

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- **ERO must obtain and retain completed Form 8879.**
- **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name

KATHRYN RAMSEY

Spouse's name

MATTHEW M RAMSEY

Social security number

003-72-2194

Spouse's social security number

434-69-0932**Part I Tax Return Information – Tax Year Ending December 31, 2021** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	203,406.
2	Total tax	2	30,779.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	38,612.
4	Amount you want refunded to you	4	7,833.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 32983 as my
ERO firm name Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Kathryn Ramsey

Date ►

4/3/2022**Spouse's PIN: check one box only**

☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 44228 as my
ERO firm name Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Matthew M Ramsey

Date ►

4/4/2022**Practitioner PIN Method Returns Only – continue below****Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

04304677987

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

LAWRENCE GAGNON

Date ►

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

LAWRENCE GAGNON, CPA
30 HANOVER ST #201
MANCHESTER, NH 03101
6175191960

April 3, 2022

Kathryn and Matthew M Ramsey
26 Link Ln
Richmond, RI 02892

Dear Kathryn and Matthew,

Your 2021 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$7,833 will be directly deposited into your checking account.

Your 2021 Rhode Island Individual Income Tax Return will be electronically filed with the State of Rhode Island. There is a balance due of \$127. The balance due will be directly withdrawn from your bank account on April 8, 2022.

Please be sure to call if you have any questions.

Sincerely,

Lawrence Gagnon

DO NOT FILE

2021**FEDERAL INCOME TAX SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

	2021	2020	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	202,084	201,093	991
INTEREST INCOME.....	56	41	15
DIVIDEND INCOME.....	292	0	292
CAPITAL GAIN OR LOSS.....	559	0	559
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	415	173	242
TOTAL INCOME.....	203,406	201,307	2,099
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS.....	0	0	0
ADJUSTED GROSS INCOME.....	203,406	201,307	2,099
ITEMIZED DEDUCTIONS			
TAXES.....	10,345	10,000	345
INTEREST.....	8,233	12,988	-4,755
CONTRIBUTIONS.....	0	245	-245
TOTAL ITEMIZED DEDUCTIONS.....	18,578	23,233	-4,655
TAX COMPUTATION			
STANDARD DEDUCTION.....	25,100	24,800	300
LARGER OF ITEMIZED OR STANDARD DEDUCTION	25,100	24,800	300
QUALIFIED BUSINESS INCOME DEDUCTION.....	3	0	3
TAXABLE INCOME.....	178,303	176,507	1,796
TAX BEFORE CREDITS.....	30,779	30,521	258
CREDITS			
TOTAL CREDITS.....	0	0	0
TAX AFTER CREDITS.....	30,779	30,521	258
OTHER TAXES			
TOTAL TAX.....	30,779	30,521	258
PAYMENTS			
FEDERAL INCOME TAX WITHHELD.....	38,612	30,347	8,265
TOTAL PAYMENTS.....	38,612	30,347	8,265
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	7,833	0	7,833
AMOUNT REFUNDED TO YOU.....	7,833	0	7,833
AMOUNT YOU OWE.....	0	174	-174
TAX RATES			
MARGINAL TAX RATE.....	24.0%	24.0%	0.0%
EFFECTIVE TAX RATE.....	17.3%	17.3%	0.0%

2021**RHODE ISLAND INCOME TAX SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

	2021	2020	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME.....	203,406	201,307	2,099
RHODE ISLAND INCOME TAX & CREDITS			
MODIFIED FEDERAL AGI.....	203,406	201,307	2,099
DEDUCTIONS.....	18,100	17,800	300
EXEMPTIONS.....	8,500	8,300	200
RHODE ISLAND TAXABLE INCOME.....	176,806	175,207	1,599
RHODE ISLAND INCOME TAX.....	8,062	8,003	59
RHODE ISLAND INCOME TAX AFTER CREDITS....	8,062	8,003	59
RHODE ISLAND USE/SALES TAX.....	163	161	2
TOTAL RHODE ISLAND TAX AND CONTRIBUTIONS	8,225	8,164	61
PAYMENTS			
RHODE ISLAND INCOME TAX WITHHELD.....	8,098	7,938	160
TOTAL PAYMENTS AND CREDITS.....	8,098	7,938	160
BALANCE DUE/OVERPAYMENT			
BALANCE DUE.....	127	226	-99
OVERPAYMENT.....	0	0	0
MARGINAL TAX RATE.....	6.0%	6.0%	0.0%
EFFECTIVE TAX RATE.....	4.6%	4.6%	0.0%

DO NOT FILE

2021**FINANCIAL TRANSACTION SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****FEDERAL****2021 FEDERAL FORM 1040 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.**

THE TAXPAYER WILL RECEIVE A REFUND OF \$7,833 WHICH WILL BE DEPOSITED DIRECTLY INTO THE FOLLOWING ACCOUNT.

ROUTING TRANSIT NUMBER: 011500858

ACCOUNT NUMBER: *****1290

ACCOUNT TYPE: CHECKING

RHODE ISLAND**2021 RHODE ISLAND FORM RI-1040 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.**

THE TAXPAYER HAS AN AMOUNT DUE OF \$127 WHICH WILL BE DEBITED FROM THE FOLLOWING ACCOUNT ON 4/8/2022.

