

Electronic Filing Instructions for your 2021 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



John L Kelly & Alison W Hoskins-Kelly
8120 E 29th Ave
Denver, CO 80238-2506

Balance Due/Refund	Your federal tax return (Form 1040) shows a balance due of \$6,644.00.		
	Your return shows you have elected to pay your balance due of \$6,644.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$6,644.00	
	- Account Number:	60962849	
	- Routing Transit Number:	031176110	
	- Date of Withdrawal:	04/18/2022	
What You Need to Keep	Your Electronic Filing Instructions (this form) A copy of your federal return		
2021 Federal Tax Return Summary	Adjusted Gross Income	\$	248,034.00
	Taxable Income	\$	222,934.00
	Total Tax	\$	34,490.00
	Total Payments/Credits	\$	27,846.00
	Payment Due	\$	6,644.00
	Effective Tax Rate		13.60%
Estimated Payments to Make for Next Year's Return	Estimated Payments for 2022 - Do not mail these vouchers with your 2021 income tax return. The estimated vouchers displayed below are used to prepay your 2022 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2022, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).		
	Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	04/18/2022	\$ 2,566.00
	2	06/15/2022	\$ 2,566.00
	3	09/15/2022	\$ 2,566.00
	4	01/17/2023	\$ 2,566.00
	Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.		
	Mail payments to:		
	Internal Revenue Service		
	P.O. Box 802502		
	Cincinnati, OH 45280-2502		

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2022**

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,566.

REV 04/01/22 INTUIT.CG.CFP.SP

1555

354-74-2398 523-41-7286
JOHN L KELLY
ALISON W HOSKINS-KELLY
8120 E 29TH AVE
DENVER CO 80238-2506

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

354742398 JB KELL 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2022**

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,566.

REV 04/01/22 INTUIT.CG.CFP.SP

1555

354-74-2398 523-41-7286
JOHN L KELLY
ALISON W HOSKINS-KELLY
8120 E 29TH AVE
DENVER CO 80238-2506

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

354742398 JB KELL 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2022**

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,566.

REV 04/01/22 INTUIT.CG.CFP.SP

1555

354-74-2398 523-41-7286
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CINCINNATI OH 45280-2502

354742398 JB KELL 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/17/2023**

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,566.

REV 04/01/22 INTUIT.CG.CFP.SP

1555

354-74-2398 523-41-7286
JOHN L KELLY
ALISON W HOSKINS-KELLY
8120 E 29TH AVE
DENVER CO 80238-2506

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

354742398 JB KELL 30 0 202212 430

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 John L		Last name Kelly		Your social security number 354-74-2398	
If joint return, spouse's first name and middle initial Alison W		Last name Hoskins-Kelly		Spouse's social security number 523-41-7286	
Home address (number and street). If you have a P.O. box, see instructions. 8120 E 29th Ave				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Denver			State CO	ZIP code 802382506	
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. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name Last name				Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	Oscar G Kelly	004-83-3421	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Wendy J Kelly	293-97-3427	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	DCB	1	148,377.
	2a	Tax-exempt interest		2b	51.
	3a	Qualified dividends		3b	0.
	4a	IRA distributions		4b	
Standard Deduction for— <ul style="list-style-type: none">• 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.	5a	Pensions and annuities		5b	
	6a	Social security benefits		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	97,535.
	8	Other income from Schedule 1, line 10		8	2,071.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	248,034.
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶		11	248,034.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a 25,100.		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b		
	c	Add lines 12a and 12b		12c	25,100.
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	0.
	14	Add lines 12c and 13		14	25,100.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	222,934.

Form **1040** (2021)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

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

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
John L Kelly & Alison W Hoskins-Kelly**Your social security number**
354-74-2398**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-2,929.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	5,000.
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 ABLE 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	2,071.

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

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

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

John L Kelly & Alison W Hoskins-Kelly

Your social security number

354-74-2398

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	
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	360.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ►	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ►	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Additional tax from Schedule 8812	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	360.

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
John L Kelly & Alison W Hoskins-Kelly**Your social security number**
354-74-2398**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	604.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
z	Other payments or refundable credits. List type and amount ► _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	604.

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to 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.

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

John L Kelly & Alison W Hoskins-Kelly

Your social security number

354-74-2398

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)
1a 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 .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	18,987.	13,070.	0.	5,917.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). 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				7 5,917.

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)
8a 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 .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	15,848.	0.		15,848.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	285,000.	209,230.	0.	75,770.
11 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				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 91,618.

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

BAA

REV 04/01/22 Intuit.cpf.cpf

Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	97,535.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

► Go to 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.

OMB No. 1545-0074

2021
Attachment
Sequence No. 12A

Name(s) shown on return

John L Kelly & Alison W Hoskins-Kelly

Social security number or taxpayer identification number

354-74-2398

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 <i>Column (e)</i> 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	
	40 shares of CMCSA	02/01/21	02/01/21	1,997.	1,498.	B	0.	499.
	10 shares of CMCSA	02/01/21	02/01/21	499.	358.	B	0.	141.
	84 shares of CMCSA	02/01/21	02/19/21	4,387.	3,010.	B	0.	1,377.
	56 shares of CMCSA	03/17/21	03/18/21	3,167.	2,098.	B	0.	1,069.
	96 shares of CMCSA	03/17/21	03/18/21	5,430.	3,885.	B	0.	1,545.
	62 shares of CMCSA	03/17/21	03/18/21	3,507.	2,221.	B	0.	1,286.
2 Totals. 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) ►				18,987.	13,070.		0.	5,917.

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.

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

John L Kelly & Alison W Hoskins-Kelly

354-74-2398

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 <i>Column (e)</i> 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	
	144 Shares of CMCSA	02/19/16	02/19/21	7,502.	0.			7,502.
	36 shares of CMCSA	03/17/17	03/17/21	2,070.	0.			2,070.
	36 shares of CMCSA	03/16/18	03/16/21	2,089.	0.			2,089.
	36 shares of CMCSA	03/15/19	03/15/21	2,071.	0.			2,071.
	39 shares of CMCSA	03/02/20	03/02/21	2,116.	0.			2,116.
2 Totals. 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) ►				15,848.	0.			15,848.

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.

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

John L Kelly & Alison W Hoskins-Kelly

354-74-2398

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 <i>Column (e)</i> 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	
	Main Home Sale: 321 W 7th St #103	03/31/07	06/02/21	285,000.	209,230.		0.	75,770.
2 Totals. 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) ►				285,000.	209,230.		0.	75,770.

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 E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **13**

Name(s) shown on return

John L Kelly & Alison W Hoskins-Kelly

Your social security number

354-74-2398

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	321 W 7th St #103 Kansas City MO 64105				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		131	21	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:		Properties:	A	B	C
3	Rents received	3	6,641.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11	2,485.		
12	Mortgage interest paid to banks, etc. (see instructions)	12	2,434.		
13	Other interest.	13			
14	Repairs.	14			
15	Supplies	15			
16	Taxes	16	3,938.		
17	Utilities.	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	8,857.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-2,216.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(2,929.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	6,641.		
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c	2,434.		
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e	8,857.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(2,929.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-2,929.		

For Paperwork Reduction Act Notice, see the separate instructions.

