

**CLIENT'S COPY**

Form **1040**

Department of the Treasury—Internal Revenue Service (99)  
**U.S. Individual Income Tax Return**

**2021**

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 <b>CARL J.</b>		Last name <b>COLLIER</b>		Your social security number <b>531-13-6300</b>	
If joint return, spouse's first name and middle initial <b>HANNAH</b>		Last name <b>ADAMS</b>		Spouse's social security number <b>001-64-5053</b>	
Home address (number and street). If you have a P.O box, see instructions. <b>7700 16th Ave. NE</b>				Apt. no.	
City, town or post office. If you have a foreign address, also complete spaces below. <b>SEATTLE</b>			State <b>WA</b>	ZIP code <b>98115</b>	
Foreign country name		Foreign province/state/country		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.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  Spouse  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) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
<b>ZELDA M</b>	<b>ADAMS COLLIER</b>	<b>537-61-7271</b>	<b>Daughter</b>	<input checked="" type="checkbox"/>	
<b>SCARLET W</b>	<b>ADAMS-COLLIER</b>	<b>537-53-3807</b>	<b>Daughter</b>	<input checked="" type="checkbox"/>	

Attach Sch.B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	<b>255,760</b>
	<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>2b</b> Taxable interest	
	<b>3a</b> Qualified dividends	<b>3a</b>	<b>3b</b> Ordinary dividends	
	<b>4a</b> IRA distributions	<b>4a</b>	<b>4b</b> Taxable amount	
	<b>5a</b> Pensions and annuities	<b>5a</b>	<b>5b</b> Taxable amount	
	<b>6a</b> Soc. sec. ben.	<b>6a</b>	<b>6b</b> Taxable amount	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>7</b>	<b>2,736</b>
	<b>8</b> Other income from Schedule 1, line 10		<b>8</b>	<b>-7,569</b>
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> ▶		<b>9</b>	<b>250,927</b>
	<b>10</b> Adjustments to income from Schedule 1, line 26		<b>10</b>	<b>1,167</b>
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> ▶		<b>11</b>	<b>249,760</b>
	<b>12a</b> Standard deduction or itemized deductions (from Schedule A)	<b>12a</b> <b>25,100</b>		
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b> <b>50</b>		
	<b>c</b> Add lines 12a and 12b		<b>12c</b>	<b>25,150</b>
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A		<b>13</b>	
<b>14</b> Add lines 12c and 13		<b>14</b>	<b>25,150</b>	
<b>15</b> Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		<b>15</b>	<b>224,610</b>	

**Standard Deduction for—**

- Single or Married filing separately, \$12,550
- Married filing jointly or Qualifying widow(er), \$25,100
- Head of household, \$18,800
- If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972		16	<b>41,924</b>
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	<b>41,924</b>
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	<b>41,924</b>
23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	<b>2,714</b>
24	Add lines 22 and 23. This is your <b>total tax</b>		24	<b>44,638</b>
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		<b>47,740</b>
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		<b>519</b>
d	Add lines 25a through 25c		25d	<b>48,259</b>
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		<b>3,175</b>
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		<b>0</b>
31	Amount from Schedule 3, line 15	31		
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	32		<b>3,175</b>
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33		<b>51,434</b>
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34		<b>6,796</b>
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a		<b>6,796</b>
b	Routing number <b>XXXXXXXXXX</b>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <b>XXXXXXXXXXXXXXXXXXXX</b>			
36	Amount of line 34 you want applied to your <b>2022 estimated tax</b>	36		
37	<b>Amount you owe</b> . 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 **Marczeuz Kallistratus** Phone no. **360-376-3313** Personal identification number (PIN) **30003**

**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 instr.)
<b>CLIENT'S COPY</b>		<b>IT CONSULTANT</b>	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
		<b>DESIGNER &amp; ILLUSTRATOR</b>	

Preparer's name **Marczeuz Kallistratus** Preparer's signature **Marczeuz Kallistratus** Date **11/26/22** PTIN **P01057245** Check if:  Self-employed

Firm's name **Accounting Assoc-Puget Sound** Phone no. **360-376-3313**

Firm's address **P.O. BOX 1362 Eastsound WA 98245-1362** Firm's EIN

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

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

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **01**

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

Your social security number  
**531-13-6300**

**CARL J. COLLIER & HANNAH ADAMS**

**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	<b>-7,569</b>
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 ( )		
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	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	<b>-7,569</b>

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	<b>1,167</b>
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 <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	<b>1,167</b>

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **02**

▶ 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

**CARL J. COLLIER & HANNAH ADAMS**

Your social security number

**531-13-6300**

**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	<b>2,333</b>
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	<b>175</b>
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	<b>206</b>
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

**Part II Other Taxes (continued)**

<b>17</b> Other additional taxes:			
<b>a</b> Recapture of other credits. List type, form number, and amount ▶	17a		
<b>b</b> Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
<b>c</b> Additional tax on HSA distributions. Attach Form 8889	17c		
<b>d</b> Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
<b>e</b> Additional tax on Archer MSA distributions. Attach Form 8853	17e		
<b>f</b> Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
<b>g</b> Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
<b>h</b> Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
<b>i</b> Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
<b>j</b> Section 72(m)(5) excess benefits tax	17j		
<b>k</b> Golden parachute payments	17k		
<b>l</b> Tax on accumulation distribution of trusts	17l		
<b>m</b> Excise tax on insider stock compensation from an expatriated corporation	17m		
<b>n</b> Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
<b>o</b> Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
<b>p</b> Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
<b>q</b> Any interest from Form 8621, line 24	17q		
<b>z</b> Any other taxes. List type and amount ▶	17z		
<b>18</b> Total additional taxes. Add lines 17a through 17z		18	
<b>19</b> Additional tax from Schedule 8812		19	
<b>20</b> Section 965 net tax liability installment from Form 965-A	20		
<b>21</b> Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	<b>2,714</b>

**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 generally must file Form 1065.

Name of proprietor

**CARL J. COLLIER**

Social security number (SSN)

**531-13-6300**

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

**TELECOMMUNICATIONS SERVICES**

**B** Enter code from instructions

**541519**

**C** Business name. If no separate business name, leave blank.

**COLLIER TECHNOLOGIES, LLC**

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

**27-2514613**

**E** Business address (including suite or room no.)

**7700 16th Ave. NE**

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

**SEATTLE**

**WA 98115**

**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 **▶**

Yes  No

**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**

<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 <b>▶</b> <input type="checkbox"/>	<b>1</b>	<b>11,513</b>
<b>2</b>	Returns and allowances	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1	<b>3</b>	<b>11,513</b>
<b>4</b>	Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	<b>11,513</b>
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6 <b>▶</b>	<b>7</b>	<b>11,513</b>

**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>74</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>20a</b>	a Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b>	Depletion	<b>12</b>		<b>20b</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>8,241</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>210</b>
<b>16</b>	Interest (see instructions):			<b>24</b>	Travel and meals:		
<b>16a</b>	a Mortgage (paid to banks, etc.)	<b>16a</b>		<b>24a</b>	a Travel	<b>24a</b>	
<b>16b</b>	b Other	<b>16b</b>		<b>24b</b>	b Deductible meals (see instructions)	<b>24b</b>	<b>80</b>
<b>17</b>	Legal and professional services	<b>17</b>	<b>16,409</b>	<b>25</b>	Utilities	<b>25</b>	
<b>18</b>				<b>26</b>	Wages (less employment credits)	<b>26</b>	
<b>19</b>				<b>27a</b>	Other expenses (from line 48)	<b>27a</b>	<b>10,579</b>
<b>20</b>				<b>27b</b>	b Reserved for future use	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a <b>▶</b>	<b>28</b>	<b>35,593</b>	<b>29</b>		<b>29</b>	<b>-24,080</b>
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7	<b>29</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>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> and on <b>Schedule SE, line 2.</b> (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3.</b> • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>-24,080</b>				
<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 <b>Schedule 1 (Form 1040), line 3</b> and on <b>Schedule SE, line 2.</b> (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3.</b> • If you checked 32b, you <b>must</b> attach <b>Form 6198.</b> Your loss may be limited.			<b>32a</b>	<input checked="" type="checkbox"/> All investment is at risk.	<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.

CARL J. COLLIER

531-13-6300

Schedule C (Form 1040) 2021

TELECOMMUNICATIONS SERVICES

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [X] Cost b [ ] Lower of cost or market c [ ] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [ ] Yes [X] No

Table with 2 columns: Description (lines 35-41) and Amount. Line 42 is the total cost of goods sold.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? 46 Do you (or your spouse) have another vehicle available for personal use? 47a Do you have evidence to support your deduction? b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table listing other expenses: BANK FEES (287), COMPUTER & INTERNET EXPENSE (8,480), TELECOMMUNICATION PROVIDER SE (1,800), FREIGHT (12), and Total other expenses (10,579).



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 for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

HANNAH ADAMS

Social security number (SSN)

001-64-5053

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

ILLUSTRATION AND DESIGN SERVICES

B Enter code from instructions

541400

C Business name. If no separate business name, leave blank.

HANNAH ADAMS ILLUSTRATION & DESIGN

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

E Business address (including suite or room no.)

13740 37th AVENUE N.E.

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

SEATTLE

WA 98125

F Accounting method: (1) X 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

X 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 X No

J If "Yes," did you or will you file required Form(s) 1099?

Yes No

Part I Income

Table with 7 rows for income calculation. Line 1: Gross receipts or sales, 16,511. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1, 16,511. Line 4: Cost of goods sold. Line 5: Gross profit, 16,511. Line 6: Other income. Line 7: Gross income, 16,511.

