70.

**SCHEDULE 2  
(Form 1040)**

**Additional Taxes**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. 02

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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

Your social security number  
[REDACTED]

**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	140.
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	1,547.
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)**

<b>17</b>	<b>Other additional taxes:</b>		
<b>a</b>	Recapture of other credits. List type, form number, and amount ▶	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax	<b>17j</b>	
<b>k</b>	Golden parachute payments	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount ▶	<b>17z</b>	
<b>18</b>	<b>Total additional taxes.</b> Add lines 17a through 17z		<b>18</b>
<b>19</b>	<b>Additional tax from Schedule 8812</b>		<b>19</b>
<b>20</b>	<b>Section 965 net tax liability installment from Form 965-A</b>	<b>20</b>	
<b>21</b>	<b>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</b>		<b>21</b>
			<b>1,667.</b>

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. 07

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

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

Katherine M Porter

Your social security number

Section	Line	Description	Amount	Total
<b>Medical and Dental Expenses</b>	1	Medical and dental expenses (see instructions)		
	2	Enter amount from Form 1040 or 1040-SR, line 11	158,087.	
	3	Multiply line 2 by 7.5% (0.075)	11,857.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		
<b>Taxes You Paid</b>	5	State and local taxes.		
	5a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	11,339.	
	5b	State and local real estate taxes (see instructions)	7,109.	
	5c	State and local personal property taxes	23.	
	5d	Add lines 5a through 5c	18,471.	
	5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	10,000.	
	6	Other taxes. List type and amount		
7	Add lines 5e and 6		10,000.	
<b>Interest You Paid</b>	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
	8a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	9,576.	
	8b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		
	8c	Points not reported to you on Form 1098. See instructions for special rules		
	8d	Mortgage insurance premiums (see instructions)		
	8e	Add lines 8a through 8d	9,576.	
9	Investment interest. Attach Form 4952 if required. See instructions			
10	Add lines 8e and 9		9,576.	
<b>Gifts to Charity</b>	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions		
	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	90.	
	13	Carryover from prior year		
	14	Add lines 11 through 13		90.
<b>Casualty and Theft Losses</b>	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		
<b>Other Itemized Deductions</b>	16	Other—from list in instructions. List type and amount		
	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a		19,666.
<b>Total Itemized Deductions</b>	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

**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](http://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 <b>Katherine M Porter</b>		Social security number (SSN) [REDACTED]
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Author</b>	<b>B</b> Enter code from instructions ▶ <b>7 1 1 5 1 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.) [REDACTED]	
<b>E</b> Business address (including suite or room no.) ▶ [REDACTED] City, town or post office, state, and ZIP code [REDACTED]		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> 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
<b>H</b> If you started or acquired this business during 2021, check here		<input type="checkbox"/>
<b>I</b> 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
<b>J</b> If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> 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"/>	<b>1</b>	5,223.
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	5,223.
<b>4</b> Cost of goods sold (from line 42)		<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3		<b>5</b>	5,223.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6		<b>7</b>	5,223.

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

<b>8</b> Advertising	<b>8</b>	<b>18</b> Office expense (see instructions)	<b>18</b>
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>
<b>10</b> Commissions and fees	<b>10</b>	<b>20</b> Rent or lease (see instructions):	
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>
<b>12</b> Depletion	<b>12</b>	<b>b</b> Other business property	<b>20b</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>21</b> Repairs and maintenance	<b>21</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	<b>22</b> Supplies (not included in Part III)	<b>22</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses	<b>23</b>
<b>16</b> Interest (see instructions):		<b>24</b> Travel and meals:	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel	<b>24a</b>
<b>b</b> Other	<b>16b</b>	<b>b</b> Deductible meals (see instructions)	<b>24b</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities	<b>25</b>
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	<b>26</b> Wages (less employment credits)	<b>26</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	<b>27a</b> Other expenses (from line 48)	<b>27a</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> 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	<b>30</b>	<b>b</b> Reserved for future use	<b>27b</b>
<b>31</b> 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.	<b>31</b>		5,223.
<b>32</b> 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 8166. Your loss may be limited.			

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.



**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](http://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)

Katherine M Porter

Social security number of person with self-employment income

**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** 5,223.

**3** Combine lines 1a, 1b, and 2. **3** 5,223.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 4,823.  
**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** 4,823.

**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** 4,823.

**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** 142,800.

**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**

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

**11** Multiply line 6 by 2.9% (0.029) **11** 140.

**12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 **12** 140.

**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** 70.

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

**Farm Optional Method.** You may use this method only if (a) your gross farm income<sup>1</sup> wasn't more than \$8,820, or (b) your net farm profits<sup>2</sup> were less than \$6,367.

