

**U.S. Individual Income Tax Return**

**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>CHRISTOPHER A.</b>	Last name <b>O' BRYAN</b>	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial <b>JACQUELINE L.</b>	Last name <b>COLEMAN</b>	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		<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>HARRODSBURG</b>		
State <b>KY</b>	ZIP code <b>40330</b>	
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?  Yes  No

**Standard Deduction** Someone can claim:  You as a dependent  Your spouse as a dependent

Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>NATHANIEL A</b>	<b>O' BRYAN</b>	[REDACTED]	<b>SON</b>		<input checked="" type="checkbox"/>
<b>EVELYNNE J</b>	<b>COLEMAN-O' BRYAN</b>	[REDACTED]	<b>DAUGHTER</b>	<input checked="" type="checkbox"/>	

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 ..... <b>STMT 1</b>			<b>1</b>	<b>195,258.</b>
	<b>2a</b> Tax-exempt interest .....	<b>2a</b>	<b>b</b> Taxable interest .....	<b>2b</b>	
	<b>3a</b> Qualified dividends .....	<b>3a</b>	<b>b</b> Ordinary dividends .....	<b>3b</b>	
	<b>4a</b> IRA distributions .....	<b>4a</b>	<b>b</b> Taxable amount .....	<b>4b</b>	
	<b>5a</b> Pensions and annuities .....	<b>5a</b>	<b>b</b> Taxable amount .....	<b>5b</b>	
	<b>6a</b> Social security benefits .....	<b>6a</b>	<b>b</b> Taxable amount .....	<b>6b</b>	
	<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 10 .....			<b>8</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>195,258.</b>
	<b>10</b> Adjustments to income from Schedule 1, line 26 .....			<b>10</b>	<b>250.</b>
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> .....			<b>11</b>	<b>195,008.</b>
	<b>12a</b> Standard deduction or itemized deductions (from Schedule A) .....	<b>12a</b>	<b>25,100.</b>		
	<b>b</b> Charitable contributions if you take the standard deduction (see instr.) ...	<b>12b</b>			
	<b>c</b> Add lines 12a and 12b .....			<b>12c</b>	<b>25,100.</b>
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A .....			<b>13</b>	
<b>14</b> Add lines 12c and 13 .....			<b>14</b>	<b>25,100.</b>	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- .....			<b>15</b>	<b>169,908.</b>	

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	28,877.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	28,877.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	500.
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	28,377.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your <b>total tax</b>	24	28,377.
25	Federal income tax withheld from:		
a	Form(s) W-2 SEE STATEMENT 2	25a	26,626.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	26,626.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) 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 instr. <input type="checkbox"/>	27a	
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	2,000.
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 <b>total other payments and refundable credits</b>	32	2,000.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	28,626.
<b>Refund</b>	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	249.
	35a Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	249.
	b Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d Account number		
	36 Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
<b>Amount You Owe</b>	37 <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

Direct deposit? See instructions.

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation <b>TEACHER</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>LT. GOVERNOR</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. \_\_\_\_\_ Email address \_\_\_\_\_

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Department of the Treasury  
Internal Revenue Service

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

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

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

Your social security number

**CHRISTOPHER A. O'BRYAN & JACQUELINE L. COLEMAN**

[REDACTED]

**Part I Additional Income**

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

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

<b>11</b>	Educator expenses .....	<b>11</b>	250.
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 .....	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 .....	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE .....	<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans .....	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction .....	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings .....	<b>18</b>	
<b>19a</b>	Alimony paid .....	<b>19a</b>	
<b>b</b>	Recipient's SSN .....		
<b>c</b>	Date of original divorce or separation agreement (see instructions) .....		
<b>20</b>	IRA deduction .....	<b>20</b>	
<b>21</b>	Student loan interest deduction .....	<b>21</b>	
<b>22</b>	Reserved for future use .....	<b>22</b>	
<b>23</b>	Archer MSA deduction .....	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) .....	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit .....	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l .....	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses .....	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 .....	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans .....	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans .....	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) .....	<b>24h</b>	
<b>i</b>	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 .....	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 .....	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) .....	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount .....	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z .....	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a .....	<b>26</b>	250.

# Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return <b>CHRISTOPHER A. O'BRYAN &amp; JACQUELINE L. COLEMAN</b>	Your SSN [REDACTED]
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**Before you begin:** ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.  
 ✓ If you received Notice 1444-C, have it available.  
 Don't include on line 13 any amount you received but later returned to the IRS.  
 If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

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.  
 **Yes.** Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
  
2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?  
 **Yes.** Go to line 6.  
 **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.
  