ROUTING TRANSIT NUMBER: 011500858

ACCOUNT NUMBER: *****1290

ACCOUNT TYPE: CHECKING

DO NOT FILE

2021

GENERAL INFORMATION

PAGE 1

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1040, SCH 1, SCH E, 8582, 8879, 8995
RHODE ISLAND: RI-1040, SCHEDULE E, SCHEDULE U, SCHEDULE W, E-FILE PAYMENT

TAX RATES

	MARGINAL	EFFECTIVE
FEDERAL	24.0%	17.3%
RHODE ISLAND	6.0%	4.6%

CARRYOVERS TO 2022

NONE

NET SECTION 1231 LOSSES

FEDERAL

2017 LOSSES

1.

DO NOT FILE

2021**Agency Disclosure Statements****Page 1****Client****Kathryn and Matthew M Ramsey****003-72-2194****Rhode Island Disclosure Statements****Statement: Use of information**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Rhode Island Division of Taxation, as applicable by law.

Statement: Refund Expectations

Where's My Refund?

<https://www.ri.gov/taxation/refund/>

Statement: Payment Expectations

<http://www.tax.ri.gov/misc/creditcard.php>

Statement: Driver's License/ID Card Expectations

Rhode Island Division of Taxation requests the full DL/ID Card Information.

DO NOT FILE

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- **ERO must obtain and retain completed Form 8879.**
- **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name KATHRYN RAMSEY	Social security number 003-72-2194
Spouse's name MATTHEW M RAMSEY	Spouse's social security number 434-69-0932

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	203,406.
2	Total tax	2	30,779.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	38,612.
4	Amount you want refunded to you	4	7,833.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 32983 as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ►

Spouse's PIN: check one box only

☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 44228 as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

04304677987

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► LAWRENCE GAGNON

Date ►

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

Form	1040	Department of the Treasury — Internal Revenue Service(99)	2021	OMB No. 1545-0074	IRS Use Only — Do not write or staple in this space.																																																			
Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> 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			Last name		Your social security number																																																			
KATHRYN RAMSEY					003-72-2194																																																			
If joint return, spouse's first name and middle initial			Last name		Spouse's social security number																																																			
MATTHEW M RAMSEY					434-69-0932																																																			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.					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. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																			
26 LINK LN																																																								
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code																																																								
RICHMOND, RI 02892																																																								
Foreign country name		Foreign province/state/county		Foreign postal code																																																				
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																								
Standard Deduction Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien																																																								
Age/Blindness You: <input type="checkbox"/> Were born before January 2, 1957 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1957 <input type="checkbox"/> Is blind																																																								
Dependents (see instructions): <table border="1" style="width:100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th style="width:10%;">If more than four dependents, see instructions and check here ▶ <input type="checkbox"/></th> <th style="width:30%;">(1) First name Last name</th> <th style="width:10%;">(2) Social security number</th> <th style="width:10%;">(3) Relationship to you</th> <th style="width:10%;">(4) ✓ if qualifies for (see instructions): Child tax credit</th> <th style="width:10%;">Credit for other dependents</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>						If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>																					
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents																																																			
				<input type="checkbox"/>	<input type="checkbox"/>																																																			
				<input type="checkbox"/>	<input type="checkbox"/>																																																			
				<input type="checkbox"/>	<input type="checkbox"/>																																																			
				<input type="checkbox"/>	<input type="checkbox"/>																																																			
<table border="1" style="width:100%; border-collapse: collapse; font-size: 10pt;"> <tr> <td style="width:10%; vertical-align: top;"> 1 Wages, salaries, tips, etc. Attach Form(s) W-2 </td> <td style="width:10%; text-align: center;">1</td> <td style="width:10%; text-align: right;">202,084.</td> </tr> <tr> <td> 2a Tax-exempt interest </td> <td style="text-align: center;">2a</td> <td></td> </tr> <tr> <td> 3a Qualified dividends </td> <td style="text-align: center;">3a</td> <td style="text-align: right;">71.</td> </tr> <tr> <td> 4a IRA distributions </td> <td style="text-align: center;">4a</td> <td></td> </tr> <tr> <td> 5a Pensions and annuities </td> <td style="text-align: center;">5a</td> <td></td> </tr> <tr> <td> 6a Social security benefits </td> <td style="text-align: center;">6a</td> <td></td> </tr> <tr> <td> 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input checked="" type="checkbox"/> </td> <td style="text-align: center;">7</td> <td style="text-align: right;">559.</td> </tr> <tr> <td> 8 Other income from Schedule 1, line 10 </td> <td style="text-align: center;">8</td> <td style="text-align: right;">415.</td> </tr> <tr> <td> 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income. ▶ </td> <td style="text-align: center;">9</td> <td style="text-align: right;">203,406.</td> </tr> <tr> <td> 10 Adjustments to income from Schedule 1, line 26 </td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td> 11 Subtract line 10 from line 9. This is your adjusted gross income ▶ </td> <td style="text-align: center;">11</td> <td style="text-align: right;">203,406.</td> </tr> <tr> <td> 12a Standard deduction or itemized deductions (from Schedule A) </td> <td style="text-align: center;">12a</td> <td style="text-align: right;">25,100.</td> </tr> <tr> <td> b Charitable contributions if you take the standard deduction (see instructions). . . </td> <td style="text-align: center;">12b</td> <td></td> </tr> <tr> <td> c Add lines 12a and 12b. </td> <td style="text-align: center;">12c</td> <td style="text-align: right;">25,100.</td> </tr> <tr> <td> 13 Qualified business income deduction from Form 8995 or Form 8995-A </td> <td style="text-align: center;">13</td> <td style="text-align: right;">3.</td> </tr> <tr> <td> 14 Add lines 12c and 13 </td> <td style="text-align: center;">14</td> <td style="text-align: right;">25,103.</td> </tr> <tr> <td> 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- </td> <td style="text-align: center;">15</td> <td style="text-align: right;">178,303.</td> </tr> </table>						1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	202,084.	2a Tax-exempt interest	2a		3a Qualified dividends	3a	71.	4a IRA distributions	4a		5a Pensions and annuities	5a		6a Social security benefits	6a		7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input checked="" type="checkbox"/>	7	559.	8 Other income from Schedule 1, line 10	8	415.	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . ▶	9	203,406.	10 Adjustments to income from Schedule 1, line 26	10		11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	203,406.	12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100.	b Charitable contributions if you take the standard deduction (see instructions). . .	12b		c Add lines 12a and 12b.	12c	25,100.	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	3.	14 Add lines 12c and 13	14	25,103.	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	178,303.
1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	202,084.																																																						
2a Tax-exempt interest	2a																																																							
3a Qualified dividends	3a	71.																																																						
4a IRA distributions	4a																																																							
5a Pensions and annuities	5a																																																							
6a Social security benefits	6a																																																							
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input checked="" type="checkbox"/>	7	559.																																																						
8 Other income from Schedule 1, line 10	8	415.																																																						
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . ▶	9	203,406.																																																						
10 Adjustments to income from Schedule 1, line 26	10																																																							
11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	203,406.																																																						
12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100.																																																						
b Charitable contributions if you take the standard deduction (see instructions). . .	12b																																																							
c Add lines 12a and 12b.	12c	25,100.																																																						
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	3.																																																						
14 Add lines 12c and 13	14	25,103.																																																						
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	178,303.																																																						

