

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 JEFFREY A		Last name SZARONOS		Your social security number 194-52-3056	
If joint return, spouse's first name and middle initial Tammi S		Last name Szaronos		Spouse's social security number 206-56-0308	
Home address (number and street). If you have a P.O. box, see instructions. 349 Sawgrass Ct				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Holland			State OH	ZIP code 435289210	
Foreign country name		Foreign province/state/county		Foreign postal code	

☐ You ☐ Spouse

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ☒ 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 ▶ ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	133,653.
	2a	Tax-exempt interest	2b	245.
	3a	Qualified dividends	3b	6,641.
	4a	IRA distributions	4b	5,819.
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 <i>Standard Deduction</i> , 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 ▶ ☐	7	-3,000.
	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	143,358.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	143,358.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	600.
	c	Add lines 12a and 12b	12c	25,700.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	25,700.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	117,658.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	17,036.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	17,036.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	46.
21	Add lines 19 and 20	21	46.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,990.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	16,990.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,923.
b	Form(s) 1099	25b	1,396.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,319.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ☐		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	2,800.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	18,119.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,129.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,129.
Direct deposit? See instructions.	b Routing number 061000052 c Type: ☒ Checking ☐ Savings		
	d Account number 003276197839		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature _____ Date _____ Your occupation **Unemployed**
If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation **Director Healthcare**
If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. **(567) 225-2227** Email address _____

Paid Preparer Use Only

Preparer's name _____ Preparer's signature _____ Date _____ PTIN _____ Check if: ☐ Self-employed

Firm's name **Self-Prepared** Phone no. _____
Firm's address _____ Firm's EIN _____

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

JEFFREY A & Tammi S SZARONOS

Your social security number

194-52-3056

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	46.
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	46.

(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	
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	

Name(s) shown on return

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

2021
Attachment
Sequence No. 08

Name(s) shown on return

JEFFREY A & Tammi S SZARONOS

Your social security number

194-52-3056

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

PNCBank National Association

Dollar Bank

JANNEY MONTGOMERY SCOTT LLC

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

Note: If line 4 is over \$1,500, you must complete Part III.

(See instructions
and the
Instructions for
Form 1040, line
3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ► MORGAN STANLEY E*TRADE SECURITIES LLC
JANNEY MONTGOMERY SCOTT LLC

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶

Note: If line 6 is over \$1,500, you must complete Part III.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If “Yes,” are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

8 During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

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

JEFFREY A & Tammi S SZARONOS

Your social security number

194-52-3056

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	978,596.	953,924.	7,387.	32,059.
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 (417,571.)
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 -385,512.

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	170.	2,205.		-2,035.
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				
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				13 105.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (12,872.)
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 -14,802.

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

BAA

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Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-400,314.
	• 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? ☐ Yes. Go to line 18. ☐ 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? ☐ 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. ☐ 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: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	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? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. ☐ 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.

Name(s) shown on return

Social security number or taxpayer identification number

JEFFREY A & Tammi S SZARONOS

194-52-3056

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	
	VEECO INSTRUMENTS INC-DEL 5	08/20/20	01/07/21	98.	60.			38.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 100	12/07/20	01/07/21	2,809.	2,847.	W	38.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 17	12/07/20	01/07/21	478.	484.	W	6.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 296	12/07/20	01/07/21	8,314.	8,339.	W	24.	-1.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 3000	12/07/20	01/07/21	84,268.	87,617.	W	3,349.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 42	12/07/20	01/07/21	1,180.	1,242.	W	62.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 442	12/07/20	01/07/21	12,415.	13,079.	W	664.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 536	12/07/20	01/07/21	15,056.	15,689.	W	633.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 83	12/07/20	01/07/21	2,331.	2,361.	W	30.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 404	12/10/20	01/07/21	11,348.	11,251.			97.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 79	12/10/20	01/07/21	2,219.	2,190.			29.
	VEECO INSTRUMENTS INC-DEL 1195	12/28/20	01/07/21	23,362.	20,381.			2,981.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1	12/07/20	01/12/21	29.	29.	W	1.	1.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 100	12/07/20	01/12/21	2,866.	2,887.	W	21.	0.
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) ►				166,773.	168,456.		4,828.	3,145.

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.

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.

