

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2021** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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 Thomas J.	Last name Woodard	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.
5256 S Mission Rd, Ste 703

City, town or post office. If you have a foreign address, also complete spaces below.
Bonsall State **CA** ZIP code **92003**

Foreign country name Foreign province/state/county Foreign postal code

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

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
If more than four dependents, see instr. and check here ▶					

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Soc. sec. ben.	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶	7	
	8 Other income from Schedule 1, line 10	8	4,437
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	17,777
	10 Adjustments to income from Schedule 1, line 26	10	4,437
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	13,340
	12a Standard deduction or itemized deductions (from Schedule A)	12a	14,250
	b Charitable contributions if you take the standard deduction (see instructions)	12b	
	c Add lines 12a and 12b	12c	14,250
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12c and 13	14	14,250	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2021)

Form 1040 (2021) **Thomas J. Woodard**

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972	16	0
3	<input type="checkbox"/>	17	
17	Amount from Schedule 2, line 3	18	0
18	Add lines 16 and 17	19	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	20	
20	Amount from Schedule 3, line 8	21	
21	Add lines 19 and 20	22	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	8,873
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	8,873
24	Add lines 22 and 23. This is your total tax		
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all 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	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
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	9,033
	38 Estimated tax penalty (see instructions)	38	160

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 **Jay C. Niederhauser** Phone no. **435-655-3300** Personal identification number (PIN) **01795**

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 **Sales**

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name _____ Preparer's signature _____ Date **9/29/23** PTIN **P00419876** Check if: Self-employed

Firm's name _____ Phone no. _____

Firm's address _____ Firm's EIN _____

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **01**

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

Thomas J. Woodard

Your social security number
[REDACTED]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	62,793
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	(58,356)
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABL account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	-58,356
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	4,437

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

Schedule 1 (Form 1040) 2021



Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	4,437
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
	b Recipient's SSN	▶		
	c Date of original divorce or separation agreement (see instructions)	▶		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
	a Jury duty pay (see instructions)	24a		
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
	d Reforestation amortization and expenses	24d		
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
	f Contributions to section 501(c)(18)(D) pension plans	24f		
	g Contributions by certain chaplains to section 403(b) plans	24g		
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
	j Housing deduction from Form 2555	24j		
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
	z Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	4,437

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 for instructions and the latest information.

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

Your social security number

Thomas J. Woodard

██████████-██████████-██████████

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	8,873
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Thomas J. Woodard

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ▶	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			8,873

Form **1040** Tax Return Reconciliation Worksheet **2021**

Filing Status: 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household* 5 Qualifying widow(er)*
 MFS spouse name: _____ *Qualifying person that is a child but not a dependent:

Taxpayer first name and initial: **Thomas J.** Last name: **Woodard** Taxpayer social security number: [REDACTED]
 If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions: **5256 S Mission Rd, Ste 703** Apt. no.: _____ Presidential Election Campaign
 City, town or post office, state, and ZIP code: **Bonsall CA 92003** Taxpayer Spouse
 Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

At anytime during 2021, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? Yes No

6a Taxpayer. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 Boxes checked on 6a and 6b: **1**
 Children on 6c who lived with you: _____
 Children on 6c who did not live with you: _____
 Dependents on 6c not entered above: _____
 Total. Add lines above: **1**

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for		If more than four dependents, <input type="checkbox"/> here
				Child tax credit	Other dependents	

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	62,793
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	13,340
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
18	Farm income or (loss). Attach Schedule F	18		
19	Unemployment compensation	19		
20a	Social security benefits	20a		
b	Taxable amount	20b		
21	Other income. List type and amount Form 2555	21	-58,356	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	17,777	

Adjusted Gross Income (Schedule 1)	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	4,437
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved for future use	34	
35	Reserved for future use	35		
36	Add lines 23 through 35	36	4,437	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	13,340	

Form **1040** Tax Return Reconciliation Worksheet, Page 2 2021

Name **Thomas J. Woodard** Tp TIN [REDACTED]

38 Amount from line 37 (adjusted gross income) 38 **13,340**

39a Check You were born before January 2, 1957, Blind. Total boxes checked **1**
if: Spouse was born before January 2, 1957, Blind. 39a **1**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 **14,250**

a Charitable contributions if you take the standard deduction 40b

41 Subtract line 40 and 40b from line 38 41 **-910**

42 Qualified business income deduction (see instructions) 42

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 **0**

44 Tax (see instr.). Check if any from: a Form(s) 8814 b Form 4872 c 44 **0**

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit/credit for other dependents 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 **0**

57 Self-employment tax. Attach Schedule SE 57 **8,873**

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 61

62 Section 965 net tax liability installment from Form 965-A 62

63 Add lines 56 through 61. This is your total tax 63 **8,873**

64 Federal income tax withheld from: 64

a Form(s) W-2 64a

b Form(s) 1099 64b

c Other forms 64c

65 2021 estimated tax payments and amount applied from 2020 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

c Prior year (2019) earned income 66c

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Recovery rebate credit 69 **0**

70 Net premium tax credit. Attach Form 8962 70

71 Amount paid with request for extension to file 71

72 Excess social security and tier 1 RRTA tax withheld 72

73 Credit for federal tax on fuels. Attach Form 4136 73

74 Other payments and refundable credits 74

75 Total pymts. Add ln 64, 65, 66a, 67-74. 75

76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid 76

77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here 77a

b Routing number c Type: Checking Savings

d Account number

78 Amount of line 76 you want applied to your 2022 estimated tax 78

79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions 79 **9,033**

80 Estimated tax penalty (see instructions) 80 **160**

Int/Pen Date filed Int Fail to file Fail to pay Total

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No Personal identification no. (PIN) **01795**

Designee's Name **Jay C. Niederhauser** Phone no. **435-655-3300**

Other Info Taxpayer Daytime phone number Taxpayer: Occupation **Sales** IRS Identity Protection PIN

Spouse: Occupation IRS Identity Protection PIN

Taxpayer Spouse Email address

Form **2210**

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

OMB No. 1545-0140

2021

Attachment
Sequence No. **06**

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form2210 for instructions and the latest information.