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

Table with 29 rows for expense calculation. Lines 8-27: Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depletion, Depreciation and section 179 expense deduction, Employee benefit programs, Insurance, Interest, Mortgage, Other, Legal and professional services, Office expense, Pension and profit-sharing plans, Rent or lease, Repairs and maintenance, Supplies, Taxes and licenses, Travel and meals, Utilities, Wages. Line 28: Total expenses before expenses for business use of home, 0. Line 29: Tentative profit or (loss), 16,511.

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

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.

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

**CARL J. COLLIER & HANNAH ADAMS**

Your social security number  
**531-13-6300**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	<b>85,788</b>	<b>83,326</b>	<b>0</b>	<b>2,462</b>
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions			<b>6</b> ( )	
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			<b>7</b>	<b>2,462</b>

**Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	<b>651</b>	<b>377</b>	<b>0</b>	<b>274</b>
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>12</b>	
<b>13</b> Capital gain distributions. See the instructions			<b>13</b>	
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions			<b>14</b> ( )	
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on the back			<b>15</b>	<b>274</b>

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

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	2,736
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then go to line 22.</li> </ul>		
<p>17 Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	( )
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or Form 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Form **8949**

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

**2021**

Attachment Sequence No. **12A**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

**CARL J. COLLIER & HANNAH ADAMS**

Social security number or taxpayer identification number

**531-13-6300**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I**

**Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	See Statement 1			85,788	83,326			2,462
<b>2</b>	<b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			85,788	83,326		0	2,462

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.  
For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

**CARL J. COLLIER & HANNAH ADAMS**

**531-13-6300**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.309 sh SHARES GOOGLE	09/25/19	02/08/21	651	377			274
<b>2</b>	<b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			651	377		0	274

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**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)

Social security number of person  
with self-employment income ▶

**CARL J. COLLIER**

**531-13-6300**

**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

-24,080

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

3

-24,080

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

4a

-24,080

**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

-24,080

**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

**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

**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

**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

0

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

12

**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

**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

**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.

**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)

Social security number of person  
with self-employment income ▶

**HANNAH**

**ADAMS**

**001-64-5053**

**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

**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

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

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

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

**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

**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 ▶

**5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

**6** Add lines 4c and 5b

**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

**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

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

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

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

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

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

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

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

**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

**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

**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

**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

**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

<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.

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

Form **5329**

Department of the Treasury  
Internal Revenue Service (99)

### Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form5329](http://www.irs.gov/Form5329) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

**CARL J.**

**COLLIER**

**531-13-6300**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

**Fill in Your Address Only  
if You Are Filing This  
Form by Itself and Not  
With Your Tax Return**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended  
return, check here

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 6, without filing Form 5329. See instructions.

**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions.	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	<b>Additional tax.</b> Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 <b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	

**Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts.** Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8p, from an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	<b>Additional tax.</b> Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

**Part III Additional Tax on Excess Contributions to Traditional IRAs.** Complete this part if you contributed more to your traditional IRAs for 2021 than is allowable or you had an amount on line 17 of your 2020 Form 5329.

9	Enter your excess contributions from line 16 of your 2020 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2021 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2021 traditional IRA distributions included in income (see instructions)	11	
12	2021 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2021 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	<b>Additional tax.</b> Enter 6% (0.06) of the <b>smaller</b> of line 16 or the value of your traditional IRAs on December 31, 2021 (including 2021 contributions made in 2022). Include this amount on Schedule 2 (Form 1040), line 8	17	

**Part IV Additional Tax on Excess Contributions to Roth IRAs.** Complete this part if you contributed more to your Roth IRAs for 2021 than is allowable or you had an amount on line 25 of your 2020 Form 5329.

18	Enter your excess contributions from line 24 of your 2020 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2021 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2021 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2021 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	<b>Additional tax.</b> Enter 6% (0.06) of the <b>smaller</b> of line 24 or the value of your Roth IRAs on December 31, 2021 (including 2021 contributions made in 2022). Include this amount on Schedule 2 (Form 1040), line 8	25	

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



Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2021 were more than is allowable or you had an amount on line 33 of your 2020 Form 5329.

Table with 3 columns: Description, Line Number, Amount. Rows 26-33. Total excess contributions (line 32) is 0. Additional tax (line 33) is 0.

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2021 than is allowable or you had an amount on line 41 of your 2020 Form 5329.

Table with 3 columns: Description, Line Number, Amount. Rows 34-41. Total excess contributions (line 40) is 0. Additional tax (line 41) is 0.

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2021 than is allowable or you had an amount on line 49 of your 2020 Form 5329.

Table with 3 columns: Description, Line Number, Amount. Rows 42-49. Total excess contributions (line 48) is 2,917. Additional tax (line 49) is 175.

Part VIII Additional Tax on Excess Contributions to an ABLER Account. Complete this part if contributions to your ABLER account for 2021 were more than is allowable.

Table with 3 columns: Description, Line Number, Amount. Rows 50-51. Additional tax (line 51) is 0.

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

Table with 3 columns: Description, Line Number, Amount. Rows 52-55. Additional tax (line 55) is 0.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed PTIN

Firm's name

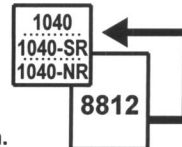
Firm's address

Firm's EIN

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 (99)

▶ 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 <b>CARL J. COLLIER &amp; HANNAH ADAMS</b>	Your social security number <b>531-13-6300</b>
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**Part I-A Child Tax Credit and Credit for Other Dependents**

1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR .....	1	<b>249,760</b>
2a Enter income from Puerto Rico that you excluded .....	2a	
b Enter the amounts from lines 45 and 50 of your Form 2555 .....	2b	
c Enter the amount from line 15 of your Form 4563 .....	2c	
d Add lines 2a through 2c .....	2d	
3 Add lines 1 and 2d .....	3	<b>249,760</b>
4a Number of qualifying children under age 18 with the required social security number .....	4a	<b>2</b>
b Number of children included on line 4a who were under age 6 at the end of 2021 .....	4b	
c Subtract line 4b from line 4a .....	4c	<b>2</b>
5 If line 4a is more than zero, enter the amount from the <b>Line 5 Worksheet</b> ; otherwise, enter -0- .....	5	<b>4,000</b>
6 Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number .....	6	
<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.		
7 Multiply line 6 by \$500 .....	7	
8 Add lines 5 and 7 .....	8	<b>4,000</b>
9 Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	<b>400,000</b>
10 Subtract line 9 from line 3. • 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.	10	<b>0</b>
11 Multiply line 10 by 5% (0.05) .....	11	
12 Subtract line 11 from line 8. If zero or less, enter -0- .....	12	<b>4,000</b>
13 Check all the boxes that apply to you (or your spouse if married filing jointly). A 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 B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021		<input checked="" 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.

14a Enter the smaller of line 7 or line 12 .....	14a	
b Subtract line 14a from line 12 .....	14b	<b>4,000</b>
c If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b> .....	14c	<b>0</b>
d Enter the smaller of line 14a or line 14c .....	14d	
e Add lines 14b and 14d .....	14e	<b>4,000</b>
f 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.	14f	<b>825</b>
g Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III .....	14g	<b>3,175</b>
h Enter the smaller of line 14d or line 14g. <b>This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR</b> .....	14h	
i Subtract line 14h from line 14g. <b>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>3,175</b>

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

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 <b>Credit Limit Worksheet A</b> .....	<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>15e</b>
<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>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. <b>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> .....	<b>15g</b>
<b>h</b> Subtract line 15g from line 15f. <b>This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR</b> .....	<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: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 .....	<b>16b</b>
<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>17</b> Enter the <b>smaller</b> of line 16a or line 16b .....	<b>17</b>
<b>18a</b> Earned income (see instructions) .....	<b>18a</b>
<b>b</b> Nontaxable combat pay (see instructions) .....	<b>18b</b>
<b>19</b> Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> 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>20</b>
<b>Next.</b> On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> <b>No.</b> If line 20 is zero, enter -0- on line 15c; Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> 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.	

