

Form <b>1040</b>	<b>Schedule EIC Worksheet 1</b>	<b>2021</b>
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Name <b>JULIE STONE</b>	Taxpayer Identification Number <b>550-04-2973</b>
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**Worksheet 1. Investment Income**

**Interest and Dividends**

- |   |    |       |
|---|----|-------|
| 1. Enter any amount from Form 1040 or 1040-SR, line 2b .....  | 1. | 3     |
| 2. Enter any amount from Form 1040 or 1040-SR, line 2a plus any amount on Form 8814, line 1b .....  | 2. |       |
| 3. Enter any amount from Form 1040 or 1040-SR, line 3b .....  | 3. | 2,568 |
| 4. Enter the amount from Schedule 1 (Form 1040 or 1040-SR) line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. .... | 4. |       |

**Capital Gain Net Income**

- |   |    |   |
|---|----|---|
| 5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount is a loss, enter -0-.  | 5. | 0 |
| 6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter zero. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) ..... | 6. |   |
| 7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter zero.) .....  | 7. |   |

**Royalties and Rental Income from Personal Property**

- |   |     |  |
|---|-----|--|
| 8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040 or 1040-SR), line 8k .....               | 8.  |  |
| 9. Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040) line 24b ..... | 9.  |  |
| 10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter zero.) .....   | 10. |  |

**Passive Activities**

- |  |     |       |
|--|-----|-------|
| 11. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40; or an ordinary gain from a passive activity reported on Form 4797, line 10.) ..... | 11. |       |
| 12. Enter the total of any losses from passive activities (such as losses included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40; or an ordinary loss from a passive activity reported on Form 4797, line 10.) .....     | 12. |       |
| 13. Combine the amounts on lines 11 and 12, above. (If the result is less than zero, enter -0-.) .....   | 13. | 0     |
| 14. Add the amounts on lines 1, 2, 3, 4, 7, 10 and 13. Enter the total. <b>This is your investment income.</b> If the total is more than \$10,000, you cannot take the credit. ....  | 14. | 2,571 |

**Worksheet 2. Earned Income**

- |   |    |   |
|---|----|---|
| 1. Enter the amount from Form 1040 or 1040-SR, line 1 .....   | 1. |   |
| 2. Enter any amount included on Form 1040 or 1040-SR, line 1, that is a taxable scholarship or fellowship grant not reported on Form W-2 .....  | 2. |   |
| 3. Clergy. If you are a member of the clergy filing Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on Form 1040 or 1040-SR, line 1, enter that amount. ....  | 3. |   |
| 4. Church employees. If you received wages as a church employee, enter any amount you included on both line 5a of Schedule SE and Form 1040 or 1040-SR, line 1. ....  | 4. |   |
| 5. Enter any amount included on Form 1040 or 1040-SR, line 1, that you received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. (Enter "DFC" and the same amount on the dotted line next to Form 1040, line 1.) This amount may be shown in box 11 of Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received ..... | 5. |   |
| 6. Add the amounts on lines 2, 3, 4 and 5 of this worksheet. ....   | 6. |   |
| 7. If you received nontaxable combat pay that you elect to include in earned income, enter the amount. ....   | 7. |   |
| 8. Subtract line 6 of this worksheet from line 1. Add to this amount any nontaxable combat pay from line 7. <b>This is your earned income.</b> .....  | 8. | 0 |