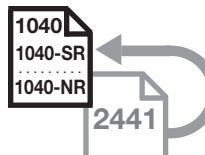
NPA

-2,929.

Schedule E (Form 1040) 2021

Child and Dependent Care ExpensesDepartment of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074

2021Attachment
Sequence No. **21**

Name(s) shown on return

John L Kelly & Alison W Hoskins-Kelly

Your social security number

354-74-2398

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

B For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box ☒

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

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

Part II Credit for Child and Dependent Care Expenses

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

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31

3

4 Enter your **earned income**. See instructions

4

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

5

0.

6 Enter the **smallest** of line 3, 4, or 5

6

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11

7

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

• If line 7 is \$125,000 or less, enter .50 on line 8.

• If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter.

• If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.

8

X

9a Multiply line 6 by the decimal amount on line 8

9a

b If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10

9b

10 Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your **refundable credit for child and dependent care expenses**; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11

10

11 **Nonrefundable credit for child and dependent care expenses.** If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2

11

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2021. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	580.
13	Enter the amount, if any, you carried over from 2020 and used in 2021. See instructions	13	
14	If you forfeited or carried over to 2022 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	(0.)
15	Combine lines 12 through 14. See instructions	15	580.
16	Enter the total amount of qualified expenses incurred in 2021 for the care of the qualifying person(s)	16	
17	Enter the smaller of line 15 or 16	17	0.
18	Enter your earned income . See instructions	18	147,797.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
20	Enter the smallest of line 17, 18, or 19	20	0.
21	Enter \$10,500 (\$5,250 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$10,500 or \$5,250 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	10,500.
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	580.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	0.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB"	26	580.

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

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

**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 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.

John L Kelly

Your social security number

354-74-2398

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

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

Apt. no.

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 8, 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	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 Caution: 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) or 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	Additional tax. 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	Additional tax. Enter 6% (0.06) of the smaller 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	0.
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	6,000.
24	Total excess contributions. Add lines 22 and 23	24	6,000.
25	Additional tax. Enter 6% (0.06) of the smaller 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	360.

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.

26	Enter the excess contributions from line 32 of your 2020 Form 5329. See instructions. If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2021 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2021 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2021 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2021 (including 2021 contributions made in 2022). Include this amount on Schedule 2 (Form 1040), line 8	33	

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.

34	Enter the excess contributions from line 40 of your 2020 Form 5329. See instructions. If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2021 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2021 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2021 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2021 (including 2021 contributions made in 2022). Include this amount on Schedule 2 (Form 1040), line 8	41	

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.

42	Enter the excess contributions from line 48 of your 2020 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2021 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2021 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2021 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2021 (including 2021 contributions made in 2022). Include this amount on Schedule 2 (Form 1040), line 8	49	

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

50	Excess contributions for 2021 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2021. Include this amount on Schedule 2 (Form 1040), line 8	51	

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.

52	Minimum required distribution for 2021 (see instructions)	52	
53	Amount actually distributed to you in 2021	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	
55	Additional tax. Enter 50% (0.50) of line 54. Include this amount on Schedule 2 (Form 1040), line 8	55	

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 <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

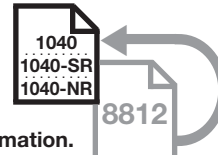
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

**Credits for Qualifying Children
and Other Dependents**

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

John L Kelly & Alison W Hoskins-Kelly

Your social security number

354-74-2398

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	248,034.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	248,034.
4a	Number of qualifying children under age 18 with the required social security number	4a	2.
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	2.
c	Subtract line 4b from line 4a	4c	0.
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	4,000.
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	0.
Caution: 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	4,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.
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	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,000.
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 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	0.
b	Subtract line 14a from line 12	14b	4,000.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	0.
e	Add lines 14b and 14d	14e	4,000.
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-	14f	3,600.
Caution: 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.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	400.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	400.

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

BAA

REV 04/01/22 Intuit.cq.dfp.sp

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.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
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.			
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	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-	15e	
Caution: 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.			
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	

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.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
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	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.			

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

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

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

Health Savings Accounts (HSAs)▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **52**

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

John L Kelly

Social security number of HSA
beneficiary. If both spouses
have HSAs, see instructions ▶ 354-74-2398**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 0.
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 0.
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	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 0.

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	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
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	
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

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2021**Attachment
Sequence No. **55**

Name(s) shown on return

John L Kelly & Alison W Hoskins-Kelly

Your taxpayer identification number

354-74-2398

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	John Kelly	354-74-2398	-2,216.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-2,216.	
3	Qualified business net (loss) carryforward from the prior year	3	(12,282.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		0.
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		
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		0.
11	Taxable income before qualified business income deduction (see instructions)	11	222,934.	
12	Net capital gain (see instructions)	12	91,618.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	131,316.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		26,263.
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		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(14,498.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

File by Mail Instructions for your 2021 Colorado Tax Return

Important: Your taxes are not finished until all required steps are completed.



John L Kelly & Alison W Hoskins-Kelly
8120 E 29th Ave
Denver, CO 80238-2506

Balance Due/Refund	Your Colorado state tax return (Form 104) shows you owe a balance due of \$243.00. You are paying by check.		
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. Your payment - Mail a check or money order for \$243.00, payable to "Colorado Department of Revenue". Write your Social Security number and "2021 Form 104" on the check. Mail the return and check together. The Colorado Department of Revenue has requested that taxpayers who file by mail do not print on both sides of pages. Attach W-2s, W2-Gs or 1099s only if you report Colorado income tax withheld. Mail your return, attachments and payment to: (Filing with payment) Colorado Department of Revenue, Denver, CO 80261-0006 (Filing without payment) Colorado Department of Revenue, Denver, CO 80261-0005 Deadline: Postmarked by April 18, 2022 Don't forget correct postage on the envelope.		
What You Need to Keep	Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account.		
2021 Colorado Tax Return Summary	Taxable Income	\$	220,934.00
	Total Tax	\$	7,722.00
	Total Payments/Credits	\$	7,245.00
	Payment Due	\$	243.00
Estimated Payments to Make for Next Year's Return	Colorado Estimated Payment Vouchers for 2022 - Do not mail the following vouchers (Form 104-EP) with your 2021 income tax return. These vouchers are used to prepay your 2022 income taxes that will be filed next year.		

File by Mail Instructions for your 2021 Colorado Tax Return

Important: Your taxes are not finished until all required steps are completed.



John L Kelly & Alison W Hoskins-Kelly
8120 E 29th Ave
Denver, CO 80238-2506

**Estimated
Payments to
Make for Next
Year's Return
(Continued)**

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/18/2022	\$ 313.00
2	06/15/2022	\$ 313.00
3	09/15/2022	\$ 313.00
4	01/17/2023	\$ 313.00

Include a separate check or money order for each payment, payable to "Colorado Department of Revenue". Write your social security number and "Form 104-EP" on each check.

