

Form **1040-SR** Department of the Treasury—Internal Revenue Service (99) **2021** U.S. Tax Return for Seniors 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: **CLAUDE W** Last name: **REESE** Your social security number: **385-60-6363**
 If joint return, spouse's first name and middle initial: **BEVERLY D** Last name: **JERDINE** Spouse's social security number: **376-62-8928**

Home address (number and street). If you have a P.O. box, see instructions: **16810 CARLISLE ST** Apt. no.:
 City, town, or post office. If you have a foreign address, also complete spaces below. State: **MI** ZIP code: **48205**
 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):

(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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	15,118
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	
3b	Ordinary dividends	3b	
4a	IRA distributions	4a	
4b	Taxable amount	4b	
5a	Pensions and annuities	5a	
5b	Taxable amount	5b	9,542
6a	Social security benefits	6a	
6b	Taxable amount	6b	
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	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	24,660
10	Adjustments to income from Schedule 1, line 26	10	NONE
11	Subtract line 10 from line 9. This is your adjusted gross income	11	24,660

Standard Deduction

See Standard Deduction Chart on the last page of this form.

12a	Standard deduction or itemized deductions (from Schedule A)	12a	26,450	
b	Charitable contributions if you take the standard deduction (see instructions)	12b	200	
c	Add lines 12a and 12b	12c	26,650	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12c and 13	14	26,650	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	NONE	
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16	NONE	
17	Amount from Schedule 2, line 3	17		
18	Add lines 16 and 17	18		
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19		
20	Amount from Schedule 3, line 8	20		
21	Add lines 19 and 20	21		
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23		
24	Add lines 22 and 23. This is your total tax	24	NONE	
25	Federal income tax withheld from: a Form(s) W-2	25a	943	
	b Form(s) 1099	25b		
	c Other forms (see instructions)	25c		
	d Add lines 25a through 25c	25d	943	
26	2021 estimated tax payments and amount applied from 2020 return	26		
27a	Earned income credit (EIC)	27a	414	
	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 18, to claim the EIC. See instructions <input type="checkbox"/>			
b	Nontaxable combat pay election	27b		
c	Prior year (2019) earned income			
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30	2,800	
31	Amount from Schedule 3, line 15	31	NONE	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	3,214	
33	Add lines 25d, 26, and 32. These are your total payments	33	4,157	

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

CLAUDE W REESE

DHI16550.ACR AH5 2021.16

385-60-6363

Form 1040-SR (2021)

Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** **4,157**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here **35a** **4,157**

Direct deposit? See instructions.

b Routing number
d Account number

c Type: Checking Savings

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** **NONE**

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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
SECURITY GUARD		RETAIL STORE ASSOCIATE	
Phone no.	Email address		

Paid Preparer Use Only
Preparer's name: Angel Hall
Preparer's signature: Jackson Hewitt Tax Service
Date: PTIN: P01771841
Firm's name: 20314 Gratiot Avenue Eastpointe
Firm's address: MI 48021-2857
Check if: Self-employed
Phone no. (248) 406-6025
Firm's EIN 47-4271722