

Comprehensive 2021 Example – Children, childcare, health care, disaster distributions

Beth Hart has three kids – Sammy age 5, Carl age 12, Becky age 18 – and files as Head of Household. She has AGI of \$150,000 in 2021, including wage income of \$120,000. Beth received **Letter 6475** this month confirming that she received her EIP3 payments received April 2021 were \$5,600 (4 x \$1,400)

Before we quote a price for the return, we should see what we've gotten ourselves into

Schedule 8812

Based on her prior year AGI, Beth qualified to receive the maximum amount of advance payments of the child tax credit from July through December, as follows:

- Sammy \$300/mo x 6 months = \$1,800
- Carl \$250/mo x 6 months = \$1,500

She received **Letter 6419** in January showing a total of \$3,300 advance payments

Form 2441

Beth had made an election to contribute the full \$5,000 allowable into her dependent care benefit (DCB) account for Sammy and Carl in 2020, but when the Covid-19 pandemic hit the daycare center closed, and she spent only \$1,000. As allowed by **Notice 2021-15**, her employer modified its DCB plan to allow rollover of unused amounts into 2021, and also increased the plan allowance to \$10,500 for 2021.

In 2021, Beth again elected to contribute \$5,000. Leaving nothing to chance, Beth hired Mary Poppins to watch the kids so she could work and paid Mary \$20,000 in 2021. Schedule H must be filed – ideally we will get this from the nanny tax company and drop it into the return later.

Form 8962

Beth pays \$1,000 per month for a bronze plan from the health insurance marketplace for herself and her three kids in a state where the second lowest cost silver plan (SLCSP) is \$1,152.50 per month.

Daughter Becky is required to file a return. Her \$12,000 of AGI will count as part of family income for purposes of the Premium Tax Credit (PTC)

The federal poverty level (FPL) for a family of four is \$26,200, and 400% of that amount is \$104,500. In past years, this meant that Beth's income would have been too high for her to claim PTC. However, for 2021 and 2022 it means she is expected to pay a maximum of 8.5% of her income towards her family's health insurance.

Form 8915-F

On June 1, 2020 Beth took out \$90,000 from her traditional IRA after she was laid off from her job. Even though Beth was only 40 years old, no 10% early withdrawal penalty applies because this qualified as a coronavirus related distribution (CRD). Beth filed 2020 Form 8915-E electing to spread income recognition out over three years. In 2021, Beth files Form 8915-F, recognizing \$30,000 current year income. She will file Form 8915-F again next year to recognize the final \$30,000

U.S. Individual Income Tax Return

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 **BETH A.** Last name **HART** Your social security number **111 22 3333**
 If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **123 YOUR STREET** Apt. no.
 City, town, or post office. If you have a foreign address, also complete spaces below. **YOUR TOWN** State **CT** ZIP code **06518**
 Foreign country name Foreign province/state/county Foreign postal code

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

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

Standard Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

Deduction ☐ Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
SAMMY HART		111-22-4444	SON	<input checked="" type="checkbox"/>		
CARL HART		111-22-5555	SON	<input checked="" type="checkbox"/>		
BECKY HART		112-22-6666	DAUGHTER			<input checked="" type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	120,000.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	30,000.
	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
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.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	150,000.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	150,000.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	18,800.
	b	Charitable contributions if you take the standard deduction (see instr.)	12b	300.
	c	Add lines 12a and 12b	12c	19,100.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	19,100.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	130,900.	

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

Form 1040 (2021)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	23,985.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	23,985.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	500.
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	23,485.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	23,485.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,000.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,000.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	1,400.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	7,090.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	8,490.
33	Add lines 25d, 26, and 32. These are your total payments	33	22,490.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	995.
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

Designee's name Phone no. Personal identification number (PIN)

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

Sign Here

Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check it: <input type="checkbox"/> Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

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

Form 1040 (2021)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	4,500
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
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	2,590
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	2,590
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	7,090



Department of the Treasury
Internal Revenue Service
Austin, TX 73301-1501

Date:
December 20, 2021
Contact number:
800-908-4184

Beth Hart
123 Your Street
Your Town, CT 06518

For MFJ, each spouse receives Letter 6419 showing one-half the total payment

2021 Total Advance Child Tax Credit (AdvCTC) Payments	
Keep this important tax information. You need it to prepare your 2021 income tax return.	
Box 1. Aggregate amount of AdvCTC payments you received for 2021. Enter this amount on Schedule 8812, line 14f or line 15e, whichever applies. <u>If you file a joint return for tax year 2021, you must add the amounts in Box 1 from both Letters 6419 and enter the total amount on Schedule 8812.</u>	\$362.50
Box 2. Number of qualifying children taken into account in determining the AdvCTC. See Schedule 8812 instructions if you complete Part III, Additional Tax.	3

Why you received this letter

Under the American Rescue Plan, the IRS made monthly AdvCTC payments of up to half of your 2021 Child Tax Credit from July through December to help support families raising children.