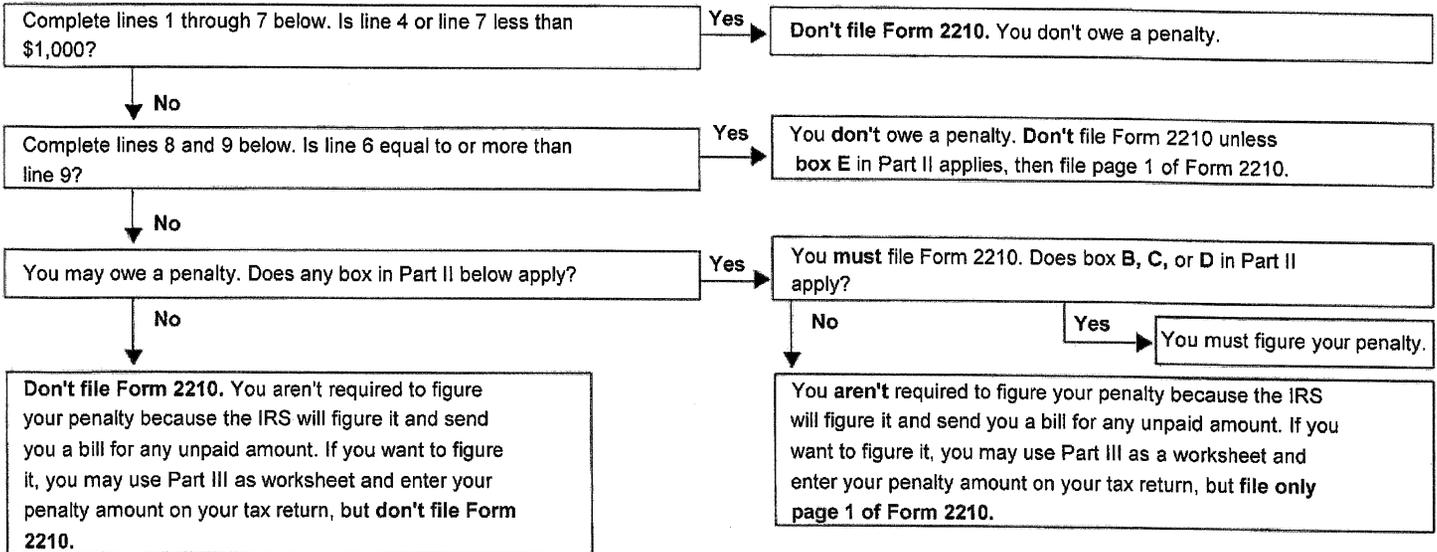
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Name(s) shown on tax return

Identifying number

Thomas J. Woodard

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2021 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	8,873
3	Other payments and refundable credits (see instructions)	3	
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	8,873
5	Multiply line 4 by 90% (0.90)	5	7,986
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	8,873
8	Maximum required annual payment based on prior year's tax (see instructions)	8	16,851
9	Required annual payment. Enter the smaller of line 5 or line 8	9	7,986

Next: Is line 9 more than line 6?

- No. You **don't** owe a penalty. **Don't** file Form 2210 unless box E below applies.
- Yes. You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
 - If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2020 or 2021, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box B, C, or D applies).

For Paperwork Reduction Act Notice, see separate instructions.

Thomas J. Woodard



Form 2210 (2021)

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A—Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/21	(b) 6/15/21	(c) 9/15/21	(d) 1/15/22
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	1,995	1,997	1,997	1,997
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11				

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12				
13 Add lines 11 and 12	13				
14 Add the amounts on lines 16 and 17 in the previous column	14		1,995	3,992	5,989
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	0	0	0	0
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		1,995	3,992	
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	1,995	1,997	1,997	1,997
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Section B—Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B — Figure the Penalty in the instructions.)
See 2210 Worksheet

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B — Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19				160
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Form **2210**

Underpayment of Estimated Tax Worksheet

2021

Name(s) shown on return

Thomas J. Woodard

Social security number

[REDACTED]

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/21</u>	<u>06/15/21</u>	<u>09/15/21</u>	<u>01/15/22</u>
Amount of underpayment	<u>1,995</u>	<u>1,997</u>	<u>1,997</u>	<u>1,997</u>
Prior year overpayment applied	_____	_____	_____	_____
Withholding	_____	_____	_____	_____
Excess FICA	_____	_____	_____	_____
Other payments	_____	_____	_____	_____

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

Qtr	From	To	Underpayment	#Days	Rate %	Penalty
1	4/15/21	4/15/22	1,995	365	3.00	60
2	6/15/21	4/15/22	1,997	304	3.00	50
3	9/15/21	4/15/22	1,997	212	3.00	35
4	1/15/22	4/15/22	1,997	90	3.00	15
Total Penalty						160

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to 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