Mail payments to:
Colorado Department of Revenue
Denver, CO 80261-0008



DO NOT SEND

DR 0104EP (07/01/21)
COLORADO DEPARTMENT OF REVENUE
 Denver CO 80261-0008
Tax.Colorado.gov

KEEP THIS PAGE FOR YOUR RECORDS

Colorado Estimated Tax – Individuals Worksheet

Do not send, keep for your records

1. Estimated 2022 Colorado taxable income	\$	220934	00
2. Estimated 2022 Colorado income tax — 4.55% of line 1	\$	10052	00
3. Estimated 2022 Colorado alternative minimum tax	\$		00
4. Estimated 2022 recapture of prior year credits	\$		00
5. Total of lines 2, 3 and 4	\$	10052	00
6. All credits other than withholding and estimated payments	\$	2220	00
7. Subtract line 6 from line 5	\$	7832	00
8. Estimated 2022 Colorado wage or nonresident real estate withholding tax	\$	7245	00
9. Net estimated tax, subtract line 8 from line 7	\$	587	00

Payment Number	Net Amount Due	2021 Overpayment Applied	Payment Due	Due Dates
1	\$ 313 00	\$ 0 00	\$ 313 00	April 15
2	\$ 313 00	\$ 0 00	\$ 313 00	June 15
3	\$ 313 00	\$ 0 00	\$ 313 00	September 15
4	\$ 313 00	\$ 0 00	\$ 313 00	January 15, 2023

Round your payment to the nearest dollar. If paying by check, the amount on the check and the amount entered on the payment form must be the same. This will help maintain accuracy in your tax account. It is strongly recommended that estimated payments be remitted online at Colorado.gov/RevenueOnline or by EFT at Tax.Colorado.gov/electronic-funds-transfer to avoid problems or delays with the 2022 income tax return.

Due Dates: If the due date falls on a weekend or federal holiday, payment will be due the next business day.



220104EP11555

DR 0104EP (07/01/21)
COLORADO DEPARTMENT OF REVENUE
 Denver CO 80261-0008
Tax.Colorado.gov
 Page 1 of 1

(0012)

2022 Colorado Estimated Income Tax Payment Form

Only return this payment form with a check or money order.

DO NOT CUT – Return Full Page

DR 0104EP (07/01/21)		(0012)	
Return the DR 0104EP with check or money order payable to the “Colorado Department of Revenue”. Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Social Security number or ITIN and “2022 DR 0104EP” on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form. File only if you are making a payment of estimated tax and are unable to pay online or by EFT.			
SSN or ITIN			
354-74-2398			
Your Last Name			
KELLY			
Your First Name		Middle Initial	
JOHN		L	
Spouse SSN or ITIN			
523-41-7286			
Spouse Last Name			
HOSKINS-KELLY			
Spouse First Name		Middle Initial	
ALISON		W	
Address			
8120 E 29TH AVE			
City			
DENVER			
State		ZIP	
CO		80238-2506	
		Amount of Payment	
<small>The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.</small>		\$ 313.00	

DO NOT CUT – Return Full Page

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM

15550012 12312022 01 000523417286 01 00354742398 21



220104EP11555

DR 0104EP (07/01/21)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0008
Tax.Colorado.gov
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(0012)

2022 Colorado Estimated Income Tax Payment Form

Only return this payment form with a check or money order.

DO NOT CUT – Return Full Page

DR 0104EP (07/01/21)		(0012)	
Return the DR 0104EP with check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Social Security number or ITIN and "2022 DR 0104EP" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form. File only if you are making a payment of estimated tax and are unable to pay online or by EFT.			
SSN or ITIN			
354-74-2398			
Your Last Name			
KELLY			
Your First Name		Middle Initial	
JOHN		L	
Spouse SSN or ITIN			
523-41-7286			
Spouse Last Name			
HOSKINS-KELLY			
Spouse First Name		Middle Initial	
ALISON		W	
Address			
8120 E 29TH AVE			
City			
DENVER			
State		ZIP	
CO		80238-2506	
		Amount of Payment	
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.		\$ 313.00	

DO NOT CUT – Return Full Page

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM

15550012 12312022 01 000523417286 01 00354742398 21



220104EP11555

DR 0104EP (07/01/21)
COLORADO DEPARTMENT OF REVENUE
 Denver CO 80261-0008
Tax.Colorado.gov
 Page 1 of 1

(0012)

2022 Colorado Estimated Income Tax Payment Form

Only return this payment form with a check or money order.

DO NOT CUT – Return Full Page

DR 0104EP (07/01/21)		(0012)	
<p>Return the DR 0104EP with check or money order payable to the “Colorado Department of Revenue”. Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Social Security number or ITIN and “2022 DR 0104EP” on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form. File only if you are making a payment of estimated tax and are unable to pay online or by EFT.</p>			
SSN or ITIN			
354-74-2398			
Your Last Name			
KELLY			
Your First Name		Middle Initial	
JOHN		L	
Spouse SSN or ITIN			
523-41-7286			
Spouse Last Name			
HOSKINS-KELLY			
Spouse First Name		Middle Initial	
ALISON		W	
Address			
8120 E 29TH AVE			
City			
DENVER			
State		ZIP	
CO		80238-2506	
		Amount of Payment	
<small>The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.</small>		\$ 313.00	

DO NOT CUT – Return Full Page

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM

15550012 12312022 01 000523417286 01 00354742398 21



220104EP11555

DR 0104EP (07/01/21)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0008
Tax.Colorado.gov
Page 1 of 1

(0012)

2022 Colorado Estimated Income Tax Payment Form

Only return this payment form with a check or money order.

DO NOT CUT – Return Full Page

DR 0104EP (07/01/21)		(0012)	
Return the DR 0104EP with check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Social Security number or ITIN and "2022 DR 0104EP" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form. File only if you are making a payment of estimated tax and are unable to pay online or by EFT.			
SSN or ITIN			
354-74-2398			
Your Last Name			
KELLY			
Your First Name		Middle Initial	
JOHN		L	
Spouse SSN or ITIN			
523-41-7286			
Spouse Last Name			
HOSKINS-KELLY			
Spouse First Name		Middle Initial	
ALISON		W	
Address			
8120 E 29TH AVE			
City			
DENVER			
State		ZIP	
CO		80238-2506	
		Amount of Payment	
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.		\$ 313.00	

DO NOT CUT – Return Full Page

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM

15550012 12312022 01 000523417286 01 00354742398 21



210104 11555

DR 0104 (12/07/21)
COLORADO DEPARTMENT OF REVENUE
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(0013)



2021 Colorado Individual Income Tax Return

☒ Full-Year ☐ Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must include DR 0104PN ☐ Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial
KELLY		JOHN		L
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
08/08/1978	354-74-2398			
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0551	08/07/20
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
HOSKINS-KELLY		ALISON		W
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
03/15/1984	523-41-7286			
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0861	01/27/20
Mailing Address			Phone Number	
8120 E 29TH AVE			(816) 565-4099	
City	State	ZIP Code	Foreign Country (if applicable)	
DENVER	CO	80238-2506		
<input type="checkbox"/>	To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: • You are a Colorado resident and at least one person in your household does not have health coverage AND • You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing.			
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.			• 1	222934 00
Include W-2s and 1099s with CO withholding.				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)			• 2	00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00