**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</b> <b>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 <b>larger</b> of line 20 or line 25 .....	<b>26</b>
<b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	

**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)

<b>28a</b>	Enter the amount from line 14f or line 15e, whichever applies	<b>28a</b>	
<b>b</b>	Enter the amount from line 14e or line 15d, whichever applies	<b>28b</b>	
<b>29</b>	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	<b>29</b>	
<b>30</b>	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.	<b>30</b>	
<b>31</b>	Enter the smaller of line 4a or line 30	<b>31</b>	
<b>32</b>	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	<b>32</b>	
<b>33</b>	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>	<b>33</b>	
<b>34</b>	Subtract line 33 from line 3. If zero or less, enter -0-	<b>34</b>	
<b>35</b>	Enter the amount from line 33	<b>35</b>	
<b>36</b>	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	<b>36</b>	
<b>37</b>	Multiply line 32 by \$2,000	<b>37</b>	
<b>38</b>	Multiply line 37 by line 36	<b>38</b>	
<b>39</b>	Subtract line 38 from line 37	<b>39</b>	
<b>40</b>	Subtract line 39 from line 29. If zero or less, enter -0-. <b>This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19</b>	<b>40</b>	

Form **8889**

**Health Savings Accounts (HSAs)**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

**2021**

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Attachment Sequence No. **52**

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

**CARL J.  
HANNAH**

**COLLIER  
ADAMS**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**531-13-6300**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions		<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3		<b>7,200</b>
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		<b>7,200</b>
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6		<b>7,200</b>
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		<b>7,200</b>
9	Employer contributions made to your HSAs for 2021	9		<b>7,200</b>
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		<b>7,200</b>
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		<b>7,570</b>
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
c	Subtract line 14b from line 14a	14c		<b>7,570</b>
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		<b>7,570</b>
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		<input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

Form **8889**

**Statement  
Health Savings Accounts (HSAs)**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

**2021**

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Attachment  
Sequence No. **52**

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

**CARL J.  
HANNAH**

**COLLIER  
ADAMS**

Social security number of HSA  
beneficiary. If both spouses  
have HSAs, see instructions ▶

**531-13-6300**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3	7,200
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,200
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	7,200
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,200
9	Employer contributions made to your HSAs for 2021	9	7,200
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	7,200
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0
13	<b>HSA deduction.</b> Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		<input type="checkbox"/>
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

Statement

Form **8889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

**2021**

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Attachment Sequence No. **52**

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

**CARL J.  
HANNAH**

**COLLIER  
ADAMS**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**531-13-6300**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions		
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter		
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs		
5	Subtract line 4 from line 3. If zero or less, enter -0-		
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter		
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions		
8	Add lines 6 and 7		
9	Employer contributions made to your HSAs for 2021	9	
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10		
12	Subtract line 11 from line 8. If zero or less, enter -0-		
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	<b>7,570</b>
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	<b>7,570</b>
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	<b>7,570</b>
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	<b>0</b>
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

Form **8995**

## Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

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

**CARL J. COLLIER & HANNAH ADAMS**

Your taxpayer identification number  
**531-13-6300**

**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.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	<b>COLLIER TECHNOLOGIES, LLC</b>	<b>27-2514613</b>	<b>-24,080</b>
ii	<b>HANNAH ADAMS ILLUSTRATION &amp; DESIGN</b>	<b>001-64-5053</b>	<b>15,344</b>
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	<b>-8,736</b>	
3	Qualified business net (loss) carryforward from the prior year	3	<b>(14,615)</b>	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	<b>0</b>	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	<b>0</b>	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	<b>0</b>	
11	Taxable income before qualified business income deduction (see instructions)	11	<b>224,610</b>	
12	Net capital gain (see instructions)	12	<b>274</b>	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	<b>224,336</b>	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	<b>44,867</b>	
15	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	<b>0</b>	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	<b>(23,351)</b>	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	( )	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2021)



Form **8867**

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

### Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and  
Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
► Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

OMB No. 1545-0074

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

**CARL J. COLLIER & HANNAH ADAMS**

Taxpayer identification number

**531-13-6300**

Enter preparer's name and PTIN

**Marczeuz Kallistratus**

**P01057245**

#### Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

EIC     CTC/ACTC/ODC     AOTC     HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on: <u>Taxpayer summary of income</u>			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 12-2021)

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
  - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; and
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of this Form 8867.
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
    3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
    5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **8959**

**Additional Medicare Tax**

OMB No. 1545-0074

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](http://www.irs.gov/Form8959) for instructions and the latest information.

**2021**

Attachment Sequence No. **71**

Name(s) shown on return

**CARL J. COLLIER & HANNAH ADAMS**

Your social security number  
**531-13-6300**

**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	257,626	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	257,626	
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	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		7,626
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		69

**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	15,248	
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	250,000	
10	Enter the amount from line 4	10	257,626	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		15,248
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		137

**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	250,000	
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		206
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**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	4,255	
20	Enter the amount from line 1	20	257,626	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,736	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		519
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		519

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

Form **8948**  
(Rev. September 2018)  
Department of the Treasury  
Internal Revenue Service

# Preparer Explanation for Not Filing Electronically

▶ Go to [www.irs.gov/Form8948](http://www.irs.gov/Form8948) for instructions and the latest information.

OMB No. 1545-2200

Attachment Sequence No. **173**

Name(s) on tax return <b>CARL J. COLLIER &amp; HANNAH ADAMS</b>		Tax year of return <b>2021</b>	Taxpayer's identifying number <b>531-13-6300</b>
Preparer's name <b>Marczeuz Kallistratus</b>		Preparer Tax Identification Number (PTIN) <b>P01057245</b>	

Three out of four taxpayers now use IRS e-file. Go to [www.irs.gov/efile](http://www.irs.gov/efile) for details on using IRS e-file. The benefits of electronic filing include the following.

- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

- Taxpayer chose to file this return on paper.
- The preparer received a waiver from the requirement to electronically file the tax return.  
Waiver Reference Number \_\_\_\_\_ Approval Letter Date \_\_\_\_\_
- The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.
- This return was rejected by IRS e-file and the reject condition could not be resolved.  
Reject code: \_\_\_\_\_ Number of attempts to resolve reject: \_\_\_\_\_
- The preparer's e-file software package does not support Form \_\_\_\_\_ or Schedule \_\_\_\_\_ attached to this return.
- Check the box that applies and provide additional information if requested.
  - The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad.
  - The preparer is ineligible to participate in IRS e-file.
  - Other: Describe below the circumstances that prevented the preparer from filing this return electronically.  
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For Paperwork Reduction Act Notice, see instructions.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

Name(s) shown on return

**CARL J. COLLIER & HANNAH ADAMS**

Identifying number

**531-13-6300**

Business or activity to which this form relates

**TELECOMMUNICATIONS SERVICES**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	<b>8,199</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>42</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>8,241</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

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: **CARL J.** Last name: **COLLIER** Taxpayer social security number: **531-13-6300**

If a joint return, spouse's first name and initial: **HANNAH** Last name: **ADAMS** Spouse's social security number: **001-64-5053**

Home address (number and street). If you have a P.O. box, see instructions: **7700 16th Ave. NE** Apt. no. \_\_\_\_\_ Presidential Election Campaign:  Taxpayer  Spouse

City, town or post office, state, and ZIP code: **SEATTLE WA 98115**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ 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

6b  Spouse

Boxes checked on 6a and 6b: **2**

Children on 6c who lived with you: **2**

Children on 6c who did not live with you: \_\_\_\_\_

Dependents on 6c not entered above: \_\_\_\_\_

Total. Add lines above: **4**

(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	
<b>ZELDA M</b>	<b>ADAMS COLLIER</b>	<b>537-61-7271</b>	<b>Daughter</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>SCARLET W</b>	<b>ADAMS-COLLIER</b>	<b>537-53-3807</b>	<b>Daughter</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>Income</b> (Schedule 1)	<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>7</b>	<b>255,760</b>
	<b>8a</b> Taxable interest. Attach Schedule B if required	<b>8a</b>	
	<b>b</b> Tax-exempt interest. Do not include on line 8a	<b>8b</b>	
	<b>9a</b> Ordinary dividends. Attach Schedule B if required	<b>9a</b>	
	<b>b</b> Qualified dividends	<b>9b</b>	
	<b>10</b> Taxable refunds, credits, or offsets of state and local income taxes	<b>10</b>	
	<b>11</b> Alimony received	<b>11</b>	
	<b>12</b> Business income or (loss). Attach Schedule C or C-EZ	<b>12</b>	<b>-7,569</b>
	<b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>13</b>	<b>2,736</b>
	<b>14</b> Other gains or (losses). Attach Form 4797	<b>14</b>	
	<b>15a</b> IRA distributions	<b>15a</b>	
	<b>b</b> Taxable amount	<b>15b</b>	
	<b>16a</b> Pensions and annuities	<b>16a</b>	
	<b>b</b> Taxable amount	<b>16b</b>	
	<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	
	<b>18</b> Farm income or (loss). Attach Schedule F	<b>18</b>	
	<b>19</b> Unemployment compensation	<b>19</b>	
	<b>20a</b> Social security benefits	<b>20a</b>	
	<b>b</b> Taxable amount	<b>20b</b>	
	<b>21</b> Other income. List type and amount	<b>21</b>	
	<b>22</b> Combine the amounts in the far right column for lines 7 through 21. This is your total income	<b>22</b>	<b>250,927</b>
<b>Adjusted Gross Income</b> (Schedule 1)	<b>23</b> Educator expenses	<b>23</b>	
	<b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	<b>24</b>	
	<b>25</b> Health savings account deduction. Attach Form 8889	<b>25</b>	
	<b>26</b> Moving expenses. Attach Form 3903	<b>26</b>	
	<b>27</b> Deductible part of self-employment tax. Attach Schedule SE	<b>27</b>	<b>1,167</b>
	<b>28</b> Self-employed SEP, SIMPLE, and qualified plans	<b>28</b>	
	<b>29</b> Self-employed health insurance deduction	<b>29</b>	
	<b>30</b> Penalty on early withdrawal of savings	<b>30</b>	
	<b>31a</b> Alimony paid <b>b</b> Recipient's SSN	<b>31a</b>	
	<b>32</b> IRA deduction	<b>32</b>	
	<b>33</b> Student loan interest deduction	<b>33</b>	
	<b>34</b> Reserved for future use	<b>34</b>	
	<b>35</b> Reserved for future use	<b>35</b>	
	<b>36</b> Add lines 23 through 35	<b>36</b>	<b>1,167</b>
	<b>37</b> Subtract line 36 from line 22. This is your adjusted gross income	<b>37</b>	<b>249,760</b>