Name(s) shown on return

Social security number or taxpayer identification number

JEFFREY A & Tammi S SZARONOS

194-52-3056

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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	
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1800	12/07/20	01/12/21	51,461.	51,870.	W	409.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 25	12/07/20	01/12/21	715.	723.	W	8.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 292	12/07/20	01/12/21	8,348.	8,429.	W	81.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 309	12/07/20	01/12/21	8,856.	9,039.	W	183.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 41	12/07/20	01/12/21	1,175.	1,198.	W	23.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 511	12/07/20	01/12/21	14,640.	14,784.	W	144.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 58	12/07/20	01/12/21	1,663.	1,697.	W	34.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 600	12/07/20	01/12/21	17,196.	17,290.	W	94.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 75	12/07/20	01/12/21	2,146.	2,194.	W	47.	-1.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 89	12/07/20	01/12/21	2,550.	2,569.	W	19.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1	12/07/20	01/14/21	31.	28.			3.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1	12/07/20	01/14/21	31.	28.			3.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 100	12/07/20	01/14/21	3,080.	2,785.			295.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 100	12/07/20	01/14/21	3,080.	2,882.			198.
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) ►				114,972.	115,516.	1,042.	498.

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.

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.

Name(s) shown on return

Social security number or taxpayer identification number

JEFFREY A & Tammi S SZARONOS

194-52-3056

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	
	ALLOGENE THERAPEUTICS INC COMMON STOCK 100	12/07/20	01/14/21	3,080.	2,751.			329.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 116	12/07/20	01/14/21	3,573.	3,303.			270.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 16	12/07/20	01/14/21	493.	447.			46.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 17	12/07/20	01/14/21	524.	473.			51.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 176	12/07/20	01/14/21	5,421.	4,854.			567.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1800	12/07/20	01/14/21	55,439.	51,169.			4,270.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 19	12/07/20	01/14/21	585.	543.			42.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 24	12/07/20	01/14/21	739.	663.			76.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 296	12/07/20	01/14/21	9,117.	8,155.			962.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 309	12/07/20	01/14/21	9,517.	8,671.			846.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 41	12/07/20	01/14/21	1,263.	1,149.			114.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 511	12/07/20	01/14/21	15,738.	14,094.			1,644.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 58	12/07/20	01/14/21	1,786.	1,627.			159.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 584	12/07/20	01/14/21	17,987.	16,561.			1,426.
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) ►				125,262.	114,460.			10,802.

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.

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.

Name(s) shown on return

Social security number or taxpayer identification number

JEFFREY A & Tammi S SZARONOS

194-52-3056

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	
	ALLOGENE THERAPEUTICS INC COMMON STOCK 75	12/07/20	01/14/21	2,310.	2,108.			202.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 83	12/07/20	01/14/21	2,556.	2,310.			246.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 89	12/07/20	01/14/21	2,741.	2,449.			292.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 484	01/13/21	01/14/21	14,907.	13,455.			1,452.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1000	01/13/21	01/27/21	37,249.	27,800.			9,449.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 40	01/13/21	01/27/21	1,490.	1,109.			381.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 84	01/15/21	01/27/21	3,129.	2,688.			441.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1000	01/19/21	01/27/21	37,249.	31,300.			5,949.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1000	01/19/21	01/27/21	37,249.	31,600.			5,649.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1000	01/19/21	01/27/21	37,249.	31,470.			5,779.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 376	01/19/21	01/27/21	14,006.	11,769.			2,237.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 500	01/19/21	01/27/21	18,625.	15,680.			2,945.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 124	01/19/21	01/28/21	4,726.	3,881.			845.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 796	01/19/21	01/28/21	30,335.	24,891.			5,444.
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) ►				243,821.	202,510.			41,311.

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.

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.

