

**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 <b>Kevin</b>	Last name <b>Finnerty</b>	Your social security number <b>091-30-1116</b>
If joint return, spouse's first name and middle initial <b>Carmella</b>	Last name <b>Finnerty</b>	Spouse's social security number <b>772-98-1129</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>4880 Combe Street</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Newark, New Jersey 99033</b>		
State <b>New Jersey</b>	ZIP code <b>99033</b>	
Foreign country name	Foreign province/state/county	Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire 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, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					Child tax credit	Credit for other dependents
	<b>Meadow</b>	<b>Finnerty</b>	<b>456-27-2227</b>	<b>Daughter</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Anthony</b>	<b>Finnerty</b>	<b>113-91-4830</b>	<b>Son</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	<b>502,213.</b>	
Attach Sch. B if required.	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	<b>2,049.</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>25.</b>	<b>3b</b>	<b>69.</b>
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>		<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	Taxable amount . . . . .	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>6b</b>	Taxable amount . . . . .	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>		
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .		<b>8</b>	<b>0.</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	<b>504,331.</b>	
	<b>10</b>	Adjustments to income:				
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>			
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>			
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶		<b>10c</b>		
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b>	<b>504,331.</b>	
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b>	<b>24,800.</b>	
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		<b>13</b>		
	<b>14</b>	Add lines 12 and 13 . . . . .		<b>14</b>	<b>24,800.</b>	
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	<b>479,531.</b>	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	117,421.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	32.
<b>18</b>	Add lines 16 and 17	<b>18</b>	117,453.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	117,421.
<b>21</b>	Add lines 19 and 20	<b>21</b>	117,421.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	32.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	32.
<b>25</b>	Federal income tax withheld from:		
a	Form(s) W-2	<b>25a</b>	
b	Form(s) 1099	<b>25b</b>	
c	Other forms (see instructions)	<b>25c</b>	
d	Add lines 25a through 25c	<b>25d</b>	
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	500.
<b>27</b>	Earned income credit (EIC) <b>No</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	500.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	468.																
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	0.																
▶ <b>b</b>	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X								
X	X	X	X	X	X	X	X	X	X										
▶ <b>d</b>	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	468.																

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 ▶ **Jennifer Melfi, PHD** Phone no. ▶ **(333) 480-1237** Personal identification number (PIN) ▶ 

6	7	2	1	1
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**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.) ▶						
<b>[Signature]</b>		<b>ATTORNEY</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶						
<b>[Signature]</b>		<b>HOMEMAKER</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Phone no.	Email address								

**Paid Preparer Use Only**

Preparer's name <b>Jennifer Melfi, CPA, PHD</b>	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶	Firm's address ▶		Phone no.	Firm's EIN ▶

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

# Wells Fargo® Essential Checking

August 11, 2021 ■ Page 1 of 7



DOMINIC BOGDAN  
111 LAKES RD  
SAN DEGO CA 11111

## Questions?

Available by phone 24 hours a day, 7 days a week:

We accept all relay calls, including 711

**1-800-TO-WELLS** (1-800-869-3557)

*En español:* 1-877-727-2932

Online: [wellsfargo.com](https://www.wellsfargo.com)

Write: Wells Fargo Bank, N.A. (114)  
P.O. Box 6995  
Portland, OR 97228-6995

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com](https://www.wellsfargo.com) or call the number above if you have questions or if you would like to add new services.

Online Banking	<input checked="" type="checkbox"/>	Direct Deposit	<input checked="" type="checkbox"/>
Online Bill Pay	<input type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>	Overdraft Protection	<input checked="" type="checkbox"/>
Mobile Banking	<input checked="" type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input checked="" type="checkbox"/>	Overdraft Service	<input type="checkbox"/>



## IMPORTANT ACCOUNT INFORMATION

In order to serve customers more efficiently, we will be updating the available statement and fee period ending dates. Based on your current statement and fee period end dates, in August 2021 we are adjusting your statement and fee periods to end on the eleventh business day each month. (Business days do not include Saturdays, Sundays, and Federal holidays.) Your August statement will be produced on August 11 as normal, and then another statement will be produced on August 16, adjusting your account to the new statement and fee period end date. No monthly service fee will be assessed for the abbreviated fee period ending August 16. This update does not affect your account terms and conditions. Your fee period end date is located in the Monthly Service Fee Summary section of your statement. Refer to the Consumer or Business Account Fee and Information Schedule located online at [wellsfargo.com/feefaq](https://wellsfargo.com/feefaq) for more information about monthly fee periods.

## Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo Personal Loan.



Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score, before you apply.

Go to [wellsfargo.com/personalloan](https://wellsfargo.com/personalloan) or call 1-855-324-9370, Monday through Friday, from 8:00 a.m. to 7:00 p.m. Central Time.

### Statement period activity summary

Beginning balance on 7/14	\$3,082.80
Deposits/Additions	24,163.03
Withdrawals/Subtractions	- 26,557.01
<b>Ending balance on 8/11</b>	<b>\$688.82</b>

████████████████████  
 ████████████████████  
 ████████████████████  
 California account terms and conditions apply  
 ████████████████████  
 ████████████████████

### Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Credit Card - XXXX-X ██████████

### Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
7/14		████████████████████		10.00	
7/14	A	████████████████████		11.77	3,061.03
7/15		████████████████████	167.00		
7/15		████████████████████		3.45	
7/15		████████████████████ co		70.66	
7/15		████████████████████		44.24	
7/15		████████████████████		101.93	
7/15		████████████████████		1,400.00	1,607.75
7/16		████████████████████	3,764.53		
7/16		████████████████████		14.99	
7/16		████████████████████		11.88	
7/16		████████████████████		58.26	
7/16		████████████████████		5.00	
7/16		████████████████████		1,300.00	
7/16		████████████████████		8.80	
7/16		████████████████████		167.00	3,806.35
7/19		████████████████████		2.99	
7/19		████████████████████		212.83	
7/19		████████████████████		39.99	
7/19		████████████████████ 1		198.59	



**Transaction history (continued)**

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
7/19				295.82	
7/19				4.00	
7/19				55.84	
7/19				10.00	
7/19				65.00	
7/19				35.26	
7/19		k		1,300.00	
7/19				149.11	
7/19				150.00	
7/19				250.00	1,036.92
7/20				8.86	
7/20		1			
7/20		A		19.88	
7/20		Check		399.14	609.04
7/21				29.18	579.86
7/22		e		36.00	
7/22				33.48	
7/22				17.02	493.36
7/23			7,189.15		
7/23			123.45		
7/23				8.00	7,797.96
7/26		8		195.28	
7/26				93.98	
7/26				18.44	
7/26				113.68	
7/26				219.93	
7/26				10.00	
7/26				250.00	
7/26				400.00	
7/26				2,500.00	3,996.65
7/27		s	4,961.00		
7/27				45.85	
7/27				600.00	
7/27				3,123.43	5,188.37
7/28				11.99	5,176.38
7/29			2.69		5,179.07
7/30			3,772.62		



**Transaction history (continued)**

<i>Date</i>	<i>Check Number</i>	<i>Description</i>	<i>Deposits/ Additions</i>	<i>Withdrawals/ Subtractions</i>	<i>Ending daily balance</i>
7/30				54.99	
7/30				10.89	8,885.81
8/2			1,300.00		
8/2				98.09	
8/2				18.99	
8/2				82.12	
8/2				56.40	
8/2				255.25	
8/2				102.20	
8/2				145.37	
8/2				10.00	
8/2				53.56	
8/2				35.00	
8/2				2.18	
8/2				11.06	
8/2				800.00	
8/2				215.62	
8/2				250.00	
8/2				1,500.00	6,549.97
8/3				15.99	6,533.98
8/4			75.00		6,608.98
8/5			194.36		
8/5				7.99	
8/5				250.00	
8/5				20.00	6,525.35
8/6			2,613.23		
8/6				3.00	
8/6				83.00	
8/6				4,961.98	4,090.60
8/9				176.66	
8/9				146.82	
8/9				13.87	
8/9				88.00	
8/9				25.96	
8/9				16.86	