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 social security number that was issued on or before the due date of your 2021 return (including extensions)?  
 **Yes.** Your credit is not limited. Go to line 6.  
 **No.** Go to line 4.
  
4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?  
 **Yes.** Your credit is limited. Go to line 6.  
 **No.** Go to line 5.
  
5. Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?  
 **Yes.** Enter zero on line 6 and go to line 7.  
 **No.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
  
6. Enter:  
  - \$1,400 if single, head of household, married filing separately or qualifying widow(er),
  - \$1,400 if married filing jointly and you answered "Yes" to question 4, or
  - \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3

6. 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 for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number  

7. 2,800.
  
8. Add lines 6 and 7  

8. 5,600.
  
9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?  
  - Single or Married filing separately - \$75,000
  - Married filing jointly or qualifying widow(er) - \$150,000
  - Head of household - \$112,500 **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10  
 **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.  

9. 195,008.
  
10. Is line 9 more than the amount shown below for your filing status?  
  - Single or married filing separately - \$80,000
  - Married filing jointly or qualifying widow(er) - \$160,000
  - Head of household - \$120,000 **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.  
 **No.** Subtract line 9 from the amount shown above for your filing status  

10. \_\_\_\_\_
  
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).  
  - Single or married filing separately - \$5,000
  - Married filing jointly or qualifying widow(er) - \$10,000
  - Head of household - \$7,500

11. \_\_\_\_\_
  
12. Multiply line 8 by line 11  

12. \_\_\_\_\_
  
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 EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here  

13. \_\_\_\_\_
  
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  

14. \_\_\_\_\_

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Form 6251

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form6251 for instructions and the latest information.

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

2021 Attachment Sequence No. 32

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

Your social security number

CHRISTOPHER A. O'BRYAN & JACQUELINE L. COLEMAN

Part I Alternative Minimum Taxable Income

Table with 2 columns: Description and Amount. Rows include 1 (169,908), 2a (25,100), 2b, 2c, 2d, 2e, 2f, 2g, 2h, 2i, 2j, 2k, 2l, 2m, 2n, 2o, 2p, 2q, 2r, 2s, 2t, 3, 4 (195,008).

Part II Alternative Minimum Tax (AMT)

Table with 2 columns: Description and Amount. Rows include 5 (114,600), 6 (80,408), 7 (20,906), 8, 9 (20,906), 10 (28,877), 11 (0).

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 2 columns: Description of tax computation steps (lines 12-40) and corresponding line numbers. Includes instructions for calculating capital gains tax based on various forms and worksheets.

**SCHEDULE 8812**  
**(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**

Name(s) shown on return

Your social security number

**CHRISTOPHER A. O'BRYAN & JACQUELINE L. COLEMAN**

**Part I-A Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR .....	<b>1</b>	195,008.
<b>2a</b>	Enter income from Puerto Rico that you excluded .....	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 .....	<b>2b</b>	
<b>c</b>	Enter the amount from line 15 of your Form 4563 .....	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b>	Add lines 1 and 2d .....	<b>3</b>	195,008.
<b>4a</b>	Number of qualifying children under age 18 with the required social security number ...	<b>4a</b>	1
<b>b</b>	Number of children included on line 4a who were under age 6 at the end of 2021 .....	<b>4b</b>	1
<b>c</b>	Subtract line 4b from line 4a .....	<b>4c</b>	0
<b>5</b>	If line 4a is more than zero, enter the amount from the <b>Line 5 Worksheet</b> ; otherwise, enter -0- ..... <b>STMT 3</b>	<b>5</b>	2,000.
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number .....	<b>6</b>	1
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.			
<b>7</b>	Multiply line 6 by \$500 .....	<b>7</b>	500.
<b>8</b>	Add lines 5 and 7 .....	<b>8</b>	2,500.
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly - \$400,000 • All other filing statuses - \$200,000 } .....	<b>9</b>	400,000.
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	<b>10</b>	0.
<b>11</b>	Multiply line 10 by 5% (0.05) .....	<b>11</b>	0.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- .....	<b>12</b>	2,500.
<b>13</b>	Check all the boxes that apply to you (or your spouse if married filing jointly). <b>A</b> Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 ..... <input checked="" type="checkbox"/> <b>B</b> Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 ..... <input type="checkbox"/>		

**Part I-B Filers Who Check a Box on Line 13**

**Caution:** If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

<b>14a</b>	Enter the smaller of line 7 or line 12 .....	<b>14a</b>	500.
<b>b</b>	Subtract line 14a from line 12 .....	<b>14b</b>	2,000.
<b>c</b>	If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b> ..... <b>STMT 4</b>	<b>14c</b>	28,877.
<b>d</b>	Enter the smaller of line 14a or line 14c .....	<b>14d</b>	500.
<b>e</b>	Add lines 14b and 14d .....	<b>14e</b>	2,500.
<b>f</b>	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- .....	<b>14f</b>	0.
<b>Caution:</b> If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
<b>g</b>	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III .....	<b>14g</b>	2,500.
<b>h</b>	Enter the smaller of line 14d or line 14g. <b>This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR</b> .....	<b>14h</b>	500.
<b>i</b>	Subtract line 14h from line 14g. <b>This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR</b> .....	<b>14i</b>	2,000.