Name(s) shown on return

Social security number or taxpayer identification number

JEFFREY A & Tammi S SZARONOS

194-52-3056

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	
	ALLOGENE THERAPEUTICS INC COMMON STOCK 4	01/19/21	02/11/21	142.	125.			17.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 100	01/28/21	02/11/21	3,554.	3,515.			39.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1500	01/28/21	02/11/21	53,264.	54,000.	W	736.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1500	01/28/21	02/11/21	53,264.	53,070.			194.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1500	01/28/21	02/11/21	53,264.	53,250.			14.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 1500	01/28/21	02/11/21	53,264.	54,045.	W	781.	0.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 396	01/28/21	02/11/21	14,062.	13,713.			349.
	ETF MANAGERS TRUST ETFMG ALTERNATIVE HA 1500	02/11/21	04/29/21	32,205.	39,300.			-7,095.
	ETF MANAGERS TRUST ETFMG ALTERNATIVE HA 1995	02/11/21	04/29/21	42,832.	51,092.			-8,260.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 2	01/28/21	08/27/21	49.	71.			-22.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 4	01/28/21	08/27/21	97.	141.			-44.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 4	01/28/21	08/27/21	97.	141.			-44.
	ALLOGENE THERAPEUTICS INC COMMON STOCK 890	01/28/21	08/27/21	21,674.	30,519.			-8,845.
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) ►				327,768.	352,982.		1,517.	-23,697.

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

JEFFREY A & Tammi S SZARONOS

194-52-3056

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	
	GENERAL ELECTRIC COMPANY COMMON STOCK 0.25	06/09/20	08/09/21	26.	22.			4.
	451055305 ICONIX BRAND GROUP NEW 10	06/09/11	08/09/21	32.	2,156.			-2,124.
	928563402 VMWARE INC CL A 1	06/09/11	11/12/21	112.	27.			85.
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) ►				170.	2,205.			-2,035.

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.

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

JEFFREY A SZARONOS

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

194-52-3056

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	▶	☒ Self-only ☐ 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	4,600.
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	4,600.
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	4,600.
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	0.
8	Add lines 6 and 7	8	4,600.
9	Employer contributions made to your HSAs for 2021	9	258.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	258.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,342.
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	2,242.
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	2,242.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	2,242.
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	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ ☐		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

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

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



ERO MUST RETAIN THIS FORM.
**DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.**



**GA-8453
2021**

IRS DCN OR SUBMISSION ID

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**GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

☐ Amended Return

First Name and Initial JEFFREY A	Last Name SZARONOS	Social Security Number 194-52-3056
If Joint Return, Spouse's First Name and Initial TAMMI S	Spouse's Last Name SZARONOS	Spouse's Social Security Number 206-56-0308
Home Address (number and street) 349 SAWGRASS CT	Apt Number	Daytime Telephone Number 567-225-2227
City, Town or Post Office HOLLAND	State OH	Zip Code 43528-9210

PART I

TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	143358
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	7889
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	234
4. Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 20)	4.	
5. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21)	5.	295

PART II

DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2021 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN

HERE TAXPAYER'S SIGNATURE Date SPOUSE'S SIGNATURE (if joint return, both must sign) Date
JEFFSZARONOS@GMAIL.COM
PRINT NAME **EMAIL ADDRESS**

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only	ERO's Signature _____	Date _____
	Firm's Name _____	Check also if paid preparer ☐
	Address _____	FEIN/PTIN _____
	City, State, & Zip Code _____	SSN/TIN _____

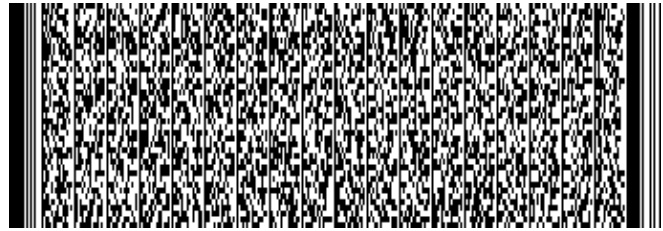
IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only	Paid Preparer's Signature <u>SELF PREPARED</u>	Date _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____
	City, State, & Zip Code _____	

KEEP A COPY WITH YOUR RECORDS



2200411513

**Georgia Form 500** (Rev. 08/02/21)

Individual Income Tax Return

Georgia Department of Revenue

2021 (Approved software version)**Page 1**Fiscal Year
BeginningSTATE GA
ISSUEDFiscal Year
EndingYOUR DRIVER'S
LICENSE/STATE ID

061891116

YOUR FIRST NAME
1. JEFFREYMI
AYOUR SOCIAL SECURITY NUMBER
194-52-3056LAST NAME (For Name Change See IT-511 Tax Booklet)
SZARONOS

SUFFIX

SPOUSE'S FIRST NAME
TAMMIMI
SSPOUSE'S SOCIAL SECURITY NUMBER
206-56-0308LAST NAME
SZARONOS

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 349 SAWGRASS CTCITY (Please insert a space if the city has multiple names)
3. HOLLANDSTATE
OHZIP CODE
435289210