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

Name **CARL J. COLLIER & HANNAH ADAMS** Tp TIN **531-13-6300**

**Tax and Credits** (Schedules 2, 3) 38 Amount from line 37 (adjusted gross income) 38 **249,760**  
39a Check  You were born before January 2,1957,  Blind.  Spouse was born before January 2,1957,  Blind. Total boxes checked  39a

**Standard Deduction for—**  
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  
• All others:  
Single or Married filing separately, \$12,550  
Married filing jointly or Qualifying widow(er), \$25,100  
Head of household, \$18,800

b If your spouse itemizes on a separate return or you were a dual-status alien, check here  39b  
40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) 40 **25,100**  
40b **50**  
41 Charitable contributions if you take the standard deduction 41 **224,610**  
42 Subtract line 40 and 40b from line 38 42  
43 **Qualified business income deduction** (see instructions) 43  
44 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 44 **224,610**  
45 **Tax** (see instr.). Check if any from: a  Form(s) 8814 b  Form 4972 c  45 **41,924**  
46 **Alternative minimum tax** (see instructions). Attach Form 6251 46  
47 **Excess advance premium tax credit repayment.** Attach Form 8962 47  
48 Add lines 44, 45, and 46 48 **41,924**  
49 **Foreign tax credit.** Attach Form 1116 if required 49  
50 **Credit for child and dependent care expenses.** Attach Form 2441 50  
51 **Education credits from Form 8863, line 19** 51  
52 **Retirement savings contributions credit.** Attach Form 8880 52  
53 **Child tax credit/credit for other dependents** 53  
54 **Residential energy credits.** Attach Form 5695 54  
55 **Other credits from Form:** a  3800 b  8801 c  55  
56 Add lines 48 through 54. These are your **total credits** 56  
57 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 57

**Other Taxes** (Schedule 2) 57 **Self-employment tax.** Attach Schedule SE 57 **41,924**  
58 **Unreported social security and Medicare tax from Form:** a  4137 b  8919 58 **2,333**  
59 **Additional tax on IRAs, other qualified retirement plans, etc.** Attach Form 5329 if required 59 **175**  
60a **Household employment taxes from Schedule H** 60a  
60b **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) **Form 8959** 61 **206**  
62 **Section 965 net tax liability installment from Form 965-A** 62  
63 Add lines 56 through 61. This is your **total tax** 63 **44,638**

**Payments** (Schedule 3) 64 **Federal income tax withheld from:** 64 **44,638**  
a Form(s) W-2 64a **47,740**  
b Form(s) 1099 64b  
c Other forms 64c **519**  
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 **3,175**  
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 **51,434**

**Refund** 76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you **overpaid** 76 **6,796**  
77a **Amount of line 76 you want refunded to you.** If Form 8888 is attached, check here  77a **6,796**  
b **Routing number** XXXXXXXXXXXX c **Type:**  Checking  Savings  
d **Account number** XXXXXXXXXXXXXXXXXXXX

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

**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) **30003**  
Designee's Name **Marczeuz Kallistratus** Phone no. **360-376-3313**

**Other Info** Taxpayer Daytime phone number Taxpayer: Occupation **IT CONSULTANT** IRS Identity Protection PIN  
Spouse: Occupation **DESIGNER & ILLUSTRATOR** IRS Identity Protection PIN  
 Taxpayer  Spouse Email address

# Federal Statements

**Statement 1 - Form 8949 - Sales and Other Dispositions of Capital Assets Part I -**  
**Short-Term**

Description of Property	Date Acquired	Date Sold	Proceeds (Sales Price)	Cost/Basis	Codes for Col (g)	Amount of Adjustment	Gain or (Loss)
0.309 sh SHARES GOOGLE	6/25/20	2/08/21	\$ 651	\$ 442		\$	209
0.508 sh SHARES GOOGLE	12/25/20	2/08/21	1,070	883			187
0.382 sh SHARES GOOGLE	12/25/20	2/08/21	804	664			140
1.000 sh SHARES GOOGLE	9/25/20	3/01/21	2,057	1,428			629
4.000 sh SHARES GOOGLE	3/25/21	3/30/21	8,230	8,180			50
2.000 sh SHARES GOOGLE	3/25/21	4/01/21	4,200	4,090			110
0.313 sh SHARES GOOGLE	9/25/20	5/24/21	741	447			294
1.378 sh SHARES GOOGLE	3/25/21	5/24/21	3,263	2,818			445
0.309 sh SHARES GOOGLE	3/25/21	5/24/21	731	632			99
0.024 sh SHARES GOOGLE	3/25/21	5/24/21	57	49			8
0.309 sh SHARES GOOGLE	6/25/21	7/29/21	841	787			54
6.000 sh SHARES GOOGLE	6/25/21	7/29/21	16,336	15,274			1,062
0.402 sh SHARES GOOGLE	6/25/21	8/13/21	1,110	1,023			87
1.000 sh SHARES GOOGLE	6/25/21	8/13/21	2,762	2,546			216
1.532 sh SHARES GOOGLE	9/25/21	9/30/21	4,116	4,370			-254
4.468 sh SHARES GOOGLE	9/25/21	9/30/21	12,003	12,746			-743
0.422 sh SHARES GOOGLE	9/25/21	9/30/21	1,134	1,204			-70
2.000 sh SHARES GOOGLE	9/25/21	10/28/21	5,862	5,705			157
0.809 sh SHARES GOOGLE	12/25/21	12/31/21	2,355	2,381			-26
6.000 sh SHARES GOOGLE	12/25/21	12/31/21	17,465	17,657			-192
Total			\$ 85,788	\$ 83,326		\$ 0	\$ 2,462



Form **1040****Qualified Dividends and Capital Gain Tax Worksheet****2021**

Name

Taxpayer Identification Number

**CARL J. COLLIER & HANNAH ADAMS****531-13-6300**

1.	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<b>224,610</b>	
2.	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 3a*	2.		
3.	Are you filing Schedule D?*			
	<input checked="" type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-	}		
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 7			
		3.	<b>274</b>	
4.	Add lines 2 and 3	4.	<b>274</b>	
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	<b>224,336</b>	
6.	Enter:			
	\$40,400 if single or married filing separately,	}		
	\$80,800 if married filing jointly or qualifying widow(er),			
	\$54,100 if head of household.			
		6.	<b>80,800</b>	
7.	Enter the smaller of line 1 or line 6	7.	<b>80,800</b>	
8.	Enter the smaller of line 5 or line 7	8.	<b>80,800</b>	
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	<b>0</b>	
10.	Enter the smaller of line 1 or line 4	10.	<b>274</b>	
11.	Enter the amount from line 9	11.	<b>0</b>	
12.	Subtract line 11 from line 10	12.	<b>274</b>	
13.	Enter:			
	\$445,850 if single,	}		
	\$250,800 if married filing separately,			
	\$501,600 if married filing jointly or qualifying widow(er)			
	\$473,750 if head of household.			
		13.	<b>501,600</b>	
14.	Enter the smaller of line 1 or line 13	14.	<b>224,610</b>	
15.	Add lines 5 and 9	15.	<b>224,336</b>	
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	<b>274</b>	
17.	Enter the smaller of line 12 or line 16	17.	<b>274</b>	
18.	Multiply line 17 by 15% (0.15)	18.	<b>41</b>	
19.	Add lines 9 and 17	19.	<b>274</b>	
20.	Subtract line 19 from line 10	20.	<b>0</b>	
21.	Multiply line 20 by 20% (0.20)	21.	<b>0</b>	
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	<b>41,883</b>	
23.	Add lines 18, 21, and 22	23.	<b>41,924</b>	
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	<b>41,948</b>	
25.	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24. Also include this amount on the entry space on Form 1040, 1040-SR, or 1040-NR, line 16. If you are filing Form 2555, do not enter this amount on the entry space on 1040, 1040-SR, or 1040-NR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	<b>41,924</b>	

\*If you are filing Form 2555, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Name <b>CARL J. COLLIER &amp; HANNAH ADAMS</b>	Taxpayer Identification Number <b>531-13-6300</b>
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**Line 5 Worksheet**

1. Form 8812, line 4b: <u>      </u> x \$3,600. Enter the result	1. _____
2. Form 8812, line 4c: <u>  2  </u> x \$3,000. Enter the result	2. <u>  6,000  </u>
3. Add lines 1 and 2	3. <u>  6,000  </u>
4. Form 8812, line 4a: <u>  2  </u> x \$2,000. Enter the result	4. <u>  4,000  </u>
5. Subtract Line 4 from Line 3	5. <u>  2,000  </u>
6. Enter the smaller of Line 5, or the Limitation Reduction	6. <u>  2,000  </u>
Limitation Reduction: \$ 12,500 if MFJ; \$ 2,500 if QW; \$ 4,375 if HOH; and \$ 6,250 for all others.	
7. Enter \$150,000 if MFJ/QW; \$112,500 if HOH; and \$75,000 for all others	7. <u> 150,000  </u>
8. Subtract line 7 from Schedule 8812, line 3.	8. _____
<input type="checkbox"/> If zero or less, then enter -0- on line 8.	8. <u> 100,000  </u>
<input checked="" type="checkbox"/> If more than zero and not a multiple of \$1,000, then increase to the next multiple of \$1,000.	
9. Multiply line 8 by 5% (.05). Enter the result	9. <u>  5,000  </u>
10. Enter the smaller of Line 6 or Line 9	10. <u>  2,000  </u>
11. Subtract Line 10 from Line 3. Enter the result on Schedule 8812, line 5	11. <u>  4,000  </u>

**Credit Limit Worksheet A**

1. Enter the amount from Form 1040, 1040-SR, or Form 1040NR, line 18	1. <u> 41,924  </u>
2. Add the amounts from Sch 3, lines 1, 2, 3, 4, and 6l; plus Forms 5695, ln 30; 8910, ln 15; 8936, ln 23; and Sch R, ln 22. Enter the total	2. _____
3. Subtract line 2 from line 1	3. <u> 41,924  </u>
4. Do you meet all the following conditions?	4. _____
<input type="radio"/> You are completing Part I-C of Schedule 8812.	<input type="radio"/> You are <b>not</b> filing Form 2555.
<input type="radio"/> You are claiming one or more of the following credits: Form 8396; Form 8839; Form 5695, Part I; Form 8859	<input type="radio"/> Form 8812, line 4a is more than zero.
<input checked="" type="checkbox"/> No. Enter -0-.	4. <u>  0  </u>
<input type="checkbox"/> Yes. Enter the amount from the Credit Limit Worksheet B.	
5. Subtract line 4 from line 3. Enter the result here and on Schedule 8812, line 14c or 15a, whichever applies	5. <u> 41,924  </u>

**Credit Limit Worksheet B**

Use this worksheet **only** if you checked "Yes" on line 4 of the Credit Limit Worksheet A above.

1. Enter the amount from Form 8812, line 12	1. _____
2. Number of qualifying children under age 18 with the required social security number: _____ x \$1,400. Enter the result	2. _____
3. Enter the earned income from line 7 of the Child Tax Credit Earned Income Worksheet	3. _____
4. Is the amount on line 3 more than \$2,500?	4. _____
<input type="checkbox"/> No. Leave line 4 blank, enter -0- on line 5, and go to line 6.	
<input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 3. Enter the result.	
5. Multiply the amount on line 4 by 15% (.15) and enter the result	5. _____
6. On line 2 of this worksheet, is the amount \$4,200 or more?	
<input type="checkbox"/> No.	
<input type="radio"/> If line 2 or line 5 above is zero, enter the amount from line 1 above on line 14 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Credit Limit Worksheet A and enter -0- on line 4, and complete line 5.	
<input type="radio"/> If both line 2 and line 5 are more than zero, leave lines 7 through 10 blank, enter -0- on line 11, go to line 12.	
<input type="checkbox"/> Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12 below. Otherwise go to line 7.	
7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.	7. _____
8. Enter the total of the amounts from Schedule 1, line 15 and Schedule 2, lines 5, 6 and 13	8. _____
9. Add lines 7 and 8. Enter the total	9. _____
10. Enter the amounts from Form 1040/1040-SR, lines 27a and Schedule 3, line 11; 1040-NR, Schedule 3, line 11	10. _____
11. Subtract line 10 from line 9. If the result is zero or less, enter -0-	11. _____
12. Enter the <b>larger</b> of line 5 or line 11	12. _____
13. Enter the <b>smaller</b> of line 2 or line 12	13. _____
14. Is the amount on line 13 of this worksheet more than the amount on line 1?	14. _____
<input type="checkbox"/> No. Subtract line 13 from line 1. Enter the result.	
<input type="checkbox"/> Yes. Enter -0-.	
15. Enter the total of the amounts from Form 8396, line 9, Form 8839, line 16, Form 5695, line 15 and Form 8859, line 3. Enter this amount on line 4 of the Credit Limit Worksheet A	15. _____

Schedule <b>C</b>	<b>Qualified Business Income Calculation Worksheet</b>	<b>2021</b>
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Name <b>CARL J. COLLIER &amp; HANNAH ADAMS</b>		Taxpayer Identification Number <b>531-13-6300</b>
Principle business or profession <b>TELECOMMUNICATIONS SERVICES</b>		Form/Schedule      Unit <b>C                                      1</b>

1. Schedule C, Line 31, Net profit or (loss) .....	1.	<b>-24,080</b>
Additions for qualified business income:		
2. Form 4797, Ordinary income .....	2.	
Prior suspended losses utilized this year		
3. Passive suspended losses .....	3.	
4. At-Risk suspended losses .....	4.	
5. Section 179 carryover .....	5.	
6. Total additions to net profit or (loss). Add lines 2 through 5.	6.	
Subtractions for qualified business income		
7. Form 4797, Ordinary loss (includes share of Net section 1231 losses) .....	7.	
8. Deductible portion of self-employment taxes .....	8.	
9. Self-employed SEP, SIMPLE, and qualified plans .....	9.	
10. Self-employed health insurance deduction .....	10.	
11. Reserved .....	11.	
12. Reserved .....	12.	
13. Total subtraction to net profit or (loss). Add lines 7 through 12.	13.	
14. Qualified business income for this activity. Line 1 plus line 6 less line 13.	14.	<b>-24,080</b>

Carryovers:	Beginning of Year			End of Year		QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)	
Passive activity:						
Operating						
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179						
Section 179 - COGS						
Other:						
Section 179						
Section 179 - COGS						

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward \_\_\_\_\_

Schedule <b>C</b>	<b>Qualified Business Income Calculation Worksheet</b>	<b>2021</b>
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Name <b>CARL J. COLLIER &amp; HANNAH ADAMS</b>		Taxpayer Identification Number <b>531-13-6300</b>	
Principle business or profession <b>ILLUSTRATION AND DESIGN SERVICES</b>		Form/Schedule <b>C</b>	Unit <b>2</b>

1. Schedule C, Line 31, Net profit or (loss) .....	1.	<b>16,511</b>
Additions for qualified business income:		
2. Form 4797, Ordinary income .....	2.	
Prior suspended losses utilized this year		
3. Passive suspended losses .....	3.	
4. At-Risk suspended losses .....	4.	
5. Section 179 carryover .....	5.	
6. Total additions to net profit or (loss). Add lines 2 through 5.	6.	
Subtractions for qualified business income		
7. Form 4797, Ordinary loss (includes share of Net section 1231 losses) .....	7.	
8. Deductible portion of self-employment taxes .....	8.	<b>1,167</b>
9. Self-employed SEP, SIMPLE, and qualified plans .....	9.	
10. Self-employed health insurance deduction .....	10.	
11. Reserved .....	11.	
12. Reserved .....	12.	
13. Total subtraction to net profit or (loss). Add lines 7 through 12.	13.	<b>1,167</b>
14. Qualified business income for this activity. Line 1 plus line 6 less line 13.	14.	<b>15,344</b>

Carryovers:	Beginning of Year			End of Year			QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)		
Passive activity:							
Operating							
Form 4797, Part II							
Section 1231 loss							
At-Risk:							
Operating							
Form 4797, Part II							
Section 1231 loss							
Section 179							
Section 179 - COGS							
Other:							
Section 179							
Section 179 - COGS							

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward \_\_\_\_\_

Form **1040**

**Net Earnings from Self-Employment Worksheet**

**2021**

Name

Taxpayer Identification Number

**CARL J. COLLIER & HANNAH ADAMS**

**531-13-6300**

	Taxpayer	Spouse
<b>Farm profit or (loss)</b>		
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		
<b>Net farm profit or (loss) - Schedule SE line 1a</b>	<b>0</b>	<b>0</b>
<b>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</b>	<b>( 0 )</b>	<b>( 0 )</b>
<b>Nonfarm profit or (loss)</b>		
Schedule C (excluding minister Schedule C income reported below)	<b>-24,080</b>	<b>16,511</b>
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)		
<b>Net nonfarm profit or (loss) - Schedule SE line 2</b>	<b>-24,080</b>	<b>16,511</b>
<b>Other income items subject to and/or exempt from self-employment tax</b>		
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	( )	( )
<b>Net adjustment included on Schedule SE, line 3</b>	<b>0</b>	<b>0</b>
<b>Net profit (loss) from self-employment activities - Schedule SE line 3</b>	<b>-24,080</b>	<b>16,511</b>
Church employee income - Schedule SE, Page 1 line 5a		

**TELECOMMUNICATIONS SERVICES**

**Schedule C, Line 1 - Gross Receipts or Sales**

<u>Description</u>	<u>Amount</u>
CONSULTING SERVICES	\$ <u>11,513</u>
Total	\$ <u><u>11,513</u></u>

**TELECOMMUNICATIONS SERVICES**

**Schedule C, Line 23 - Taxes and Licenses**

<u>Description</u>	<u>Amount</u>
LICENSE	\$ <u>210</u>
Total	\$ <u><u>210</u></u>

**ILLUSTRATION AND DESIGN SERVICES**

**Schedule C, Line 1 - Gross Receipts or Sales**

<u>Description</u>	<u>Amount</u>
ILLUSTRATION & DESIGN	\$ <u>16,511</u>
Total	\$ <u><u>16,511</u></u>

**Federal Statements**

**GOOGLE LLC**

**Form W-2, Box 12**

<u>Description</u>	<u>Amount</u>
Cost of group term life insurance coverage over 50,000	\$ 386
Section 401(k) contributions	1,866
Cost of employer-sponsored health coverage	26,940
Employer (and employee sect. 125) contributions to HSA	7,200
Total	<u>\$ 36,392</u>



## Federal Asset Report TELECOMMUNICATIONS SERVICES

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>									
6	LAPTOP COMPUTER -MICROSOFT	1/18/21	4,012		X	0	5 MQ200DB	0	4,012
7	HP ELITE MINI DESK	8/21/21	253		X	0	5 MQ200DB	0	253
8	LAPTOP	10/07/21	3,648		X	0	5 MQ200DB	0	3,648
9	NETWORK	2/24/21	286		X	0	5 MQ200DB	0	286
			<u>8,199</u>			<u>0</u>		<u>0</u>	<u>8,199</u>
<b>Prior MACRS:</b>									
1	HP SERVER	5/03/17	611		X	305	5 HY 200DB	558	35
2	YUBI KEYS	6/15/17	130		X	65	5 HY 200DB	119	7
3	INTERNET SERVER '0'	6/30/20	2,026		X	0	5 HY 200DB	2,026	0
4	INTERNET SERVER '1'	6/30/20	2,026		X	0	5 HY 200DB	2,026	0
5	INTERNET SERVER '2'	6/30/20	2,026		X	0	5 HY 200DB	2,026	0
			<u>6,819</u>			<u>370</u>		<u>6,755</u>	<u>42</u>
<b>Grand Totals</b>			15,018			370		6,755	8,241
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>15,018</u>			<u>370</u>		<u>6,755</u>	<u>8,241</u>

**Bonus Depreciation Report  
TELECOMMUNICATIONS SERVICES**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	HP SERVER	5/03/17	611	100	0	0	306	305
2	YUBI KEYS	6/15/17	130	100	0	0	65	65
3	INTERNET SERVER '0'	6/30/20	2,026		0	0	2,026	0
4	INTERNET SERVER '1'	6/30/20	2,026		0	0	2,026	0
5	INTERNET SERVER '2'	6/30/20	2,026		0	0	2,026	0
6	LAPTOP COMPUTER -MICROSOFT	1/18/21	4,012		0	4,012	0	0
7	HP ELITE MINI DESK	8/21/21	253		0	253	0	0
8	LAPTOP	10/07/21	3,648		0	3,648	0	0
9	NETWORK	2/24/21	286		0	286	0	0
<b>Grand Total</b>			<u>15,018</u>		<u>0</u>	<u>8,199</u>	<u>6,449</u>	<u>370</u>

**AMT Asset Report**

**TELECOMMUNICATIONS SERVICES**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>									
6	LAPTOP COMPUTER -MICROSOFT	1/18/21	4,012		X	0	5 MQ200DB	0	4,012
7	HP ELITE MINI DESK	8/21/21	253		X	0	5 MQ200DB	0	253
8	LAPTOP	10/07/21	3,648		X	0	5 MQ200DB	0	3,648
9	NETWORK	2/24/21	286		X	0	5 MQ200DB	0	286
			<u>8,199</u>			<u>0</u>		<u>0</u>	<u>8,199</u>
<b>Prior MACRS:</b>									
1	HP SERVER	5/03/17	611		X	305	5 HY 200DB	558	35
2	YUBI KEYS	6/15/17	130		X	65	5 HY 200DB	119	7
3	INTERNET SERVER '0'	6/30/20	2,026		X	0	5 HY 200DB	2,026	0
4	INTERNET SERVER '1'	6/30/20	2,026		X	0	5 HY 200DB	2,026	0
5	INTERNET SERVER '2'	6/30/20	2,026		X	0	5 HY 200DB	2,026	0
			<u>6,819</u>			<u>370</u>		<u>6,755</u>	<u>42</u>
<b>Grand Totals</b>			15,018			370		6,755	8,241
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>15,018</u>			<u>370</u>		<u>6,755</u>	<u>8,241</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
C	1	1	HP SERVER	35	35	0
C	1	2	YUBI KEYS	7	7	0
C	1	3	INTERNET SERVER '0'	0	0	0
C	1	4	INTERNET SERVER '1'	0	0	0
C	1	5	INTERNET SERVER '2'	0	0	0
C	1	6	LAPTOP COMPUTER -MICROSOFT	4,012	4,012	0
C	1	7	HP ELITE MINI DESK	253	253	0
C	1	8	LAPTOP	3,648	3,648	0
C	1	9	NETWORK	286	286	0
				<u>8,241</u>	<u>8,241</u>	<u>0</u>

**Future Depreciation Report FYE: 12/31/22**

**TELECOMMUNICATIONS SERVICES**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
1	HP SERVER	5/03/17	611	18	18
2	YUBI KEYS	6/15/17	130	4	4
3	INTERNET SERVER '0'	6/30/20	2,026	0	0
4	INTERNET SERVER '1'	6/30/20	2,026	0	0
5	INTERNET SERVER '2'	6/30/20	2,026	0	0
6	LAPTOP COMPUTER -MICROSOFT	1/18/21	4,012	0	0
7	HP ELITE MINI DESK	8/21/21	253	0	0
8	LAPTOP	10/07/21	3,648	0	0
9	NETWORK	2/24/21	286	0	0
			<u>15,018</u>	<u>22</u>	<u>22</u>
<b>Grand Totals</b>			<u>15,018</u>	<u>22</u>	<u>22</u>

Form **1040**

**Carryover Report**

**2021**

Name

**CARL J. COLLIER & HANNAH ADAMS**

Taxpayer Identification Number  
**531-13-6300**

Carryover Item	Available to 2021	2021 Amounts		Carryover to 2022
Minimum tax credit	_____	_____	_____	_____
Investment interest	_____	_____	_____	_____
Investment interest - AMT	_____	_____	_____	_____
Short-term capital loss	_____	_____	_____	_____
Short-term capital loss - AMT	_____	_____	_____	_____
Long-term capital loss	_____	_____	_____	_____
Long-term capital loss - AMT	_____	_____	_____	_____
Residential energy efficient property	_____	_____	_____	_____
D.C. first-time homebuyer credit	_____	_____	_____	_____
Tax credit bonds	_____	_____	_____	_____
Qualified business income loss	<b>14,615</b>	<b>Generated</b>	<b>8,736</b>	<b>23,351</b>
Qualified REIT income and PTP loss	_____	_____	_____	_____

**Nonrecaptured Section 1231 Losses - Line 8, Form 4797**

2016 Amounts	_____	_____
2017 Amounts	_____	_____
2018 Amounts	_____	_____
2019 Amounts	_____	_____
2020 Amounts	_____	_____
Available to 2021	_____	_____
2021 Amounts	_____	_____
Carryover to 2022	_____	_____

**AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797**

2016 Amounts	_____	_____
2017 Amounts	_____	_____
2018 Amounts	_____	_____
2019 Amounts	_____	_____
2020 Amounts	_____	_____
Available to 2021	_____	_____
2021 Amounts	_____	_____
Carryover to 2022	_____	_____

Form **1040** **Salaries & Wages Report** **2021**

Name **CARL J. COLLIER & HANNAH ADAMS** Taxpayer Identification Number **531-13-6300**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	<b>T</b> <u>GOOGLE LLC</u>	<b>255,760</b>	<b>47,740</b>	<b>142,800</b>
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer	<u>255,760</u>	<u>47,740</u>	<u>142,800</u>
	Spouse			
	Totals	<u>255,760</u>	<u>47,740</u>	<u>142,800</u>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	<b>8,854</b>	<b>257,626</b>	<b>4,255</b>				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	<u>8,854</u>	<u>257,626</u>	<u>4,255</u>				
Spouse							
Totals	<u>8,854</u>	<u>257,626</u>	<u>4,255</u>				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						





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

Name

**CARL J. COLLIER & HANNAH ADAMS**

Taxpayer Identification Number

**531-13-6300**

	2020		2021		Differences
		MFJ		MFJ	
<b>Filing Status</b>					
<b>Dependents</b>		<b>2</b>		<b>2</b>	
1. Salaries and wages	1.	<b>178,064</b>		<b>255,760</b>	<b>77,696</b>
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.	<b>-2,950</b>		<b>-7,569</b>	<b>-4,619</b>
9. Capital gain/loss	9.			<b>2,736</b>	<b>2,736</b>
10. Other gains/losses	10.				
11. Taxable IRA distributions	11.				
12. Taxable pensions	12.				
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.	<b>1,545</b>			<b>-1,545</b>
20. <b>Total income</b>	20.	<b>176,659</b>		<b>250,927</b>	<b>74,268</b>
21. Moving expenses	21.				
22. Deductible part of self-employment tax	22.			<b>1,167</b>	<b>1,167</b>
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. <b>Adjusted gross income</b>	30.	<b>176,659</b>		<b>249,760</b>	<b>73,101</b>
31. Medical	31.				
32. Taxes	32.				
33. Interest	33.				
34. Contributions	34.			<b>50</b>	<b>50</b>
35. Casualty losses	35.				
36. Miscellaneous expenses	36.				
37. <b>Allowable itemized deductions</b>	37.			<b>50</b>	<b>50</b>
38. Standard deduction (incl charitable contrib w/std ded)	38.	<b>24,800</b>		<b>25,150</b>	<b>350</b>
		<b>Standard</b>		<b>Standard</b>	
39. Deduction taken	39.	<b>24,800</b>		<b>25,150</b>	<b>350</b>
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	<b>151,859</b>		<b>224,610</b>	<b>72,751</b>
41. QBID	41.	<b>0</b>		<b>0</b>	
42. <b>Taxable income</b>	42.	<b>151,859</b>		<b>224,610</b>	<b>72,751</b>