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

Schedule 8812 (Form 1040) 2021



**Part I-C Filers Who Do Not Check a Box on Line 13**

**Caution:** If you checked a box on line 13, do not complete Part I-C.

<b>15a</b> Enter the amount from the <b>Credit Limit Worksheet A</b> .....	<b>15a</b>	
<b>b</b> Enter the smaller of line 12 or line 15a .....	<b>15b</b>	
Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.		
1. You are not filing Form 2555.		
2. Line 4a is more than zero.		
3. Line 12 is more than line 15a.		
<b>c</b> If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0- .....	<b>15c</b>	
<b>d</b> Add lines 15b and 15c .....	<b>15d</b>	
<b>e</b> Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- .....	<b>15e</b>	
<b>Caution:</b> If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
<b>f</b> Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III .....	<b>15f</b>	
<b>g</b> Enter the smaller of line 15b or line 15f. <b>This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR</b> .....	<b>15g</b>	
<b>h</b> Subtract line 15g from line 15f. <b>This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR</b> .....	<b>15h</b>	

**Part II-A Additional Child Tax Credit (use only if completing Part I-C)**

**Caution:** If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

**Caution:** If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

<b>16a</b> Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 .....	<b>16a</b>	
<b>b</b> Number of qualifying children under 18 with the required social security number: _____ X \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 .....	<b>16b</b>	
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4a.		
<b>17</b> Enter the <b>smaller</b> of line 16a or line 16b .....	<b>17</b>	
<b>18a</b> Earned income (see instructions) .....	<b>18a</b>	
<b>b</b> Nontaxable combat pay (see instructions) .....	<b>18b</b>	
<b>19</b> Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result .....	<b>19</b>	
<b>20</b> Multiply the amount on line 19 by 15% (0.15) and enter the result .....	<b>20</b>	
<b>Next.</b> On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> <b>No.</b> If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

**Part II-B Certain Filers Who Have Three or More Qualifying Children**

<b>21</b> Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions .....	<b>21</b>	
<b>22</b> Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .....	<b>22</b>	
<b>23</b> Add lines 21 and 22 .....	<b>23</b>	
<b>24</b> <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b> Subtract line 24 from line 23. If zero or less, enter -0- .....	<b>25</b>	
<b>26</b> Enter the <b>larger</b> of line 20 or line 25 .....	<b>26</b>	
<b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.		

**Part II-C Additional Child Tax Credit**

<b>27</b> Enter this amount on line 15c .....	<b>27</b>	
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**Part III Additional Tax** (use only if line 14g or line 15f is zero)

<b>28 a</b>	Enter the amount from line 14f or line 15e, whichever applies .....	<b>28a</b>	
<b>b</b>	Enter the amount from line 14e or line 15d, whichever applies .....	<b>28b</b>	
<b>29</b>	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax .....	<b>29</b>	
<b>30</b>	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line .....	<b>30</b>	
	<b>Caution:</b> If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
<b>31</b>	Enter the smaller of line 4a or line 30 .....	<b>31</b>	
<b>32</b>	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33 .....	<b>32</b>	
<b>33</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly or Qualifying widow(er) - \$60,000</li> <li>• Head of household - \$50,000</li> <li>• All other filing statuses - \$40,000</li> </ul>	<b>33</b>	
<b>34</b>	Subtract line 33 from line 3. If zero or less, enter -0- .....	<b>34</b>	
<b>35</b>	Enter the amount from line 33 .....	<b>35</b>	
<b>36</b>	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 .....	<b>36</b>	
<b>37</b>	Multiply line 32 by \$2,000 .....	<b>37</b>	
<b>38</b>	Multiply line 37 by line 36 .....	<b>38</b>	
<b>39</b>	Subtract line 38 from line 37 .....	<b>39</b>	
<b>40</b>	Subtract line 39 from line 29. If zero or less, enter -0-. <b>This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19</b> .....	<b>40</b>	

## Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
 ▶ **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Taxpayer name(s) shown on return <b>CHRISTOPHER A. O'BRYAN &amp; JACQUELINE L. COLEMAN</b>	Taxpayer identification number <div style="background-color: black; width: 100px; height: 15px;"></div>
Enter preparer's name and PTIN	