- If you're eligible for the credit, **file Schedule 8812 with your 2021 income tax return to claim your remaining credit** (for a total amount of up to \$3,600 per child under age 6 and \$3,000 per child age 6 through 17).
- If you aren't eligible for the credit, file Schedule 8812 to determine if you must pay back some or all the monthly payments you received in 2021 and if you qualify for **repayment protection** (discussed below).

How the IRS determined your payment amounts

Monthly payment amounts were initially based on information from an income tax return you filed or information you entered in the *IRS non-filer sign-up* tool in 2020 or 2021. Your monthly payment amount or how or where the IRS paid your payment may have changed based on information you provided the IRS through your 2020 income tax return if the IRS processed it after June, the Child Tax Credit Update Portal, or the dedicated IRS Child Tax Credit phone line. Review each monthly payment, including any changes, at [IRS.gov/ctcportal](https://www.irs.gov/ctcportal), and click "Manage Advance Payments." If you did not receive one or more payments, contact the IRS at 800-908-4184 before filing your return.

Repayment protection

You may not have to repay in full any AdvCTC payments that took into account more qualifying children (Box 2 above) than you claim on your 2021 income tax return (Schedule 8812). The repayment protection is based on your 2021 modified adjusted gross income (MAGI). You will not have to repay any AdvCTC payments for non-qualifying children if your 2021 MAGI is under:

- \$60,000 if you are married and filing a joint return or if filing as a qualifying widow or widower.
- \$50,000 if you are filing as head of household.
- \$40,000 if you are a single filer or are married and filing a separate return.

For more information

- For more information about completing Schedule 8812, visit [IRS.gov/Schedule8812](https://www.irs.gov/Schedule8812).
- For more information about the 2021 Child Tax Credit, visit [IRS.gov/advctc](https://www.irs.gov/advctc). This page also includes a link to frequently asked questions and answers about the advance Child Tax Credit payments.

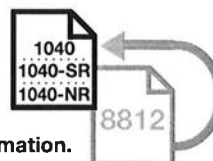
SCHEDULE 8812
(Form 1040)

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

BETH HART

Your social security number

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	150,000
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c For 2021 only -	2d	
3	Add lines 1 and 2d Instead of 17 like usual	3	150,000
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	1
c	Subtract line 4b from line 4a	4c	1
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	4,700
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	1
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	500
8	Add lines 5 and 7	8	5,200
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 } AGI threshold where credits phase out	9	200,000
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	5,200
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

REFUNDABLE CTC, ODC NONREFUNDABLE

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	500
b	Subtract line 14a from line 12	14b	4,700
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	23,985
d	Enter the smaller of line 14a or line 14c Coordination with other nonrefundable credits	14d	500
e	Add lines 14b and 14d	14e	5,200
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	3,300
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	1,900
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	500
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	1,400

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

Cat. No. 59761M

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13

NONREFUNDABLE IF EX-US OR PR

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 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.	15b	
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- 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.	15e	
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) "LEGACY" SCHEDULE 8812**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 TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	16b	
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 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.	20	

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 Next, enter the smaller of line 17 or line 26 on line 27.	26	

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 . . . <i>ADVANCE CTC.</i>	28a	
b	Enter the amount from line 14e or line 15d, whichever applies . . . <i>ALLOWABLE CTC/ODC.</i>	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax . . . <i>↳ or less</i>	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 . . .	30	
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.			
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- . . . <i>AGI in excess of repayment</i>	34	
35	Enter the amount from line 33 . . . <i>threshold</i>	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 . . . <i>% phase out of CTC amounts over 2,000</i>	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	

Line 5 Worksheet

FORM 8812

1. Multiply Schedule 8812, line 4b, by \$3,600	$\times 1$	1.	3,600
2. Multiply Schedule 8812, line 4c, by \$3,000	$\times 1$	2.	3,000
3. Add line 1 and line 2		3.	6,600
4. Multiply Schedule 8812, line 4a, by \$2,000	$\times 2$	4.	4,000
5. Subtract line 4 from line 3	This is excess over the usual \$2,000 each	5.	2,600
6. Enter the amount shown below for your filing status			
• Married filing jointly — \$12,500			
• Qualifying widow(er) — \$2,500			
• Head of household — \$4,375			
• All other filing statuses — \$75,000			
7. Enter the smaller of line 5 or line 6	$\div 0.5$ gets you to 400,000 / 200,000 AGI phase out continues there.	6.	4,375
8. Enter the amount shown below for your filing status		7.	2,600
• Married filing jointly or Qualifying widow(er) — \$150,000			
• Head of household — \$112,500			
• All other filing statuses — \$75,000	AGI where phase out of excess begins	8.	112,500
9. Subtract line 8 from Schedule 8812, line 3	(AGI)		
• If zero or less, enter -0-			
• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000	37,500 → 38,000	9.	38,000
For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.			
10. Multiply line 9 by 5% (0.05)	5% phase out of excess	10.	1,900
11. Enter the smaller of line 7 or line 10		11.	1,900
12. Subtract line 11 from line 3. Enter on Schedule 8812, line 5		12.	4,700