Form <b>1040</b>	<b>Net Earnings from Self-Employment Worksheet</b>	<b>2021</b>
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Name <b>JULIE STONE</b>	Taxpayer Identification Number <b>550-04-2973</b>
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	Taxpayer	Spouse
<b>Farm profit or (loss)</b>		
Schedule F .....	_____	_____
Farm Partnerships - Schedule K-1, box 14, code A .....	_____	_____
Auto expense from farm partnerships .....	( _____ )	( _____ )
Amortization from farm partnerships .....	( _____ )	( _____ )
Depreciation & Section 179 from farm partnerships .....	( _____ )	( _____ )
Depletion from farm partnerships .....	( _____ )	( _____ )
Other expenses from farm partnerships .....	( _____ )	( _____ )
Home office expenses from farm partnerships .....	( _____ )	( _____ )
Unreimbursed partnership expenses from farm partnerships .....	( _____ )	( _____ )
Debt financed acquisition interest from farm partnerships .....	( _____ )	( _____ )
Farm adjustment to SE Income .....	_____	_____
<b>Net farm profit or (loss) - Schedule SE line 1a</b>	<b>0</b>	<b>0</b>
<b>Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, in 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b</b>	<b>( 0 )</b>	<b>( 0 )</b>
<b>Nonfarm profit or (loss)</b>		
Schedule C (excluding minister Schedule C income reported below) .....	<b>1,961</b>	_____
Nonfarm partnerships - Schedule K-1, box 14, code A .....	_____	_____
Auto expense from nonfarm partnerships .....	( _____ )	( _____ )
Amortization from nonfarm partnerships .....	( _____ )	( _____ )
Depreciation & section 179 from nonfarm partnerships .....	( _____ )	( _____ )
Depletion from nonfarm partnerships .....	( _____ )	( _____ )
Other expenses from nonfarm partnerships .....	( _____ )	( _____ )
Home office expenses from nonfarm partnerships .....	( _____ )	( _____ )
Unreimbursed partnership expenses from nonfarm partnerships .....	( _____ )	( _____ )
Debt financed acquisition interest from nonfarm partnerships .....	( _____ )	( _____ )
Nonfarm adjustment to SE income .....	_____	_____
Self-employment income reported as other income .....	_____	_____
Self-employment income from contracts and straddles .....	_____	_____
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7) .....	_____	_____
<b>Net nonfarm profit or (loss) - Schedule SE line 2</b>	<b>1,961</b>	<b>0</b>
<b>Other income items subject to and/or exempt from self-employment tax</b>		
Fees received for services performed as a notary public .....	( _____ )	( _____ )
Earnings while debtor in a chapter 11 bankruptcy case .....	_____	_____
Taxable community property income/-loss .....	_____	_____
Exempt community property income/-loss .....	( _____ )	( _____ )
<b>Net adjustment included on Schedule SE, line 3</b>	<b>0</b>	<b>0</b>
<b>Net profit (loss) from self-employment activities - Schedule SE line 3</b>	<b>1,961</b>	<b>0</b>
<b>Church employee income - Schedule SE, Page 1 line 5a</b>	_____	_____

Form <b>1040</b>	<b>Self-Employed Health Insurance Deduction Worksheet</b>	<b>2021</b>
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Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) <b>JULIE STONE</b>	Taxpayer Identification Number <b>550-04-2973</b>
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Description CONSULTING Form/Schedule C Unit number 1

1. Enter the total amount paid in 2021 for health insurance coverage established under your business (or the S-corporation in which you were a more-than-2% shareholder) for 2021 for you, your spouse, and your dependents. Your insurance also can cover your child who was under age 27 at the end of 2021, even if the child was not your dependent. But **do not** include the following.
  - Amounts for any month you were eligible to participate in a health plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2021.
  - Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer.
  - Any qualified health insurance coverage payments that you included on Form 8885, line 4, to claim the HCTC or on Form 14095 to receive a reimbursement of the HCTC during the year.
  - Any advance monthly payments of the HCTC that your health plan administrator received from the IRS, as shown on Form 1099-H, Health Coverage Tax Credit (HCTC) Advance Payments
  - Any qualified health insurance coverage payments you paid for eligible coverage months for which you received the benefit of the HCTC monthly advance payment program.
  - Any payments for qualified long-term care insurance (see line 2)

1. 938
  
2. For coverage under a qualified long-term care insurance contract, enter for each person covered the **smaller** of the following amounts.
  - a) Total payments made for that person during the year.
  - b) The amount shown below. Use the person's age at the end of the tax year.
    - \$450 ----if that person is age 40 or younger
    - \$850 ----if age 41 to 50
    - \$1,690 ----if age 51 to 60
    - \$4,520 ----if age 61 to 70
    - \$5,640 ----if age 71 or older

**Don't** include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2021. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts

2. \_\_\_\_\_
  
3. Add lines 1 and 2 3. 938
  
4. Enter your net profit\* and any other earned income from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S Corporation, skip to line 11 4. 1,961
  
