



2021 Income Tax Return

Federal Return

Thank you for using
FreeTaxUSA.com to prepare your
2021 income tax return.

You can view the status of your tax return by
signing in to your account at www.freetaxusa.com.

2022 tax preparation on FreeTaxUSA.com will be
available starting in January of 2023.

We look forward to preparing your 2022 tax return.

Filing Status [X] 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: CECIL L
Last name: HENSON JR
Your social security number: 240 17 0470
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
590 DUNCAN RD
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
RUTHERFORDTON
State: NC
ZIP code: 28139
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 [X] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 3,709.

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

Cat. No. 11320B

Form 1040 (2021)

Table with 2 columns: Description and Amount. Rows include Tax (373), Amount from Schedule 2 (0), Add lines 16 and 17 (373), Nonrefundable child tax credit (0), Amount from Schedule 3 (373), Add lines 19 and 20 (373), Subtract line 21 from line 18 (0), Other taxes (0), Add lines 22 and 23 (Total tax), Federal income tax withheld (25a-25d), 2021 estimated tax payments (26), Earned income credit (27a: 758), Nontaxable combat pay election (27b), Prior year (2019) earned income (27c: 11,909), Refundable child tax credit (28), American opportunity credit (29), Recovery rebate credit (30: 1,400), Amount from Schedule 3, line 15 (31: 6,680), Add lines 27a and 28 through 31 (Total other payments and refundable credits: 8,838), Add lines 25d, 26, and 32 (Total payments: 8,838), Refund (34: 8,838), Amount of line 34 you want refunded to you (35a: 8,838), Routing number (096017418) and Account number (5117221176347), Amount of line 34 you want applied to your 2022 estimated tax (36), Amount you owe (37: 0), and Estimated tax penalty (38).

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] 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.

Signature table with columns: Signature, Date, Occupation, and PIN instructions. Includes 'Your signature', 'Spouse's signature', and 'SCULPTOR'.

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

Phone no. 828-429-1171, Email address

Paid Preparer Use Only

Table for paid preparer with columns: Preparer's name, Preparer's signature (SELF-PREPARED), Date, PTIN, Check if: [] Self-employed, Firm's name, Firm's address, Phone no., Firm's EIN.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
CECIL L HENSON JR

Your social security number
240-17-0470

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	16,459.
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	16,459.

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE 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
CECIL L HENSON JR

Your social security number
240-17-0470

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	373.
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	373.

(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	4,800.	
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	1,880.	
z	Other payments or refundable credits. List type and amount ► _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	6,680.
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	6,680.

Information To Claim Certain Credits After Disallowance

Earned Income Credit (EIC), Child Tax Credit (CTC), Refundable Child Tax Credit (RCTC), Additional Child Tax Credit (ACTC), Credit for Other Dependents (ODC), and American Opportunity Tax Credit (AOTC)

▶ Attach to your tax return. ▶ Go to www.irs.gov/Form8862 for instructions and the latest information.

Name(s) shown on return

CECIL L HENSON JR

Your social security number

240-17-0470

You must complete Form 8862 and attach it to your tax return to claim the EIC, CTC/RCTC/ACTC/ODC, or AOTC if both of the following apply.

- ✓ Your EIC, CTC/RCTC/ACTC/ODC, or AOTC was previously reduced or disallowed for any reason other than a math or clerical error.
- ✓ You now want to claim the credit that was previously reduced or disallowed and you meet all the requirements for the credit.

Part I All Filers

1 Enter the tax year for which you are filing this form (for example, 2021) ▶

2 Check the box(es) that applies to the credit(s) you are claiming and complete the part(s) that matches the box(es) you marked.

Earned Income Credit (Complete Part II)	Child Tax Credit (nonrefundable or refundable)/Additional Child Tax Credit/Credit for Other Dependents (Complete Part III)	American Opportunity Tax Credit (Complete Part IV)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Earned Income Credit

3 If the **only** reason your EIC was reduced or disallowed was because you incorrectly reported your earned income or investment income, check "Yes." Otherwise, check "No." ▶ Yes No

Caution: If you checked "Yes," **do not** complete the rest of Part II. Attach this form to your tax return to claim the EIC. If you checked "No," continue.

4 Could you (or your spouse if filing jointly) be claimed as a qualifying child of another taxpayer for the year entered on line 1? ▶ Yes No

Caution: See the instructions before answering. If you (or your spouse if filing jointly) answer "Yes" to question 4, you cannot claim the EIC.

If you are claiming the EIC with a qualifying child, continue to Section A. Otherwise, go to Section B.