**210104 21555**

Name	SSN or ITIN
JOHN L KELLY & ALISON W HOSKINS-KELLY	354-74-2398
4. Other Additions, explain (see instructions) ● 4	00
Explain:	
5. Subtotal, sum of lines 1 through 4 5	222934 00
Colorado Subtractions	
6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return. ● 6	2000 00
7. Colorado Taxable Income, subtract line 6 from line 5 ● 7	220934 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule	
8. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. ● 8	9942 00
9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. ● 9	00
10. Recapture of prior year credits ● 10	00
11. Subtotal, sum of lines 8 through 10 11	9942 00
12. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 0104CR with your return. ● 12	2220 00
13. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1366 with your return. ● 13	00
14. Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1330 with your return. ● 14	00
15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11. 15	7722 00
16. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. ● 16	00
17. Net Colorado Tax, sum of lines 15 and 16 17	7722 00
18. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. ● 18	7245 00
19. Prior-year Estimated Tax Carryforward ● 19	00
20. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year ● 20	00
21. Extension Payment remitted with the DR 0158-I ● 21	00
22. Other Prepayments: <input type="checkbox"/> ● DR 0104BEP <input type="checkbox"/> ● DR 0108 <input type="checkbox"/> ● DR 1079 ● 22	00
23. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. ● 23	00
24. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return. ● 24	0 00



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Name		SSN or ITIN				
JOHN L KELLY & ALISON W HOSKINS-KELLY		354-74-2398				
25. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return.		00				
26. Subtotal, sum of lines 18 through 25		7245 00				
Modified AGI for TABOR Lines 28 through 30 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.						
27. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11		248034 00				
28. Nontaxable Social Security Income		00				
29. Nontaxable Lump-sum Distribution from pension and profit sharing plans.		00				
30. Nontaxable interest income from state and local bonds		00				
31. Sum of lines 27 through 30: Modified AGI for TABOR		248034 00				
Modified AGI Tiers for State Sales Tax Refund						
If line 31 is:	\$44,000 or less	\$44,001 – \$88,000	\$88,001 – \$139,000	\$139,001 – \$193,000	\$193,001 – \$246,000	\$246,001 – or more
Single Filers Enter	\$37	\$49	\$56	\$68	\$74	\$117
Joint Filers Enter	\$74	\$98	\$112	\$136	\$148	\$234
32. State Sales Tax Refund: For full-year Colorado residents, born before 2003, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 31 and reference the table above. See instructions if you are filing an extension.		234 00				
33. Sum of lines 26 and 32		7479 00				
34. Overpayment, if line 33 is greater than line 17 then subtract line 17 from line 33		00				
35. Estimated Tax Credit Carryforward to 2022 first quarter, if any.		00				
If you have an overpayment on line 36 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.						
36. Refund, subtract line 35 from line 34 (see instructions)		00				
Direct Deposit Routing Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CollegeInvest 529 Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.						

**210104 41555**DR 0104 (12/07/21)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 4 of 4

Name		SSN or ITIN	
JOHN L KELLY & ALISON W HOSKINS-KELLY		354-74-2398	
37. Net Tax Due, subtract line 33 from line 17	37	243	00
38. Delinquent Payment Penalty (see instructions)	• 38		00
39. Delinquent Payment Interest (see instructions)	• 39		00
40. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 40		00
41. Amount You Owe, sum of lines 37 through 40	• 41	243.00	
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.			
Third Party Designee			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
• <input checked="" type="checkbox"/> No		• <input type="checkbox"/> Yes. Complete the following:	
Designee's Name		Phone Number	
•		•	
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
SELF PREPARED			
Paid Preparer's Address		City	State ZIP Code

File and pay at: [Colorado.gov/RevenueOnline](https://colorado.gov/RevenueOnline)

If you are filing this return **with** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



210104AD11555

DR 0104AD (10/22/21)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 2



2021 DR 0104AD – Subtractions from Income Schedule

If claiming a subtraction and filing by paper, you must submit this schedule with your return.

Use this schedule to report any subtractions from your Federal Taxable Income. These subtractions will change your Colorado Taxable Income from the amount of Federal Taxable Income. See instructions in the income tax booklet for additional guidance on completing this schedule. Do not enter negative amounts. You must submit this form along with the DR 0104 if claiming any subtractions.

Name				SSN or ITIN		
JOHN L KELLY				354-74-2398		
Subtractions from Federal Taxable Income						
1. State Income Tax Refund from federal income tax form 1040, 1040 SR, or 1040 SP, Schedule 1 line 1. ● 1				0	00	
2. U.S. Government Interest ● 2					00	
3. Primary Taxpayer Pension, Annuity, IRA, Social Security, or Disability Income (see instructions)		● Deceased SSN or ITIN		● 3		00
4. Spouse Pension, Annuity, IRA, Social Security, or Disability Income (see instructions)		● Deceased SSN or ITIN		● 4		00
5. Primary Taxpayer Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return. (see instructions) ● 5					00	
6. Spouse Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return. (see instructions) ● 6					00	
7. Colorado Capital Gain Subtraction ● 7					00	
8. CollegeInvest Contribution: (see instructions)		● Owner's SSN or ITIN		● 8	2000	00
● Total Contribution		● Owner's Name				
		● Total Contribution		● 9		00
9. Qualifying Charitable Contribution		\$		● 9		00
10. Qualified Reservation Income ● 10					00	
11. PERA/DPSRS Subtraction, for PERA contributions made in 1984–1986 or DPSRS contributions made in 1986 ● 11					00	



210104AD21555

Name			SSN or ITIN	
JOHN L KELLY			354-74-2398	
12. Railroad Benefit Subtraction			• 12	00
13. Wildfire Mitigation Measures Subtraction			• 13	00
14. Colorado Marijuana Business Deduction			• 14	00
15. Non-Resident Disaster Relief Worker Subtraction			• 15	00
• Natural Disaster: Enter the executive order number(s) from the Colorado governor's office that declared the state disaster emergency "D YYYY-###" (see instructions)				
16. Reacquisition of Colorado Residency During Active Duty Military Service Subtraction			• 16	00
17. First Time Home Buyer Savings Account Interest Deduction, you must submit form DR 0350(s) with your return			• 17	00
18. Other Subtractions, explain below			• 18	00
Explain				
19. Subtractions Allowed Under HB21-1002 (see instructions)			• 19	00
20. Subtotal, sum of lines 1 through 19, transfer the amount to line 6 on the DR 0104			• 20	2000 00



210104CR11555



DR 0104CR (09/30/21)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 4

Form 104CR

Individual Credit Schedule 2021

Taxpayer's Last Name	First Name	Middle Initial	SSN or ITIN
KELLY	JOHN	L	354-74-2398

Use this schedule to calculate your income tax credits. For best results, visit [Tax.Colorado.gov](https://tax.colorado.gov) to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- Be sure to submit the required supporting documentation as indicated for each credit.
- Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, include all required documents with your paper return.
- If you received any of these credits from a pass-through entity, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, submit with your return a written statement that includes all relevant information.
- Dollar amounts shall be rounded to the nearest whole dollar. Calculate percentages to the fourth decimal place. Round to four significant digits, e.g. xxx.xxxx

Part I — Refundable Credits

1. Child Care Expenses Credit from the DR 0347, you must submit the DR 0347 with your return. • 1 00

SSN Filers Only - Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each qualifying child. Read the instructions in the 104 book and Income Tax Topics: Earned Income Tax Credit for additional guidance on completing this section. Only check the "Deceased" box for a qualifying child if the child was born and died in 2021 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

2. Enter the amount of Earned Income calculated for your federal return. • 2 00

3. The federal EITC you claimed. • 3 00

Qualifying Child's Last Name	Qualifying Child's First Name	Year of Birth	• SSN	Deceased*
				• <input type="checkbox"/>
				• <input type="checkbox"/>
				• <input type="checkbox"/>
				• <input type="checkbox"/>

*Check only if child was deceased before SSN was assigned in 2021, see instructions.