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 2

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 01/01/2021 TO 02/01/2021 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

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



YOUR SOCIAL SECURITY NUMBER
194 - 52 - 3056

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. **143358**
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
(See IT-511 Tax Booklet)
- b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
Spouse: 65 or over? Blind?
- c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
Use EITHER Line 11c OR Line 12c (Do not write on both lines)
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
- a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
- b. Less adjustments: (See IT-511 Tax Booklet) 12b.
- c. Georgia Total Itemized Deductions..... 12c.
13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2021



2200411533

YOUR SOCIAL SECURITY NUMBER
194 - 52 - 3056

Page **3**

- 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D 14a.
or multiply by \$3,700 for filing status B or C
- 14b. Enter the number from Line 7a. Multiply by \$3,000..... 14b.
- 14c. Add Lines 14a. and 14b. Enter total 14c.
- 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... 15a. **7889**
- 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information)....15b.
- 15c. Georgia Taxable Income (Line 15a less Line 15b)..... 15c. **7889**
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet) 16. **234**
17. Low Income Credit 17a. 17b. 17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) 18.
19. Credits used from IND-CR Summary Worksheet 19.
20. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)** 20.
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 21. **0**
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. **234**

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)

1. WITHHOLDING TYPE:
☒ W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☒ SSN
593579383
3. EMPLOYER/PAYER STATE WITHHOLDING ID
3234386YF
4. GA WAGES / INCOME
9627
5. GA TAX WITHHELD
529

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

INTUIT

01 1555 115 2021 GA 004 T1 21

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



YOUR SOCIAL SECURITY NUMBER
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Page 4

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

- | | | |
|---|-----|-----|
| 23. Georgia Income Tax Withheld on Wages and 1099s | 23. | 529 |
| (Enter Tax Withheld Only and include W-2s and/or 1099s) | | |
| 24. Other Georgia Income Tax Withheld | 24. | |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP) | | |
| 25. Estimated Tax paid for 2021 and Form IT-560 | 25. | |
| 26. Schedule 2B Refundable Tax Credits..... | 26. | |
| (Cannot be claimed unless filed electronically) | | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)..... | 27. | 529 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due..... | 28. | |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment | 29. | 295 |
| 30. Amount to be credited to 2022 ESTIMATED TAX | 30. | 0 |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... | 31. | |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... | 32. | |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) | 33. | |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00)..... | 34. | |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) | 35. | |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) | 36. | |
| 37. Saving the Cure Fund (No gift of less than \$1.00)..... | 37. | |
| 38. Realizing Educational Achievement Can Happen (REACH) Program | 38. | |
| (No gift of less than \$1.00) | | |



2200411553

YOUR SOCIAL SECURITY NUMBER
194 - 52 - 3056

Page 5

39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.

40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.

41. (If you owe) Add Lines 28, 31 thru 40 41.

MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29

THIS IS YOUR REFUND..... 42.

295

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking ☒ Savings
Routing Number 061000052
Account Number 003276197839

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
567 - 225 - 2227

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address
JEFFSZARONOS@GMAIL.COM

I authorize DOR to discuss this return with the named preparer.

Preparer's Phone Number

Signature of Preparer
Name of Preparer Other Than Taxpayer
SELF - PREPARED

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

Schedule 1
Adjustments to Income

2021 (Approved software version)



2207211513

YOUR SOCIAL SECURITY NUMBER
194-52-3056

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

See IT-511 Tax Booklet

ADDITIONS to INCOME

- | | |
|---|----|
| 1. Interest on Non-Georgia Municipal and State Bonds | 1. |
| 2. Lump Sum Distributions | 2. |
| 3. Reserved..... | 3. |
| 4. Net operating loss carryover deducted on Federal return..... | 4. |
| 5. Other (Specify) | 5. |
| 6. Total Additions (Enter sum of Lines 1-5 here)..... | 6. |

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.

a. Self: Date of Birth Date of Disability: Type of Disability:

7a.

b. Spouse: Date of Birth Date of Disability: Type of Disability:

7b.