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

Form 1040 (2021)

16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814		16	30,779.
2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		17	
17 Amount from Schedule 2, line 3		18	30,779.
18 Add lines 16 and 17		19	
19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812		20	
20 Amount from Schedule 3, line 8		21	0.
21 Add lines 19 and 20		22	30,779.
22 Subtract line 21 from line 18. If zero or less, enter -0-		23	
23 Other taxes, including self-employment tax, from Schedule 2, line 21		24	30,779.
24 Add lines 22 and 23. This is your total tax			
25 Federal income tax withheld from:			
a Form(s) W-2		25a	38,612.
b Form(s) 1099		25b	
c Other forms (see instructions)		25c	
d Add lines 25a through 25c		25d	38,612.
26 2021 estimated tax payments and amount applied from 2020 return		26	
If you have a qualifying child, attach Sch. EIC.	27a Earned income credit (EIC)	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 <input type="checkbox"/>		
	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		
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		
33 Add lines 25d, 26, and 32. These are your total payments	33		38,612.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,833.
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a		7,833.
Direct deposit? See instructions.	b Routing number	011500858	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d Account number	96101290	
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 **LAWRENCE GAGNON** Phone no. **(617)-519-1960** Personal identification number (PIN) **77987**

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

Phone no. **603-557-2207** Email address **RAMSEY.KATHRYN.M@GMAIL.COM**

Paid Preparer Use Only

Preparer's name **LAWRENCE GAGNON** Preparer's signature **LAWRENCE GAGNON** Date _____ PTIN **P01238583** Check if: ☒ Self-employed

Firm's name **LAWRENCE GAGNON, CPA** Phone no. **6175191960**

Firm's address **30 HANOVER ST #201 MANCHESTER, NH 03101** Firm's EIN ☐

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2021)

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

2021Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

KATHRYN AND MATTHEW M RAMSEY

Your social security number

003-72-2194

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	415.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
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	415.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**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	0.

Schedule 1 (Form 1040) 2021

SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021Attachment
Sequence No. **13**

Name(s) shown on return

KATHRYN AND MATTHEW M RAMSEY

Your social security number

003-72-2194

Part I**Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions. ☐ Yes ☒ No
- B** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

1 a	Physical address of each property (street, city, state, ZIP code)				
A					
B					
C					
1 b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	6	A			
B		B			
C		C			

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4	437.		
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	22.		
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	22.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	415.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23 a Total of all amounts reported on line 3 for all rental properties	23 a			
b Total of all amounts reported on line 4 for all royalty properties	23 b	437.		
c Total of all amounts reported on line 12 for all properties	23 c			
d Total of all amounts reported on line 18 for all properties	23 d			
e Total of all amounts reported on line 20 for all properties	23 e	22.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		415.	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		415.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form **8995**Department of the Treasury
Internal Revenue Service**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

OMB No. 1545-2294

2021Attachment
Sequence No. **55**

Name(s) shown on return

KATHRYN AND MATTHEW M RAMSEY

Your taxpayer identification number

003-72-2194

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	0.
3	Qualified business net (loss) carryforward from the prior year.	3	(0.)
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	16.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	(0.)
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	16.
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9	3.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10	3.
11	Taxable income before qualified business income deduction (see instructions).	11	178,306.
12	Net capital gain (see instructions).	12	630.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	177,676.
14	Income limitation. Multiply line 13 by 20% (0.20).	14	35,535.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions).	15	3.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2021)

Form **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions.
 ► Attach to Form 1040, 1040-SR, or 1041.
 ► Go to www.irs.gov/Form8582 for instructions and the latest information.

2021Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

Part I 2021 Passive Activity Loss**Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1 a Activities with net income (enter the amount from Part IV, column (a)).....	1 a		
b Activities with net loss (enter the amount from Part IV, column (b)).....	1 b		
c Prior years' unallowed losses (enter the amount from Part IV, column (c)).....	1 c		
d Combine lines 1a, 1b, and 1c.....	1 d		

All Other Passive Activities

2 a Activities with net income (enter the amount from Part V, column (a)).....	2 a	415.	
b Activities with net loss (enter the amount from Part V, column (b)).....	2 b		
c Prior years' unallowed losses (enter the amount from Part V, column (c)).....	2 c		
d Combine lines 2a, 2b, and 2c.....	2 d		415.

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used.....	3		415.
---	----------	--	------

If line 3 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3.....	4	
5 Enter \$150,000. If married filing separately, see instructions.....	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions.....	6	202,991.
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7 Subtract line 6 from line 5.....	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions.....	8	
9 Enter the smaller of line 4 or line 8.....	9	0.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total.....	10	
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return.....	11	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c. ... ►					

BAA For Paperwork Reduction Act Notice, see instructions.Form **8582** (2021)

Form 8582 (2021) KATHRYN AND MATTHEW M RAMSEY

003-72-2194

Page 2

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
EOG RESOURCES INC	415.			415.	
Total. Enter on Part I, lines 2a, 2b, and 2c. . . ▶	415.				

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total. ▶			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total. ▶			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total. ▶				0.

BAA

Form 8582 (2021)

Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0.	1.00	0.	0.

Name of activity:

Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0.	1.00	0.	0.

BAA

Form 8582 (2021)

2021**FEDERAL WORKSHEETS****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****WAGE SCHEDULE**

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
UNIVERSITY OF RHODE ISLAND	15,912.	2,781.			681.	
STATE OF RHODE ISLAND	83,730.	19,808.	5,470.	1,279.	3,315.	
TOTAL	99,642.	22,589.	5,470.	1,279.	3,996.	0.
<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
STATE OF RHODE ISLAND OFFICE OF A&C	82,230.	12,555.	5,453.	1,275.	3,244.	
UNIVERSITY OF RHODE ISLAND	20,212.	3,468.			858.	
TOTAL	102,442.	16,023.	5,453.	1,275.	4,102.	0.
GRAND TOTAL	202,084.	38,612.	10,923.	2,554.	8,098.	0.

**FORM 1040, 1040-SR, OR 1040-NR, LINE 2B
INTEREST INCOME**

NEWREZ LLC
THE WASHINGTON TRUST CO

3.
53.
TOTAL 56.

**FORM 1040, 1040-SR, OR 1040-NR, LINE 3B
DIVIDEND INCOME**

LPL FINANCIAL

292.
TOTAL 292.

**FORM 1040, 1040-SR, OR 1040-NR, LINE 3A
QUALIFIED DIVIDENDS**

LPL FINANCIAL

71.
TOTAL 71.

**FORM 1040, 1040-SR, OR 1040-NR, LINE 7
CAPITAL GAIN DISTRIBUTIONS**

LPL FINANCIAL

559.
TOTAL 559.

STUDENT LOAN INTEREST DEDUCTION WORKSHEET (SCHEDULE 1, LINE 21)

1. TOTAL QUALIFIED STUDENT LOAN INTEREST PAID, NOT MORE THAN \$2,500 449.
2. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, LINE 9 203,406.
3. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH

2021**FEDERAL WORKSHEETS****PAGE 2****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****STUDENT LOAN INTEREST DEDUCTION WORKSHEET (SCHEDULE 1, LINE 21) (CONTINUE)**

20, AND 23 AND 25	0.
4. SUBTRACT LINE 3 FROM LINE 2	203,406.
5. ENTER \$70,000 (\$140,000 IF MFJ)	140,000.
6. IS THE AMOUNT ON LINE 4 MORE THAN LINE 5	
- IF NO, SKIP LINES 6 AND 7, ENTER 0 ON LINE 8, AND GO TO LINE 9	
- IF YES, SUBTRACT LINE 5 FROM LINE 4	63,406.
7. DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MFJ) BUT NOT MORE THAN 1	1.000
8. MULTIPLY LINE 1 BY LINE 7	449.
9. STUDENT LOAN INTEREST DEDUCTION (SUBTRACT LINE 8 FROM LINE 1)	<u>0.</u>

QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 15	178,303.
2. ENTER AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 3A	71.
3. ARE YOU FILING SCHEDULE D?	
[] YES. ENTER THE SMALLER OF LINE 15 OR 16 OF SCHEDULE D, BUT DO NOT ENTER LESS THAN ZERO	
[X] NO. ENTER AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 7	559.
4. ADD LINES 2 AND 3	630.
5. SUBTRACT LINE 4 FROM LINE 1. IF 0 OR LESS, ENTER 0.	177,673.
6. ENTER:	
\$40,400 IF SINGLE OR MARRIED FILING SEPARATELY,	
\$80,800 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), \$54,100 IF HEAD OF HOUSEHOLD	80,800.
7. ENTER THE SMALLER OF LINE 1 OR LINE 6	80,800.
8. ENTER THE SMALLER OF LINE 5 OR LINE 7	80,800.
9. SUBTRACT LINE 8 FROM LINE 7. THIS AMOUNT IS TAXED AT 0%	0.
10. ENTER THE SMALLER OF LINE 1 OR LINE 4	630.
11. ENTER THE AMOUNT FROM LINE 9	0.
12. SUBTRACT LINE 11 FROM LINE 10	630.
13. ENTER:	
\$445,850 IF SINGLE, \$250,800 IF MARRIED FILING SEPARATELY, \$501,600 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), \$473,750 IF HEAD OF HOUSEHOLD.	501,600.
14. ENTER THE SMALLER OF LINE 1 OR LINE 13	178,303.
15. ADD LINES 5 AND 9	177,673.
16. SUBTRACT LINE 15 FROM LINE 14. IF 0 OR LESS, ENTER 0.	630.
17. ENTER THE SMALLER OF LINE 12 OR LINE 16	630.
18. MULTIPLY LINE 17 BY 15% (.15)	95.
19. ADD LINES 9 AND 17	630.
20. SUBTRACT LINE 19 FROM LINE 10	0.
21. MULTIPLY LINE 20 BY 20% (.20)	0.
22. FIGURE THE TAX ON THE AMOUNT ON LINE 5. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)	30,684.
23. ADD LINES 18, 21, AND 22	30,779.
24. FIGURE THE TAX ON THE AMOUNT ON LINE 1. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)	30,835.
25. TAX ON ALL TAXABLE INCOME (INCLUDING CAPITAL GAIN DISTRIBUTIONS). ENTER THE SMALLER OF LINE 23 OR LINE 24 HERE AND ON FORM 1040, 1040-SR, OR 1040-NR, LINE 16	<u>30,779.</u>

2021**FEDERAL WORKSHEETS****PAGE 3****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****FEDERAL INCOME TAX WITHHELD**

STATE OF RHODE ISLAND OFFICE OF A&C	12,555.
UNIVERSITY OF RHODE ISLAND	2,781.
UNIVERSITY OF RHODE ISLAND	3,468.
STATE OF RHODE ISLAND	19,808.
TOTAL	38,612.

**FORM 1040 OR 1040-SR, LINE 30
RECOVERY REBATE CREDIT**

1. CAN YOU BE CLAIMED AS A DEPENDENT ON ANOTHER PERSON'S 2021 RETURN? IF FILING A JOINT RETURN, GO TO LINE 2.
- NO. GO TO LINE 2.
2. DOES YOUR 2021 RETURN INCLUDE A VALID SOCIAL SECURITY NUMBER THAT WAS ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS) FOR YOU AND, IF FILING A JOINT RETURN, YOUR SPOUSE?
- YES. GO TO LINE 6.
3. WAS AT LEAST ONE OF YOU A MEMBER OF THE U.S. ARMED FORCES AT ANY TIME DURING 2021, AND DOES AT LEAST ONE OF YOU HAVE A VALID SSN THAT WAS ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS)?
4. DOES ONE OF YOU HAVE A VALID SSN?
5. DO YOU HAVE ANY DEPENDENTS LISTED ON FORM 1040 OR 1040-SR, PAGE 1 WITH A VALID SSN/ATIN ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS)?
6. ENTER \$1,400 IF SINGLE, HOH, MFS, OR QUALIFYING WIDOW(ER)
ENTER \$1,400 IF MFJ AND ANSWERED "YES" TO QUESTION 4, OR
ENTER \$2,800 IF MFJ AND ANSWERED "YES" TO QUESTIONS 2 OR 3..... 2,800.
7. MULTIPLY \$1,400 BY THE NUMBER OF DEPENDENTS LISTED IN THE DEPENDENTS SECTION ON PAGE 1 OF FORM 1040 OR 1040-SR WHO HAD A SSN/ATIN THAT WAS ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS)..... 0.
8. ADD LINES 6 AND 7..... 2,800.
9. IS THE AMOUNT ON LINE 11 OF FORM 1040 OR 1040-SR MORE THAN THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS?
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER): \$150,000
- YES. ENTER FORM 1040 OR 1040-SR, LINE 11 AND GO TO LINE 10..... 203,406.
10. IS LINE 9 MORE THAN THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS?
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER): \$160,000
- YES. STOP. YOU CAN'T TAKE THE CREDIT.
11. DIVIDE LINE 10 BY THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS.
ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST 2 PLACES).....
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER): \$10,000
12. MULTIPLY LINE 8 BY LINE 11.....
13. ENTER THE AMOUNT, IF ANY, OF EIP 3 THAT WAS ISSUED TO YOU. IF FILING A JOINT RETURN, INCLUDE THE AMOUNT, IF ANY, OF YOUR SPOUSE'S EIP3. YOU MAY REFER TO NOTICE 1444-C OR YOUR TAX ACCOUNT INFORMATION AT IRS.GOV/ACCOUNT FOR THE AMOUNT TO ENTER HERE..... 0.
14. RECOVERY REBATE CREDIT. SUBTRACT LINE 13 FROM LINE 12. IF ZERO OR LESS, ENTER 0. IF LINE 13 IS MORE THAN LINE 12, YOU DON'T HAVE TO PAY BACK THE DIFFERENCE. ENTER THE RESULT HERE AND, IF MORE THAN ZERO, ON LINE 30 OF FORM 1040 OR 1040-SR..... 0.