210104CR21555

Name		SSN or ITIN
JOHN L KELLY & ALISON W HOSKINS-KELLY		354-74-2398
4. COEITC, multiply line 3 by 10% (0.10)	4	00
5. <i>Part-year residents only</i> , multiply line 4 by the percentage on line 34 of the DR 0104PN (If the percentage exceeds 100%, use 100%.)	5	00
6. Business Personal Property Credit: Use the worksheet in the 104 Book instructions to calculate. You must submit copy of the assessor's statement with your return.	6	00
7. Refundable Renewable Energy Tax Credit from line 85 of the DR 1366. You must submit the DR 1366 with your return.	7	0
8. <i>ITIN Filers Only</i> - Expanded Colorado Earned Income Tax Credit from line 20 (or 21) of form DR 0104TN. You must submit the DR 0104TN with your return.	8	00
9. Total Refundable Credits, sum of lines 1, 4 (or 5), 6, 7, and 8. Enter the sum on the DR 0104 line 25.	9	00

Part II — Credit for Tax Paid to Another State

- Colorado nonresidents do not qualify for this credit.
- Part-year residents generally do not qualify for this credit.
- If you have income and/or losses from two or more states, you must separately calculate lines 11 through 17 for each state, regardless of whether any tax was paid on such income. If you do not file electronically, you must submit the DR 0104CR for each state. Then, enter "Combined" on line 10 and complete lines 11 through 17 to disclose the combined total for each line. A summary schedule is not acceptable. **The Department strongly recommends electronic filing for taxpayers with credits for more than one state. Failure to file electronically may result in delays processing your return.**

Submit a copy of the tax return for each other state when claiming this credit. The portion of the return submitted must include the adjusted gross income calculation, any disallowed federal deductions by that state, and the tax calculation for the other state.

10. Name of other state:	MO
11. Total of lines 8 and 9 Form 104	9942
12. Modified Colorado adjusted gross income from sources in the other state, see FYI Income 17.	54935
13. Total modified Colorado adjusted gross income	246034
14. Divide line 12 by line 13. Round to four significant digits, e.g. xxx.xxxx	022.3282
15. Multiply line 11 by the percentage on line 14	2220
16. Tax liability to the other state	2726
17. Allowable credit , the smaller of lines 15 or 16	2220



210104CR31555

Name	JOHN L KELLY & ALISON W HOSKINS-KELLY	SSN or ITIN	354-74-2398
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Part III — Other Credits

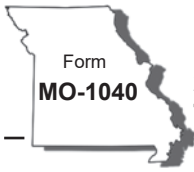
Visit *Tax.Colorado.gov* for limitations that are specific to each credit. To report this properly, use the first column to report the total credit that is available (the amount generated this year plus any prior-year carryforward). Then, use the second column to report the amount you are using this year to offset your tax liability.

	Available Credit Column (A) ●	Credit Used Column (B) ●
18. Plastic recycling investment credit, you must submit required receipts with your return. ● 18	00	00
● Plastic recycling net expenditures amount (fill below):		
19. Colorado Minimum Tax Credit ● 19	00	00
● 2021 Federal Minimum Tax Credit (fill below):		
20. Carry forward of prior year Historic Property Preservation credit (per §39-22-514, C.R.S.). ● 20	00	00
21. Child Care Center Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 21	00	00
22. Employer Child Care Facility Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 22	00	00
23. School-to-Career Investment credit, you must submit a copy of the certification with your return. ● 23	00	00
24. Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● 24	00	00
25. Child Care Contribution credit, you must submit each DR 1317 with your return. ● 25	00	00
26. Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● 26	0 00	00
27. Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. ● 27	00	00
28. Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. ● 28	00	00
29. Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. ● 29	00	00
30. Certified Auction Group License Fee credit, you must submit a copy of the certification with your return. ● 30	00	00
31. Advanced Industry Investment credit, you must submit a copy of the certification with your return. ● 31	00	00
32. Affordable Housing credit, you must submit CHFA certification with your return. ● 32	00	00



210104CR41555

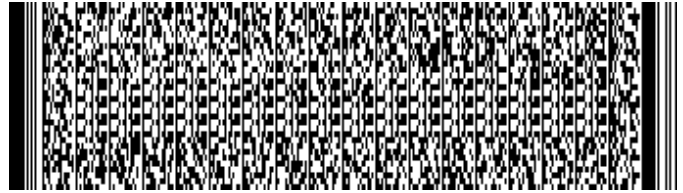
Name				SSN or ITIN	
JOHN L KELLY & ALISON W HOSKINS-KELLY				354-74-2398	
		Available Credit Column (A) ●		Credit Used Column (B) ●	
33. Carry forward of prior year Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. ● 33			00		00
34. Preservation of Historic Structures credit (per §39- 22-514.5, C.R.S.) carried forward from a prior year. ● 34			00		00
35. Preservation of Historic Structures credit (per §39-22- 514.5, C.R.S.), you must submit the certificate from OEDIT, History Colorado, or local granting authority with your return. ● 35			00		00
36. If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT, History Colorado, or local granting authority. ● 36					
37. Rural Jump–Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● 37			00		00
38. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● 38			00		00
39. Retrofitting a Residence to Increase a Residence's Visitability Credit, you must submit certificate from Division of Housing. ● 39			00		00
● If you are claiming a Retrofitting a Residence to Increase a Residence's Visitability Credit, enter your credit certificate number issued by Division of Housing					
40. Credit for employer contributions to employee 529 plan, you must submit DR 0289 with your return. ● 40			00		00
41. Credit for employer paid leave of absence for live organ donation. Employer must complete and submit form DR 0375 with their return. ● 41			00		00
42. Total of column A lines 18 through 41 (exclude line 36 certificate number) 42		0	00		
43. Nonrefundable Credits Used, total of column B plus any amount from line 17, exclude line 36 certificate number. Also enter this amount on the DR 0104 line 12. Credit used cannot exceed credit available. 43				2220	00



MISSOURI DEPARTMENT OF
REVENUE
**2021 Individual Income
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2021

Print in BLACK ink only and DO NOT STAPLE.