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-IV for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Part II Due Diligence Questions for Returns Claiming EIC</b> (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Part IV Due Diligence Questions for Returns Claiming AOTC</b> (If the return does not claim AOTC, go to Part V.)		
	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? .....	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part V Due Diligence Questions for Claiming HOH</b> (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? .....	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part VI Eligibility Certification</b>		
<p>▶ <b>You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:</b></p> <p>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; <b>and</b></p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> <li>1. A copy of this Form 8867.</li> <li>2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.</li> <li>3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li> <li>4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.</li> <li>5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li> </ol> <p>▶ <b>If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).</b></p>		
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>



FORM 1040		WAGES RECEIVED AND TAXES WITHHELD				STATEMENT 1	
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX	
T FRANKFORT INDEPENDENT SCHOOLS	65,218.	9,204.	3,116.	1,529.	6.	1,092.	
S LT GOVERNOR	130,040.	17,422.	6,368.	2,718.	8,517.	1,992.	
<b>TOTALS</b>	<b>195,258.</b>	<b>26,626.</b>	<b>9,484.</b>	<b>4,247.</b>	<b>8,523.</b>	<b>3,084.</b>	

FORM 1040		FEDERAL INCOME TAX WITHHELD - FORM(S) W-2		STATEMENT 2
T S DESCRIPTION				AMOUNT
T FRANKFORT INDEPENDENT SCHOOLS				9,204.
S LT GOVERNOR				17,422.
<b>TOTAL TO FORM 1040, LINE 25A</b>				<b>26,626.</b>

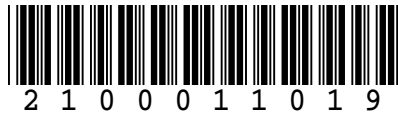
SCHEDULE 8812

LINE 5 WORKSHEET

STATEMENT 3

1. MULTIPLY SCHEDULE 8812, LINE 4B, BY \$3,600	3,600.
2. MULTIPLY SCHEDULE 8812, LINE 4C, BY \$3,000	
3. ADD LINE 1 AND LINE 2	3,600.
4. MULTIPLY SCHEDULE 8812, LINE 4A, BY \$2,000	2,000.
5. SUBTRACT LINE 4 FROM LINE 3	1,600.
6. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS	
- MARRIED FILING JOINTLY - \$12,500	
- QUALIFYING WIDOW(ER) - \$2,500	
- HEAD OF HOUSEHOLD - \$4,375	
- ALL OTHER FILING STATUSES - \$6,250	12,500.
7. ENTER THE SMALLER OF LINE 5 OR LINE 6	1,600.
8. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS	
- MARRIED FILING JOINTLY OR	
QUALIFYING WIDOW(ER) - \$150,000	
- HEAD OF HOUSEHOLD - \$112,500	
- ALL OTHER FILING STATUSES - \$75,000	150,000.
9. SUBTRACT LINE 8 FROM SCHEDULE 8812, LINE 3	
- IF ZERO OR LESS, ENTER -0-	
- IF MORE THAN ZERO, AND NOT A MULTIPLE OF \$1,000,	
ENTER THE NEXT MULTIPLE OF \$1,000	46,000.
10. MULTIPLY LINE 9 BY 5% (0.05)	2,300.
11. ENTER THE SMALLER OF LINE 7 OR LINE 10	1,600.
12. SUBTRACT LINE 11 FROM LINE 3.	
ENTER ON SCHEDULE 8812, LINE 5	2,000.

1. ENTER THE AMOUNT FROM LINE 18 OF FORM 1040 OR FORM 1040-NR 28,877.
2. ADD THE FOLLOWING AMOUNTS (IF APPLICABLE) FROM:
- SCHEDULE 3, LINE 1
  - SCHEDULE 3, LINE 2
  - SCHEDULE 3, LINE 3
  - SCHEDULE 3, LINE 4
  - SCHEDULE 3, LINE 6L
  - FORM 5695, LINE 30
  - FORM 8910, LINE 15
  - FORM 8936, LINE 23
  - SCHEDULE R, LINE 22
- ENTER THE TOTAL
3. SUBTRACT LINE 2 FROM LINE 1 28,877.
- COMPLETE THE CREDIT LIMIT WORKSHEET B ONLY IF YOU MEET ALL OF THE FOLLOWING:
1. YOU ARE COMPLETING PART I-C OF SCHEDULE 8812
  2. YOU ARE CLAIMING ONE OR MORE OF THE FOLLOWING CREDITS:
    - A. MORTGAGE INTEREST CREDIT, FORM 8396
    - B. ADOPTION CREDIT, FORM 8839
    - C. RESIDENTIAL ENERGY EFFICIENT PROPERTY CREDIT, FORM 5695, PART I
    - C. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, FORM 8859
  3. YOU ARE NOT FILING FORM 2555
  4. LINE 4A OF SCHEDULE 8812 IS MORE THAN ZERO
4. IF YOU ARE NOT COMPLETING CREDIT LIMIT WORKSHEET B, ENTER -0-; OTHERWISE, ENTER THE AMOUNT FROM THE CREDIT LIMIT WORKSHEET B. 0.
- 
5. SUBTRACT LINE 4 FROM LINE 3. ENTER THIS AMOUNT ON SCHEDULE 8812, LINE 14C OR LINE 15A, WHICHEVER APPLIES 28,877.
-