2021**Married Filing Joint vs. Married Filing Separate Comparison****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

MARRIED FILING JOINT GENERATED A TENTATIVE TAX SAVINGS OF \$5.

SUMMARY	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
AGI	100,070.	103,336.	203,406.	203,406.
Itemized deductions	9,290.	9,288.	18,578.	18,578.
Standard deduction	12,550.	12,550.	25,100.	25,100.
Taxable Income	87,518.	90,784.	178,302.	178,303.
Total tax	15,002.	15,782.	30,784.	30,779.
Tentative amount due or (overpayment)	-7,587.	-241.	-7,828.	-7,833.
TAX SAVINGS BY FILING JOINTLY				5.
Marginal tax rate	24%	24%		24%
Amount of income taxed at marginal rate	850.	4,100.		4,923.
Current tax bracket remaining	77,723.	74,455.		152,177.
INCOME				
Wages, salaries, tips, etc.	99,642.	102,442.	202,084.	202,084.
Taxable interest income	2.	54.	56.	56.
Ordinary dividends	146.	146.	292.	292.
Taxable refunds of state and local income taxes				
Alimony received				
Business income or loss				
Capital gain or loss	280.	279.	559.	559.
Other gains or losses				
Taxable IRA distributions				
Taxable pensions and annuities				
Rental real estate, royalties, partnerships, S corporations, trusts, etc.		415.	415.	415.
Farm income or loss				
Unemployment compensation				
Taxable social security benefits				
Other income				
Total income	100,070.	103,336.	203,406.	203,406.
ADJUSTMENTS				
Educator expenses				
Certain business expenses of reservists, performing artists, and fee-basis government officials				
Health savings account deduction				
Moving expenses				
Deductible part of self-employment tax				
Self-employed SEP, SIMPLE, and qualified plans				
Self-employed health insurance deduction				
Penalty on early withdrawal of savings				
Alimony paid				
IRA deduction				
Student loan interest deduction				
Tuition and fees				
Other adjustments				
Total adjustments				
Federal adjusted gross income	100,070.	103,336.	203,406.	203,406.

Note: This comparison has been computed without certain credits and certain other taxes. These items may change the final results.

2021**Married Filing Joint vs. Married Filing Separate Comparison****PAGE 2****003-72-2194**

	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
ITEMIZED DEDUCTIONS				
Medical and dental				
Taxes	5,173.	5,172.	10,345.	10,345.
Interest	4,117.	4,116.	8,233.	8,233.
Contributions				
Casualty and theft				
Other miscellaneous deductions				
Total itemized deductions	9,290.	9,288.	18,578.	18,578.
TAX CALCULATION				
Standard deduction	12,550.	12,550.	25,100.	25,100.
Higher of itemized or standard deduction	12,550.	12,550.	25,100.	25,100.
Qualified business income deduction	2.	2.	4.	3.
Taxable income	87,518.	90,784.	178,302.	178,303.
Tax	15,002.	15,782.	30,784.	30,779.
Alternative minimum tax				
Excess advance premium tax credit repayment				
Foreign tax credit				
Child tax credit/credit for other dependents				
Education credits				
Retirement savings contributions credit				
Child care credit				
Residential energy credit				
General business credit				
Minimum tax credit				
Elderly and disabled credit				
Other credits				
Tax after credits	15,002.	15,782.	30,784.	30,779.
OTHER TAXES				
Self-employment tax				
Social security tax on tip income/wages				
Tax on qualified retirement plans and MSAs				
Household employment taxes				
Other taxes				
Section 965 net tax liability installment				
Total tax	15,002.	15,782.	30,784.	30,779.
PAYMENTS				
Federal income tax withheld	22,589.	16,023.	38,612.	38,612.
Estimated tax payments				
Earned income credit				
Additional child tax credit				
American opportunity credit				
Net premium tax credit				
Amount paid with extension				
Excess social security and RRTA tax withheld				
Other payments				
Total payments	22,589.	16,023.	38,612.	38,612.
Tentative amount due or (overpayment)	-7,587.	-241.	-7,828.	-7,833.

State of Rhode Island Division of Taxation

2021 Form RI-1040

Resident Individual Income Tax Return



21100170110101

Your social security number

003-72-2194

Spouse's social security number

434-69-0932

Your first name

KATHRYN

MI

Last name

RAMSEY

Spouse's name

MATTHEW

MI

Last name

M RAMSEY

Address

26 LINK LN

City, town or post office

RICHMOND

State

RI

ZIP code

02892

City or town of legal residence

WARWICK

Check each box that applies. Otherwise, leave blank.

Primary deceased?

Yes

Spouse deceased?

New address?

Amended Return?*

ELECTORAL CONTRIBUTION

If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)

If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

FILING STATUS

Check one

Single →

Married filing jointly →

X

Married filing separately →

Head of household →

Qualifying widow(er) →

INCOME, TAX AND CREDITS

1	Federal AGI from Federal Form 1040 or 1040-SR, line 11.....	1	203406	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2		00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....	3	203406	00
4	RI Standard Deduction from left. If line 3 is over \$ 210,750, see Standard Deduction Worksheet.....	4	18100	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	185306	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,250 and enter result on line 6. If line 3 is over \$210,750, see Exemption Worksheet.....	2	X \$4,250 =	6 8500 00
7	RI TAXABLE INCOME . Subtract line 6 from line 5. If zero or less, enter 0.....	7	176806	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	8062	00
9a	RI percentage of allowable Federal credit from page 3, RI Sch I, line 22.....	9a	00	
b	RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29.....	9b	00	X
c	Other Rhode Island Credits from RI Schedule CR, line 8.....	9c	00	
d	Total RI credits. Add lines 9a, 9b and 9c.....	9d		00
10a	Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero)...	10a	8062	00
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	10b		00
11	RI checkoff contributions from page 3, RI Checkoff Schedule, line 37.....	11		00
12a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies.....	12a	163	00
b	Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage.....	X 12b		00
13a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b..	13a	8225	00

Rhode Island Standard Deduction
Single
\$9,050
Married filing jointly or Qualifying widow(er)
\$18,100
Married filing separately
\$9,050
Head of household
\$13,550

Using a paper clip, please attach Forms W-2 and 1099 here.

Contributions reduce your refund or increase your balance due

Check ✓ to certify use tax amount on line 12a is accurate.

RETURN MUST BE SIGNED – SIGNATURE IS LOCATED ON PAGE 2

7011

Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

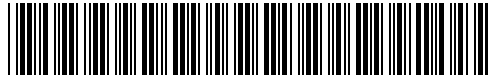
* If filing an amended return, attach the Explanation of Changes supplemental page

RIIA0112L 01/06/22

State of Rhode Island Division of Taxation

2021 Form RI-1040

Resident Individual Income Tax Return - page 2



21100170110102

Name(s) shown on Form RI-1040 or RI-1040NR

KATHRYN**RAMSEY**

Your social security number

003-72-2194

13b	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....	13b	8225 00
14a	RI 2021 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding	14a	8098 00
b	2021 estimated tax payments and amount applied from 2020 return	14b	00
c	Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.	14c	00
d	RI earned income credit from page 3, RI Schedule EIC, line 40.	14d	00
e	RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238	14e	00
f	Other payments	14f	00
g	TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f	14g	8098 00
h	Previously issued overpayments (if filing an amended return)	14h	00
i	NET PAYMENTS. Subtract line 14h from line 14g	14i	8098 00
15a	AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.	15a	127 00
b	Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.	15b	00
c	TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment. . ☺	15c	127 00
16	AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16	16	00
17	Amount of overpayment to be refunded	17	00
18	Amount of overpayment to be applied to 2022 estimated tax.	18	00

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Your driver's license number and state

Date

Telephone number

603-557-2207

Spouse's signature

Spouse's driver's license number and state

Date

Telephone number

Paid preparer signature

Print name

Date

Telephone number

LAWRENCE GAGNON**LAWRENCE GAGNON****(617) 519-1960**

Paid preparer address

City, town or post office

State

ZIP code

PTIN

30 HANOVER ST #201**MANCHESTER****NH****03101****P01238583**

State of Rhode Island Division of Taxation

2021 Form RI-1040

Resident Individual Income Tax Return - page 3



21100170110103

Name(s) shown on Form RI-1040 or RI-1040NR

KATHRYN

RAMSEY

Your social security number

003-72-2194

RI SCHEDULE I – ALLOWABLE FEDERAL CREDIT

19	RI income tax from page 1, line 8.	19	00
20	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2 or 13g.	20	00
21	Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).	21	00
22	MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.	22	00

**RI SCHEDULE II – CREDIT FOR INCOME TAX PAID TO ANOTHER STATE
(ATTACH COPY OF OTHER STATE(S) RETURN)**

23	RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22.	23	00
24	Income derived from other state. If more than one state, see instructions.	24	00
25	Modified federal AGI from page 1, line 3.	25	00
26	Divide line 24 by line 25.	26	
27	Tentative credit. Multiply line 23 by line 26.	27	00
28	Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid.	28	00
29	MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b.	29	00

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		\$1.00	\$5.00	\$10.00	Other		
30	Drug program account RIGL §44-30-2.4.					30	00
31	Olympic Contribution RIGL §44-30-2.1. Yes	\$1.00			contribution (\$2.00 if a joint return)	31	00
32	RI Organ Transplant Fund RIGL §44-30-2.5.					32	00
33	RI Council on the Arts RIGL §42-75.1-1.					33	00
34	Nongame Wildlife Fund RIGL §44-30-2.2.					34	00
35	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11.					35	00
36	RI Military Family Relief Fund RIGL §44-30-2.9.					36	00
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11.					37	00

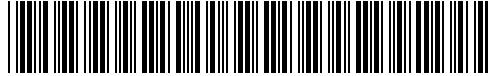
RI SCHEDULE EIC – RHODE ISLAND EARNED INCOME CREDIT

38	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27a.	38	00
39	Rhode Island percentage.	39	15%
40	RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d.	40	00

State of Rhode Island Division of Taxation

2021 RI Schedule E

Exemption Schedule for RI-1040 and RI-1040NR



21105970110101

Name(s) shown on Form RI-1040 or RI-1040NR

KATHRYN

RAMSEY

Your social security number

003-72-2194

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN**Failure to do so may delay the processing of your return.**1a Yourself ☒b Spouse ☒

