

Filing Status [] Single [X] 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

Personal information section including: Your first name and middle initial (Montonio D), Last name (Mackell), Your social security number (213-13-1121), Spouse's social security number (857-85-5426), Home address (7807 Leymar Rd), City (Glen Burnie), State (MD), ZIP code (210607107).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependents Henry J Urena and Aithan D Mackell.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and final taxable income calculation (line 15) of 15,321.

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	1,533.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1,533.
19	Child tax credit or credit for other dependents	19	1,533.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	1,533.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	572.
b	Form(s) 1099	25b	1,004.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,576.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	2,781.
28	Additional child tax credit. Attach Schedule 8812	28	2,467.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	5,248.
33	Add lines 25d, 26, and 32. These are your total payments	33	6,824.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,824.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,824.
b	Routing number 052000113		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 9878268961		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
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 _____ 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 Sales & Marketing	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 Custodian	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	Self-Prepared		Phone no.	
Firm's address	Firm's EIN			

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

**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

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Montonio D & Ana K Mackell

Your social security number
213-13-1121

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	-6,931.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	37,337.
8	Other income. List type and amount ▶ <u>UCE</u> _____ -19,402.	8	-19,402.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	11,004.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	172.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	172.

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Ana K Mackell		Social security number (SSN) 857-85-5426
A Principal business or profession, including product or service (see instructions) Amazon Flex	B Enter code from instructions ▶ 4 9 2 0 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 7807 Leymar Rd City, town or post office, state, and ZIP code Glen Burnie, MD 21060-7107		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input checked="" type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	1,314.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	1,314.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	1,314.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	1,314.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	3,225.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	92.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	1,238.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-3,271.	27a Other expenses (from line 48)	27a	30.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-3,271.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

See Additional Vehicle Information

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Startup Costs		30.
48 Total other expenses. Enter here and on line 27a	48	30.

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Montonio D Mackell		Social security number (SSN) 213-13-1121
A Principal business or profession, including product or service (see instructions) Cleaning	B Enter code from instructions ▶ 5 6 1 7 2 0	
C Business name. If no separate business name, leave blank. MACK MULTISERVICES LLC	D Employer ID number (EIN) (see instr.) 8 5 3 0 3 4 7 1 3	
E Business address (including suite or room no.) ▶ 7807 Leymar Rd City, town or post office, state, and ZIP code Glen Burnie, MD 21060-7107		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input checked="" type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	3,776.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	3,776.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	3,776.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	3,776.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	327.	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	3,261.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	196.
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	574.
15 Insurance (other than health)	15		23 Taxes and licenses	23	365.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	462.
17 Legal and professional services	17	530.	25 Utilities	25	1,324.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	397.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: <u>998</u> and (b) the part of your home used for business: <u>180</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				-3,660.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

See Additional Vehicle Information

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

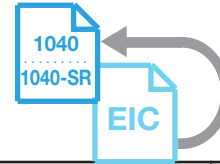
Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Startup Costs		365.
Square Fees		32.
48 Total other expenses. Enter here and on line 27a	48	397.

SCHEDULE EIC
(Form 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2020

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- ▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**

Name(s) shown on return

Montonio D & Ana K Mackell

Your social security number

213-13-1121

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

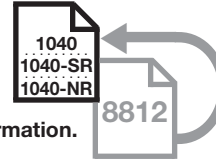
Child 2

Child 3

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: Henry J Last name: Urena	First name: Aithan D Last name: Mackell	First name: _____ Last name: _____
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	541-87-7936	842-80-8057	_____
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>5</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>1</u> <u>8</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2020?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son	Son	_____
6 Number of months child lived with you in the United States during 2020 • If the child lived with you for more than half of 2020 but less than 7 months, enter "7." • If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>

SCHEDULE 8812
(Form 1040)

Additional Child Tax Credit



OMB No. 1545-0074

2020

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 for instructions and the latest information.

Name(s) shown on return

Montonio D & Ana K Mackell

Your social security number

213-13-1121

Part I All Filers

Caution: If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.)	1	4,000.
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	1,533.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	2,467.
4	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit	4	2,800.
5	Enter the smaller of line 3 or line 4	5	2,467.
6a	Earned income (see instructions)	6a	22,365.
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	19,865.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	2,980.