Line 6

Add the number of boxes checked under "credit for other dependents" in column (4) of the *Dependents* section on Form 1040 or 1040-SR and enter the result on line 6.



You cannot check both the child tax credit box and the credit for other dependents box for the same person.

Line 13

ARPA, page 141

Box A

Check box "A" if you (or your spouse if filing jointly) had a principal place of abode in the United States for more than one-half of 2021. This means your main home was in the 50 states or the District of Columbia for more than one-half of 2021. Your main home can be any location where you regularly live. Your main home may be your house, apartment, mobile home, shelter, temporary lodging, or other location and doesn't need to be the same physical location throughout the tax year. You don't need a permanent address. See Box B, later, if you were a bona fide resident of Puerto Rico in 2021.

If you are temporarily away from your main home because of illness, education, business, or vacation, you are generally treated as living in your main home.

Military personnel stationed outside the United States. U.S. military personnel stationed outside the United States on extended active duty are considered to have a main home in the United States for purposes of claiming a child tax credit.

Box B

Check box "B" if you (or your spouse if filing jointly) were a bona fide resident of Puerto Rico. Generally, you were a bona fide resident of Puerto Rico if, during 2021, you:

- Met the presence test,
- Did not have a tax home outside of Puerto Rico, and
- Did not have a closer connection to the United States or to a foreign country than to Puerto Rico.

For more information on bona fide residence, see Pub. 570, Tax Guide for Individuals With Income From U.S. Possessions.

If you check either box A or box B, then go to the instructions for Part I-B. If you cannot check either box A or box B, then go to the instructions for Part I-C.

Part I-B — Filers Who Check a Box on Line 13 (RCTC/ODC)



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

Only filers who check a box on line 13 should complete this part. Do not complete Parts I-C, II-A, II-B, or II-C. If you enter -0- on line 14g, also complete Part III; otherwise, do not complete Part III.

Line 14c

If line 14a is zero, enter -0-; otherwise, enter the amount from Credit Limit Worksheet A. If you enter -0-, you are not claiming ODC and do not need to use Credit Limit Worksheet A for Part I-B.



If you checked a box on line 13, you do not need to complete Credit Limit Worksheet B.

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.

1040
1040-SR
1040-NR

2441

OMB No. 1545-0074

2021Attachment
Sequence No. **21**

Name(s) shown on return

BETH HART

Your social security number

- 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)
MARY POPPINS	123 HARMONY LANE YOUR TOWN, CT	111-22-7777	<input checked="" type="checkbox"/>	20,000
			<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		
SAMMY HART	111-22-4444	5,500
CARL HART	111-22-5555	5,500
		* NOT PAID THRU DCB

- 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** 7,000
- 4** Enter your **earned income**. See instructions **4** 120,000
- 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** 120,000
- 6** Enter the **smallest** of line 3, 4, or 5 **6** 7,000
- 7** Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 **7** 150,000
- 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.37
- 9a** Multiply line 6 by the decimal amount on line 8 **9a** 2,590
- 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** 2,590
- 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	5,000
13	Enter the amount, if any, you carried over from 2020 and used in 2021. See instructions	13	4,000
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	()
15	Combine lines 12 through 14. See instructions	15	9,000
16	Enter the total amount of qualified expenses incurred in 2021 for the care of the qualifying person(s)	16	20,000
17	Enter the smaller of line 15 or 16	17	9,000
18	Enter your earned income . See instructions	18	120,000
19	Enter the amount shown below that applies to you. • 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	120,000
20	Enter the smallest of line 17, 18, or 19	20	9,000
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. <u>However, don't enter more than the maximum amount allowed under your dependent care plan.</u> 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	9,000
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	9,000
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	0

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	16,000
28	Add lines 24 and 25	28	9,000
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	7,000
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 5,500 + 5,500	30	11,000
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	7,000

Premium Tax Credit (PTC)

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

▶ Go to www.irs.gov/Form8962 for instructions and the latest information.**2021**Attachment
Sequence No. **73**