**Transaction history (continued)**

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
8/9				35.53	
8/9				42.19	
8/9				7.00	
8/9				74.19	
8/9				150.00	
8/9				810.00	
8/9				1,300.00	1,203.52
8/10				161.45	
8/10				100.00	
8/10				250.00	692.07
8/11				3.25	688.82
<b>Ending balance on 8/11</b>					<b>688.82</b>
<b>Totals</b>			<b>\$24,163.03</b>	<b>\$26,557.01</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

**Summary of checks written** (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
	7/20	399.14	549	8/9	1,300.00	573	8/5	250.00
548	8/6	4,961.98	572 *	7/19	1,300.00			

\* Gap in check sequence.

**Monthly service fee summary**

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wells Fargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 07/14/2021 - 08/11/2021	Standard monthly service fee \$7.00	You paid \$0.00
<b>How to avoid the monthly service fee</b>	Minimum required	This fee period
Have any <b>ONE</b> of the following account requirements		
· Minimum daily balance	\$1,500.00	\$493.36 <input type="checkbox"/>
· Total amount of qualifying direct deposits	\$500.00	\$22,785.34 <input checked="" type="checkbox"/>

**Monthly service fee discount(s) (applied when box is checked)**

Online only statements (\$2.00 discount)

JE/JE



**IMPORTANT ACCOUNT INFORMATION**



# Earnings Statement

Pay period: Feb 1, 2022 - Feb 7, 2022 Pay Day: Feb 7, 2022  
Chase Checking (. . . 0000): \$500.00 Navy Federal (. . . 0000):  
\$420.00 Schwab (. . . 0000): \$1,156.28

**Company**  
Delta Airlines  
555 Grand Street  
Atlanta, GA 88434

**Employee**  
Clyde Drexler  
xxx-xx-xx  
1123 Drive street  
Atlanta, GA, 88434

## Employee Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours   Salaried	\$74.52	40.0	\$2,980.77	\$17,288.47
Total Hours Worked		40.0		
Paid Holidays				\$596.15
Commission			\$0.00	\$33,591.83
Gross Earnings			\$2,980.77	\$51,476.45

## Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	\$536.49	\$14,843.33
Social Security	\$184.66	\$3,190.64
Medicare	\$43.19	\$746.20
CO Withholding Tax	\$132.00	\$2,317.00
Denver OPT	\$5.75	\$11.50

## Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$184.66	\$3,190.64
Medicare	\$43.19	\$746.20
FUTA	\$0.00	\$42.00
CO Unemployment Insurance Tax	\$0.00	\$288.99
Denver OPT	\$4.00	\$8.00

## Employee Deductions

Description	Type	Current	Year To Date
Employee Vision Insurance	Vision Insurance	\$0.02	\$0.14
Employee Dental Insurance	Dental Insurance	\$0.15	\$1.07
Employee Medical Insurance	Medical Insurance	\$1.12	\$6.72
Dependents Medical Insurance	Medical Insurance	\$1.11	\$6.66

## Employer Contributions

Description	Type	Current	Year To Date
Employee Vision Insurance	Vision Insurance	\$1.87	\$11.22
Dependents Vision Insurance	Vision Insurance	\$1.29	\$7.74
Employee Dental Insurance	Dental Insurance	\$15.08	\$90.48
Dependents Dental Insurance	Dental Insurance	\$16.26	\$97.56
Employee Medical Insurance	Medical Insurance	\$110.88	\$665.28
Dependents Medical Insurance	Medical Insurance	\$109.41	\$656.46

## Summary

Description	Current	Year To Date
Gross Earnings	\$2,980.77	\$51,476.45
Pre-Tax Deductions/Contributions	\$2.40	\$14.59
Taxes	\$902.09	\$21,108.67
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$2,076.28	\$30,353.19
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$2,076.28	\$30,353.19

## Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.00
Remaining Sick Balance	38.80

## Paid Time Off Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited