E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your dependent	name of y							
Your first name	and m	iddle initial	Last nar	ne				,	Your social security number	
Kevin			Finn	erty					091-	30-1116
If joint return, s	pouse's	s first name and middle initial	Last nar						Spouse'	s social security number
Carmella	a		Finn	erty					772-	98-1129
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Preside	ntial Election Campaign
4880 Cor	mbe	Street								nere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	ate	ZIP code			if filing jointly, want \$3
Newark,	New	Jersey 99033								this fund. Checking a ow will not change
Foreign country	y name		F	oreign province/state	cour	ity	Foreign posta			or refund.
										You Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	hange, o	r otherwise acquire	e any	financial intere	st in any virt	ual cur	rency?	☐ Yes 🔀 No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retu		•		•				
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind Sr	ouse	: Was bor	n before Jan	uarv 2.	1956	☐ Is blind
Dependents	-			(2) Social securi		(3) Relationsh				r (see instructions):
•	•	irst name Last name	number to you		1	Child tax credit		Credit for other dependents		
If more than four		adow Finnerty		456-27-2227 Daughte:					X	
dependents,		thony Finnerty		113-91-4830 Son				$\overline{\Box}$		×
see instructions and check	s	znony rimercy		113 71 10		Bon		×		
here ▶ □								Ä		
	. 1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2				 -	1	502,213.
Attach	2a	Tax-exempt interest	2a		h 1	Taxable interes			2b	
Sch. B if	3a	Qualified dividends	3a	25.		Ordinary divide			3b	· ·
required.	4a	IRA distributions	4a			Taxable amoun			4b	
	5a	Pensions and annuities	5a			axable amoun			5b	
Standard	6a	Social security benefits	6a			axable amoun			6b	+
Deduction for—	7	Capital gain or (loss). Attach Sche		required. If not red				▶ □	7	
 Single or Married filing 	8	Other income from Schedule 1, lir				.,			8	0.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,			come				. 9	504,331.
\$12,400 Married filing	10	Adjustments to income:		,						
jointly or Qualifying	а	From Schedule 1, line 22				10	a			
widow(er),	b	Charitable contributions if you take	the stan	dard deduction. Se	e inst					
\$24,800 • Head of	С	•						. •	100	,
household,	household, 11 Subtract line 10e from line 0. This is your adjusted gross income					11				
\$18,650 ! • If you checked	12	Standard deduction or itemized	•						12	·
any box under [13	Qualified business income deduct		•	,	3995-A			13	
Deduction,	14	Add lines 12 and 13							14	+
see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or less	, ente	er -0			15	· · · · · · · · · · · · · · · · · · ·

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1	4 2 4972	3 🗌		16	117,421.
	17	Amount from Schedule 2, lin	ne 3					17	32.
	18	Add lines 16 and 17						18	117,453.
	19	Child tax credit or credit for	other dependen	ts				19	
	20	Amount from Schedule 3, lin	ne 7					20	117,421.
	21	Add lines 19 and 20						21	117,421.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	32.
	23	Other taxes, including self-e	employment tax,	from Schedule	2, line 10 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	32.
	25	Federal income tax withheld	I from:						
	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	19 return			26	500.
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC. F If you have	28	Additional child tax credit. A				28			
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29			
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27 through 31. Th	ese are your tot a	al other payme	ents and refund	able credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	500.
Refund	34	If line 33 is more than line 24						34	468.
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						35a	0.
Direct deposit?	▶b	Routing number X X X	X X X X	X X	▶ c Type:	Checking	Savings		
See instructions.	►d	Account number X X X	$X \mid X \mid X \mid X$	X X X X	X X X X	XX			
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36	468.		
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe	now			37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may n	ot represent all	of the taxes you	owe for		
For details on how to pay, see		2020. See Schedule 3, line	12e, and its instr	uctions for det	ails.				
instructions.	38	Estimated tax penalty (see i	nstructions) .		🕨	38			
Third Party		you want to allow another							
Designee		structions					•		∐ No
		signee's _{me} ▶ Jennifer Mel:	fi. PHD	Phone	(333)480-		onal ident ber (PIN)		6 7 2 1 1
0:		der penalties of perjury, I declare	-						
Sign		ief, they are true, correct, and con							
Here	Yo	ur signature		Date	Your occupation		lf th	ne IRS se	nt you an Identity
		· ·			Tour cocapation				IN, enter it here
Joint return?	L				ATTORNEY		- ' -	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	tion			nt your spouse an ection PIN, enter it here
your records.					HOMEMAKER			e inst.) ▶	CLIOIT FIN, enter it here
	————	one no.		Email address	попыникык		,		
-		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid		nifer Melfi, CPA, PHD	l li	-					Self-employed
Preparer		m's name ▶	<u> </u>				Pho	one no.	
Use Only		m's address ►					-	n's EIN ▶	.
Co to warm in			not information		D44	DEV 00/00/01		I S LIIN	Form 1040 (2020)
GO IO WWW.IIS.go	v/rOM	n1040 for instructions and the late	ət iiiiOiiiiätiOii.		BAA	REV 08/30/21 PR	J		FORM 1040 (2020)

Wells Fargo[®] Essential Checking

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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

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 or call the number above if you have questions or if you would like to add new services.

Online Banking	1	Direct Deposit	✓
Online Bill Pay		Auto Transfer/Payment	
Online Statements	1	Overdraft Protection	1
Mobile Banking	1	Debit Card	
My Spending Report	1	Overdraft Service	



MINIOR 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 for more information about monthly fee periods.

Other Wells Fargo Benefits

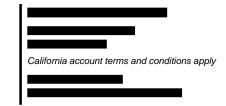
Help take control of your finances with a Wells Fargo Personal Loan.



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 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			
Ending balance on 8/11	\$688.82			

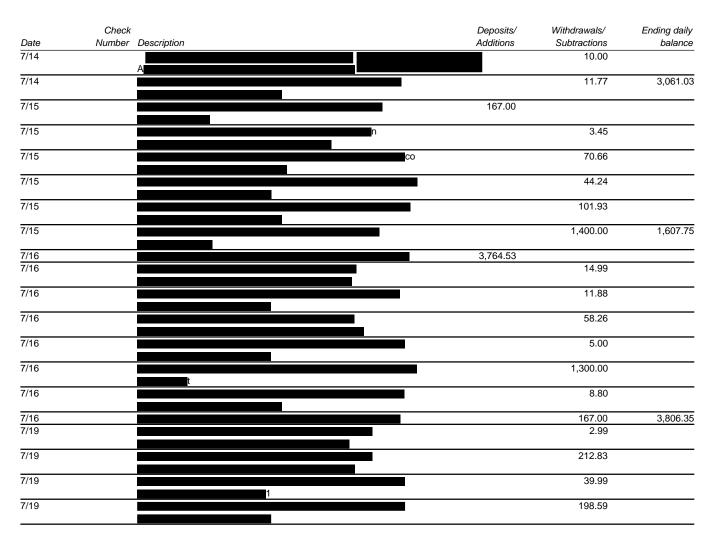


Overdraft Protection

Your account is linked to the following for Overdraft Protection:

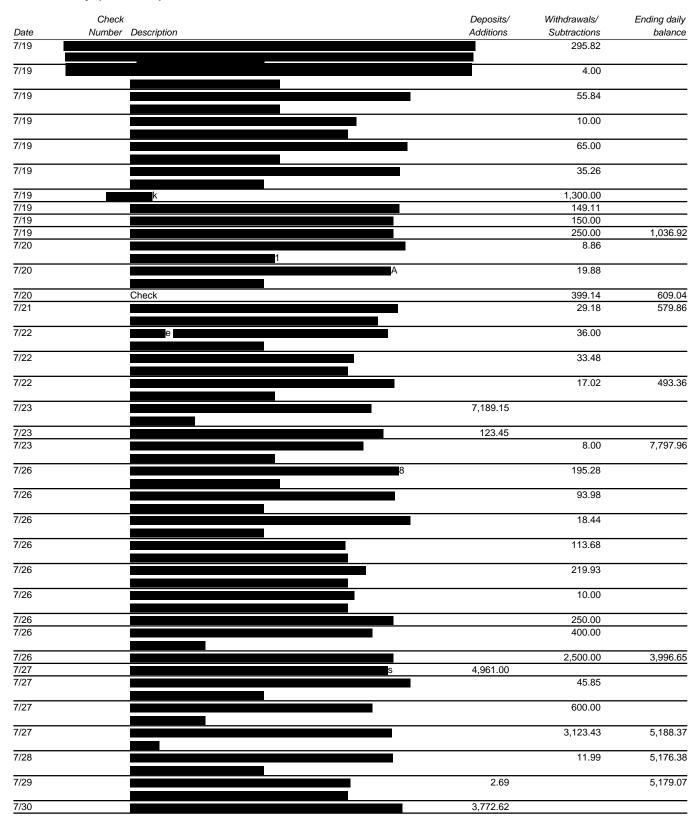
■ Credit Card - XXXX-X

Transaction history



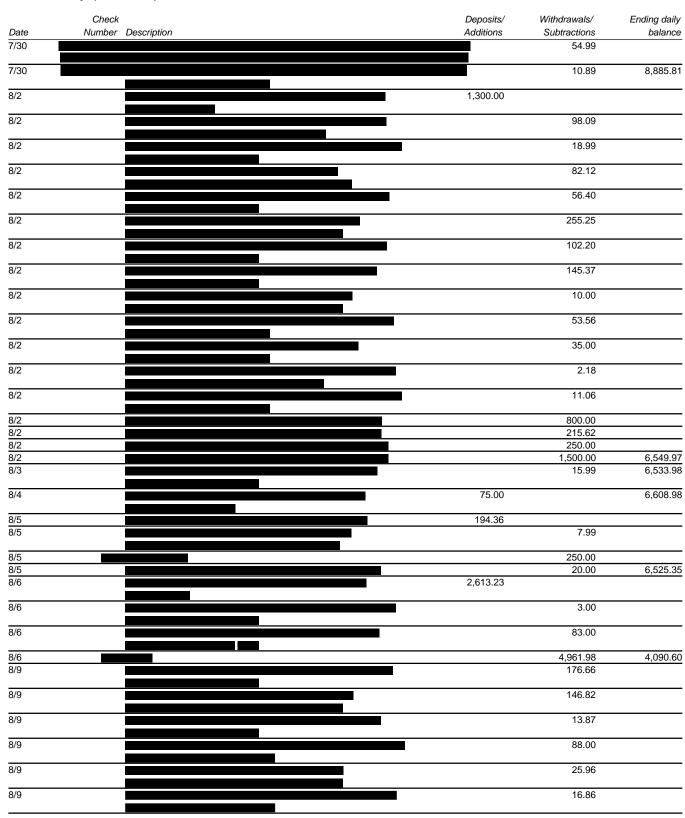


Transaction history (continued)



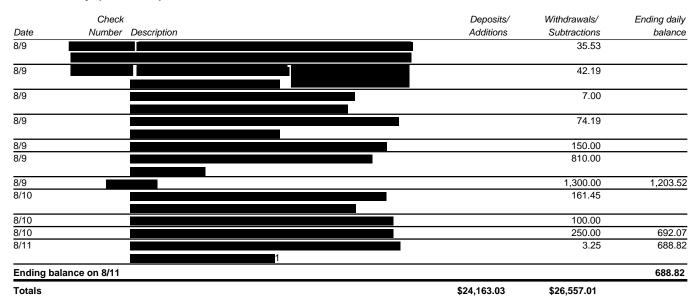


Transaction history (continued)





Transaction history (continued)



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 wellsfargo.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
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
Minimum daily balance	\$1,500.00	\$493.36
· Total amount of qualifying direct deposits	\$500.00	\$22,785.34

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

Online only statements (\$2.00 discount)

JE/JE



Sheet Seq = 0000393 Sheet 00003 of 00004



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

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EIII	olar	vee	Ear	nın	las	

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
<u>FUTA</u>	\$0.00	\$42.00
CO Unemployment Insurance Tax	\$0.00	\$288.99
Denver OPT	\$4.00	\$8.00

Employee Deductions

Description	Туре	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	Туре	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	Ourmant	Veer To Date
Description	Current	Year To Date
Gross Earnings	\$2,980.77	\$51,476.45
Pre-Tax Deductions/Contributions	\$2.40	\$14.59
<u>Taxes</u>	\$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