Your social security number

Thomas J. Woodard

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	13,340	
	3	Multiply line 2 by 7.5% (0.075)	3	1,001	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid	5	State and local taxes.			
	a	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 checked="" type="checkbox"/>	5a	314	
	b	State and local real estate taxes (see instructions)	5b		
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	314	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	314	
	6	Other taxes. List type and amount ▶	6		
	7	Add lines 5e and 6	7	314	
Interest You Paid	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"/>			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a		
	b	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	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Mortgage insurance premiums (see instructions)	8d		
	e	Add lines 8a through 8d	8e		
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9	10		
	Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	
		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	12	
13		Carryover from prior year	13		
14		Add lines 11 through 13	14		
Casualty and Theft Losses	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	15		
Other Itemized Deductions	16	Other—from list in instructions. List type and amount ▶	16		
Total Itemized Deductions	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	17	314	
	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

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor
Thomas J. Woodard

Social security number (SSN)
[REDACTED]

A Principal business or profession, including product or service (see instructions)
Consulting

B Enter code from instructions
▶ **541600**

C Business name. If no separate business name, leave blank.
Baja Seri, LLC

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ **Calle Salvatierra #23 Oriente**
City, town or post office, state, and ZIP code **Loreto, B.C.S.**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2021, check here ▶

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	62,793
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	62,793
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	62,793
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	62,793

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	0			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	62,793			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	62,793			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> 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 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)

Thomas J. Woodard

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** **62,793**

3 Combine lines 1a, 1b, and 2 **3** **62,793**

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** **57,989**

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** **57,989**

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** **57,989**

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

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

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

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

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

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

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124) **10** **7,191**

11 Multiply line 6 by 2.9% (0.029) **11** **1,682**

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 **12** **8,873**

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 15 **13** **4,437**

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

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

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

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

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

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

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

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

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment
Sequence No **32**

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

Thomas J. Woodard

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	-910
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12a	2a	14,250
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	0
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$752,800, see instructions.)	4	13,340

Part II Alternative Minimum Tax (AMT)

5	Exemption. IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . . Single or head of household . . . \$ 523,600 . . . \$ 73,600 Married filing jointly or qualifying widow(er) 1,047,200 . . . 114,600 Married filing separately . . . 523,600 . . . 57,300 If line 4 is over the amount shown above for your filing status, see instructions.	5	73,600
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	0
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result.	7	
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	0
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0

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

Form **2555**

Foreign Earned Income

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form2555 for instructions and the latest information.

Attachment
Sequence No. **34**

For Use by U.S. Citizens and Resident Aliens Only

Name shown on Form 1040 or 1040-SR

Thomas J. Woodard

Your social security number

Part I General Information

1 Your foreign address (including country)
See Statement 1

2 Your occupation
Sales

3 Employer's name ▶ **WBA San Basilio, SdeRLdeCV**

4a Employer's U.S. address ▶

b Employer's foreign address ▶ **See Statement 2**

5 Employer is (check any that apply):
 a A foreign entity
 b A U.S. company
 c Self
 d A foreign affiliate of a U.S. company
 e Other (specify) ▶

6a If you previously filed Form 2555 or Form 2555-EZ, enter the last year you filed the form. ▶ **2020**

b If you didn't previously file Form 2555 or Form 2555-EZ to claim either of the exclusions, check here ▶ and go to line 7.

c Have you ever revoked either of the exclusions? Yes No

d If you answered "Yes," enter the type of exclusion and the tax year for which the revocation was effective. ▶

7 Of what country are you a citizen/national? ▶ **United States**

8a Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? See **Second foreign household** in the instructions Yes No

b If "Yes," enter city and country of the separate foreign residence. Also, enter the number of days during your tax year that you maintained a second household at that address. ▶

9 List your tax home(s) during your tax year and date(s) established. ▶ **Baja California Sur, Mexico** **01/15/07**

Next, complete either Part II or Part III. If an item doesn't apply, enter "N/A." If you don't give the information asked for, any exclusion or deduction you claim may be disallowed.

Part II Taxpayers Qualifying Under Bona Fide Residence Test

Note: Only U.S. citizens and resident aliens who are citizens or nationals of U.S. treaty countries can use this test. See instructions.

10 Date bona fide residence began ▶ **01/15/07** and ended ▶ **Continue**

11 Kind of living quarters in foreign country ▶ a Purchased house b Rented house or apartment c Rented room
d Quarters furnished by employer

12a Did any of your family live with you abroad during any part of the tax year? Yes No

b If "Yes," who and for what period? ▶ **None**

13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you aren't a resident of that country? See instructions Yes No

b Are you required to pay income tax to the country where you claim bona fide residence? See instructions Yes No

If you answered "Yes" to 13a and "No" to 13b, you don't qualify as a bona fide resident. Don't complete the rest of this part.

14 If you were present in the United States or its possessions during the tax year, complete columns (a)-(d) below. Don't include the income from column (d) in Part IV, but report it on Form 1040 or 1040-SR.

(a) Date arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business	(d) Income earned in U.S. on business (attach computation)	(a) Date arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business	(d) Income earned in U.S. on business (attach computation)

15a List any contractual terms or other conditions relating to the length of your employment abroad. ▶ **NA**

b Enter the type of visa under which you entered the foreign country. ▶ **Resident Visa**

c Did your visa limit the length of your stay or employment in a foreign country? If "Yes," attach explanation Yes No

d Did you maintain a home in the United States while living abroad? Yes No

e If "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship to you. ▶ **NA**

Part III Taxpayers Qualifying Under Physical Presence Test

Note: U.S. citizens and all resident aliens can use this test. See instructions.

- 16 The physical presence test is based on the 12-month period from through
- 17 Enter your principal country of employment during your tax year.
- 18 If you traveled abroad during the 12-month period entered on line 16, complete columns (a)-(f) below. Exclude travel between foreign countries that didn't involve travel on or over international waters, or in or over the United States, for 24 hours or more. If you have no travel to report during the period, enter "Physically present in a foreign country or countries for the entire 12-month period." **Don't** include the income from column (f) below in Part IV, but report it on Form 1040 or 1040-SR.

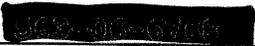
(a) Name of country (including U.S.)	(b) Date arrived	(c) Date left	(d) Full days present in country	(e) No. of days in U.S. on busn.	(f) Income earned in U.S. on business (attach computation)

Part IV All Taxpayers

Note: Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 2021 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. **Don't** include income from line 14, column (d), or line 18, column (f). Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpayer, report on Form 1040 or 1040-SR all income you received in 2021, no matter when you performed the service.

2021 Foreign Earned Income		Amount (in U.S. dollars)
19 Total wages, salaries, bonuses, commissions, etc.		19
20 Allowable share of income for personal services performed (see instructions):		
a In a business (including farming) or profession		20a 62,793
b In a partnership. List partnership's name and address and type of income. <input type="text"/>		20b
21 Noncash income (market value of property or facilities furnished by employer—attach statement showing how it was determined):		
a Home (lodging)		21a
b Meals		21b
c Car		21c
d Other property or facilities. List type and amount. <input type="text"/>		21d
22 Allowances, reimbursements, or expenses paid on your behalf for services you performed:		
a Cost of living and overseas differential	22a	
b Family	22b	
c Education	22c	
d Home leave	22d	
e Quarters	22e	
f For any other purpose. List type and amount. <input type="text"/>	22f	
g Add lines 22a through 22f		22g
23 Other foreign earned income. List type and amount. <input type="text"/>		23
24 Add lines 19 through 21d, line 22g, and line 23		24 62,793
25 Total amount of meals and lodging included on line 24 that is excludable (see instructions)		25
26 Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 2021 foreign earned income		26 62,793



Part V All Taxpayers

27	Enter the amount from line 26	27	62,793
Are you claiming the housing exclusion or housing deduction?			
<input type="checkbox"/> Yes. Complete Part VI.			
<input checked="" type="checkbox"/> No. Go to Part VII.			

Part VI Taxpayers Claiming the Housing Exclusion and/or Deduction

28	Qualified housing expenses for the tax year (see instructions)	28	
29a	Enter location where housing expenses incurred. See instructions. ▶		
b	Enter limit on housing expenses. See instructions	29b	
30	Enter the smaller of line 28 or line 29b	30	
31	Number of days in your qualifying period that fall within your 2021 tax year (see instructions)	31	31 days
32	Multiply \$47.65 by the number of days on line 31. If 365 is entered on line 31, enter \$17,392 here	32	
33	Subtract line 32 from line 30. If the result is zero or less, don't complete the rest of this part or any of Part IX	33	
34	Enter employer-provided amounts. See instructions	34	
35	Divide line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but don't enter more than "1.000"	35	
36	Housing exclusion. Multiply line 33 by line 35. Enter the result but don't enter more than the amount on line 34. Also, complete Part VIII	36	

Note: The housing deduction is figured in Part IX. If you choose to claim the foreign earned income exclusion, complete Parts VII and VIII before Part IX.

Part VII Taxpayers Claiming the Foreign Earned Income Exclusion

37	Maximum foreign earned income exclusion. Enter \$108,700.	37	108,700
38	• If you completed Part VI, enter the number from line 31. • All others, enter the number of days in your qualifying period that fall within your 2021 tax year. See the instructions for line 31.	38	365 days
39	• If line 38 and the number of days in your 2021 tax year (usually 365) are the same, enter "1.000." • Otherwise, divide line 38 by the number of days in your 2021 tax year and enter the result as a decimal (rounded to at least three places).	39	1.000
40	Multiply line 37 by line 39	40	108,700
41	Subtract line 36 from line 27	41	62,793
42	Foreign earned income exclusion. Enter the smaller of line 40 or line 41. Also, complete Part VIII	42	62,793

Part VIII Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion, or Both

43	Add lines 36 and 42	43	62,793
44	Deductions allowed in figuring your adjusted gross income (Form 1040 or 1040-SR, line 11) that are allocable to the excluded income. See instructions and attach computation	44	See Wrksheet 4,437
45	Subtract line 44 from line 43. Enter the result here and in parentheses on Schedule 1 (Form 1040), line 8d. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Forms 1040 and 1040-SR if you enter an amount on this line	45	58,356

Part IX Taxpayers Claiming the Housing Deduction — Complete this part only if (a) line 33 is more than line 36, and (b) line 27 is more than line 43.

46	Subtract line 36 from line 33	46	
47	Subtract line 43 from line 27	47	
48	Enter the smaller of line 46 or line 47	48	
Note: If line 47 is more than line 48 and you couldn't deduct all of your 2020 housing deduction because of the 2020 limit, use the Housing Deduction Carryover Worksheet in the instructions to figure the amount to enter on line 49. Otherwise, go to line 50.			
49	Housing deduction carryover from 2020 (from the Housing Deduction Carryover Worksheet in the instructions)	49	
50	Housing deduction. Add lines 48 and 49. Enter the total here and on Schedule 1 (Form 1040), line 24j. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Forms 1040 and 1040-SR if you enter an amount on this line	50	

Form **8959**

Additional Medicare Tax

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions.

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

▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment
Sequence No. **71**

Name(s) shown on return

Thomas J. Woodard

Your social security number

[REDACTED]

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1		
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4		
5 Enter the following amount for your filing status:			
Married filing jointly		\$250,000	
Married filing separately		\$125,000	
Single, Head of household, or Qualifying widow(er)		\$200,000	
	5	200,000	
6 Subtract line 5 from line 4. If zero or less, enter -0-			6 0
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8	57,989	
9 Enter the following amount for your filing status:			
Married filing jointly		\$250,000	
Married filing separately		\$125,000	
Single, Head of household, or Qualifying widow(er)		\$200,000	
	9	200,000	
10 Enter the amount from line 4	10		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	200,000	
12 Subtract line 11 from line 8. If zero or less, enter -0-			12 0
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 Enter the following amount for your filing status:			
Married filing jointly		\$250,000	
Married filing separately		\$125,000	
Single, Head of household, or Qualifying widow(er)		\$200,000	
	15	200,000	
16 Subtract line 15 from line 14. If zero or less, enter -0-			16 0
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V			18
--	--	--	----

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19		
20 Enter the amount from line 1	20		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22 0
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)			24

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

Form **8959** (2021)

Federal Statements

WBA San Basilio, SdeRLdeCV

Statement 1 - Form 2555, Part I, Line 1 - Your Foreign Address

Foreign Street Address	Foreign City	Foreign State/Province	Foreign Country Code	Foreign Country	Foreign Postal Code
Calle Salvatierra #23 Oriente	Loreto	B.C.S.	MX	Mexico	23880

WBA San Basilio, SdeRLdeCV

Statement 2 - Form 2555, Part I, Line 4b - Employer's Foreign Address

Foreign Street Address	Foreign City	Foreign State/Province	Foreign Country Code	Foreign Country	Foreign Postal Code
Calle Salvatierra #23 Oriente	Loreto	B.C.S.	MX	Mexico	23880

Form 1040	Pension/Annuity Report	2021
------------------	-------------------------------	-------------

Name **Thomas J. Woodard** Taxpayer Identification Number [REDACTED]

	T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	--	<u>Allergan Pension</u>	13,340	--	13,340
B	--	_____		--	
C	--	_____		--	
D	--	_____		--	
E	--	_____		--	
F	--	_____		--	
G	--	_____		--	
H	--	_____		--	
I	--	_____		--	
J	--	_____		--	
K	--	_____		--	
L	--	_____		--	
M	--	_____		--	
N	--	_____		--	
O	--	_____		--	
		Taxpayer Spouse Total	13,340		13,340
			13,340		13,340

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	--	_____	_____	_____	_____	_____
B	--	_____	_____	_____	_____	_____
C	--	_____	_____	_____	_____	_____
D	--	_____	_____	_____	_____	_____
E	--	_____	_____	_____	_____	_____
F	--	_____	_____	_____	_____	_____
G	--	_____	_____	_____	_____	_____
H	--	_____	_____	_____	_____	_____
I	--	_____	_____	_____	_____	_____
J	--	_____	_____	_____	_____	_____
K	--	_____	_____	_____	_____	_____
L	--	_____	_____	_____	_____	_____
M	--	_____	_____	_____	_____	_____
N	--	_____	_____	_____	_____	_____
O	--	_____	_____	_____	_____	_____
Taxpayer Spouse Total		_____	_____	_____	_____	_____

Form 2555	Foreign Earned Income Allocation Worksheet	2021
------------------	---	-------------

Name **Thomas J. Woodard** Taxpayer Identification Number XXXXXXXXXX

US days worked during foreign assignment	
Foreign days worked during foreign assignment	240
US days worked before(after) foreign assignment	
Foreign days worked before(after) foreign assignment	
Total days worked in the tax year	240

Description	Total	During Foreign Assignment		Before (After) Foreign Assignment	
		U.S.	Foreign	U.S.	Foreign
Foreign Earned Income					
Wages and salaries:					
Business Income:					
See Statement	62,793		62,793		
Partnership:					
Noncash income:					
Home (lodging)					
Meals					
Car					
Other					
Allowances, reimbursements:					
Living differential					
Family					
Education					
Home leave					
Quarters					
Other					
Other foreign earned income					
Excludable meals and lodging					
Total foreign earned income	62,793		62,793		
Allocable Deductions					
Business expenses:					
Self-Employment Deductions:					
Employer-equivalent SE Tax :					
Stmt	4,437		4,437		
Keogh/SEP/SIMPLE					
Other:					
Moving expenses					
Total Allocable Deductions	4,437		4,437		

Form 2555, Line 49 - Housing Deduction Carryover Worksheet

- | | | |
|--|----|----------|
| 1. Enter the amount from your 2020 Form 2555, line 46 | 1. | |
| 2. Enter the amount from your 2020 Form 2555, line 48 | 2. | |
| 3. Subtract line 2 from line 1. If the result is zero, stop here; enter -0- on line 49 of your 2021 Form 2555. You do not have any housing deduction carryover from 2020 | 3. | 0 |
| 4. Enter the amount from your 2021 Form 2555, line 47 | 4. | |
| 5. Enter the amount from your 2021 Form 2555, line 48 | 5. | |
| 6. Subtract line 5 from line 4 | 6. | |
| 7. Enter the smaller of line 3 or line 6 here and on line 49 of your 2021 Form 2555. If line 3 is more than line 6, you may not carry the difference over to any future year | 7. | |

Form 2555	Deductions Allocable to Excluded Income	2021
------------------	--	-------------

Name Thomas J. Woodard	Taxpayer Identification Number
----------------------------------	------------------------------------

Allocable Moving Expenses Connected with 2020 and 2021

Moving expenses to be allocated	
Allocation Ratio:	
Numerator:	
1. 2020 Foreign earned income and housing exclusion. (2020 Form 2555, page 3, line 43)	
2. 2021 Foreign earned income and housing exclusion. (2021 Form 2555, page 3, line 43)	
3. Add the amounts on line 1 and 2. This is the ratio numerator.	
Denominator:	
4. 2020 Total foreign earned income. (2020 Form 2555, page 2, line 26)	
5. 2021 Total foreign earned income. (2021 Form 2555, page 2, line 26)	
6. Add the amounts on line 4 and 5. This is the ratio denominator.	
Divide line 3 by line 6. This is the allocation ratio.	x
Moving expenses connected to 2020 and 2021 allocable to excluded income.	

Allocable Moving Expenses Connected with 2021 and 2022

Moving expenses to be allocated	
Allocation Ratio:	
Numerator:	
1. 2021 Foreign earned income and housing exclusion. (2021 Form 2555, page 3, line 43)	
2. 2022 Foreign earned income and housing exclusion.	
3. Add the amounts on line 1 and 2. This is the ratio numerator.	
Denominator:	
4. 2021 Total foreign earned income. (2021 Form 2555, page 2, line 26)	
5. 2022 Total foreign earned income.	
6. Add the amounts on line 4 and 5. This is the ratio denominator.	
Divide line 3 by line 6. This is the allocation ratio.	x
Moving expenses connected to 2021 and 2022 allocable to excluded income.	

Form 2555 Deductions Allocable to Excluded Income

Deductions to be allocated to excluded income:	
Business expenses	
Self-Employment deductions:	
Employer-equivalent SE tax	4,437
Keogh/SEP/SIMPLE	
Moving expenses connected entirely with current year	
Other expenses	
Total Deductions to be allocated to excluded income	4,437
Exclusion ratio:	
1. Foreign earned income and housing exclusion. (2021 Form 2555, page 3, line 43)	62,793
2. Total foreign earned income. (2021 Form 2555, page 2, line 26)	62,793
Divide line 1 by line 2. This is the exclusion ratio.	x 1.0000
Subtotal Deductions allocable to excluded income	4,437
Moving expenses allocable to excluded income:	
Connected to 2020 and 2021. See worksheet provided above.	
Connected to 2021 and 2022. See worksheet provided above.	
Total moving expenses allocable to excluded income	
Form 2555, line 44, deductions allocable to excluded income	4,437

Federal Statements

WBA San Basilio, SdeRLdeCV

Foreign Earned Income Allocation - Business Income

<u>Name</u>	<u>Type</u>	<u>US Earned During</u>	<u>Foreign Earned During</u>	<u>US Earned Before(After)</u>	<u>Foreign Earned Before(After)</u>
Consulting	Schedule C	\$	\$ 62,793	\$	\$
Total		\$ 0	\$ 62,793	\$ 0	\$ 0

WBA San Basilio, SdeRLdeCV

Form 2555 Deduction Allocation - Employer-equivalent SE Tax

<u>Name</u>	<u>Type</u>	<u>US Earned During</u>	<u>Foreign Earned During</u>	<u>US Earned Before(After)</u>	<u>Foreign Earned Before(After)</u>
Consulting	Schedule C	\$	\$ 4,437	\$	\$
Total		\$ 0	\$ 4,437	\$ 0	\$ 0

Form 1040	Standard Deduction & Dependent MAGI Worksheets	2021
------------------	---	-------------

Name Thomas J. Woodard	Taxpayer Identification Number
----------------------------------	------------------------------------

Standard Deduction Worksheet

1. Enter the amount shown below for your filing status.

- Single or Married filing separately - \$12,550
- Married filing jointly or qualifying widow(er) - \$25,100
- Head of household - \$18,800

1. 12,550

2. Can you (or your spouse if married, filing jointly) be claimed as a dependent?
 No. Skip line 3; enter the amount from line 1 on line 4.
 Yes. Go to line 3.

3. Is your earned income more than \$750?
 Yes. Add \$350 to your earned income. Enter the total.
 No. Enter \$1,100

3. _____

4. Enter the smaller of line 1 or line 3. If under 65 and not blind, continue to line 6. Otherwise, go to line 5. 4. 12,550

5. Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Total boxes checked **1**
 If 65 or older or blind, multiply \$1,350 (\$1,700 if single or head of household) by the number in the box above 5. 1,700

6. Add lines 4 and 5. Enter the total here and on Form 1040 or 1040-SR, line 12 6. 14,250

Dependent Modified Adjusted Gross Income Worksheet

1. Are you required to file a tax return?
 No. Do not include Dependent's modified adjusted gross income in Claiming Taxpayer's household income.
 Yes. Include Modified Adjusted Gross Income in claiming taxpayer's household income.

2. Adjusted Gross Income. Enter the amount from Form 1040, Line 11 2. _____

3. Enter tax-exempt interest from Form 1040, line 2a 3. _____

4. Enter any amounts from your Form 2555, lines 45 and 50 4. _____

5. Subtotal. Combine lines 2 through 4 5. _____

6. Enter the total Social Security benefits from Form 1040, line 6a 6. _____

7. Enter the taxable Social Security benefits from Form 1040, line 6b 7. _____

8. Nontaxable Social Security benefits. Subtract line 7 from line 6 8. _____

9. Dependent Modified Adjusted Gross Income for Claiming Taxpayer's Form 8962.
 Add lines 5 and 8 9. _____

Form 1040	Net Earnings from Self-Employment Worksheet	2021
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Name Thomas J. Woodard	Taxpayer Identification Number <div style="background-color: black; width: 100%; height: 1.2em;"></div>
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	Taxpayer	Spouse
Farm profit or (loss)		
Schedule F		
Farm Partnerships - Schedule K-1, box 14, code A		
Auto expense from farm partnerships	()	()
Amortization from farm partnerships	()	()
Depreciation & Section 179 from farm partnerships	()	()
Depletion from farm partnerships	()	()
Other expenses from farm partnerships	()	()
Home office expenses from farm partnerships	()	()
Unreimbursed partnership expenses from farm partnerships	()	()
Debt financed acquisition interest from farm partnerships	()	()
Farm adjustment to SE Income		
Net farm profit or (loss) - Schedule SE line 1a	0	0
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b	(0)	(0)
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)	62,793	
Nonfarm partnerships - Schedule K-1, box 14, code A		
Auto expense from nonfarm partnerships	()	()
Amortization from nonfarm partnerships	()	()
Depreciation & section 179 from nonfarm partnerships	()	()
Depletion from nonfarm partnerships	()	()
Other expenses from nonfarm partnerships	()	()
Home office expenses from nonfarm partnerships	()	()
Unreimbursed partnership expenses from nonfarm partnerships	()	()
Debt financed acquisition interest from nonfarm partnerships	()	()
Nonfarm adjustment to SE income		
Self-employment income reported as other income		
Self-employment income from contracts and straddles		
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7)		
Net nonfarm profit or (loss) - Schedule SE line 2	62,793	0
Other income items subject to and/or exempt from self-employment tax		
Fees received for services performed as a notary public	()	()
Earnings while debtor in a chapter 11 bankruptcy case		
Taxable community property income/-loss		
Exempt community property income/-loss	()	()
Net adjustment included on Schedule SE, line 3	0	0
Net profit (loss) from self-employment activities - Schedule SE line 3	62,793	0
Church employee income - Schedule SE, Page 1 line 5a		

Form 1040	Recovery Rebate Credit Worksheet	2021
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Name Thomas J. Woodard	Taxpayer Identification Number
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Filing Status 1040/1040-SR Line 11 (AGI) _____ EIP 3: Tp/Joint <u>2,800</u> Spouse _____ Total EIP 3 reported on line 13 below _____	SGL	Dependents on 1040/SR page 1 with: a. Social security numbers _____ a. _____ b. Adoption taxpayer id no. (ATIN) _____ b. _____ c. Line a + b. Total qualifying dependents _____ c. _____ d. Multiply line c by \$1,400, enter on line 7 below d. _____
	<u>13,340</u>	
	<u>2,800</u>	

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.
 No. Go to line 2.
 Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2021 return include a social security number* that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing joint return, your spouse?
 Yes. Go to line 6. **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number* that was issued on or before the due date of your 2021 return (including extensions)?
 Yes. Your credit is not limited. Go to line 6. **No.** Go to line 4.
4. Does one of you have a social number* that was issued on or before the due date of your 2021 return (including extensions)?
 Yes. Your credit is limited. Go to line 6. **No.** Go to line 5.
5. Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number* that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?
 Yes. Enter zero on line 6 and go to line 7.
 No. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
6. Enter:
 - \$1,400 if single, head of household, married filing separately, or qualifying widow(er)
 - \$1,400 if married filing jointly and you answered "Yes" to question 4, or
 - \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3

6. 1,400
7. Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number* that was issued on or before the due date of your 2021 return (excluding extensions) or an adoption taxpayer identification number

7. _____
8. Add lines 6 and 7

8. 1,400
9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
 - Single or Married filing separately - \$75,000
 - Married filing jointly or qualifying widow(er) - \$150,000
 - Head of household - \$112,500

9. _____

 Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10
 No. Enter the amount from line 8 on line 12 and skip lines 10 and 11
10. Is line 9 more than the amount shown below for your filing status?
 - Single or married filing separately - \$80,000
 - Married filing jointly or qualifying widow(er) - \$160,000
 - Head of household - \$120,000 **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30
 No. Subtract line 9 from the amount shown above for your filing status

10. _____
11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
 - Single or married filing separately - \$5,000
 - Married filing jointly or qualifying widow(er) - \$10,000
 - Head of household - \$7,500

11. _____
12. Multiply line 8 by line 11

12. 1,400
13. Enter the amount, if any, of the EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here

13. 2,800
14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR

14. 0

* A valid social security number is one that is valid for employment in the United States and is issued before the due date of your 2021 return (including extensions).

1040	Federal Return Summary	2021
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Name Thomas J. Woodard	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>
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Tax Form 1040
 Tax Method Used Tax Table

Filing Status SGL
 Dependents _____

Income	
Salaries & wages	_____
Taxable interest income	_____
Tax exempt interest	_____
Dividend income	_____
Qualified dividends	_____
Taxable state/local refunds	_____
Alimony received	_____
Business income/-loss	<u>62,793</u>
Capital gain/-loss	_____
Other gain/-loss (Form 4797)	_____
Taxable IRA distributions	_____
Taxable pension distributions	<u>13,340</u>
Rental, royalty, partnership, etc. income/-loss	_____
Farm income/-loss	_____
Unemployment compensation	_____
Taxable social security benefits	_____
Other income	<u>-58,356</u>
Total income	<u>17,777</u>

Adjustments	
Moving expenses	_____
Deductible part of self-employment tax	<u>4,437</u>
SEP, SIMPLE, and qualified plan deduction	_____
Self-employed health insurance deduction	_____
Alimony paid	_____
IRA deduction	_____
Student loan interest deduction	_____
Other adjustments	_____
Total adjustments	<u>4,437</u>
Adjusted gross income	<u>13,340</u>

Deductions	
Medical and Dental expenses	_____
Taxes paid	_____
Interest paid	_____
Charitable contributions	_____
Other itemized deductions	_____
Total itemized deductions	_____
or, Std ded (incl charitable cont w/std ded)	<u>14,250</u>
Taxable income before Qual Bus Inc Ded (QBID)	<u>-910</u>
QBID	_____
Taxable income	_____

Tax Computation	
Regular tax	_____
Alternative minimum tax	_____
Excess advance premium tax credit	_____
Total tax before credits	_____
Child and dependent care credit	_____
Education credits	_____
Other credits	_____
Total credits	_____
Tax after credits	_____
Self-employment tax	<u>8,873</u>
Additional tax on IRAs, etc.	_____
Other taxes	_____
Total tax	<u>8,873</u>

Payments	
Federal income tax withheld	_____
Estimated payments	_____
Other payments/credits	_____
Total payments	_____

Refund/Amount Due	
Amount overpaid	_____
Overpayment applied	_____
Form 2210 penalty	<u>160</u>
Amount due/-refund	<u>9,033</u>
Failure to file penalty	_____
Failure to pay penalty	_____
Late filing interest	_____
Net amount due/-refund	<u>9,033</u>

2022 Estimates	
1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total Estimates	_____

Tax Rates	
Marginal tax rate - Ordinary income*	<u>10.0</u> %
Marginal tax rate - Capital income*	_____ %
Effective tax rate	_____ %

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

Form 1040	Two Year Comparison Report - Page 1	2020 & 2021
------------------	--	------------------------

Name **Thomas J. Woodard** Taxpayer Identification Number XXXXXXXXXX

		2020	2021	Differences
Filing Status		SGL	SGL	
Dependents		1	0	-1
1. Salaries and wages	1.			
2. Interest income	2.			
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.	132,000	62,793	-69,207
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.		13,340	13,340
13. Rent and royalty income including farm rental	13.			
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.	-99,997	-58,356	41,641
20. Total income	20.	32,003	17,777	-14,226
Adjustments				
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.	9,326	4,437	-4,889
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	22,677	13,340	-9,337
Deductions				
31. Medical	31.	29,299		-29,299
32. Taxes	32.		314	314
33. Interest	33.			
34. Contributions	34.			
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	29,299	314	-28,985
38. Standard deduction (incl charitable contrib w/std ded)	38.	12,400	14,250	1,850
		Itemized	Standard	
39. Deduction taken	39.	29,299	14,250	-15,049
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	0	-910	-910
41. QBID	41.	0	0	
42. Taxable income	42.	0	0	

Form 1040	Two Year Comparison Report - Page 2	2020 & 2021
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Name **Thomas J. Woodard** Taxpayer Identification Number XXXXXXXXXX

		2020	2021	Differences
43. Taxable income from 2YR page 1, line 42	43.	0	0	
44. Tax on taxable income	44.	0	0	
45. Alternative minimum tax	45.			
46. Excess advance premium tax credit	46.			
47. Child care credit	47.			
48. Education credits	48.			
49. Retirement savings credit	49.			
50. Child & other dependent tax credit	50.			
51. General business credit	51.			
52. Other credits	52.			
53. Total credits	53.			
54. Net tax liability	54.			
55. Self-employment taxes	55.	18,651	8,873	-9,778
56. Other taxes	56.			
57. Total tax	57.	18,651	8,873	-9,778
58. Income tax withheld	58.			
59. Estimated tax payments	59.			
60. Earned income credit	60.			
61. Additional Child tax credit	61.			
62. Other refundable tax credits	62.			
63. Other payments	63.	1,800		-1,800
64. Total payments	64.	1,800		-1,800
65. Tax due/-refund	65.	16,851	8,873	-7,978
66. Penalties and interest	66.	264	160	-104
67. Net tax due/-refund	67.	17,115	9,033	-8,082
68. Refund applied to estimated tax payments	68.			
69. Refund received	69.			
70. Effective tax rate	70.	%	%	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2020	2020 Marginal	2021	2021 Marginal
	Taxable Income	Tax Rate	Taxable Income	Tax Rate
Ordinary income		%		%
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form 1040	Two Year Comparison Report - Schedule C	2020 & 2021
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Name **Thomas J. Woodard** Taxpayer identification number [REDACTED]

Principal business or profession **Consulting** Unit **1**

		2020	2021	Differences
Income				
1. Gross receipts or sales	1.	132,000	62,793	-69,207
2. Returns and allowances	2.			
3. Cost of goods sold	3.			
4. Gross profit	4.	132,000	62,793	-69,207
5. Other income	5.			
6. Gross income	6.	132,000	62,793	-69,207

Expenses				
7. Advertising	7.			
8. Car and truck expenses	8.			
9. Commissions and fees	9.			
10. Contract labor	10.			
11. Depletion	11.			
12. Depreciation and section 179 expense deduction	12.			
13. Employee benefit programs	13.			
14. Insurance (other than health)	14.			
15. Interest - mortgage (paid to banks, etc.)	15.			
16. Interest - other	16.			
17. Legal and professional services	17.			
18. Office expense	18.			
19. Pension and profit-sharing plans	19.			
20. Rent or lease - vehicles, machinery, and equipment	20.			
21. Rent or lease - other business property	21.			
22. Repairs and maintenance	22.			
23. Supplies (not included in cost of goods sold)	23.			
24. Taxes and licenses	24.			
25. Travel	25.			
26. Total meals and entertainment	26.			
26a. Nondeductible meals and entertainment	26a.			
26b. Deductible meals and entertainment	26b.			
27. Utilities	27.			
28. Wages (less employment credits)	28.			
29. Other expenses	29.			
30. Total expenses	30.			

Profit/ (loss)				
31. Tentative profit (loss)	31.	132,000	62,793	-69,207
32. Expenses for business use of home	32.			
33. Net profit or (loss)	33.	132,000	62,793	-69,207

Cost of Goods Sold				
34. Inventory - Beginning of year	34.			
35. Purchases	35.			
36. Labor	36.			
37. Materials	37.			
38. Other costs	38.			
39. Goods available for sale (sum of lines 34-38)	39.			
40. Inventory - End of year	40.			