Section A: Filers With a Qualifying Child or Children

- ✓ Answer questions 5, 7, and 8 for each child for whom you are claiming the EIC.
- ✓ Enter the name(s) of the child(ren) you listed as Child 1, Child 2, and Child 3 on **Schedule EIC** for the year entered on line 1 above.

5a Child 1 _____ b Child 2 _____
c Child 3 _____

6 Does your completed Schedule EIC for the year entered on line 1 show that you had a qualifying child for the EIC? ▶ Yes No
Caution: If you checked "No," you do not need to complete Part II, Section A. Go to Part II, Section B.

7 Enter the number of days each child lived with you in the United States during the year entered on line 1.
Child 1 ▶ Child 2 ▶ Child 3 ▶
Caution: If you enter less than 183 (184 if the year on line 1 is a leap year), you cannot claim the EIC for that child.

8 If the child was born or died during the year entered on line 1, enter the month and day the child was born and/or died as month (MM)/day (DD). Otherwise, skip this line.
Child 1 date of birth (MM/DD) / Child 1 date of death (MM/DD) /
Child 2 date of birth (MM/DD) / Child 2 date of death (MM/DD) /
Child 3 date of birth (MM/DD) / Child 3 date of death (MM/DD) /

Only one person may claim the child as a qualifying child for the EIC and certain other child-related benefits. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, go to Part II, Section B.

Section B: Filers Without a Qualifying Child or Children

9a Enter the number of days during the year entered on line 1 that your main home was in the United States . . . ▶

b If married filing jointly, enter the number of days during the year entered on line 1 that your spouse's main home was in the United States . . . ▶

Caution: Members of the military stationed outside the United States during the year entered on line 1, see the instructions before answering. If you enter less than 183 (184 if the year on line 1 is a leap year) on either line 9a or 9b (if filing jointly), you cannot claim the EIC.

10a Enter your age at the end of the year on line 1 55

b Enter your spouse's age at the end of the year on line 1 _____

Caution: If your spouse died during the year entered on line 1 or you are preparing a return for someone who died during the year entered on line 1, see the instructions before answering. If neither you (nor your spouse if filing jointly) met the applicable minimum or maximum age requirement at the end of the year on line 1, you cannot claim the EIC. See the Instructions for Form 8862 for more information.

11a Can you be claimed as a dependent on another taxpayer's return? ▶ Yes No

b Can your spouse (if filing jointly) be claimed as a dependent on another taxpayer's return? ▶ Yes No

Caution: If either you (or your spouse if filing jointly) answer "Yes" to question 11, you cannot claim the EIC.

Part III Child Tax Credit (nonrefundable or refundable)/Additional Child Tax Credit/Credit for Other Dependents

12 Enter the name(s) of each child for whom you are claiming the child tax credit/refundable child tax credit/additional child tax credit (CTC/RCTC/ACTC). If you are claiming the CTC/RCTC/ACTC for more than four qualifying children, attach a statement also answering questions 12 and 14–17 for those children.

a Child 1 _____ **b Child 2** _____

c Child 3 _____ **d Child 4** _____

13 Enter the name(s) of each person for whom you are claiming the credit for other dependents (ODC). If you are claiming the credit for more than four dependents, attach a statement answering questions 13, 16, and 17 for those dependents.

a Other dependent 1 _____ **b Other dependent 2** _____

c Other dependent 3 _____ **d Other dependent 4** _____

14 For each child listed in response to question 12, did the child live with you for more than half of the year or meet an exception described in the instructions?

Child 1 Yes No **Child 2** Yes No **Child 3** Yes No **Child 4** Yes No

15 For each child listed in response to question 12, did the child meet the requirements to be a qualifying child for the CTC/RCTC/ACTC?

Child 1 Yes No **Child 2** Yes No **Child 3** Yes No **Child 4** Yes No

16 For each person claimed as a qualifying child or other dependent for the CTC/RCTC/ACTC/ODC, is that person your dependent?

Child 1 Yes No **Child 2** Yes No **Child 3** Yes No **Child 4** Yes No
Other dependent 1 Yes No **Other dependent 2** Yes No
Other dependent 3 Yes No **Other dependent 4** Yes No

17 For each person claimed as a qualifying child or other dependent for the CTC/RCTC/ACTC/ODC, is that person a citizen, national, or resident of the United States? See Pub. 519 for more information on when a person is a resident of the United States or is treated as a resident of the United States.