(A) Name of Dependent

(B) Social Security Number

(C) Date of Birth

(D) Relationship

2a

b

c

d

e

f

g

h

i

j

k

l

m

DO NOT FILE**Exemption Number Summary**

3	Enter the number of boxes checked on lines 1a and 1b.....	3	2
4a	Enter the number of children from lines 2a through 2m who lived with you.....	4a	
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation.....	4b	
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.....	4c	
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.....	5	2

State of Rhode Island Division of Taxation

2021 RI Schedule U

Individual Consumer's Use Tax



21101670110101

Name(s) shown on Form RI-1040 or RI-1040NR

KATHRYN

RAMSEY

Your social security number

003-72-2194

Individual Consumer's Use Tax Worksheet

NOTE: When reporting the amount of use tax obligation on the Rhode Island personal income tax return. The taxpayer shall list either the actual amount of use tax due, or an amount using the Rhode Island Use Tax Lookup Table below. If you know the actual amount of all purchases made that are subject to the use tax, use Option #1. Otherwise, use Option #2. Be sure to check the box on page 1 of your return attesting to the amount of use tax listed on your return. For more information, see the 1040 instructions at www.tax.ri.gov.

Option #1 - Actual Use Tax Due

1	Enter the total price of purchases subject to the use tax.....	1	00
2	Use tax due. Multiply line 1 by 7% (0.07).....	2	00
3	Enter the amount of sales taxes paid in other states for the purchases on line 1.....	3	00
4	Net use tax due. Subtract line 3 from line 2. Enter here and on RI-1040, pg 1, line 12a or RI-1040NR, pg 1, line 15a.	4	00

Option #2 - Rhode Island Use Tax Lookup Table

5	Enter your 2021 Federal AGI from Form RI-1040 or RI-1040NR, page 1, line 1.....	5	203406	00
6	Use tax due. Multiply line 5 by 0.0008 or enter the amount from the Rhode Island Use Tax Lookup Table below.....	6	163	00

7 In the space below, list the actual amount of each single purchase greater than or equal to \$1,000.00

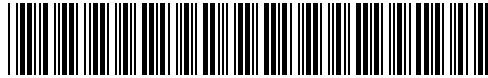
	Column A Product Purchased	Column B Product Cost	Column C Tax Due (Cost x 7%)	Column D Sales Tax Paid	Column E Sales Tax Due (Col C - Col D)
a	Purchase #1	00	00	00	7a 00
b	Purchase #2	00	00	00	7b 00
c	Purchase #3	00	00	00	7c 00
d	Purchase #4	00	00	00	7d 00
e	Net use tax due on purchases equal to or greater than \$1,000. Add lines 7a, 7b, 7c and 7d.				7e 00
8	Use tax due. Add lines 6 and 7e. Enter here and on RI-1040, page 1, line 12a or RI-1040NR, page 1, line 15a.				8 163 00

USE TAX TABLE					
Federal AGI from RI-1040/NR, line 1		Use Tax Amount	Federal AGI from RI-1040/NR, line 1		Use Tax Amount
At least	Less than		At least	Less than	
\$0	6,950	\$5	\$41,700	\$48,650	\$35
6,950	13,900	10	48,650	55,600	40
13,900	20,850	15	55,600	62,550	45
20,850	27,800	20	62,550	69,500	50
27,800	34,750	25	69,500	76,450	55
34,750	41,700	30	76,450	83,400	60
If your Federal AGI is \$83,400 or greater, multiply Form RI-1040/NR, line 1 by 0.08% (0.0008)					

State of Rhode Island Division of Taxation

2021 RI Schedule W

Rhode Island W-2 and 1099 Information - Page 4



21101070110101

Name(s) shown on Form RI-1040 or RI-1040NR

KATHRYN

RAMSEY

Your social security number

003-72-2194

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.

Failure to do so may delay the processing of your return.

ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A Enter "S" if Spouse's W-2 or 1099	Column B Enter 1099 letter code from chart	Column C Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Column D Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Column E Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1	S		STATE OF RHODE ISLAND	05-6000522	3244 00
2			UNIVERSITY OF RHODE I	22-3011455	681 00
3	S		UNIVERSITY OF RHODE I	22-3011455	858 00
4			STATE OF RHODE ISLAND	05-6000522	3315 00
5					00
6					00
7					00
8					00
9					00
10					00
11					00
12					00
13					00
14					00
15					00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a				8098 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld.				4

DO NOT FILE

Schedule W Reference Chart								
Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	11
1099-B	B	16	1099-MISC	M	15	RI-1099PT	P	9
1099-DIV	D	15	1099-NEC	N	5			

7011

RIIA7889L 01/06/22

2021**RI E-FILE PAYMENT RECORD - BALANCE DUE****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

THE RI-1040 BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE RHODE ISLAND ELECTRONIC PAYMENT INPUT FIELDS.

Name of Bank

Routing Transit Number

Bank Account Number

Type of Account

Amount of Tax Payment

Tax Type

Requested Payment Date

Taxpayer's Daytime Phone Number

2021

RI E-FILE PAYMENT RECORD - BALANCE DUE

PAGE 1

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

Form Payment Record

THE RI-1040 BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE RHODE ISLAND ELECTRONIC PAYMENT INPUT FIELDS.

Name of Bank

Routing Transit Number

011500858

Bank Account Number

96101290

Type of Account

CHECKING

Amount of Tax Payment

127.00

Tax Type

RI-1040

Requested Payment Date

4/08/22

Taxpayer's Daytime Phone Number

603-557-2207