5. Enter the total of all net profits\* from: Schedule C, line 31; Schedule F, line 34; or Sch K-1 (1065), box 14, Code A; plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. **Don't** include any net losses shown on these schedules. 5. 1,961
  
6. Divide line 4 by line 5 6. 1.0000
  
7. Multiply Schedule 1, line 15 by the percentage on line 6 7. 139
  
8. Subtract line 7 from line 4 8. 1,822
  
9. Enter the amount, if any, from Schedule 1, line 16 attributable to the same trade or business in which the health insurance plan is established 9. \_\_\_\_\_
  
10. Subtract line 9 from line 8 10. 1,822
  
11. Enter your Medicare wages (Form W-2, box 5) from an S corporation in which you are a more-than-2% shareholder and in which the health insurance plan is established 11. \_\_\_\_\_
  
12. Enter the amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above 12. \_\_\_\_\_
  
13. Subtract line 12 from line 10 or 11, whichever applies 13. 1,822
  
14. **Self-employed health insurance deduction.** Enter the **smaller** of line 3 or line 13 here and on Schedule 1, line 17 **Don't** include this amount in figuring any medical expense deduction on Schedule A 14. 938

\* If you used either optional method to figure your net earnings from self-employment from any business, do not enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

**Form 1040, Dividend Income**

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>	<u>Section 199A Dividends</u>
CHARLES SCHWAB	\$ <u>2,568</u>	\$ <u>363</u>	\$ <u>73</u>
Total	\$ <u><u>2,568</u></u>	\$ <u><u>363</u></u>	\$ <u><u>73</u></u>

**Form 1040, Line 7 - Capital Gain Distributions**

<u>Payer</u>	<u>Capital Gain Distribution</u>
CHARLES SCHWAB	\$ <u>623</u>
Total	\$ <u><u>623</u></u>

**Passive Income from B&D**  
**Form 1116 line 1a - Gross Income From Sources Within Country**

<u>Description</u>	<u>A</u>	<u>B</u>	<u>C</u>
Foreign qualified dividends	\$	\$	\$
Frgn qualified divs - no adjustment	363		
Foreign capital gains Wrk A	0		
Other foreign gross income			
1116 Foreign Gross Income	2,568		
- 1116 Foreign Qualified Dividends	363		
	<u>2,205</u>		
Total	<u>2,568</u>		

**Passive Income from B&D**  
**Form 1116 line 3e - Gross Income from All Sources**

<u>Description</u>	<u>Amount</u>
1040 ln 1/2b-5b Sch 1 ln 1/2a/7/8	\$ 3,584
Gross Sch C business income	6,369
Gross Sch D capital gains	623
Total	<u>\$ 10,576</u>

# Federal Asset Report CONSULTING

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b><u>Prior MACRS:</u></b>										
1	OFFICE EQUIPMENT	7/01/20	711			X	0	5 HY 200DB	711	0
			<u>711</u>				<u>0</u>		<u>711</u>	<u>0</u>
<b><u>Listed Property:</u></b>										
2	VEHICLE	7/01/20	0				0	0 HY	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		711				0		711	0
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Less: Start-up/Org Expense</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>711</u>				<u>0</u>		<u>711</u>	<u>0</u>

## Bonus Depreciation Report CONSULTING

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	OFFICE EQUIPMENT	7/01/20	711		0	0	711	0
<b>Grand Total</b>			<u>711</u>		<u>0</u>	<u>0</u>	<u>711</u>	<u>0</u>



# AMT Asset Report CONSULTING

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>								
1	OFFICE EQUIPMENT	7/01/20	711	X	0	5 HY 200DB	711	0
			<u>711</u>		<u>0</u>		<u>711</u>	<u>0</u>
<b>Listed Property:</b>								
2	VEHICLE	7/01/20	0		0	0 HY	0	0
			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		711		0		711	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>711</u>		<u>0</u>		<u>711</u>	<u>0</u>

2973 STONE, JULIE  
550-04-2973  
FYE: 12/31/2021

## Depreciation Adjustment Report

### All Business Activities

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<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
C	1	1	OFFICE EQUIPMENT	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>