KENTUCKY  
INDIVIDUAL INCOME TAX RETURN  
Residents Only

**2021**

Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_.

<b>A. Spouse's Social Security Number</b> [REDACTED]	<b>B. Your Social Security Number</b> [REDACTED]
Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.)	
O' BRYAN	CHRISTOPHER A
COLEMAN	JACQUELINE L
Mailing Address (Number and Street including Apartment Number or P.O. Box) [REDACTED]	
City, Town or Post Office <b>HARRODSBURG</b>	State ZIP Code <b>KY 40330</b>

**FILING STATUS** (see instructions)

1  Single

2  Married, filing separately on this combined return. (If both had income.)

3  Married, filing joint return.

4  Married, filing separate returns. Enter spouse's Social Security number above and full name here.

Check if applicable:

Amended (Enclose copy of 1040X, if applicable.)

**POLITICAL PARTY FUND**  
Designating \$2 will not change your refund or tax due.

	<b>A. Spouse</b>	<b>B. Yourself</b>
<b>Democratic</b>	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
<b>Republican</b>	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
<b>No Designation</b>	(3) <input checked="" type="checkbox"/>	(6) <input checked="" type="checkbox"/>

	A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)	
5 Enter amount from federal Form 1040 or 1040-SR, line 11. (If total of Columns A and B is \$35,245 or less, you may qualify for the Family Size Tax Credit. See instructions.)	00		195,008	00
6 Additions from Schedule M, line 6	00			00
7 Add lines 5 and 6	00		195,008	00
8 Subtractions from Schedule M, line 17	00			00
9 Subtract line 8 from line 7. This is your <b>Kentucky Adjusted Gross Income</b>	00		195,008	00
10 <b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A. <b>Nonitemizers:</b> Enter \$2,690 in Columns A and/or B	00		8,611	00
11 Subtract line 10 from line 9. This is your <b>Taxable Income</b>	00		186,397	00
12 <b>Tax Computation:</b> Multiply line 11 by 5% (.05) or amount from Schedule J <input type="checkbox"/>	00		9,320	00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ; Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/>	00			00
14 Add lines 12 and 13 and enter total here	00		9,320	00
15 Enter amounts from Schedule ITC, Section A, lines 26E and 26F	00			00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	00		9,320	00
17 Enter personal tax credit amounts from Schedule ITC, Section B	00			00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	00		9,320	00
19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2	00		9,320	00





20	Check the box that represents your total family size ( <b>see instructions</b> before completing lines 20 and 21) .....	20	1	2	3	4	X	
21	Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount _____ ( _____ %) from Schedule ITC .....	21						00
22	Subtract line 21 from line 19 .....	22				9,320		00
23	Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K, line 17 .....	23						00
24	Enter <b>Child and Dependent Care Credit</b> from Form 2441-K, line 12 .....	24						00
25	RESERVED .....	25						00
26	<b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero .....	26				9,320		00
27	<b>Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)</b> .....	27						00
28	Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b> .....	28				9,320		00
29	<b>For amended return;</b> overpayment, if any, shown on original return .....	29						00
30	Add lines 28 and 29, enter here .....	30				9,320		00
31	a Enter <b>Kentucky income tax withheld</b> as shown on enclosed Schedule KW-2 .....	31a				9,484		00
	b Enter 2021 Kentucky estimated tax/extension payments .....	31b						00
	c Enter 2021 refundable certified rehabilitation credit .....	31c						00
	d <b>For amended return;</b> enter amount paid with original return plus additional payment(s) made after it was filed .....	31d						00
32	Add lines 31(a) through 31(d) .....	32				9,484		00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b> .....	33						00
34	a Estimated tax penalty <input type="checkbox"/> <i>Check if Form 2210-K attached</i> .....	34a						00
	b Interest .....	34b						00
	c Late payment penalty .....	34c						00
	d Late filing penalty .....	34d						00
35	Add lines 34(a) through 34(d). Enter here .....	35						00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the <b>AMOUNT YOU OWE</b> , continue to page 3 <span style="border: 1px solid black; padding: 2px;"><b>OWE</b></span> .....	36						00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> , continue to page 3 .....	37				164		00