Name shown on your return

BETH HART

Your social security number

A. If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box. See instructions. ☐

B. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1 Tax family size. Enter your tax family size. See instructions	1	4
2a Modified AGI. Enter your modified AGI. See instructions	2a	150,000
b Enter the total of your dependents' modified AGI. See instructions	2b	12,000
3 Household income. Add the amounts on lines 2a and 2b. See instructions	3	162,000
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> Other 48 states and DC	4	26,200
5 Household income as a percentage of federal poverty line (see instructions)	5	401%
6 Reserved for future use		
7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	.085
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount 8a 13,770	8a	13,770
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount 8b 1,148	8b	1,148

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☐ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☐ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	12,000	18,270	13,770	4,500	4,500	
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	4,500
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	4,500

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28 Repayment limitation (see instructions)	28	
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

**Qualified 2020 Disaster Retirement
Plan Distributions and Repayments**
(Use for Coronavirus-Related and Other Qualified 2020 Disaster Distributions)

► Go to www.irs.gov/Form8915E for instructions and the latest information.
► Attach to 2020 Form 1040, 1040-SR, or 1040-NR.

2020Attachment
Sequence No. **915**

Name. If married, file a separate form for each spouse required to file 2020 Form 8915-E. See instructions.

BETH A. HART

Your social security number

111-22-3333

**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

Before you begin:

- Complete 2020 Form 8915-D, Qualified 2019 Disaster Retirement Plan Distributions and Repayments, and 2020 Form 8915-C, Qualified 2018 Disaster Retirement Plan Distributions and Repayments, if applicable.
- If you completed Part I of 2020 Form 8915-D, or of 2020 Form 8915-C, see the Caution in Column (a) in the instructions to figure the amounts for column (a).
- See Table 1 in the instructions for the list of qualified 2020 disasters.
- If you are reporting distributions in Part I for more than one qualified 2020 disaster, see the instructions to determine whether you should use Worksheet 2 to figure the amounts to enter in Part I, column (b), below. If you must use Worksheet 2, check this box ☐

Part I Total Distributions From All Retirement Plans (Including IRAs).

CAUTION <ul style="list-style-type: none"> • For coronavirus, check this box. <input checked="" type="checkbox"/> Do not enter a disaster name, a disaster beginning date, or an earliest distribution date below. Coronavirus-related distrib. can be made on or after or after January 1, 2020, and before December 31, 2020. • For 2020, qualified 2020 disaster distributions for a disaster other than the coronavirus can be made at any time in 2020 on or after the disaster's beginning date. See instructions. 		Complete lines 1 through 4 of one column before going to the next column.		
		(a) Total distributions in 2020 (see instructions)	(b) Qualified 2020 disaster distributions made in 2020 (see instructions)	(c) Allocation of column (b) (see instructions)
Disaster name ►				
Disaster beginning date ►				
Distributions from retirement plans (other than IRAs)				
1	Date earliest distribution made ►			
Distributions from traditional, SEP, and SIMPLE IRAs				
2	Date earliest distribution made ►	90,000.	90,000.	
Distributions from Roth IRAs				
3	Date earliest distribution made ►			
4	Totals. Add lines 1 through 3 in columns (a) and (b). Complete column (c) if line 4, column (b), is more than \$100,000. Otherwise, leave column (c) blank	90,000.	90,000.	100,000
5	If you completed column (c), enter the excess of the amount on line 4, column (a), over \$100,000. Otherwise, enter the excess of the amount on line 4, column (a), over the amount on line 4, column (b). Report these distributions under the normal rules in accordance with the instructions for your tax return			
			5	

Part II Qualified 2020 Disaster Distributions From Retirement Plans (Other Than IRAs)

6	If you completed line 1, column (c), enter that amount. Otherwise, enter the amount from line 1, column (b)	6
7	Enter the applicable cost of distributions, if any. See instructions	7
8	Subtract line 7 from line 6	8
9	If you elect NOT to spread the taxable amount over 3 years, check this box <input type="checkbox"/> and enter the amount from line 8 (see instructions). You must check this box if you check the box on line 17. Otherwise, divide line 8 by 3.0	9
10	Enter the total amount of any repayments you made before filing your 2020 tax return. But don't include repayments made later than the due date (including extensions) for that return. Don't use this form to report repayments of qualified 2016, 2017, 2018, or 2019 disaster distributions. See instructions	10
11	Amount subject to tax in 2020. Subtract line 10 from line 9. If zero or less, enter -0-. Include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 5b	11


Before you begin: Complete 2020 Form 8606, Nondeductible IRAs, if required.**Part III Qualified 2020 Disaster Distributions From Traditional, SEP, SIMPLE, and Roth IRAs**