- | | |
|---|-----|
| 8. Social Security Benefits (Taxable portion from Federal return) | 8. |
| 9. Path2College 529 Plan | 9. |
| 10. Interest on United States Obligations (See IT-511 Tax Booklet) | 10. |
| 11. Reserved | 11. |
| 12. Other Adjustments (Specify) | |

Adjustment	CHARITABLE DED	Amount	600
Adjustment		Amount	
Adjustment		Amount	
Adjustment		Amount	
Total		12.	600
13. Total Subtractions (Enter sum of Lines 7-12 here)	13.		600
14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or 500X	14.		- 600



2207211523

YOUR SOCIAL SECURITY NUMBER

194-52-3056

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(TAXPAYER)

See IT-511 Tax Booklet

(SPOUSE)

1. Salary and wages.....
2. Other Earned Income (Losses).....
3. Total Earned Income.....
4. Maximum Earned Income.....
5. Smaller of Line 3 or 4; if zero or less, enter zero
6. Interest Income.....
7. Dividend Income
8. Alimony.....
9. Capital Gains (Losses).....
10. Other Income (Losses).....
(See IT-511 Tax Booklet)
11. Taxable IRA Distributions.....
12. Taxable Pensions
13. Rental, Royalty, Partnership, S Corp, etc.
Income (Losses).....(See IT-511 Tax Booklet)
14. Total of Lines 6 through 13; if zero or less,
enter zero
15. Add Lines 5 and 14
16. Maximum Allowable Exclusion*
17. Smaller of Lines 15 and 16; enter here and on
Form 500, Schedule 1, Lines 7a. & b.....

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

Georgia Form 500

(Rev. 08/02/21)

Schedule 3

Part-Year Nonresident

2021

(Approved software version)



2207411513

Schedule 3

Page 1

YOUR SOCIAL SECURITY NUMBER

194-52-3056

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 133653	1. WAGES, SALARIES, TIPS, etc 124026	1. WAGES, SALARIES, TIPS, etc 9627
2. INTEREST AND DIVIDENDS 6886	2. INTEREST AND DIVIDENDS 6886	2. INTEREST AND DIVIDENDS 0
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 2819	4. OTHER INCOME OR (LOSS) 2819	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 143358	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 133731	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 9627
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -600	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 0	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -600
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 142758	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 133731	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 9027
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. ☒ Enter percentage.....	9. 8.49	% Not to exceed 100%
10a. Itemized or Standard Deduction ☒ or Georgia Itemized (See IT-511 Tax Booklet)	10a. 6000	
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X 2 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a. 7400	
11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 ..	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12. 13400	
13. Multiply Line 12 by Ratio on Line 9 and enter result.....	13. 1138	
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14. 7889	

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 JEFFREY A		Last name SZARONOS		Your social security number 194-52-3056	
If joint return, spouse's first name and middle initial Tammi S		Last name Szaronos		Spouse's social security number 206-56-0308	
Home address (number and street). If you have a P.O. box, see instructions. 349 Sawgrass Ct				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Holland			State OH	ZIP code 435289210	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse					

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ☒ 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 ▶ ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	133,653.
	2a	Tax-exempt interest	2b	245.
	3a	Qualified dividends	3b	6,641.
	4a	IRA distributions	4b	5,819.
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 <i>Standard Deduction</i>, 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 ▶ ☐	7	-3,000.
	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	143,358.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	143,358.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	600.
	c	Add lines 12a and 12b	12c	25,700.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	25,700.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	117,658.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	17,036.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	17,036.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	46.
21	Add lines 19 and 20	21	46.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,990.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	16,990.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,923.
b	Form(s) 1099	25b	1,396.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,319.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ☐		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	2,800.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	18,119.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,129.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,129.
Direct deposit? See instructions.	b Routing number 061000052 c Type: ☒ Checking ☐ Savings		
	d Account number 003276197839		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

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

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Joint return?
See instructions.
Keep a copy for your records.

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. (567) 225-2227

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶

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

JEFFREY A & Tammi S SZARONOS

Your social security number

194-52-3056

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	46.
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	46.

(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	
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	

**2021 Ohio IT 1040**
Individual Income Tax Return

Use only black ink/UPPERCASE letters.



21000133 Sequence No. 1

04 18 22

AMENDED RETURN - Check here and include Ohio IT RE.**NOL CARRYBACK** - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required)

194 52 3056

☒ If deceased

Spouse's SSN (if filing jointly)

206 56 0308

☒ If deceased

School district #

4802

First name

JEFFREY

M.I. Last name

A SZARONOS

Spouse's first name (if filing jointly)

TAMMI

M.I. Last name

S SZARONOS

Address line 1 (number and street) or P.O. Box

349 SAWGRASS CT

Address line 2 (apartment number, suite number, etc.)

City

HOLLAND

State

OH

ZIP code

43528

Ohio county (first four letters)

LUCA

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary

Resident

☒Part-year
residentNonresident
Indicate state

▶▶ GA

Check only one for spouse (if filing jointly)

☒ ResidentPart-year
residentNonresident
Indicate state

▶▶

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)

☒ Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

- | | | |
|---|-----|-----------|
| 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative..... | 1. | 143358 00 |
| 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule)..... | 2a. | 00 |
| 2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule)..... | 2b. | 00 |
| 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative..... | 3. | 143358 00 |
| 4. Exemption amount (include Schedule of Dependents if applicable)..... | 4. | 3800 00 |
| Number of exemptions including you and your spouse/dependents, if applicable: 2 | | |
| 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)..... | 5. | 139558 00 |
| 6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule)..... | 6. | 00 |
| 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)..... | 7. | 139558 00 |



MM-DD-YY

Code



21000233 Sequence No. 2

SSN 194 52 3056

7a. Amount from line 7 on page 1	7a.	139558	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	4276	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	4276	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule).....	9.	487	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	3789	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Unpaid use tax (see instructions).....	12.		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	3789	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	4367	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule).....	16.		00
17. Amended return only – amount previously paid with original and/or amended return	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	4367	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	4367	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.			
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22. Interest due on late payment of tax (see instructions)	22.		00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	23.		00
24. Overpayment (line 20 minus line 13)	24.	578	00
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.		00
26. Original return only – portion of line 24 you wish to donate:			
a. Military Injury Relief	b. Ohio History Fund	c. Nature Preserves/Scenic Rivers	
00	00	00	
d. Breast/Cervical Cancer	e. Wishes for Sick Children	f. Wildlife Species	Total26g.
00	00	00	00
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 27.	578	00

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

► Primary signature _____ Phone number (567) 225-2227

Spouse's signature _____ Date _____

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name **SELF - PREPARED** Phone numberPreparer's TIN (PTIN) **P**

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057



2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

194 52 3056



21350133

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here
and on line 14 of your Ohio IT 10401.

4367 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
S	344428232	124026 00	11962 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	34442832	124026 00	4367 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



2021 Schedule of Ohio Withholding

Primary taxpayer's SSN

194 52 3056



21350233

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

3. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

4. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

2. P/S Payer's federal ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

3. P/S Payer's federal ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

Part E - 1099-NECs

1. P/S Payer's TIN

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 6 - Payer's Ohio number

Box 7 - State income

00

Box 5 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 6 - Payer's Ohio number

Box 7 - State income

00

Box 5 - Ohio tax withheld

00

**2021 Ohio Schedule of Credits**

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

194 52 3056



21280133

Sequence No. 7

04 18 22

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	4276 00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.	00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	00
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.	00
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	0 00
10. Total (add lines 2 through 9)	10.	0 00
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	4276 00
12. Joint filing credit (see instructions for table). 5 % times line 11, up to \$650	12.	214 00
13. Earned income credit	13.	00
14. Home school expenses credit	14.	00
15. Scholarship donation credit	15.	00
16. Nonchartered, nonpublic school tuition credit	16.	00
17. Ohio adoption credit	17.	00
18. Nonrefundable job retention credit (include a copy of the credit certificate)	18.	00
19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	19.	00
20. Grape production credit	20.	00
21. InvestOhio credit (include a copy of the credit certificate)	21.	00
22. Lead abatement credit (include a copy of the credit certificate)	22.	00
23. Opportunity zone investment credit (include a copy of the credit certificate)	23.	00
24. Technology investment credit carryforward (include a copy of the credit certificate)	24.	00
25. Enterprise zone day care & training credits (include a copy of the credit certificate)	25.	00
26. Research & development credit (include a copy of the credit certificate)	26.	00



2021 Ohio Schedule of Credits

Primary taxpayer's SSN

194 52 3056



21280233

Sequence No. 8

27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	27.	00
28. Total (add lines 12 through 27)	28.	214 00
29. Tax less additional credits (line 11 minus line 28; if negative, enter zero).....	29.	4062 00

Nonresident Credit

Dates of Ohio residency 02 02 21 to 12 31 21 Other state of residency GA

30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)	30.	9627 00
31. Ohio adjusted gross income (Ohio IT 1040, line 3).....	31.	143358 00
32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)	32a.	0.0671
32. Nonresident credit (line 29 times line 32a)	32.	273 00

Resident Credit

33. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy)	33.	00
34. Ohio adjusted gross income (Ohio IT 1040, line 3).....	34.	00
35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)	35a.	
35. Line 29 times line 35a	35.	00
36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)	36.	00
37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	37.	00
38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) ..	38.	487 00

Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	39.	00
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.	00
41. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	41.	00
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	42.	00
43. Venture capital credit (include a copy of the credit certificate)	43.	00
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....	44.	00

**IT NRC – Ohio Nonresident Credit Calculation****Use this form for tax years 2018 and forward.**

This form is for individuals who were either full-year nonresidents or part-year residents of Ohio during the tax year entered above.
Include a completed copy of this form when filing your Ohio IT 1040.

Taxpayer name JEFFREY A & TAMMI S SZARONOS	SSN 194 52 3056
--	---------------------------

Section I – Nonresident Credit Calculation

For each of the lines in this section, enter in Column A the total income included on the taxpayer's federal return for the tax year. Enter in Column B income earned or received in Ohio from each of the corresponding sources. Only report items of income or deduction that are included in federal adjusted gross income.

Full-year residents of Ohio are not entitled to the nonresident credit. Thus, full-year residents of Ohio generally should not complete this form. However, if a taxpayer is a full-year resident of Ohio and filing a joint return with a full-year nonresident or part-year resident spouse, the resident taxpayer should enter all income in column B of Parts A and B of this section.

Important: No item of income or deduction can be included on more than one line in Parts A and B of this section. If an item is business income, it can only be included on line 5 (determined by completing Sections II and III).

Part A - Complete for taxpayers who are either part-year residents or full-year nonresidents of Ohio.

	(A) Federal Amount	(B) Ohio Amount
1. Wages, salaries, tips, and guaranteed payments (Do not include amounts paid by a pass-through entity in which the taxpayer has a 20% or greater direct or indirect ownership interest. See instructions).....1.	133653 00	124026 00
2. Nonbusiness capital gain income.....2.	-3000 00	-3000 00
3. Nonbusiness rent and royalty income.....3.	00	00
4. Lottery and casino winnings.....4.	00	00
5. Business income (from Section II)5.		00
6. Net Apportioned Ohio Depreciation Adjustment (from Section II, Line 22, Column B)6.		00
7. Net additions from Ohio Schedule of Adjustments (excluding the IRC 168(k) & 179 depreciation addback) List the additions here:7.		00
8. Net deductions from Ohio Schedule of Adjustments (excluding the business income deduction and the deduction of prior year 168(k) and 179 depreciation addbacks) List the deductions here:8.		00
9. Total (Sum of lines 1 through 7, minus line 8, column B only)9.		121026 00

Part B - Complete only for taxpayers who are part-year residents of Ohio.

10. Nonbusiness interest and dividend income.....10.	6886 00	6886 00
11. Pensions, annuities and IRA distributions.....11.	5819 00	5819 00
12. Unemployment compensation.....12.	00	00
13. Other nonbusiness income13.	0 00	00
14. Deductions from your federal return included in federal adjusted gross income. List the deductions here:14.	00	00
15. Total (Sum of lines 10 through 13, minus line 14, column B only)15.		12705 00

Part C - Calculation of the Nonresident Portion of Ohio Adjusted Gross Income.

16. Ohio Adjusted Gross Income (from Ohio IT 1040, line 3)16.	143358 00
17. Total Income Allocated or Apportioned to Ohio (line 9 plus line 15).....17.	133731 00
18. Nonresident Portion of Ohio Adjusted Gross Income (line 16 minus line 17; if less than zero, enter zero). Enter here and on the corresponding line on the Ohio Schedule of Credits18.	9627 00



10211411

Taxpayer name JEFFREY A & TAMMI S SZARONOS	SSN 194 52 3056
--	---------------------------

Section II – Ohio Business Income

Report each business from which the taxpayer received business income or loss during the tax year. List the businesses in descending order from highest "Ohio Apportioned Income" to lowest, including those businesses with no Ohio apportionment.

Use Section III of this form to calculate the amounts reported in columns B and C. Certain taxpayers who receive an Ohio IT K-1 may be able to attach a copy of the form in lieu of completing Section III for that entity. Such taxpayers should check the box and report the IT K-1 amounts in columns B and C. Section III is not required for businesses with no Ohio apportionment.

Important: "Federal Business Income" is the taxpayer's share of income they reported for federal income tax purposes. **Column A is NOT a total of columns B and C.**

	IT K-1	(A) Federal Business Income	(B) Ohio Depreciation Adjustment	(C) Ohio Apportioned Income
1. FEIN/SSN: _____	☐	1. _____ 00	_____ 00	_____ 00
2. FEIN/SSN: _____	☐	2. _____ 00	_____ 00	_____ 00
3. FEIN/SSN: _____	☐	3. _____ 00	_____ 00	_____ 00
4. FEIN/SSN: _____	☐	4. _____ 00	_____ 00	_____ 00
5. FEIN/SSN: _____	☐	5. _____ 00	_____ 00	_____ 00
6. FEIN/SSN: _____	☐	6. _____ 00	_____ 00	_____ 00
7. FEIN/SSN: _____	☐	7. _____ 00	_____ 00	_____ 00
8. FEIN/SSN: _____	☐	8. _____ 00	_____ 00	_____ 00
9. FEIN/SSN: _____	☐	9. _____ 00	_____ 00	_____ 00
10. FEIN/SSN: _____	☐	10. _____ 00	_____ 00	_____ 00
11. FEIN/SSN: _____	☐	11. _____ 00	_____ 00	_____ 00
12. FEIN/SSN: _____	☐	12. _____ 00	_____ 00	_____ 00
13. FEIN/SSN: _____	☐	13. _____ 00	_____ 00	_____ 00
14. FEIN/SSN: _____	☐	14. _____ 00	_____ 00	_____ 00
15. FEIN/SSN: _____	☐	15. _____ 00	_____ 00	_____ 00
16. FEIN/SSN: _____	☐	16. _____ 00	_____ 00	_____ 00
17. FEIN/SSN: _____	☐	17. _____ 00	_____ 00	_____ 00
18. FEIN/SSN: _____	☐	18. _____ 00	_____ 00	_____ 00
19. FEIN/SSN: _____	☐	19. _____ 00	_____ 00	_____ 00
20. FEIN/SSN: _____	☐	20. _____ 00	_____ 00	_____ 00
21. Enter the total of all additional businesses, if any.....		21. _____ 00	_____ 00	_____ 00
22. Totals (sum of lines 1 through 21, by column).....		22. _____ 00	_____ 00	_____ 00

Enter the total from line 22, column B on Section 1, line 6.

If line 22, column C is zero or less, **STOP HERE** and enter that amount on Section I, line 5. Otherwise, continue to lines 23 and 24.

23. Business Income Deduction (from Ohio Schedule IT BUS, line 11).....	23. _____	00
24. Ohio Business Income (line 22, column C minus line 23; if less than zero, enter zero). Enter here and on Section I, line 5.....	24. _____	00

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 JEFFREY A		Last name SZARONOS		Your social security number 194-52-3056	
If joint return, spouse's first name and middle initial Tammi S		Last name Szaronos		Spouse's social security number 206-56-0308	
Home address (number and street). If you have a P.O. box, see instructions. 349 Sawgrass Ct				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Holland			State OH	ZIP code 435289210	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse					

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ☒ 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 ▶ ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	133,653.
	2a	Tax-exempt interest	2b	245.
	3a	Qualified dividends	3b	6,641.
	4a	IRA distributions	4b	5,819.
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 <i>Standard Deduction</i>, 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 ▶ ☐	7	-3,000.
	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	143,358.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	143,358.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	600.
	c	Add lines 12a and 12b	12c	25,700.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	25,700.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	117,658.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	17,036.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	17,036.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	46.
21	Add lines 19 and 20	21	46.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,990.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	16,990.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,923.
b	Form(s) 1099	25b	1,396.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,319.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ☐		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	2,800.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	18,119.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,129.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,129.
Direct deposit? See instructions.	b Routing number 061000052 c Type: ☒ Checking ☐ Savings		
	d Account number 003276197839		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

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

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Joint return?
See instructions.
Keep a copy for
your records.

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. (567) 225-2227

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶

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

JEFFREY A & Tammi S SZARONOS

Your social security number

194-52-3056

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	46.
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	46.

(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	
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	