38 FUND CONTRIBUTIONS; see instructions.

a Nature and Wildlife Fund .....	38a		00
b Child Victims' Trust Fund .....	38b		00
c Veterans' Program Trust Fund .....	38c		00
d Breast Cancer Research/Education Trust Fund .....	38d		00
e Farms to Food Banks Trust Fund .....	38e		00
f Local History Trust Fund .....	38f		00
g Special Olympics Kentucky .....	38g		00
h Pediatric Cancer Research Trust Fund .....	38h		00
i Rape Crisis Center Trust Fund .....	38i		00
j Court Appointed Special Advocate Trust Fund .....	38j		00
k YMCA Youth Association Fund .....	38k		00
39 Add lines 38(a) through 38(k) .....	39		00
40 Amount of line 37 to be <b>CREDITED TO YOUR 2022 ESTIMATED TAX</b> .....	40	<b>CREDIT FORWARD</b>	00
<b>(Credit forwards not available for amended returns)</b>			
41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> .....	41	<b>REFUND</b>	164 00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Sign Here

Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime)
Signature of Spouse	Driver's License/State Issued ID No.	Date	
Signature of Preparer	Date		
Name of Preparer or Firm	ID Number		
Email	Telephone No.	May the DOR discuss this return with this preparer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Paid Preparer Use

Enclose

Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here.

Refund or No Payment

Kentucky Department of Revenue  
Frankfort, KY 40618-0006

Payment

Check Payable: **Kentucky State Treasurer**  
E-Pay Options: **revenue.ky.gov**  
Include: Your Social Security number and "KY Income Tax - 2021"

With Payment

Kentucky Department of Revenue  
Frankfort, KY 40619-0008

**SCHEDULE KW-2**

Commonwealth of Kentucky  
Department of Revenue



**KENTUCKY INCOME TAX WITHHELD**

▶ Enclose with Form 740, 740-NP or 740-NP-R

**2021**

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

**NAME(S) AS SHOWN ON THE TAX RETURN**  
CHRISTOPHER A. O'BRYAN  
JACQUELINE L. COLEMAN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

	<b>A</b> Employee's Social Security Number	<b>B</b> Employer's Identification Number (EIN)	<b>C</b> State	<b>D</b> Employer's State I.D. Number (Box 15 of Form W-2)	<b>E</b> KY State Wages (Box 16 of Form W-2)	<b>F</b> KY Income Tax Withheld (Box 17 of Form W-2)
1			KY		65,218 00	3,116 00
2			KY		130,040 00	6,368 00
3					00	00
4					00	00
5					00	00
6					00	00
7					00	00
8					00	00
9					00	00
10					00	00
11	<b>TOTAL FROM ALL W-2s</b>				195,258 00	9,484 00

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

	<b>A</b> Recipient's Social Security Number	<b>B</b> Payer's Identification Number (EIN)	<b>C</b> State	<b>D</b> Payer's State I.D. Number	<b>E</b> KY Income Amount	<b>F</b> KY Income Tax Withheld
12					00	00
13					00	00
14					00	00
15					00	00
16					00	00
17	<b>TOTAL FROM ALL 1099s AND W-2-Gs</b>				0 00	0 00

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

	<b>F</b> Total Kentucky Income Tax Withheld
18	9,484 00



▶ Enclose with Form 740

Enter name(s) as shown on Form 740, page 1.

Your Social Security Number

**O'BRYAN, CHRISTOPHER A. & COLEMAN, JACQUELINE L.**

<b>Interest Expense</b>	1 Home mortgage interest and points reported to you on federal Form 1098 <b>SEE STATEMENT 1</b>	1	8,611	00
	2 Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, provide that person's name, identifying number and address)	2		00
	3 Points not reported to you on federal Form 1098	3		00
	4 Qualified mortgage insurance premiums	4		00
	5 Investment interest (enclose federal Form 4952 if required)	5		00
	<b>6 Total Interest.</b> Add lines 1 through 5. Enter here	<b>6</b>		<b>8,611</b>
<b>Contributions</b> <i>Note: For any contribution of \$250 or more, see instructions.</i>	7 Contributions by cash or check	7		00
	8 Other than cash or check (enclose federal Form 8283 if over \$500)	8		00
	9 Artistic charitable contributions deduction (enclose copy of appraisal)	9		00
	10 Carryover from prior year	10		00
	<b>11 Total Contributions.</b> Add lines 7 through 10. Enter here	<b>11</b>		
<b>Other Miscellaneous Deductions</b>	12 Gambling losses	12		00
	13 Other (see instructions)	13		00
	<b>14 Total Other Miscellaneous Deductions.</b> Add lines 12 and 13. Enter here	<b>14</b>		
<b>Total Itemized Deductions</b>	<b>15</b>		<b>8,611</b>	<b>00</b>

**DIVIDING DEDUCTIONS BETWEEN SPOUSES**

Use this schedule if married filing separately on a combined return.