12	Did you receive a qualified 2020 disaster distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on 2020 Form 8606? <input type="checkbox"/> Yes. Go to line 13. <input checked="" type="checkbox"/> No. Skip lines 13 and 14, and go to line 15.		
13	Enter the amount, if any, from 2020 Form 8606, line 15b. But if you are entering amounts here and on 2020 Form 8915-D, line 22, or Form 8915-C, line 23, only enter on line 13 the amount on Form 8606, line 15b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 15b	13	
14	Enter the amount, if any, from 2020 Form 8606, line 25b. But if you are entering amounts here and on 2020 Form 8915-D, line 23, or Form 8915-C, line 24, only enter on line 14 the amount on Form 8606, line 25b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 25b	14	
15	If you completed line 2, column (c), enter that amount. Otherwise, enter the amount from line 2, column (b), if any. Don't include on line 15 any amounts reported on 2020 Form 8606	15	90,000.
16	Add lines 13, 14, and 15	16	90,000.
17	If you elect NOT to spread the taxable amount over 3 years, check this box <input type="checkbox"/> and enter the amount from line 16 (see instructions). You must check this box if you checked the box on line 9. Otherwise, divide line 16 by 3.0	17	30,000.
18	Enter the total amount of any repayments you made before filing your 2020 tax return. But don't include any repayments made later than the due date (including extensions) for that return. Don't use this form to report repayments of qualified 2016, 2017, 2018, or 2019 disaster distributions. See instructions	18	
19	Amount subject to tax in 2020. Subtract line 18 from line 17. If zero or less, enter -0-. Include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b	19	30,000.

Part IV Qualified Distributions for the Purchase or Construction of a Main Home in Qualified 2020 Disaster Areas

Do **not** complete Part IV if your only disaster was the coronavirus. Complete this part only if in 2020 you received a qualified distribution (as defined in the instructions) that you repaid, in whole or in part, before June 26, 2021. See instructions for allowable repayments. If the qualified distribution was received in 2019, see **2019 qualified distributions under Amending Form 8915-E** in the instructions.

Caution: A distribution can't be a qualified distribution for the purchase or construction of a main home unless it is received no more than 180 days before the disaster period begins and no more than 30 days after the disaster period ends.




Disaster name 

20	Did you receive a qualified distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on 2020 Form 8606? <input type="checkbox"/> Yes. Complete lines 21 through 25 only if you also had qualified distributions not required to be reported on 2020 Form 8606. <input type="checkbox"/> No. Go to line 21.		
21	Enter the total amount of qualified distributions you received in 2020 for the purchase or construction of a main home. Don't include any amounts reported on 2020 Form 8606. Also, don't include any distributions you reported on line 6 or line 15, or on 2020 Form 8915-C or 2020 Form 8915-D, if any. See instructions	21	
22	Enter the applicable cost of distributions, if any. See instructions	22	
23	Subtract line 22 from line 21	23	
24	Enter the total amount of any repayments you made. See instructions for allowable repayments. Don't include any repayments treated as rollovers on 2020 Form 8606. See instructions	24	
25	Taxable amount. Subtract line 24 from line 23 <ul style="list-style-type: none"> If the distribution is from an IRA, include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b. If the distribution is from a retirement plan (other than an IRA), include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 5b. 	25	

Note: You may be subject to an additional tax on the amount on line 25. See instructions.**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.			

(January 2022)

Department of the Treasury
Internal Revenue Service**Qualified Disaster Retirement Plan
Distributions and Repayments**

OMB No. 1545-0074

► **Complete items A and B below. Complete item C and check the box in item D for the coronavirus, as applicable.**► **Go to www.irs.gov/Form8915F for instructions and the latest information.**► **Attach to Form 1040, 1040-SR, or 1040-NR.**Attachment
Sequence No. **915**

Name. If married, file a separate form for each spouse required to file Form 8915-F. See instructions.

BETH HART

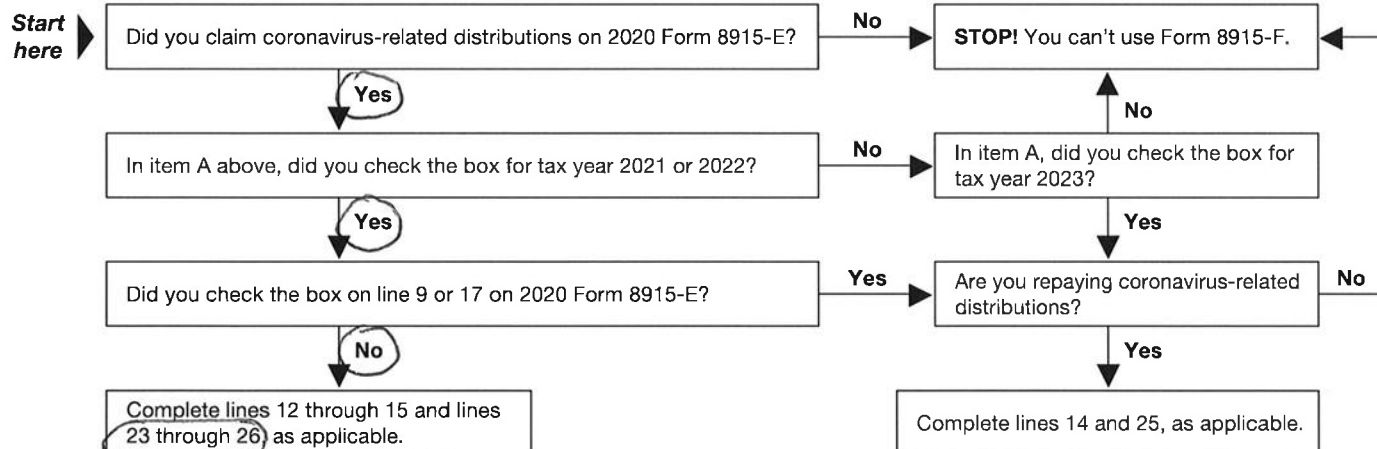
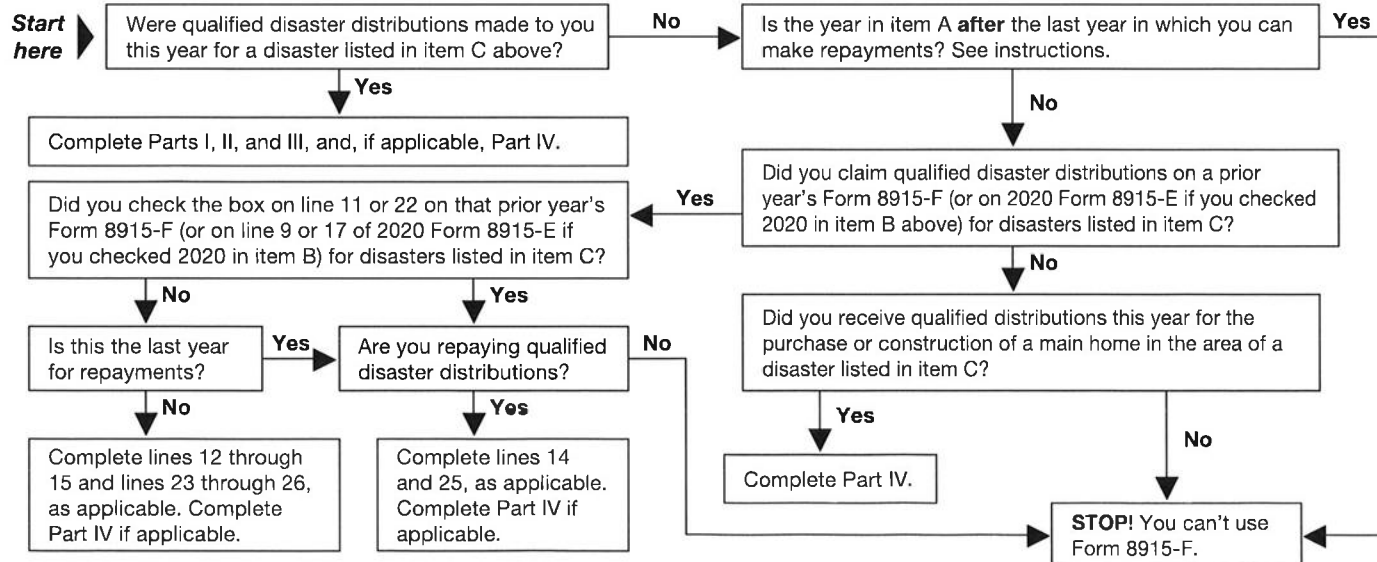
Your social security number

Before you begin (see instructions for details):

- Form 8915-F replaces Form 8915-E for 2021 and later years. Form 8915-E was used for coronavirus-related and other 2020 disaster distributions.
- Form 8915-F is also used for 2021 and later disaster distributions. See the instructions for a list.
- See Table 1 in the instructions for the list of qualified disasters and their FEMA numbers for the year you check in item B next.
- "This year" (as used on this form) is the year of the form you check in item A next. For example, if you check 2021, "this year" is 2021.

A Tax year for which you are filing form (check only one box) ► ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024 ☐ Other _____**B Calendar year in which disaster occurred** (check only one box) ► ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023 ☐ Other _____**C FEMA number for each of your disasters for the year checked in item B above.** Use item D, not item C, for the coronavirus.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____

D If your disaster is the coronavirus, check this box ► ☐ Don't list the coronavirus in item C.**Which lines on this form should I use?** See CHARTS 1 and 2 below.**CHART 1: Use if you checked the box for coronavirus in item D above and you *don't* have any disaster in item C.****CHART 2: Use if CHART 1 doesn't apply to you. See the instructions for specific details.**

Part I Total Distributions From All Retirement Plans (Including IRAs) (see instructions)

Provide the information requested below for the disasters in item C earlier for which you are reporting qualified disaster distributions in this part.

