

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	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.		State
		ZIP code
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
 Checking a box below will not change your tax or refund. You Spouse

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

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

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

(see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Schedule B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	37266
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	52573
	5a	Pensions and annuities	5a	65453
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶	9	38162
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . ▶	11	38162

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

12a	Standard deduction or itemized deductions (from Schedule A)	12a	14250		
b	Charitable contributions if you take the standard deduction (see instructions)	12b			
c	Add lines 12a and 12b	12c		14250	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13			
14	Add lines 12c and 13	14		14250	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15		23912	
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16		2672	
17	Amount from Schedule 2, line 3	17			
18	Add lines 16 and 17	18		2672	
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		2672	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23		0	
24	Add lines 22 and 23. This is your total tax ▶	24		2672	
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	3194		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c	25d		3194	
26	2021 estimated tax payments and amount applied from 2020 return	26			
27a	Earned income credit (EIC)	27 a			
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions ▶ <input type="checkbox"/>				
b	Nontaxable combat pay election	27b			
c	Prior year (2019) earned income	27c			
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Recovery rebate credit. See instructions	30	1400		
31	Amount from Schedule 3, line 15	31			
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶	32		1400	
33	Add lines 25d, 26, and 32. These are your total payments ▶	33		4594	

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

Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1922
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a
Direct deposit? See instructions. ▶ b Routing number <input type="text"/> type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number <input type="text"/>		
36 Amount of line 34 you want applied to your 2022 estimated tax ▶	36	
Amount You Owe 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions ▶	37	
38 Estimated tax penalty (see instructions) ▶	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 02/17/22	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.)
Phone no. (509) 663-7175		Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date 02/17/22	PTIN S64056400	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ EASTMONT COMMUNITY CENTER			Phone no. 509-669-0059	
Firm's address ▶ 230 N GEORGIA AVE EAST WENATCHEE WA 98802			Firm's EIN ▶ -	

QNA

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2021
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

Part I			Amount
Interest	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶ <u>NUMERICA CREDIT UNION</u>		896
(See Instructions and the Instructions for Form 1040, line 2b.)			
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			
	2 Add the amounts on line 1 ▶	2	896
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 ▶	3	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	4	896
Note: If line 4 is over \$1,500, you must complete Part III.			Amount

Part II			Amount
Ordinary Dividends	5 List name of payer ▶		
(See Instructions and the Instructions for Form 1040, line 3b.)			
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.			
	6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	6	
Note: If line 6 is over \$1,500, you must complete Part III.			

Part III		Yes	No
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
Foreign Accounts and Trusts	7a At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See Instructions.	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
	b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
	8 During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

CORRECTED (if checked)

PAYER'S TIN		RECIPIENT'S TIN		1 Gross distribution \$65,452.58	OMB No. 1545-0119 2021	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 100 MAGELLAN WAY KW10 COVINGTON, KY 41015-1987 95364 1-800-425-2363 CENTRAL WASHINGTON HOSPITAL				2a Taxable amount \$0.00	Form 1099-R:	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code				2b Taxable amount <input type="checkbox"/> not determined	Total <input checked="" type="checkbox"/> distribution	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
				3 Capital gain (Included in box 2a) \$0.00	4 Federal income tax withheld \$0.00	
5 Employee contrib/desig Roth contrib or insurance premiums \$0.00	6 Net unrealized appreciation in employer's securities \$0.00					
7 Distribution code(s) G	IRA/SEP/ SIMPLE <input type="checkbox"/>	8 Other % \$0.00				
Account number (see instructions)				9a Your percentage of total distribution %	9b Total employee contributions \$	10 Amount allocable to IRR within 5 years \$0.00
11 1st year of desig. Roth				14 State tax withheld \$0.00	15 State/Payer's state no. WA	16 State distribution \$
12 FATCA filing requirement <input type="checkbox"/>				13 Date of payment		

Form 1099-R

Department of the Treasury - Internal Revenue Service