16	Total itemized deductions, line 15	_____	.00
17	Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	_____	%
18	Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	_____	%
19	Percent on line 17 times total deductions entered on line 16 (enter here and on Form 740, line 10, Column A)	_____	.00
20	Percent on line 18 times total deductions entered on line 16 (enter here and on Form 740, line 10, Column B)	_____	.00



KY SCHEDULE A HOME MORTGAGE INTEREST AND POINTS (1098) STATEMENT 1

DESCRIPTION	SPOUSE	YOURSELF
HOME MORTGAGE INTEREST PAID TO A FINANCIAL INSTITUTION		0.00
GUARANTY HOME MORTGAGE	3,594.00	3,595.00
CARRINGTON MORTGAGE SERVICES	711.00	711.00
TOTAL TO SCHEDULE A, LINE 1	4,305.00	4,306.00

COMMONWEALTH OF KENTUCKY  
EXECUTIVE BRANCH ETHICS COMMISSION

1025 Capital Centre Drive, Suite 104, Frankfort, KY 40601

PHONE: 502-564-7954, FACSIMILE: (502) 696-5091, or EMAIL: [ethicsfiler@ky.gov](mailto:ethicsfiler@ky.gov)

# STATEMENT OF FINANCIAL DISCLOSURE

RECEIVED

## ANNUAL FORM Calendar Year 2021

APR 13 2022

CONSTITUTIONAL OFFICERS AS DEFINED BY KRS 11A.010(9)(A)-(G) AND OFFICERS AS DEFINED BY KRS 11A.010(7) MUST FILE THIS FORM BETWEEN JANUARY 1 AND APRIL 15 FOR EACH CALENDAR YEAR YOU SERVE IN SUCH POSITION. (KRS 11A.050(1)(A)). OFFICERS AND CONSTITUTIONAL OFFICERS WHO ARE CANDIDATES FOR CONSTITUTIONAL OFFICE MUST FILE THIS FORM BY THE FEBRUARY 15 THAT FALLS AFTER FILING FOR OFFICE.

Executive Branch  
Ethics Commission

“REPORTING YEAR” MEANS THE CALENDAR YEAR PRIOR TO THE CURRENT APRIL 15. **ANSWER EVERY QUESTION OR YOUR FORM WILL NOT BE ACCEPTED.**

1. Name: Last **COLEMAN** First **JACQUELINE** Middle or Maiden **Layne**

2. Home Street Address: [REDACTED]

City: **Frankfort** State: **KY** Zip: **40601-**

Home Phone: ( ) - Personal E-mail Address: [REDACTED]

Mobile Phone: [REDACTED] Alternate Number: [REDACTED]

3. Check the appropriate box for your constitutional office OR check “Other Officer Position”:

- |   |  |
|---|--|
| <input type="checkbox"/> Agriculture Commissioner   | <input checked="" type="checkbox"/> Lt. Governor |
| <input type="checkbox"/> Attorney General           | <input type="checkbox"/> Secretary of State      |
| <input type="checkbox"/> Auditor of Public Accounts | <input type="checkbox"/> State Treasurer         |
| <input type="checkbox"/> Governor                   | <input type="checkbox"/> Other Officer Position  |

4. Provide the following information for the Position you currently hold that requires filing.

NOTE: If you held more than one position in the previous calendar year that requires filing, please use additional pages to provide the title and the same information requested in answer to Question 4 for each additional position.

Title of Position: **Lt. Governor** Start Date: **12/10/2019**

Do you still occupy this position? Yes  No\*  If no, ending date:

\*If you are no longer in any officer position in state service, please STOP COMPLETING THIS FORM and complete the LEAVER form, EBEC-SFD-102, within 30 days of your last day of service.

State Agency for position listed above:

Cabinet: **Constitutional Office**

Department or Office: **Office of the Lt. Governor**

Division: **Governor's Office**

Work Street Address: **700 Capital Avenue, Suite 142**

City: **Frankfort** State: **KY** Zip: **40601-**

Work Phone: **(502) 564-2611**

Ext.