☐ **Amended Return** ☐ **Composite Return**

(For use by S corporations or Partnerships)

☐ **Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

Vendor Code

Department Use Only

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1555

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Filing Status

☐ Single ☐ Claimed as a Dependent ☒ Married Filing Combined ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐

Name

Social Security Number	Deceased in 2021	Spouse's Social Security Number	Deceased in 2021
354 - 74 - 2398		523 - 41 - 7286	
First Name	M.I.	Last Name	Suffix
JOHN	L	KELLY	
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
ALISON	W	HOSKINS-KELLY	

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

--

Address

Present Address (Include Apartment Number or Rural Route)

8120 E 29TH AVE

City, Town, or Post Office

State

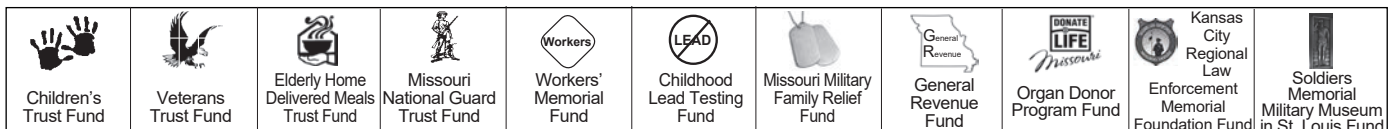
ZIP Code

DENVER	CO	80238 - 2506
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County of Residence

NONR

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	249499	.00	1S	-1465	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2.	3Y	249499	.00	3S	-1465	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	0	.00	4S	0	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	249499	.00	5S	-1465	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	248034	.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S	0	%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8		.00
9. Tax from federal return	9	34130	.00
10. Other tax from federal return.	10	360	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	34490	.00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	0.00	%
Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage: \$25,000 or less 35% \$25,001 to \$50,000..... 25% \$50,001 to \$100,000..... 15% \$100,001 to \$125,000..... 5% \$125,001 or more 0%			
13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	0	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8	14	25100	.00
15. Long-term care insurance deduction	15	0	.00
16. Health care sharing ministry deduction.	16		.00
17. Active Duty Military income deduction	17		.00
18. Inactive Duty Military income deduction	18		.00
19. Bring jobs home deduction	19		.00
20. Transportation facilities deduction	20		.00

☐ A. Port Cargo Expansion ☐ B. International Trade Facility ☐ C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	21	<input type="text"/>	.00
22. Long Term Dignity Savings Account Deduction.					22	<input type="text"/>	.00
23. Total deductions - Add Lines 8 and 13 through 22.					23	25100	.00
24. Subtotal - Subtract Line 23 from Line 6.					24	222934	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S.	25Y	222934	.00	25S	0	.00	
26. Enterprise zone or rural empowerment zone income modification.	26Y	<input type="text"/>	.00	26S	<input type="text"/>	.00	

Tax

27. Taxable income - Subtract Line 26 from Line 25.	27Y	222934	.00	27S	0	.00	
28. Tax (see tax chart on page 26 of the instructions).	28Y	11851	.00	28S	0	.00	
29. Resident credit - Attach Form MO-CR and other states' income tax return(s).	29Y	<input type="text"/>	.00	29S	<input type="text"/>	.00	
30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%.	30Y	23	%	30S	100	%	
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.	31Y	2726	.00	31S	0	.00	
32. Other taxes - Select box and attach federal form indicated.							
<input type="checkbox"/> Lump sum distribution (Form 4972)							
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	32Y	<input type="text"/>	.00	32S	<input type="text"/>	.00	
33. Subtotal - Add Lines 31 and 32.	33Y	2726	.00	33S	0	.00	
34. Total Tax - Add Lines 33Y and 33S.				34	2726	.00	

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.	35	<input type="text"/>	.00
36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021.	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	37	<input type="text"/>	.00
38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	38	<input type="text"/>	.00
39. Amount paid with Missouri extension of time to file (Form MO-60).	39	<input type="text"/>	.00
40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC.	40	<input type="text"/>	.00
41. Property tax credit - Attach Form MO-PTS	41	<input type="text"/>	.00
42. Total payments and credits - Add Lines 35 through 41.	42	<input type="text"/>	.00



21322031555

Skip Lines 43 through 45 if you are not filing an amended return.

43. Amount paid on original return. 43 . 00

44. Overpayment as shown (or adjusted) on original return 44 . 00

Indicate Reason for Amending

☐ A. Federal audit. Enter date of IRS report (MM/DD/YY)

☐ B. Net Operating Loss carryback Enter year of loss (YY)

☐ C. Investment tax credit carryback Enter year of credit (YY)

☐ D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)
45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44.
Enter on Line 45. 45 . 0046. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference.
Amount of OVERPAYMENT 46 . 00

47. Amount of Line 46 to be applied to your 2022 estimated tax 47 . 00

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

48a. Children's Trust Fund . 00 48b. Veterans Trust Fund . 00 48c. Elderly Home Delivered Meals Trust Fund . 00 48d. Missouri National Guard Trust Fund . 00

48e. Workers' Memorial Fund . 00 48f. Childhood Lead Testing Fund . 00 48g. Missouri Military Family Relief Fund . 00 48h. General Revenue Fund . 00

48i. Organ Donor Program Fund . 00 48j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 48k. Soldiers Memorial Military Museum in St. Louis Fund . 00

48l. Additional Fund Code . Additional Fund Amount . 00 48m. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 48a through 48m and enter here 48 . 00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#). 49 . 0050. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50 . 00

a. Routing Number

c. ☐ Checking ☐ Savings

b. Account Number



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
Amount of UNDERPAYMENT 51 2726 .00

52. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here . . . 52 .00

☐ Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53 2726 .00

Signature

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone
<input type="text"/>	8165654099
Preparer's Signature	Date (MM/DD/YY)
SELF - PREPARED	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
<input type="text"/>	<input type="text"/>
Preparer's Address	State ZIP Code
<input type="text"/>	<input type="text"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm ☐ Yes ☐ No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. ☐ Yes ☐ No




21322051555

Department Use Only

☐ A ☐ FA ☐ E10 ☐ DE ☐ F

Form MO-1040 (Revised 12-2021)

Mail to: **Balance Due:**
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370



Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222

Phone: (573) 751-3505

Fax: (573) 522-1762
Email: income@dor.mo.gov

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.



MISSOURI DEPARTMENT OF
REVENUE
2021 Missouri Income Percentage

Attach Federal Return. See instructions
and diagram on page 3 of Form MO-NRI.

Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

354 - 74 - 2398

Name

KELLY, JOHN L

Address

8120 E 29TH AVE

City, State, ZIP Code

DENVER CO 80238-2506

☒ 1. Nonresident of Missouri
State of residence during 2021 COLORADO

☒ Remote Work (See instructions on Form MO-NRI, page 3)

☐ 2. Part-Year Missouri Resident

☐ Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence
and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

523 - 41 - 7286

Spouse's Name

HOSKINS-KELLY, ALISON W

Address

8120 E 29TH AVE

City, State, ZIP Code

DENVER CO 80238-2506

☒ 1. Nonresident of Missouri
State of residence during 2021 COLORADO

☒ Remote Work (See instructions on Form MO-NRI, page 3)

☐ 2. Part-Year Missouri Resident

☐ Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence
and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 30 of Form MO-1040.