Child 1 Yes No **Child 2** Yes No **Child 3** Yes No **Child 4** Yes No
Other dependent 1 Yes No **Other dependent 2** Yes No
Other dependent 3 Yes No **Other dependent 4** Yes No

Caution: If the answer is "No" for questions 14, 15, 16, or 17, you cannot claim the CTC/RCTC/ACTC/ODC for that child or other dependent.

Only one person can claim the child as a qualifying child for the CTC/RCTC/ACTC/ODC. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, you cannot claim the CTC/RCTC/ACTC or the ODC based on having a qualifying child. If you are a noncustodial parent who is entitled to treat the child as a qualifying child, you do not need to complete Part V.

Part IV American Opportunity Tax Credit

✓ Answer the following questions for each student for whom you are claiming the AOTC. If you have more than three students, attach a statement also answering questions 18 and 19 for those students.

✓ Enter the name(s) of the student(s) as listed on Form 8863.

18a Student 1 **b Student 2**

c Student 3

19a Did the student meet the requirements to be an eligible student for purposes of the AOTC for the year entered on line 1? See Pub. 970 for more information.

Student 1 Yes No **Student 2** Yes No **Student 3** Yes No

b Has the Hope Scholarship Credit or AOTC been claimed for the student for any 4 tax years before the year entered on line 1?

Student 1 Yes No **Student 2** Yes No **Student 3** Yes No

Caution: If you answered "No" to question 19a or "Yes" to question 19b, you cannot claim the credit for that student.

Part V Qualifying Child of More Than One Person

✓ Answer the following questions for each child who meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly). If you have more than four qualifying children, attach a statement also answering questions 20–22 for those children.

20a Child 1 **b Child 2**

c Child 3 **d Child 4**

21 Enter the address where you and the child lived together during the year entered on line 1. If you lived with the child at more than one address during the year, attach a list of the addresses where you lived.

Child 1 ▶ Number and street
City or town, state, and ZIP code

Child 2 ▶ If same as shown for Child 1, check this box Otherwise, enter below.

Number and street
City or town, state, and ZIP code

Child 3 ▶ If same as shown for Child 1, check this box Otherwise, enter below.

Number and street
City or town, state, and ZIP code

Child 4 ▶ If same as shown for Child 1, check this box Otherwise, enter below.

Number and street
City or town, state, and ZIP code

Part V **Qualifying Child of More Than One Person** *(continued)*

22 Did any other person (except your spouse, if filing jointly, and your dependents claimed on your return) live with Child 1, Child 2, Child 3, or Child 4 for more than half the year? **Yes** **No**
If "Yes," enter the relationship of each person to the child on the appropriate line below.

Other person living with Child 1: Name _____
Relationship to Child 1 _____

Other person living with Child 2: If same as shown for Child 1, check this box Otherwise, enter below.
Name _____
Relationship to Child 2 _____

Other person living with Child 3: If same as shown for Child 1, check this box Otherwise, enter below.
Name _____
Relationship to Child 3 _____

Other person living with Child 4: If same as shown for Child 1, check this box Otherwise, enter below.
Name _____
Relationship to Child 4 _____

To determine which person can treat the child as a qualifying child for the EIC and CTC/RCTC/ACTC, see *Qualifying Child of More Than One Person* in Pub. 501.

Note: The IRS may ask you to provide additional information to verify your eligibility to claim each credit.

Residential Energy Credits

▶ Go to www.irs.gov/Form5695 for instructions and the latest information.
 ▶ Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return

CECIL L HENSON JR

Your social security number

240-17-0470

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2020**.

1 Qualified solar electric property costs	1	10,000.
2 Qualified solar water heating property costs	2	219.
3 Qualified small wind energy property costs	3	
4 Qualified geothermal heat pump property costs	4	
5 Qualified biomass fuel property costs	5	
6a Add lines 1 through 5	6a	10,219.
b Multiply line 6a by 26% (0.26)	6b	2,657.
7a Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) ▶	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.		
b Print the complete address of the main home where you installed the fuel cell property.		
_____	Unit No.	

City, State, and ZIP code		
8 Qualified fuel cell property costs	8	
9 Multiply line 8 by 26% (0.26)	9	
10 Kilowatt capacity of property on line 8 above . . ▶ _____ x \$1,000	10	
11 Enter the smaller of line 9 or line 10	11	
12 Credit carryforward from 2020. Enter the amount, if any, from your 2020 Form 5695, line 16	12	
13 Add lines 6b, 11, and 12	13	2,657.
14 Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	
15 Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5	15	
16 Credit carryforward to 2022. If line 15 is less than line 13, subtract line 15 from line 13	16	2,657.

Part II Nonbusiness Energy Property Credit

<p>17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶</p> <p>Caution: If you checked the “No” box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p> <p>b Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.</p> <p style="margin-left: 40px;"><u>590 DUNCAN RD</u> <small>Number and street</small> <small>Unit No.</small></p> <p style="margin-left: 40px;"><u>RUTHERFORDTON, NC 28139</u> <small>City, State, and ZIP code</small></p>	17a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>c Were any of these improvements related to the construction of this main home? ▶</p> <p>Caution: If you checked the “Yes” box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	17c	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)</p>	18	
<p>19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p> <p>a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC</p>	19a	2,389.
<p>b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements</p>	19b	1,238.
<p>c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home</p>	19c	590.
<p>d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements</p>	19d	544.
<p>e Maximum amount of cost on which the credit can be figured</p>	19e	2,000.
<p>f If you claimed window expenses on your Form 5695 prior to 2021, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-</p>	19f	
<p>g Subtract line 19f from line 19e. If zero or less, enter -0-</p>	19g	2,000.
<p>h Enter the smaller of line 19d or line 19g</p>	19h	544.
<p>20 Add lines 19a, 19b, 19c, and 19h</p>	20	4,761.
<p>21 Multiply line 20 by 10% (0.10)</p>	21	476.
<p>22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p> <p>a Energy-efficient building property. Do not enter more than \$300</p>	22a	276.
<p>b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150</p>	22b	136.
<p>c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50</p>	22c	45.
<p>23 Add lines 22a through 22c</p>	23	457.
<p>24 Add lines 21 and 23</p>	24	933.
<p>25 Maximum credit amount. (If you jointly occupied the home, see instructions)</p>	25	500.
<p>26 Enter the amount, if any, from line 18</p>	26	
<p>27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit</p>	27	500.
<p>28 Enter the smaller of line 24 or line 27</p>	28	500.
<p>29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)</p>	29	373.
<p>30 Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040), line 5</p>	30	373.

Credits for Sick Leave and Family Leave for Certain Self-Employed Individuals

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
 ▶ Go to www.irs.gov/Form7202 for instructions and the latest information.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person with self-employment income

CECIL L HENSON JR

240-17-0470

Part I Credit for Sick Leave for Certain Self-Employed Individuals (January 1, 2021, through March 31, 2021, only)

1 Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions . . .	1	
2 Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Don't include days you included on line 1.) See instructions . . .	2	
3a Enter the number from line 4 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	3a	
b Enter the number from line 6 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	3b	
c Add lines 3a and 3b . . .	3c	
d Subtract line 3c from the number 10 . . .	3d	
4a Enter the smaller of line 1 or line 3d . . .	4a	
b List each day included on line 4a (MM/DD): _____		
5 Subtract line 4a from line 3d . . .	5	
6a Enter the smaller of line 2 or line 5 . . .	6a	
b List each day included on line 6a (MM/DD): _____		
Caution: The total of line 4a plus line 6a cannot exceed 10 days or line 3d, whichever is smaller.		
7a Net earnings from self-employment (see instructions) . . .	7a	
b Check this box if you are electing to use prior year net earnings from self-employment on line 7a . . . <input type="checkbox"/>		
8 Divide line 7a by 260 (round to nearest whole number) . . .	8	
9 Enter the smaller of line 8 or \$511 . . .	9	
10 Multiply line 4a by line 9 . . .	10	
11 Multiply line 8 by 67% (0.67) . . .	11	
12 Enter the smaller of line 11 or \$200 . . .	12	
13 Multiply line 6a by line 12 . . .	13	
14 Add lines 10 and 13 . . .	14	
15a Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions) . . .	15a	
b Enter the amount from line 15 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter . . .	15b	
c Add lines 15a and 15b . . .	15c	
16a Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions) . . .	16a	
b Enter the amount from line 16 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter . . .	16b	
c Add lines 16a and 16b . . .	16c	
If line 15c and line 16c are both zero, skip to line 24 and enter the amount from line 14.		
17a Add lines 13 and 16c . . .	17a	
b Enter the amount from line 13 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	17b	
c Add lines 17a and 17b . . .	17c	
18 Enter the smaller of line 17c or \$2,000 . . .	18	
19 Subtract line 18 from line 17c . . .	19	
20a Add lines 10, 15c, and 18 . . .	20a	
b Enter the amount from line 10 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0- . . .	20b	
c Add lines 20a and 20b . . .	20c	
21 Enter the smaller of line 20c or \$5,110 . . .	21	
22 Subtract line 21 from line 20c . . .	22	
23 Add lines 19 and 22 . . .	23	
24 Subtract line 23 from line 14. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b . . .	24	

Part II Credit for Family Leave for Certain Self-Employed Individuals (January 1, 2021, through March 31, 2021, only)

25a	Number of days after December 31, 2020, and before April 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to a son or daughter. (Don't enter more than 50 days. Don't include any day you listed on either line 4b or line 6b.) See instructions	25a	
b	Enter the amount from line 25 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	25b	
c	Subtract line 25b from the number 50	25c	
d	Enter the smaller of line 25a or line 25c	25d	
26a	Net earnings from self-employment (see instructions)	26a	
b	Check this box if you are electing to use prior year net earnings from self-employment on line 26a <input type="checkbox"/>		
27	Divide line 26a by 260 (round to nearest whole number)	27	
28	Multiply line 27 by 67% (0.67)	28	
29	Enter the smaller of line 28 or \$200	29	
30	Multiply line 25d by line 29	30	
31a	Amount of qualified family leave wages you received from an employer for periods of leave taken after December 31, 2020, and before April 1, 2021 (see instructions)	31a	
b	Enter the amount from line 31 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, see instructions for amount to enter	31b	
c	Add lines 31a and 31b	31c	
If line 31c is zero, skip to line 35 and enter the amount from line 30.			
32a	Add lines 30 and 31c	32a	
b	Enter the amount from line 30 of your 2020 Form 7202. If you didn't file a 2020 Form 7202, enter -0-	32b	
c	Add lines 32a and 32b	32c	
33	Enter the smaller of line 32c or \$10,000	33	
34	Subtract line 33 from line 32c	34	
35	Subtract line 34 from line 30. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b	35	

Part III Credit for Sick Leave for Certain Self-Employed Individuals (April 1, 2021, through September 30, 2021, only)

36	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions	36	10
37	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Don't include days you included on line 36.) See instructions	37	50
38a	Enter the smaller of 10 days or the number of days entered on line 36	38a	10
b	List each day included on line 38a (MM/DD): 08/01 08/02 08/04 08/05 08/06 08/07 08/09 08/10 08/11 08/		
39	Subtract line 38a from the number 10	39	
40a	Enter the smaller of line 37 or line 39	40a	
b	List each day included on line 40a (MM/DD):		
Caution: The total of line 38a plus line 40a cannot exceed 10 days.			
41a	Net earnings from self-employment (see instructions)	41a	11,130.
b	Check this box if you are electing to use prior year net earnings from self-employment on line 41a <input checked="" type="checkbox"/>		
42	Divide line 41a by 260 (round to nearest whole number)	42	43.
43	Enter the smaller of line 42 or \$511	43	43.
44	Multiply line 38a by line 43	44	430.
45	Multiply line 42 by 67% (0.67)	45	29.
46	Enter the smaller of line 45 or \$200	46	29.
47	Multiply line 40a by line 46	47	
48	Add lines 44 and 47	48	430.
49	Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	49	
50	Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	50	
If line 49 and line 50 are both zero, skip to line 58 and enter the amount from line 48.			
51	Add lines 47 and 50	51	
52	Enter the smaller of line 51 or \$2,000	52	
53	Subtract line 52 from line 51	53	
54	Add lines 44, 49, and 52	54	
55	Enter the smaller of line 54 or \$5,110	55	
56	Subtract line 55 from line 54	56	
57	Add lines 53 and 56	57	
58	Subtract line 57 from line 48. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13b	58	430.

Part IV Credit for Family Leave for Certain Self-Employed Individuals (April 1, 2021, through September 30, 2021, only)

59	Number of days after March 31, 2021, and before October 1, 2021, you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required or provided to another. (Don't enter more than 60 days. Don't include any day you listed on either line 38b or line 40b.) See instructions	59	50
60a	Net earnings from self-employment (see instructions)	60a	11,130.
b	Check this box if you are electing to use prior year net earnings from self-employment on line 60a . . . ► <input checked="" type="checkbox"/>		
61	Divide line 60a by 260 (round to nearest whole number)	61	43.
62	Multiply line 61 by 67% (0.67)	62	29.
63	Enter the smaller of line 62 or \$200	63	29.
64	Multiply line 59 by line 63	64	1,450.
65	Amount of qualified family leave wages you received from an employer for periods of leave taken after March 31, 2021, and before October 1, 2021 (see instructions)	65	
If line 65 is zero, skip to line 69 and enter the amount from line 64.			
66	Add lines 64 and 65	66	
67	Enter the smaller of line 66 or \$12,000	67	
68	Subtract line 67 from line 66	68	
69	Subtract line 68 from line 64. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 13h	69	1,450.