Part II Certain Filers Who Have Three or More Qualifying Children

9	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.	9	
10	Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 10. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	2,467.
-----------	--	-----------	--------



Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

Montonio D & Ana K Mackell

Your taxpayer identification number

213-13-1121

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 \$163,300 (\$326,600 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	Ana K Mackell	857-85-5426	-3,271.
ii	MACK MULTISERVICES LLC	85-3034713	-3,660.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 -6,931.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
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	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 0.
11	Taxable income before qualified business income deduction	11 15,321.	
12	Net capital gain (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 15,321.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 3,064.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (6,931.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Additional information from your 2020 Federal Tax Return

Schedule C (Amazon Flex): Profit or Loss from Business

Additional Vehicle Info

Continuation Statement

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?	Is Evidence Written?
07/27/2020	3,644	8,594	Yes	Yes	Yes	Yes
09/21/2020	1,387	5,365	Yes	Yes	Yes	Yes

Schedule C (Cleaning): Profit or Loss from Business

Additional Vehicle Info

Continuation Statement

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?	Is Evidence Written?
07/25/2020	200	2	No	Yes	Yes	Yes
09/27/2020	5,106	7,172	Yes	Yes	Yes	Yes



205020013

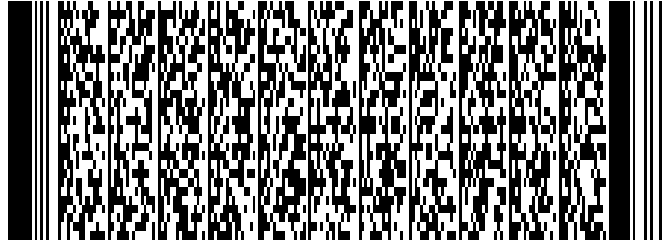
\$

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

213131121 Your Social Security Number
857855426 Spouse's Social Security Number

MONTONIO Your First Name
MACKELL Your Last Name
ANA Spouse's First Name
MACKELL Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.



7807 LEYMAR RD
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

GLEN BURNIE MD 21060 7107
City or Town State ZIP Code + 4

REQUIRED: Maryland Physical address of taxing area as of December 31, 2020 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

0200 ANNE ARUNDEL
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)
7807 LEYMAR RD
Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)
Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)
GLEN BURNIE MD 21060 7107 ANNE ARUNDEL
City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2020 place a P in the box.
MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

A. Yourself Spouse Enter number checked 2 See Instruction 10 A. \$ 6400
B. 65 or over 65 or over
Blind Blind Enter number checked X \$1,000 B. \$
C. Enter number from line 3 of Dependent Form 502B 2 See Instruction 10 C. \$ 6400
D. Enter Total Exemptions (Add A, B and C.) 4 Total Amount D. \$ 12800

Print Using Blue or Black Ink Only
Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.



205020113

NAME MONTONIO D & ANA K MACKELL SSN 213131121

MARYLAND HEALTH CARE COVERAGE

Check here [] If you do not have health care coverage DOB (mm/dd/yyyy)
Check here [] If your spouse does not have health care coverage DOB (mm/dd/yyyy)
Check here [] I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.
E-mail address

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return 40121
1a. Wages, salaries and/or tips 29296
1b. Earned income 22365
1c. Capital Gain or (loss)
1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.)
1e. Place a "Y" in this box if the amount of your investment income is more than \$3,650. []

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland
3. State retirement pickup 673
4. Lump sum distributions (from worksheet in Instruction 12.)
5. Other additions (Enter code letter(s) from Instruction 12.)
6. Total additions (Add lines 2 through 5 plus line 3 of Form 502LU.) 673
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) 40794

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1
9. Child and dependent care expenses
10a. Pension exclusion from worksheet (13A) Yourself [] Spouse []
10b. Pension exclusion from worksheet (13E) Yourself [] Spouse []
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1
12. Income received during period of nonresidence (See Instruction 26.)
13. Subtractions from attached Form 502SU
14. Two-income subtraction from worksheet in Instruction 13 1200
15. Total subtractions (Add lines 8 through 14 plus line 7 of Form 502LU.) 19135
16. Maryland adjusted gross income (Subtract line 15 from line 7.) 21659

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.
[X] STANDARD DEDUCTION METHOD (Enter amount on line 17.)
[] ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)
17a. Total federal itemized deductions (from line 17, federal Schedule A)
17b. State and local income taxes (See Instruction 14.)
Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) 3249

MARYLAND TAX COMPUTATION

18. Net income (Subtract line 17 from line 16.) 18410
19. Exemption amount from Exemptions area (See Instruction 10.) 12800
20. Taxable net income (Subtract line 19 from line 18.) 5610
21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 215
22. Earned income credit (EIC)(See Instruction 18.) 1391
Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.
23. Poverty level credit (See Instruction 18.)
24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.)
25. Business tax credits. You must file this form electronically to claim business tax credits on Form 500CR.
26. Total credits (Add lines 22 through 25.) 1391
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. 0



