

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 Joseph P	Last name Oddo, Sr	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial [REDACTED]	Last name [REDACTED]	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]	State [REDACTED]	
Foreign country name [REDACTED]	Foreign province/state/county [REDACTED]	

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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
	[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	15,228.
	2a Tax-exempt interest	2a	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction , see instructions.	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	10,646.
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	10,830.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	32,287.
	10 Adjustments to income from Schedule 1, line 26	10	7,147.
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	25,140.
	12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
b Charitable contributions if you take the standard deduction (see instructions)	12b	265.	
c Add lines 12a and 12b	12c	25,365.	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	0.	
14 Add lines 12c and 13	14	25,365.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.	

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Joseph P Oddo, Sr	Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Writing/Consulting	B Enter code from instructions ▶ 7 1 1 5 1 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) [REDACTED]
E Business address (including suite or room no.) ▶ 128 Salina Ln City, town or post office, state, and ZIP code Goose Creek, SC 29445-4813	
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 2021? 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 2021, check here <input type="checkbox"/>	
I Did you make any payments in 2021 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	8,368.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	8,368.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	8,368.
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	8,368.

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

8 Advertising	8				
9 Car and truck expenses (see instructions)	9	4,023.	18 Office expense (see instructions)	18	3,560.
10 Commissions and fees	10		19 Pension and profit-sharing plans	19	
11 Contract labor (see instructions)	11		20 Rent or lease (see instructions):		
12 Depletion	12		a Vehicles, machinery, and equipment	20a	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	8,344.	b Other business property	20b	
14 Employee benefit programs (other than on line 19)	14		21 Repairs and maintenance	21	
15 Insurance (other than health)	15		22 Supplies (not included in Part III)	22	138.
16 Interest (see instructions):			23 Taxes and licenses	23	
a Mortgage (paid to banks, etc.)	16a		24 Travel and meals:		
b Other	16b		a Travel	24a	4,428.
17 Legal and professional services	17	330.	b Deductible meals (see instructions)	24b	264.
			25 Utilities	25	602.
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	184.
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				21,873.
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.					-13,505.
					1,280.
					-14,785.

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