☐ 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

☐ Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

☐ Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

☐ 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

☐ Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

☐ Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc.	1	A	0 .00	A	0 .00
B. Taxable interest income.	2b	B	0 .00	B	0 .00
C. Dividend income.	3b	C	0 .00	C	0 .00
D. State and local income tax refunds (from schedule 1, part 1)	1	D	0 .00	D	0 .00
E. Alimony received (from schedule 1, part 1)	2a	E	0 .00	E	0 .00
F. Business income or (loss) (from schedule 1, part 1)	3	F	0 .00	F	0 .00
G. Capital gain or (loss)	7	G	57991 .00	G	0 .00
H. Other gains or (losses) (from schedule 1, part 1)	4	H	0 .00	H	0 .00
I. Taxable IRA distributions.	4b	I	0 .00	I	0 .00
J. Taxable pensions and annuities.	5b	J	0 .00	J	0 .00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	-1528 .00	K	-1528 .00
L. Farm income or (loss) (from schedule 1, part 1)	6	L	0 .00	L	0 .00
M. Unemployment compensation (from schedule 1, part 1)	7	M	0 .00	M	0 .00
N. Taxable social security benefits.	6b	N	0 .00	N	0 .00
O. Other income (from schedule 1, part 1)	9	O	0 .00	O	0 .00
P. Total - Add Lines A through O.		P	56463 .00	P	-1528 .00
Q. Less: federal adjustments to income.	10	Q	0 .00	Q	0 .00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	11	R	56463 .00	R	-1528 .00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S	0 .00	S	0 .00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T	0 .00	T	0 .00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1.		U	0 .00	U	0 .00

Missouri Income Percentage

	Yourself or One Income Filer		Spouse (On A Combined Return)	
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	56463 .00	1S	-1528 .00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	249499 .00	2S	-1465 .00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 30Y and 30S.	3Y	23 %	3S	0 %

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete.
Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo,
a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature	Date (MM/DD/YY)	
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)	

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals.

A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Electronic Filing Instructions for your 2021 Missouri Tax Return

Important: Your taxes are not finished until all required steps are completed.



John L Kelly & Alison W Hoskins-Kelly
8120 E 29th Ave
Denver, CO 80238-2506

Balance Due/Refund	Your Missouri state tax return (Form MO-1040) shows a balance due of \$2,726.00.		
	Your return shows you have elected to pay your balance due of \$2,726.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$2,726.00	
	- Account Number:	60962849	
	- Routing Transit Number:	031176110	
	- Date of Withdrawal:	04/18/2022	
What You Need to Keep	Your Electronic Filing Instructions (this form) A copy of your state and federal returns EF Acknowledgement and General Info You must mail your City of St Louis returns as they cannot be filed electronically.		
2021 Missouri Tax Return Summary	Taxable Income	\$	222,934.00
	Total Tax	\$	2,726.00
	Payment Due	\$	2,726.00
	You can find the status of your return here: https://dor.mo.gov/returnstatus/		



MISSOURI DEPARTMENT OF
REVENUE

REV 03/29/22 INTUIT.CG.CFP.SP

**2021 Individual Income Tax
Payment Voucher (Form MO-1040V)**

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

Name		
JOHN L KELLY		
Spouse's Name		
ALISON W HOSKINS-KELLY		
Street Address		
8120 E 29TH AVE		
City	State	ZIP Code
DENVER	CO	810238
Full payment of taxes must be submitted by April 18, 2022 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.		

1555 (12-2021)

Social Security Number 354 - 74 - 2398

Name Control KELL

Spouse's Social Security Number 523 - 41 - 7286

Spouse's Name Control HOSK

Amount of Payment \$ 2726 . 00
(U.S. funds only)

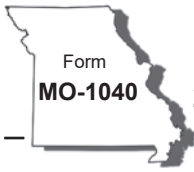


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Department Use Only

Department Use Only

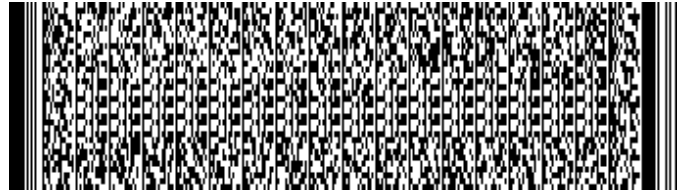
055 555 000000 3547423982 110512127 5234172861 21 000272600 9



MISSOURI DEPARTMENT OF
REVENUE
**2021 Individual Income
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2021

Print in BLACK ink only and DO NOT STAPLE.



☐ **Amended Return** ☐ **Composite Return**

(For use by S corporations or Partnerships)

☐ **Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

Vendor Code

Department Use Only

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1555

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Filing Status

☐ Single ☐ Claimed as a Dependent ☒ Married Filing Combined ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐

Name

Social Security Number	Deceased in 2021	Spouse's Social Security Number	Deceased in 2021
354 - 74 - 2398		523 - 41 - 7286	
First Name	M.I.	Last Name	Suffix
JOHN	L	KELLY	
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
ALISON	W	HOSKINS-KELLY	

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

--

Address

Present Address (Include Apartment Number or Rural Route)

8120 E 29TH AVE

City, Town, or Post Office

State

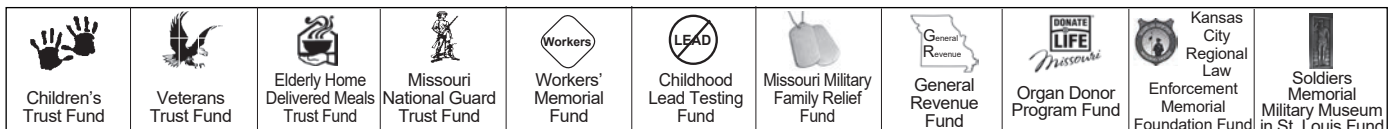
ZIP Code

DENVER	CO	80238 - 2506
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County of Residence

NONR

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	249499	.00	1S	-1465	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2.	3Y	249499	.00	3S	-1465	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	0	.00	4S	0	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	249499	.00	5S	-1465	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	248034	.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S	0	%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8		.00
9. Tax from federal return	9	34130	.00
10. Other tax from federal return.	10	360	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	34490	.00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	0.00	%
Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage: \$25,000 or less 35% \$25,001 to \$50,000..... 25% \$50,001 to \$100,000..... 15% \$100,001 to \$125,000..... 5% \$125,001 or more 0%			
13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	0	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8	14	25100	.00
15. Long-term care insurance deduction	15	0	.00
16. Health care sharing ministry deduction.	16		.00
17. Active Duty Military income deduction	17		.00
18. Inactive Duty Military income deduction	18		.00
19. Bring jobs home deduction	19		.00
20. Transportation facilities deduction	20		.00

☐ A. Port Cargo Expansion ☐ B. International Trade Facility ☐ C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	21	<input type="text"/>	.00
22. Long Term Dignity Savings Account Deduction.					22	<input type="text"/>	.00
23. Total deductions - Add Lines 8 and 13 through 22.					23	25100	.00
24. Subtotal - Subtract Line 23 from Line 6.					24	222934	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S.	25Y	222934	.00	25S	0	.00	
26. Enterprise zone or rural empowerment zone income modification.	26Y	<input type="text"/>	.00	26S	<input type="text"/>	.00	

Tax

27. Taxable income - Subtract Line 26 from Line 25.	27Y	222934	.00	27S	0	.00	
28. Tax (see tax chart on page 26 of the instructions).	28Y	11851	.00	28S	0	.00	
29. Resident credit - Attach Form MO-CR and other states' income tax return(s).	29Y	<input type="text"/>	.00	29S	<input type="text"/>	.00	
30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%.	30Y	23	%	30S	100	%	
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.	31Y	2726	.00	31S	0	.00	
32. Other taxes - Select box and attach federal form indicated.							
<input type="checkbox"/> Lump sum distribution (Form 4972)							
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	32Y	<input type="text"/>	.00	32S	<input type="text"/>	.00	
33. Subtotal - Add Lines 31 and 32.	33Y	2726	.00	33S	0	.00	
34. Total Tax - Add Lines 33Y and 33S.				34	2726	.00	

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.	35	<input type="text"/>	.00
36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021.	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	37	<input type="text"/>	.00
38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	38	<input type="text"/>	.00
39. Amount paid with Missouri extension of time to file (Form MO-60).	39	<input type="text"/>	.00
40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC.	40	<input type="text"/>	.00
41. Property tax credit - Attach Form MO-PTS	41	<input type="text"/>	.00
42. Total payments and credits - Add Lines 35 through 41.	42	<input type="text"/>	.00



21322031555

Skip Lines 43 through 45 if you are not filing an amended return.