205020213

NAME MONTONIO D & ANA K MACKELL SSN 213131121

LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0281 or use the Local Tax Worksheet 28. <u>158</u>
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29. <u>781</u>
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30. _____
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) 31. _____
	32. Total credits (Add lines 29 through 31.) 32. <u>781</u>
33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 33. <u>0</u>	
34. Total Maryland and local tax (Add lines 27 and 33.) 34. <u>0</u>	
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. <u>5</u>
	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. <u>5</u>
	37. Contribution to Maryland Cancer Fund. ▶ 37. <u>5</u>
	38. Contribution to Fair Campaign Financing Fund ▶ 38. <u>5</u>
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. <u>20</u>	
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40. <u>2442</u>
	41. 2020 estimated tax payments, amount applied from 2019 return, payment made with an extension request, and Form MW506NRS ▶ 41. _____
	42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42. <u>1036</u>
	43. Refundable income tax credits from Part CC, line 8 of Form 502CR (Attach Form 502CR. See Instruction 21.) 43. _____
	44. Total payments and credits (Add lines 40 through 43.) 44. <u>3478</u>
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45. _____
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. <u>3458</u>
REFUND	47. Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX. ▶ 47. _____
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. <u>3458</u>
AMOUNT DUE	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP _____ or for late filing _____ ▶ 49. _____
	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50. _____



20502LU13

\$

This Form may be used by resident and nonresident individuals to report income modifications applicable to tax year 2020 that are enacted during the 2021 legislative session, including changes from the Recovery for the Economy, Livelihoods, Industries, Entrepreneurs, and Families (RELIEF) Act of 2021 (SB496/Ch. 39).

Print Using Blue or Black Ink Only

MONTONIO D MACKELL 213131121
Your First Name MI Your Last Name Your Social Security Number

ANA K MACKELL 857855426
Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

ADDITIONS

- 1. Amount equal to a tax credit claimed for tax paid on distributive or pro-rata share of income by pass-through entity. See Instructions. 1. .00
2. Reserved for future use. 2. .00
3. Add the amounts from line 1 and 2 and enter here. Combine the amount with the total from Line 2 through 5 on Form 502 (if any) and enter on Form 502 line 6, or combine the amount with the total from Line 18 and 19 on Form 505 (if any) and enter on Form 505 line 20. 3. .00

SUBTRACTIONS

- 4. Amount of Maryland unemployment benefits included in FAGI (See Box 1, 1099-G, Certain Government Payments). Attach copy of Form 1099-G. 4. 17935 .00
5. Total amount of Coronavirus relief grant payment or Coronavirus relief loan forgiveness 5. .00

5a. Source of grant or loan forgiveness on line 5 (check all that apply). Attach copy of Form 1099. (Attach a separate statement if additional space is needed.)

[] United States Federal Government (list issuing agency/entity)

[] State Government (list State and issuing agency/entity)

[] Local Government (list jurisdiction and issuing agency/entity)

- 6. Reserved for future use 6. .00
7. Total legislative update subtractions. Add the amounts from lines 4, 5, and 6 and enter here. 7. 17935 .00
Follow the instructions on line 15 of Form 502 or line 24 of Form 505 to include this amount.



20502B013

213131121

Your Social Security Number

857855426

Spouse's Social Security Number

MONTONIO

Your First Name

D

MI

MACKELL

Your Last Name

ANA

Spouse's First Name

K

MI

MACKELL

Spouse's Last Name



Print Using Blue or Black Ink Only

Summary

1. Enter the total number checked below for Regular dependents (4) **1.** 2
2. Enter the total number checked below for dependents 65 or over (5) **2.**
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) **3.** 2

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

▶ 1.	First Name <u>HENRY</u>	MI <u>J</u>	▶	Last Name <u>URENA</u>		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number <u>541877936</u>	Relationship 3. <u>SON</u>		Regular 4. <u>X</u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ <u> </u>

▶ 1.	First Name <u>AITHAN</u>	MI <u>D</u>	▶	Last Name <u>MACKELL</u>		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number <u>842808057</u>	Relationship 3. <u>SON</u>		Regular 4. <u>X</u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ <u> </u>

▶ 1.	First Name _____	MI __	▶	Last Name _____		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number _____	Relationship 3. _____		Regular 4. <u> </u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ <u> </u>

▶ 1.	First Name _____	MI __	▶	Last Name _____		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number _____	Relationship 3. _____		Regular 4. <u> </u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ <u> </u>

▶ 1.	First Name _____	MI __	▶	Last Name _____		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number _____	Relationship 3. _____		Regular 4. <u> </u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ <u> </u>

▶ 1.	First Name _____	MI __	▶	Last Name _____		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number _____	Relationship 3. _____		Regular 4. <u> </u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ <u> </u>