Disaster FEMA number*	Disaster beginning date*	Disaster ending date*

*See Table 1 at the end of the instructions for the FEMA number, and for disaster beginning and ending dates. If more than two disasters, see instructions and check this box ☐

Date first distribution made this year ▶

Date last distribution made this year ▶

(a)
**Available
distributions
for this year**
(see instructions)(b)
**Qualified disaster
distributions for
the disasters in
item C**
(see instructions)**Complete lines 1a through 1e first. If line 1e is zero, stop. Do not complete Part I.****1 Qualified disaster distribution limits (see instructions).****a** Do the following.

- Skip lines 1a through 1d. And, on line 1e, enter \$100,000 times the number of disasters you entered in item C earlier if:
 - You checked 2020 in item B earlier and either you didn't file 2020 Form 8915-E or you only reported the coronavirus disaster on 2020 Form 8915-E, **or**
 - You checked a year other than 2020 in item B and this is the first year you are filing a Form 8915-F for disasters for the year checked in item B.
- **Otherwise**, on line 1a, enter \$100,000 times the number of different qualified disasters you have reported in item C on prior-year Forms 8915-F for disasters for the year you checked in item B. (Include, in your disaster number, if you checked 2020 in item B, qualified disaster(s) (other than the coronavirus) reported in Part I of 2020 Form 8915-E.) Also, complete lines 1b through 1e

1a**b** Enter the total qualified disaster distributions made to you in prior year(s) for all disasters (except the coronavirus) for the year you checked in item B**1b****c** Subtract line 1b from line 1a**1c****d** Enter \$100,000 times the number of qualified disasters, for the year checked in item B, that you reported in item C but didn't report in item C on a prior year's Form 8915-F, or in Part I of 2020 Form 8915-E if you checked 2020 in item B. Don't count the coronavirus in the number of qualified disasters**1d****e Total available qualified disaster distribution amount for this year.** Enter the sum of lines 1c and 1d. **If the amount on line 1e is zero, do NOT complete Part I****1e****2** Enter, in column (a), distributions from retirement plans (other than IRAs) made this year**2****3** Enter, in column (a), distributions from traditional, SEP, and SIMPLE IRAs made this year**3****4** Enter, in column (a), distributions from Roth IRAs made this year**4****5** Enter on line 5, column (a), the sum of lines 2 through 4 in column (a). If the amount on line 5, column (a):

- Is not greater than the amount on line 1e, enter on lines 2 through 5 in column (b) the amounts from lines 2 through 5, respectively, in column (a).
- Is greater than the amount on line 1e, enter on line 5, column (b), the amount from line 1e. Enter on lines 2 through 4 in column (b) the amounts from lines 2 through 4, respectively, in column (a) **adjusted** by any reasonable method so that the sum of lines 2 through 4 in column (b) equals the amount on line 5, column (b).

See instructions

5**6 Total qualified disaster distributions.** Enter the amount from line 5, column (b). The 10% additional tax (25% for SIMPLE IRAs) for early withdrawals is waived for this amount. See Parts II and III, later, for the tax on this amount**6****7 Taxable amount.** Enter the excess of the amount on line 5, column (a), over the amount on line 6. Report this excess as IRA and/or pension and annuity distributions, as applicable, in accordance with the instructions for your tax return. All or part of the amount on line 7 may be eligible for the tax benefits in Part IV. See instructions**7**

Part II Qualified Disaster Distributions From Retirement Plans (Other Than IRAs) for the Coronavirus and Disaster(s) Listed in Item C

8	Did you enter an amount on line 2, column (b)? <input type="checkbox"/> No. Skip lines 8 through 11, and go to line 12. <input type="checkbox"/> Yes. Enter the amount from line 2, column (b)	8	
9	Enter the applicable cost of distributions, if any. See instructions	9	
10	Subtract line 9 from line 8. This is the taxable amount of your other-than-IRA retirement plan qualified disaster distributions	10	
11	The entire taxable amount on line 10 will be spread over 3 years unless you elect to have it taxed in this year. If you elect NOT to spread the taxable amount over 3 years, check this box <input type="checkbox"/> and enter the amount from line 10 (see instructions). Otherwise, enter the amount from line 10 divided by 3.0. You must check the box on this line if you check the box on line 22	11	
12	Enter the amount, if any, from Worksheet 2 in the instructions. This is your income for prior years from other-than-IRA retirement plan qualified disaster distributions	12	
13	Add lines 11 and 12. This is your total income this year from other-than-IRA retirement plan qualified disaster distributions	13	
14	Total repayment. Enter the amount, if any, from Worksheet 3. This is your total repayment for this year of other-than-IRA retirement plan qualified disaster distributions	14	
15	Amount subject to tax this year. Subtract line 14 from line 13. If zero or less, enter -0-. Include this amount in the total on line 5b of this year's Form 1040, 1040-SR, or 1040-NR. See instructions	15	

Before you begin: Complete this year's Form 8606, Nondeductible IRAs, if required.