43. Amount paid on original return. 43 . 00

44. Overpayment as shown (or adjusted) on original return 44 . 00

Indicate Reason for Amending

☐ A. Federal audit. Enter date of IRS report (MM/DD/YY)

☐ B. Net Operating Loss carryback Enter year of loss (YY)

☐ C. Investment tax credit carryback Enter year of credit (YY)

☐ D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)
45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44.
Enter on Line 45. 45 . 0046. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference.
Amount of OVERPAYMENT 46 . 00

47. Amount of Line 46 to be applied to your 2022 estimated tax 47 . 00

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

48a. Children's Trust Fund . 00 48b. Veterans Trust Fund . 00 48c. Elderly Home Delivered Meals Trust Fund . 00 48d. Missouri National Guard Trust Fund . 00

48e. Workers' Memorial Fund . 00 48f. Childhood Lead Testing Fund . 00 48g. Missouri Military Family Relief Fund . 00 48h. General Revenue Fund . 00

48i. Organ Donor Program Fund . 00 48j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 48k. Soldiers Memorial Military Museum in St. Louis Fund . 00

48l. Additional Fund Code . Additional Fund Amount . 00 48m. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 48a through 48m and enter here 48 . 00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#). 49 . 0050. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50 . 00

a. Routing Number

c. ☐ Checking ☐ Savings

b. Account Number



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
Amount of UNDERPAYMENT 51 2726 .00

52. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here . . . 52 .00

☐ Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53 2726 .00

Signature

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone
<input type="text"/>	8165654099
Preparer's Signature	Date (MM/DD/YY)
SELF - PREPARED	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
<input type="text"/>	<input type="text"/>
Preparer's Address	State ZIP Code
<input type="text"/>	<input type="text"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm ☐ Yes ☐ No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. ☐ Yes ☐ No




21322051555

Department Use Only

☐ A ☐ FA ☐ E10 ☐ DE ☐ F

Form MO-1040 (Revised 12-2021)

Mail to: **Balance Due:**
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370



Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222

Phone: (573) 751-3505

Fax: (573) 522-1762
Email: income@dor.mo.gov

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.



MISSOURI DEPARTMENT OF
REVENUE
2021 Missouri Income Percentage

Attach Federal Return. See instructions
and diagram on page 3 of Form MO-NRI.

Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

354 - 74 - 2398

Name

KELLY, JOHN L

Address

8120 E 29TH AVE

City, State, ZIP Code

DENVER CO 80238-2506

☒ 1. Nonresident of Missouri
State of residence during 2021 COLORADO

☒ Remote Work (See instructions on Form MO-NRI, page 3)

☐ 2. Part-Year Missouri Resident

☐ Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence
and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

523 - 41 - 7286

Spouse's Name

HOSKINS-KELLY, ALISON W

Address

8120 E 29TH AVE

City, State, ZIP Code

DENVER CO 80238-2506

☒ 1. Nonresident of Missouri
State of residence during 2021 COLORADO

☒ Remote Work (See instructions on Form MO-NRI, page 3)

☐ 2. Part-Year Missouri Resident

☐ Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence
and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 30 of Form MO-1040.

☐ 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

☐ Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

☐ Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

☐ 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

☐ Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

☐ Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc.	1	A	0 .00	A	0 .00
B. Taxable interest income.	2b	B	0 .00	B	0 .00
C. Dividend income.	3b	C	0 .00	C	0 .00
D. State and local income tax refunds (from schedule 1, part 1)	1	D	0 .00	D	0 .00
E. Alimony received (from schedule 1, part 1)	2a	E	0 .00	E	0 .00
F. Business income or (loss) (from schedule 1, part 1)	3	F	0 .00	F	0 .00
G. Capital gain or (loss)	7	G	57991 .00	G	0 .00
H. Other gains or (losses) (from schedule 1, part 1)	4	H	0 .00	H	0 .00
I. Taxable IRA distributions.	4b	I	0 .00	I	0 .00
J. Taxable pensions and annuities.	5b	J	0 .00	J	0 .00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	-1528 .00	K	-1528 .00
L. Farm income or (loss) (from schedule 1, part 1)	6	L	0 .00	L	0 .00
M. Unemployment compensation (from schedule 1, part 1)	7	M	0 .00	M	0 .00
N. Taxable social security benefits.	6b	N	0 .00	N	0 .00
O. Other income (from schedule 1, part 1)	9	O	0 .00	O	0 .00
P. Total - Add Lines A through O.		P	56463 .00	P	-1528 .00
Q. Less: federal adjustments to income.	10	Q	0 .00	Q	0 .00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	11	R	56463 .00	R	-1528 .00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S	0 .00	S	0 .00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T	0 .00	T	0 .00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1.		U	0 .00	U	0 .00

Missouri Income Percentage

	Yourself or One Income Filer		Spouse (On A Combined Return)	
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	56463 .00	1S	-1528 .00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	249499 .00	2S	-1465 .00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 30Y and 30S.	3Y	23 %	3S	%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete.
Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo,
a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature	Date (MM/DD/YY)	
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)	

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals.

A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

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 John L		Last name Kelly		Your social security number 354-74-2398	
If joint return, spouse's first name and middle initial Alison W		Last name Hoskins-Kelly		Spouse's social security number 523-41-7286	
Home address (number and street). If you have a P.O. box, see instructions. 8120 E 29th Ave				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Denver			State CO	ZIP code 802382506	
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. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Oscar G	Kelly	004-83-3421	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wendy J	Kelly	293-97-3427	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	DCB	1	148,377.
	2a	Tax-exempt interest		2b	51.
	3a	Qualified dividends		3b	0.
	4a	IRA distributions		4b	
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.	5a	Pensions and annuities		5b	
	6a	Social security benefits		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	7	97,535.
	8	Other income from Schedule 1, line 10		8	2,071.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	248,034.
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income		11	248,034.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a 25,100.		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b		
	c	Add lines 12a and 12b		12c	25,100.
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	0.
	14	Add lines 12c and 13		14	25,100.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	222,934.

Form **1040** (2021)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
John L Kelly & Alison W Hoskins-Kelly**Your social security number**
354-74-2398**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-2,929.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	5,000.
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 ABLE 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	2,071.

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

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

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

John L Kelly & Alison W Hoskins-Kelly

Your social security number

354-74-2398

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	
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	360.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ►	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ►	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Additional tax from Schedule 8812	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	360.

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
John L Kelly & Alison W Hoskins-Kelly**Your social security number**
354-74-2398**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	604.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
z	Other payments or refundable credits. List type and amount ► _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	604.