Work E-mail address: **Jacqueline.Coleman@ky.gov**

5. Title of any other state jobs or positions you held during the reporting year that do not require filing and are not considered "officer" positions, including state government agency name.

NONE 

6. Name and address of any other private employers (including self-employment) during reporting year:

NONE 

Employer:

Work Address:

City:

State:

Zip:

-

7. Marital status:

 Single Married Widowed

(if event occurred prior to previous calendar year, skip to Question 10.)

 Divorced

(if event occurred prior to previous calendar year, skip to Question 10.)

If married, please give spouse's full name:

Last: **O'BRYAN**First: **CHRIS**

Middle:

8. Spouse's employment position: **Teacher**

NONE 

Spouse's current employer and employer's address:

Employer:

**Frankfort High School**

Work Address:

**328 Shelby Street**

City:

**Frankfort**State: **KY**

Zip:

**40601-**

Work Phone:

**(502) 875-8655**

Work E-mail address:

**Christopher.Obryan@frankfort.kyschools.u**

9. Other employers of Spouse (including self-employment during reporting year)

NONE 

10. List the full name of all dependents, excluding dependents listed above:

NONE 

[Dependents names are redacted from all responses to open records requests]

**Emma Coleman O'Bryan****Nate O'Bryan****Will O'Bryan****Evelynne Coleman O'Bryan**

**FOR ALL REMAINING QUESTIONS:**

Reporting Year: Please answer the following questions with information as it applies for that portion of the calendar year you occupied the position in the previous calendar ( i.e. January 1 through December 31 of the year preceding to the current April 15).

11. List all positions held by you or your spouse in any business, including the name and address of the business during the reporting year not already listed above on this form:

NONE 

12. List all positions of a fiduciary nature held by you or your spouse in any business during the reporting year, including the name and address of the business:

NONE

13. Provide the name and address of all businesses in which you, your spouse, or dependent children has or had an interest of at least ten thousand dollars (\$10,000) at fair market value or which equals at least five percent (5%) of the ownership interest in the business during the reporting year; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business: **NONE**

14. Provide all sources of gross income exceeding \$1,000 from any one (1) source not listed above during the reporting year, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income, the nature of the business, the name and address of the income source. **NONE**

15. Describe any representation or intervention performed by you or your spouse during the reporting year for any person or business for compensation before a state agency for which you work or supervise or before any entity of state overnment for which you would serve in a decision-making capacity, and include the name and address of that person or business. **NONE**

16. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000) during the reporting year: [if the property is held as a personal residence by the filer, please indicate as such.] **NONE**

17. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family during the reporting year. **NONE**

18. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods during the reporting year: **NONE**   
[only list debts incurred for real estate]

**Carrington Mortgage Services, P.O. Box 5001, Westfield, IN 46074**

19. List names and addresses of family members of the filer or persons with whom the filer was engaged in a business who are registered as legislative agents under KRS 6.807 or executive agency lobbyists under KRS 11A.211. **NONE**

20. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]

NO

YES

If yes, attach a description.

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED  
IN THIS STATEMENT OF FINANCIAL DISCLOSURE  
IS COMPLETE AND ACCURATE.**

Signature

*Jacqueline Coleman*

Date: 4.12.22

Typed or printed name

**Jacqueline Coleman**



**STATEMENTS OF FINANCIAL DISCLOSURE SHALL BE  
AVAILABLE FOR PUBLIC REVIEW**

**PENALTIES:**

**WITHHELD SALARY:** Any officer, public servant, or candidate required to file a statement of financial disclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his salary withheld from the first day of noncompliance until he shall have completed the action required by law. The amount withheld shall be deducted from his overall pay and allowances and shall be recoverable upon the filing of the statement of financial disclosure. The commission may grant a reasonable extension of time for filing a statement of financial disclosure for good cause shown. **KRS 11A.990(2).**

**FINES:** Any officer, public servant, or candidate who fails to file or files a false Statement of Financial Disclosure may be subject to a written, public reprimand, a recommendation from the Commission that the violator be removed or suspended from office or employment, and required to pay a civil penalty of not more than \$5,000. **KRS 11A.100(3).**

This form may be electronically completed and submitted on the Commission's website at:  
<https://secure.kentucky.gov/formservices/Ethics/StatementOfFinancialDisclosure/>

OR

When you have answered every question, **PRINT** the Disclosure, **SIGN** it, and **SUBMIT** it by:

ELECTRONIC MAIL: [EthicsFiler@ky.gov](mailto:EthicsFiler@ky.gov)

FAX: (502) 696-5091

IN PERSON or by U.S. MAIL:

**Executive Branch Ethics Commission  
1025 Capital Center Drive, Suite 104  
Frankfort, KY 40601**