Part III Qualified Disaster Distributions From Traditional, SEP, SIMPLE, and Roth IRAs for the Coronavirus and Disaster(s) Listed in Item C

16	Did you enter an amount on line 3, column (b), or line 4, column (b)? <input type="checkbox"/> Yes. Go to line 17. <input type="checkbox"/> No. Skip lines 17 through 22, and go to line 23.		
17	Did you receive a qualified disaster distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on this year's Form 8606? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 and 19, and go to line 20.		
18	Enter the amount, if any, from this year's Form 8606, line 15b. But if you are entering amounts here and on other Forms 8915-F for this year, only enter on line 18 the amount on Form 8606, line 15b, attributable to Form 8915-F distributions for this form. See the instructions for Form 8606, line 15b	18	
19	Enter the amount, if any, from this year's Form 8606, line 25b. But if you are entering amounts here and on other Forms 8915-F for this year, only enter on line 19 the amount on Form 8606, line 25b, attributable to Form 8915-F distributions for this form. See the instructions for Form 8606, line 25b	19	
20	Enter the amount from line 3, column (b), if any. Don't include on line 20 any amounts reported on Form 8606	20	
21	Add lines 18, 19, and 20. This is the taxable amount of your IRA-retirement-plan qualified disaster distributions	21	
22	The entire taxable amount on line 21 will be spread over 3 years unless you elect to have it taxed in this year. If you elect NOT to spread the taxable amount over 3 years, check this box <input type="checkbox"/> and enter the amount from line 21 (see instructions). Otherwise, enter the amount from line 21 divided by 3.0. You must check the box on this line if you check the box on line 11	22	
23	Enter the amount, if any, from Worksheet 4 in the instructions. This is your income for prior years from IRA-retirement-plan qualified disaster distributions	23	30,000
24	Add lines 22 and 23. This is your total income this year from IRA-retirement-plan qualified disaster distributions	24	30,000
25	Total repayment. Enter the amount, if any, from Worksheet 5. This is your total repayment for this year of IRA-retirement-plan qualified disaster distributions	25	0
26	Amount subject to tax. Subtract line 25 from line 24. If zero or less, enter -0-. Include this amount in the total on line 4b of this year's Form 1040, 1040-SR, or 1040-NR. See instructions	26	30,000

Before you begin: Complete this year's Form 8606, Nondeductible IRAs, if required.

Part IV Qualified Distributions for the Purchase or Construction of a Main Home in the Area of Disaster(s) Listed in Item C

Caution: Complete Part IV if, this year, you received a qualified distribution (as defined in the instructions) for a disaster listed in item C earlier. If you repay the distribution, in whole or in part, after this year, see the instructions. For the applicability of Part IV to other years for disasters listed in item C, see the instructions.

Disaster FEMA number*	Disaster beginning date*	Disaster ending date*

*See Table 1 at the end of the Instructions for the FEMA number, and for disaster beginning and ending dates.

Date first distribution received this year ► Date last distribution received this year ►

27	Did you receive a qualified distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on this year's Form 8606?	
	<input type="checkbox"/> Yes. Complete lines 28 through 32 only if you also had qualified distributions not required to be reported on this year's Form 8606; otherwise, stop here.	
	<input type="checkbox"/> No. Go to line 28.	
28	Enter the total amount of qualified distributions you received this year for the purchase or construction of a main home. Don't include any amounts reported on this year's Form 8606. Also, don't include any distributions you reported on line 8 or 20, or on other Forms 8915 for this year, if any	28
29	Enter the applicable cost of distributions, if any. See instructions	29
30	Subtract line 29 from line 28	30
31	Enter the total amount of any repayments you made. See instructions for allowable repayments. Don't include any repayments treated as rollovers on this year's Form 8606. See instructions	31
32	Taxable amount. Subtract line 31 from line 30. If the distribution is: <ul style="list-style-type: none"> • From an IRA, include this amount in the total on line 4b of this year's Form 1040, 1040-SR, or 1040-NR. • From a retirement plan (other than an IRA), include this amount in the total on line 5b of this year's Form 1040, 1040-SR, or 1040-NR. 	32
Note: You may be subject to an additional tax on the amount on line 32. See instructions.		