**14** Maximum income for optional methods **14** 8,820

**15** Enter the smaller of: two-thirds (2/3) of gross farm income<sup>1</sup> (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 profits<sup>3</sup> were less than \$6,367 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> 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 income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above **17**

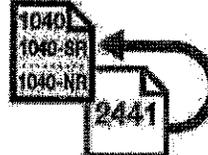
<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> 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.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Child and Dependent Care Expenses**



**2021**

Attachment Sequence No. **21**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return: **Katherine M Foster**  
Your social security number: [REDACTED]

- A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the Instructions under "Married Persons Filing Separately." If you meet these requirements, check this box
- B** For 2021, your credit for child and dependent care expenses is refundable 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. If you meet these requirements, check this box

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**  
If you have more than three care providers, see the instructions and check this box

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
	Anthony Falcone	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	5,292.38
	Catalyst Family Inc.	[REDACTED]	[REDACTED]	<input type="checkbox"/>	2,307.
	Adrienne Domasi	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	2,123.35

Did you receive dependent care benefits?  No  Yes  
 No → Complete only Part II below.  
 Yes → Complete Part III on page 2 next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		
[REDACTED]	[REDACTED]	[REDACTED]	10,739.

<b>3</b>	Add the amounts in column (c) of line 2. Don't enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 3i		
<b>4</b>	Enter your earned income. See instructions		
<b>5</b>	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4		0.
<b>6</b>	Enter the smallest of line 3, 4, or 5		
<b>7</b>	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	
<b>8</b>	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. • If line 7 is \$125,000 or less, enter .50 on line 8. • If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter. • If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.		
<b>9a</b>	Multiply line 6 by the decimal amount on line 8		X
<b>9b</b>	If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10		
<b>10</b>	Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your refundable credit for child and dependent care expenses; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11		
<b>11</b>	Nonrefundable credit for child and dependent care expenses. If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2		

**Part III Dependent Care Benefits**

12	Enter the total amount of dependent care benefits you received in 2021. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	10,500.
13	Enter the amount, if any, you carried over from 2020 and used in 2021. See instructions	13	0.
14	If you forfeited or carried over to 2022 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	0.
15	Combine lines 12 through 14. See instructions	15	10,500.
16	Enter the total amount of qualified expenses incurred in 2021 for the care of the qualifying person(s)	16	10,739.
17	Enter the smaller of line 16 or 15	17	10,500.
18	Enter your earned income. See instructions	18	158,087.
19	Enter the amount shown below that applies to you. * If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 8). * If married filing separately, see instructions. * All others, enter the amount from line 18.	19	158,087.
20	Enter the smallest of line 17, 18, or 19	20	10,500.
21	Enter \$10,000 (\$5,250 if married filing separately and you were required to enter your spouse's earned income on line 18). If you entered an amount on line 13, add it to the \$10,500 or \$5,250 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	10,500.
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	10,500.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	10,500.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB"	26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$8,000 (\$16,000 if two or more qualifying persons)	27	8,000.
28	Add lines 24 and 25	28	10,500.
29	Subtract line 26 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2020 expenses in 2021, see the instructions for line 9b	29	-2,500.
30	Complete line 2 on page 1 of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1041.

▶ Go to [www.irs.gov/ScheduleH](http://www.irs.gov/ScheduleH) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. 44

Name of employer:

Katherine M Porter

Social security number:

Employer identification number:

Calendar year taxpayers having no household employees in 2021 don't have to complete this form for 2021.

- A.** Did you pay any one household employee cash wages of \$2,300 or more in 2021? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)
  - Yes.** Skip lines B and C and go to line 1a.
  - No.** Go to line B.
- B.** Did you withhold federal income tax during 2021 for any household employee?
  - Yes.** Skip line C and go to line 7.
  - No.** Go to line C.
- C.** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees? (Don't count cash wages paid in 2020 or 2021 to your spouse, your child under age 21, or your parent.)
  - No. Stop.** Don't file this schedule.
  - Yes.** Skip lines 1a-9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

<b>1a</b>	Total cash wages subject to social security tax	<b>1a</b>	8,432.	
<b>b</b>	Qualified sick and family wages for leave taken before April 1, 2021, included on line 1a	<b>1b</b>	0.	
<b>2a</b>	Social security tax. Multiply line 1a by 12.4% (0.124)	<b>2a</b>	1,046.	
<b>b</b>	Employer share of social security tax on qualified sick and family leave wages for leave taken before April 1, 2021. Multiply line 1b by 6.2% (0.062)	<b>2b</b>	0.	
<b>c</b>	Total social security tax. Subtract line 2b from line 2a	<b>2c</b>	1,046.	
<b>3</b>	Total cash wages subject to Medicare tax	<b>3</b>	8,432.	
<b>4</b>	Medicare tax. Multiply line 3 by 2.9% (0.029)	<b>4</b>	245.	
<b>5</b>	Total cash wages subject to Additional Medicare Tax withholding	<b>5</b>		
<b>6</b>	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	<b>6</b>		
<b>7</b>	Federal income tax withheld, if any	<b>7</b>	205.	
<b>8a</b>	Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7	<b>8a</b>	1,496.	
<b>b</b>	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	<b>8b</b>	0.	
<b>c</b>	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	<b>8c</b>	0.	
<b>d</b>	Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8a and 8c and then subtract that total from line 8a	<b>8d</b>	1,496.	
<b>e</b>	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	<b>8e</b>	0.	
<b>f</b>	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	<b>8f</b>	0.	
<b>g</b>	Qualified sick leave wages for leave taken before April 1, 2021	<b>8g</b>		
<b>h</b>	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g	<b>8h</b>		
<b>i</b>	Qualified family leave wages for leave taken before April 1, 2021	<b>8i</b>		
<b>j</b>	Qualified health plan expenses allocable to qualified family leave wages reported on line 8i	<b>8j</b>		
<b>k</b>	Qualified sick wages for leave taken after March 31, 2021	<b>8k</b>		
<b>l</b>	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k	<b>8l</b>		
<b>m</b>	Qualified family leave wages for leave taken after March 31, 2021	<b>8m</b>		
<b>n</b>	Qualified health plan expenses allocable to qualified family leave wages reported on line 8m	<b>8n</b>		

- 9.** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees? (Don't count cash wages paid in 2020 or 2021 to your spouse, your child under age 21, or your parent.)
  - No. Stop.** Include the amount from line 8d above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from line 8e on Schedule 3 (Form 1040), line 13b, and line 8f on Schedule 3 (Form 1040), line 13h. If you're not required to file Form 1040, see the line 9 instructions.
  - Yes.** Go to line 10.

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10. Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No"	10 X	
11. Did you pay all state unemployment contributions for 2021 by April 18, 2022? Fiscal year filers, see instructions	11 X	
12. Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12 X	

Next: If you checked the "Yes" box on all the lines above, complete Section A.  
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13. Name of the state where you paid unemployment contributions ▶ CA		
14. Contributions paid to your state unemployment fund	14 126.	
15. Total cash wages subject to FUTA tax		15 8,432.
16. FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25		16 51.

**Section B**

17. Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
18. Totals						18		
19. Add columns (g) and (h) of line 18						19		
20. Total cash wages subject to FUTA tax (see the line 15 instructions)							20	
21. Multiply line 20 by 6.0% (0.06)							21	
22. Multiply line 20 by 5.4% (0.054)						22		
23. Enter the smaller of line 19 or line 22. (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) <input type="checkbox"/>							23	
24. FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25							24	

**Part III Total Household Employment Taxes**

25. Enter the amount from line 8d. If you checked the "Yes" box on line C of page 1, enter -0-	25 1,496.
26. Add line 16 (or line 24) and line 25	26 1,547.
27. Are you required to file Form 1040?	

- Yes.** Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from line 8e, on Schedule 3 (Form 1040), line 13b, and line 8f on Schedule 3 (Form 1040), line 13h. Don't complete Part IV below.
- No.** You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature — Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail isn't delivered to street address \_\_\_\_\_ Apt., room, or suite no. \_\_\_\_\_

City, town or post office, state, and ZIP code \_\_\_\_\_

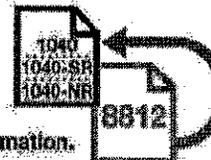
Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Self-Prepared			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

**SCHEDULE 8812**  
**(Form 1040)**

**Credits for Qualifying Children and Other Dependents**



OMB No. 1545-0074

**2021**

Attachment Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (IRS)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return:

Katherine M Porter

Your social security number:

[REDACTED]