Form **1040****Two Year Comparison Report - Page 2****2020 & 2021**

Name

**CARL J. COLLIER & HANNAH ADAMS**

Taxpayer Identification Number

**531-13-6300**

	2020	2021	Differences
43. Taxable income from 2YR page 1, line 42	<b>151,859</b>	<b>224,610</b>	<b>72,751</b>
44. Tax on taxable income	<b>24,989</b>	<b>41,924</b>	<b>16,935</b>
45. Alternative minimum tax			
46. Excess advance premium tax credit			
47. Child care credit			
48. Education credits			
49. Retirement savings credit			
50. Child & other dependent tax credit	<b>4,000</b>		<b>-4,000</b>
51. General business credit			
52. Other credits			
53. <b>Total credits</b>	<b>4,000</b>		<b>-4,000</b>
54. <b>Net tax liability</b>	<b>20,989</b>	<b>41,924</b>	<b>20,935</b>
55. Self-employment taxes		<b>2,333</b>	<b>2,333</b>
56. Other taxes	<b>175</b>	<b>381</b>	<b>206</b>
57. <b>Total tax</b>	<b>21,164</b>	<b>44,638</b>	<b>23,474</b>
58. Income tax withheld	<b>30,483</b>	<b>48,259</b>	<b>17,776</b>
59. Estimated tax payments			
60. Earned income credit			
61. Additional Child tax credit		<b>3,175</b>	<b>3,175</b>
62. Other refundable tax credits			
63. Other payments	<b>3,134</b>		<b>-3,134</b>
64. <b>Total payments</b>	<b>33,617</b>	<b>51,434</b>	<b>17,817</b>
65. <b>Tax due/-refund</b>	<b>-12,453</b>	<b>-6,796</b>	<b>5,657</b>
66. Penalties and interest			
67. <b>Net tax due/-refund</b>	<b>-12,453</b>	<b>-6,796</b>	<b>5,657</b>
68. Refund applied to estimated tax payments			
69. Refund received	<b>-12,453</b>	<b>-6,796</b>	<b>5,657</b>
70. <b>Effective tax rate</b>	<b>14.0 %</b>	<b>20.0 %</b>	

**Two Year Comparison - Tax Reconciliation Marginal Tax Rates**

	2020 Taxable Income	2020 Marginal Tax Rate	2021 Taxable Income	2021 Marginal Tax Rate
Ordinary income	<b>151,859</b>	<b>22.0 %</b>	<b>224,336</b>	<b>24.0 %</b>
Capital income		%	<b>274</b>	<b>15.0 %</b>
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040****Two Year Comparison Report - Schedule C****2020 & 2021**

Name

**CARL J. COLLIER**

Taxpayer identification number

**531-13-6300**

Principal business or profession

**TELECOMMUNICATIONS SERVICES**

Unit

**1**

Income		2020	2021	Differences
1. Gross receipts or sales	1.	<b>720</b>	<b>11,513</b>	<b>10,793</b>
2. Returns and allowances	2.			
3. Cost of goods sold	3.			
4. Gross profit	4.	<b>720</b>	<b>11,513</b>	<b>10,793</b>
5. Other income	5.			
6. Gross income	6.	<b>720</b>	<b>11,513</b>	<b>10,793</b>

Expenses		2020	2021	Differences
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.	<b>6,121</b>	<b>8,241</b>	<b>2,120</b>
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.	<b>2,906</b>	<b>16,409</b>	<b>13,503</b>
18. Office expense	18.	<b>39</b>	<b>74</b>	<b>35</b>
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.	<b>328</b>	<b>210</b>	<b>-118</b>
25. Travel	25.			
26. Total meals and entertainment	26.		<b>160</b>	<b>160</b>
26a. Nondeductible meals and entertainment	26a.		<b>80</b>	<b>80</b>
26b. Deductible meals and entertainment	26b.		<b>80</b>	<b>80</b>
27. Utilities	27.			
28. Wages (less employment credits)	28.			
29. Other expenses	29.	<b>10,095</b>	<b>10,579</b>	<b>484</b>
30. Total expenses	30.	<b>19,489</b>	<b>35,593</b>	<b>16,104</b>

Profit/ (loss)		2020	2021	Differences
31. Tentative profit (loss)	31.	<b>-18,769</b>	<b>-24,080</b>	<b>-5,311</b>
32. Expenses for business use of home	32.			
33. Net profit or (loss)	33.	<b>-18,769</b>	<b>-24,080</b>	<b>-5,311</b>

Cost of Goods Sold		2020	2021	Differences
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.			

Form <b>1040</b>	<b>Two Year Comparison Report - Schedule C</b>	<b>2020 &amp; 2021</b>
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Name <b>HANNAH ADAMS</b>	Taxpayer identification number <b>001-64-5053</b>
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Principal business or profession <b>ILLUSTRATION AND DESIGN SERVICES</b>	Unit <b>2</b>
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		2020	2021	Differences
<b>Income</b>				
1. Gross receipts or sales	1.	15,819	16,511	692
2. Returns and allowances	2.			
3. Cost of goods sold	3.			
4. Gross profit	4.	15,819	16,511	692
5. Other income	5.			
6. Gross income	6.	15,819	16,511	692

<b>Expenses</b>				
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.			

<b>Profit/ (loss)</b>				
31. Tentative profit (loss)	31.	15,819	16,511	692
32. Expenses for business use of home	32.			
33. Net profit or (loss)	33.	15,819	16,511	692

<b>Cost of Goods Sold</b>				
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.			

# Tax Return History Report - Page 1

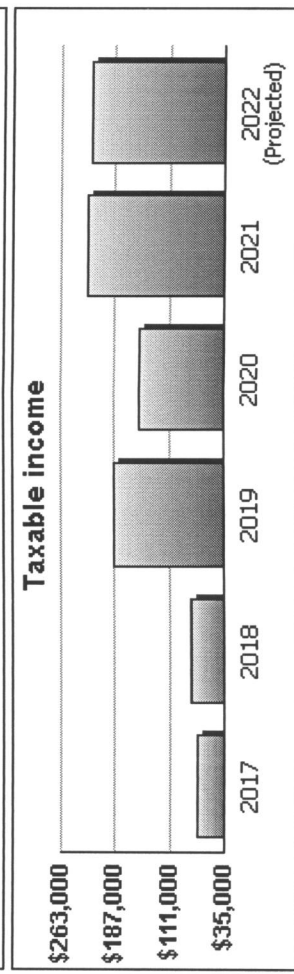
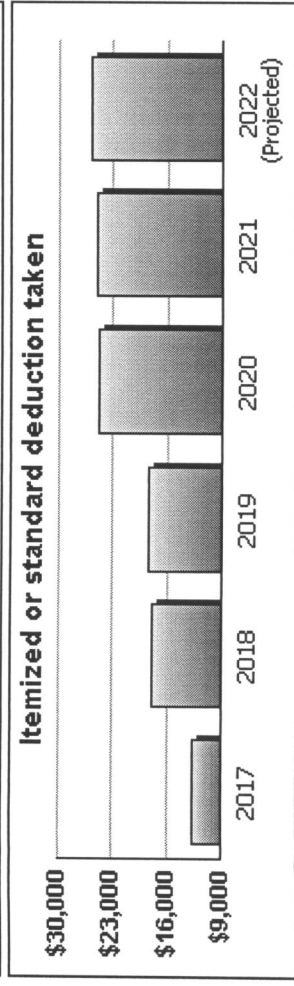
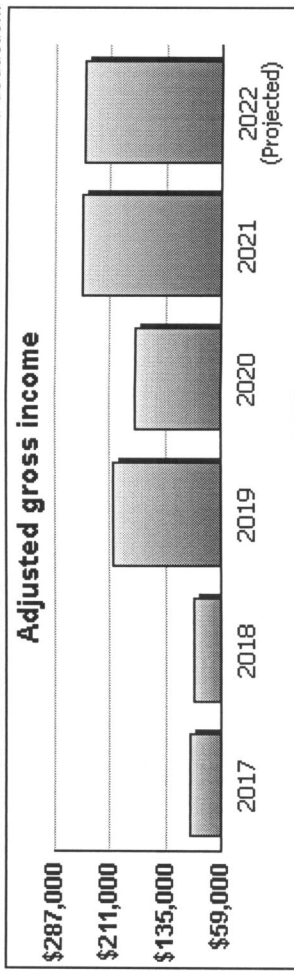
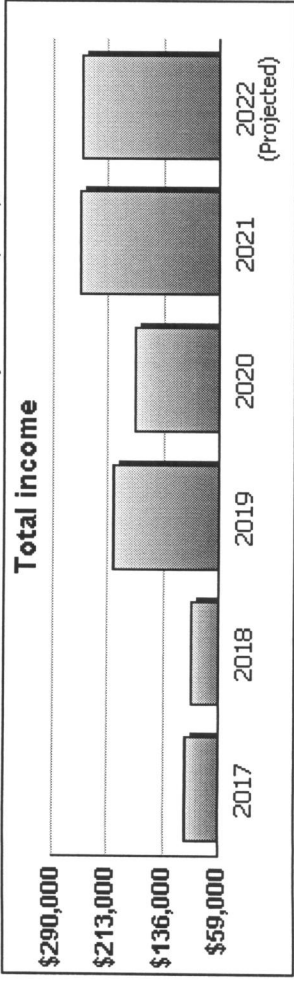
Form **1040**

2021

Name **CARL J. COLLIER & HANNAH ADAMS** Filing Status **MFJ** Taxpayer Identification Number **531-13-6300** 2021 **MFJ** 2022 Projected **MFJ**