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

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	<b>1</b>	158,087.
<b>2a</b>	Enter income from Puerto Rico that you excluded	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555	<b>2b</b>	0.
<b>c</b>	Enter the amount from line 15 of your Form 4563	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c	<b>2d</b>	0.
<b>3</b>	Add lines 1 and 2d	<b>3</b>	158,087.
<b>4a</b>	Number of qualifying children under age 18 with the required social security number	<b>4a</b>	2.
<b>b</b>	Number of children included on line 4a who were under age 6 at the end of 2021	<b>4b</b>	0.
<b>c</b>	Subtract line 4b from line 4a	<b>4c</b>	2.
<b>5</b>	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0-	<b>5</b>	4,000.
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number <b>Caution:</b> 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.	<b>6</b>	0.
<b>7</b>	Multiply line 6 by \$500	<b>7</b>	
<b>8</b>	Add lines 5 and 7	<b>8</b>	4,000.
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	<b>9</b>	200,000.
<b>10</b>	Subtract line 9 from line 8. • 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.	<b>10</b>	0.
<b>11</b>	Multiply line 10 by 5% (0.05)	<b>11</b>	0.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0-	<b>12</b>	4,000.
<b>13</b>	Check all the boxes that apply to you (or your spouse if married filing jointly). <b>A</b> 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>B</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.

<b>14a</b>	Enter the smaller of line 7 or line 12	<b>14a</b>	0.
<b>b</b>	Subtract line 14a from line 12	<b>14b</b>	4,000.
<b>c</b>	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	<b>14c</b>	0.
<b>d</b>	Enter the smaller of line 14a or line 14c	<b>14d</b>	0.
<b>e</b>	Add lines 14b and 14d	<b>14e</b>	4,000.
<b>f</b>	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-. <b>Caution:</b> 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.	<b>14f</b>	2,000.
<b>g</b>	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	<b>14g</b>	2,000.
<b>h</b>	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	<b>14h</b>	0.
<b>i</b>	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	<b>14i</b>	2,000.

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

BAA

REV 08/22 hnt/cjg/ep

Schedule 8812 (Form 1040) 2021

**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.

<b>15a</b>	Enter the amount from the Credit Limit Worksheet A	<b>15a</b>
<b>b</b>	Enter the smaller of line 12 or line 15a	<b>15b</b>
	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.	
<b>c</b>	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	<b>15c</b>
<b>d</b>	Add lines 15b and 15c	<b>15d</b>
<b>e</b>	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- <b>Caution:</b> 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.	<b>15e</b>
<b>f</b>	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	<b>15f</b>
<b>g</b>	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	<b>15g</b>
<b>h</b>	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	<b>15h</b>

**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.

<b>16a</b>	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	<b>16a</b>
<b>b</b>	Number of qualifying children under 18 with the required social security number <span style="float: right;">\$ 61,400</span> Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4a.	<b>16b</b>
<b>17</b>	Enter the smaller of line 16a or line 16b	<b>17</b>
<b>18a</b>	Earned income (see instructions)	<b>18a</b>
<b>b</b>	Noncombat pay (see instructions)	<b>18b</b>
<b>19</b>	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	<b>19</b>
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result <b>Next:</b> 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.	<b>20</b>

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

<b>21</b>	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	<b>21</b>
<b>22</b>	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	<b>22</b>
<b>23</b>	Add lines 21 and 22	<b>23</b>
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	<b>24</b>
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0-	<b>25</b>
<b>26</b>	Enter the larger of line 20 or line 25 <b>Next:</b> enter the smaller of line 17 or line 26 on line 27.	<b>26</b>

**Part II-C Additional Child Tax Credit**

<b>27</b>	Enter this amount on line 15c	<b>27</b>
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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. <b>Caution:</b> 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"> <li>* Married filing jointly or Qualifying widow(er)—\$60,000</li> <li>* Head of household—\$50,000</li> <li>* All other filing statuses—\$40,000</li> </ul>	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

**Qualified Business Income Deduction  
Simplified Computation**

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

Attachment  
Sequence No. **55**

▶ Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return:

**Katherine M Porter**

Your taxpayer identification number:

[REDACTED]

**Note.** You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

i	(A) Trade, business, or aggregation name	(B) Taxpayer identification number	(C) Qualified business income or (loss)
i	<b>Katherine M Porter</b>	[REDACTED]	5,153.
ii			
iii			
iv			
v			

<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	5,153.
<b>3</b>	Qualified business net (loss) carryforward from the prior year	3	( )
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	5,153.
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)	5	1,031.
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	1,031.
<b>11</b>	Taxable income before qualified business income deduction (see instructions)	11	138,421.
<b>12</b>	Net capital gain (see instructions)	12	0.
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	13	138,421.
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)	14	27,684.
<b>15</b>	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	1,031.
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	( 0. )
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	( 0. )