	2017	2018	2019	2020	2021	2022 Projected
	MFJ	HH	HH	MFJ	MFJ	MFJ
Salaries and wages	85,658	103,282	211,920	178,064	255,760	255,760
Interest income	393					
Dividend income						
Business income/loss	18,760	-6,120	-5,545	-2,950	-7,569	-7,569
Capital gains/losses			29		2,736	
Other gains/losses						
IRA distributions, pensions, annuities						
Rent, royalty, farm rental income						
Partnership/S corp income						
Estate or trust income						
Farm income/loss						
Other income/loss				1,545		
<b>Total income</b>	<b>104,418</b>	<b>97,555</b>	<b>206,404</b>	<b>176,659</b>	<b>250,927</b>	<b>248,191</b>
Total adjustments	1,808				1,167	1,167
<b>Adjusted gross income</b>	<b>102,610</b>	<b>97,555</b>	<b>206,404</b>	<b>176,659</b>	<b>249,760</b>	<b>247,024</b>
Allowable itemized deductions					50	50
Standard deduction	12,700	18,000	18,350	24,800	25,150	25,900
Itemized or standard deduction taken	12,700	18,000	18,350	24,800	25,150	25,900
Exemptions	16,200					
Taxable income before Qual Bus Inc Ded	73,710	79,555	188,054	151,859	224,610	221,124
Qual Bus Inc Ded						
<b>Taxable income</b>	<b>73,710</b>	<b>79,555</b>	<b>188,054</b>	<b>151,859</b>	<b>224,610</b>	<b>221,124</b>

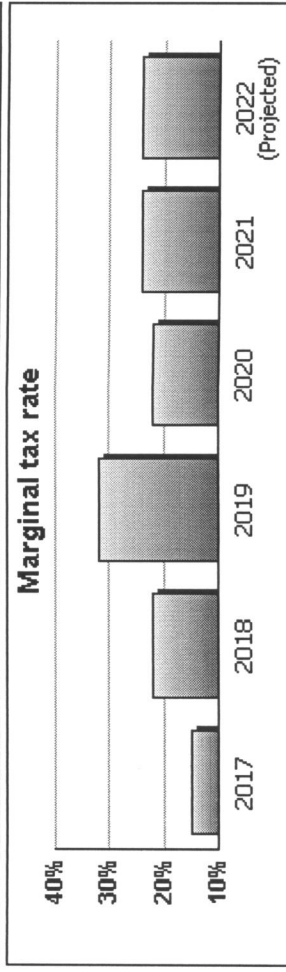
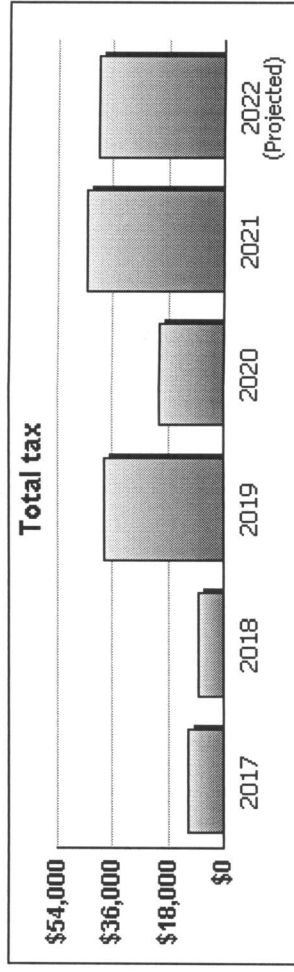
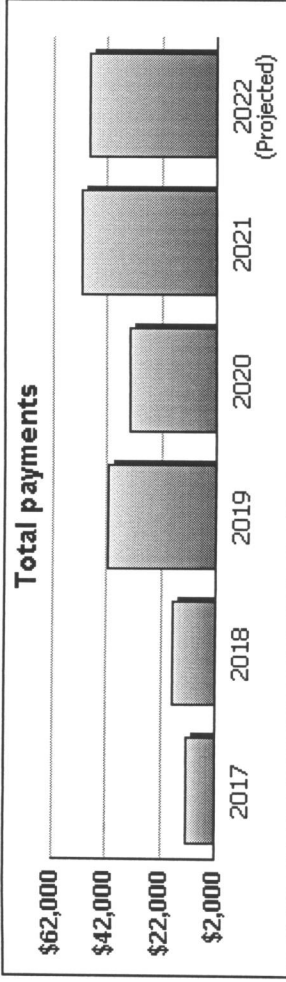
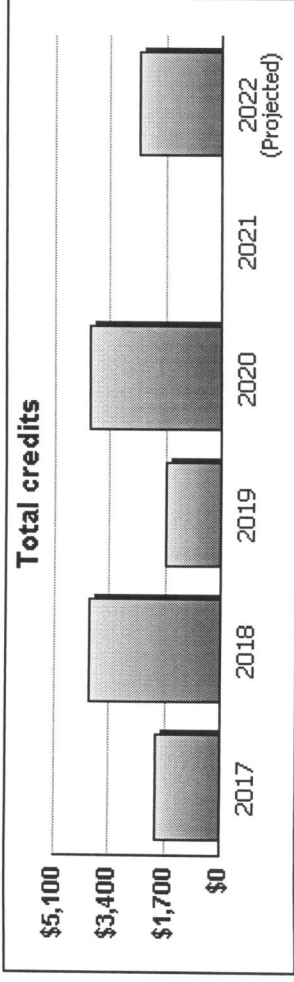
\* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW. \*\* Incl Charitable Contribution w/standard deduction.



# Tax Return History Report - Page 2

**2021**

	2017	2018	2019	2020	2021	2022 Projected
<b>Name</b>	<b>CARL J. COLLIER &amp; HANNAH ADAMS</b>					
					Taxpayer Identification Number	531-13-6300
<b>Taxable income</b>	73,710	79,555	188,054	151,859	224,610	221,124
Tax on taxable income and Form 8962	10,126	12,055	40,075	24,989	41,924	40,741
Alternative minimum tax						
<b>Total credits</b>	2,000	4,000	1,650	4,000		2,500
<b>Net tax liability</b>	8,126	8,055	38,425	20,989	41,924	38,241
Self-employment taxes	3,615				2,333	2,333
Other taxes			300	175	381	381
<b>Total tax</b>	11,741	8,055	38,725	21,164	44,638	40,955
Income tax withheld	12,451	17,472	38,657	30,483	48,259	48,259
Estimated tax payments						
Other payments			3,161	3,134	3,175	
<b>Total payments</b>	12,451	17,472	41,818	33,617	51,434	48,259
<b>Total due/-refund</b>	-710	-9,417	-3,093	-12,453	-6,796	-7,304
Penalties and interest						
<b>Net tax due/-refund</b>	-710	-9,417	-3,093	-12,453	-6,796	-7,304
Refund applied to estimated tax payments						
Refund received	-710	-9,417	-3,093	-12,453	-6,796	
<b>Marginal tax rate</b>	15.0%	22.0%	32.0%	22.0%	24.0%	24.0%
<b>Effective tax rate</b>	16.0%	10.0%	21.0%	14.0%	20.0%	19.0%



Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2021**

Name **CARL J. COLLIER & HANNAH ADAMS** | Taxpayer Identification Number **531-13-6300**

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **Married filing jointly** Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) **19.0%**  
 Tax Method **Qualified Dividends & Capital Gain Tax Worksheet**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:  
 Tax using capital gains rates Tax using Ordinary rates Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	<b>224,336</b>	<b>24.0%</b>	<b>41,883</b>	<b>\$172,750 - \$329,850</b>	<b>105,514</b>
Capital Income	<b>274</b>	<b>15.0%</b>	<b>41</b>	<b>\$81,050 - \$628,300</b>	<b>628,026</b>
Capital Income - 1250		%			
Capital Income - 1202		%			

\*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates		(a) Taxable Income	(b) Tax*
1. 10% rate	Maximum taxable income per this bracket: \$19,900	1a. <b>19,900</b>	1b. <b>1,993</b>
2. 12% rate	Maximum taxable income per this bracket: \$61,150	2a. <b>61,150</b>	2b. <b>7,341</b>
3. 22% rate	Maximum taxable income per this bracket: \$91,700	3a. <b>91,700</b>	3b. <b>20,168</b>
4. 24% rate	Maximum taxable income per this bracket: \$157,100	4a. <b>51,586</b>	4b. <b>12,381</b>
5. 32% rate		5a.	5b.
6. 35% rate		6a.	6b.
7. 37% rate		7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7		8a. <b>224,336</b>	8b. <b>41,883</b>

Income taxed at capital gains rates		(a) Taxable Income	(b) Tax*
9. 0% capital gains rate		9a.	9b.
10. 15% capital gains rate	Maximum taxable income per this bracket: \$420,800	10a. <b>274</b>	10b. <b>41</b>
11. 20% capital gains rate		11a.	11b.
12. 25% capital gains rate	Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate	Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13		14a. <b>274</b>	14b. <b>41</b>

Total taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.		15. <b>224,336</b>
16. Total capital gains taxable income. Enter the amount from line 14a.		16. <b>274</b>
17. Add lines 15 and 16.		17. <b>224,610</b>
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.		18.
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.		19. <b>224,610</b>

Total tax		
20. Total ordinary tax. Enter the amount from line 8b.		20. <b>41,883</b>
21. Total capital gains tax. Enter the amount from line 14b.		21. <b>41</b>
22. Tax on child's interest and dividend.		22.
23. Tax on lump-sum distribution.		23.
24. Other taxes.		24.
25. Add lines 20 through 24.		25. <b>41,924</b>
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.		26.
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.		27. <b>41,924</b>