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



| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta) | | turn | 202 | 4 | OMB No. 1545 | -0074 | IRS Use O | nly—Do r | not wr | ite or staple ir | n this space. |
|---|---|---|---------|-------------------------------|---------------------------------------|------------|------------------------|---------------|-------------------------------------|-------------|-----------------|--------------------------------|--------------------------------|
| For the year Jan | For the year Jan. 1–Dec. 31, 2024, or other tax year beginning, 2024, ending, 20 S | | | | | | | See | See separate instructions. | | | | |
| Your first name | irst name and middle initial Last name | | | | | You | r soc | cial security | number | | | | |
| If joint return, spouse's first name and middle initial Last name | | | | | | | | | Spo | use's | social sec | urity number | |
| Home address | numbe | r and street). If you have a P.O. box, see | instruc | tions. | | | | A | pt. no. | | | itial Electio ere if you, o | n Campaign |
| City, town, or po | ost offic | ce. If you have a foreign address, also co | mplete | spaces bel | low. | Sta | ite | ZIP co | ode | spo to g | use i | f filing joint | ly, want \$3 Checking a |
| Foreign country name | | | | Foreign province/state/county | | | | Foreig | | | | or refund. | Spouse |
| Filing Status | | Single | | | | | ☐ Head | of hou | sehold (H | OH) | | | |
| Check only one box. | • | □ Married filing jointly (even if only one had income) □ Married filing separately (MFS) □ Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: □ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): | | | | | | | | | | | |
| Digital Assets | | ny time during 2024, did you: (a) reco | | | | | | | | | ell, | Yes | ☐ No |
| Standard Deduction | | eone can claim: You as a de Spouse itemizes on a separate retur | • | | • | | a dependent | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 960 | Are bl | ind Spo | use | : Was bor | | re Januar | | | Is bli | |
| Dependents If more | | instructions): rst name Last name | | (2) Social security number | | | (3) Relationshi to you | | (4) Check the box Child tax cred | | | | nstructions): er dependents |
| than four dependents, | - | | | | | | | | |] | | | |
| see instructions and check | | | | | | | | | |] | | | |
| here \square | | | | | | | | | | | | L | |
| Income | 1a | Total amount from Form(s) W-2, be | • | | , | | | | | | <u>1a</u> 1b | | |
| Attach Form(s) | | b Household employee wages not reported on Form(s) W-2 | | | | | | | | . + | 1c | | |
| W-2 here. Also attach Forms | d | | | | | | | | | . | 1d | | |
| W-2G and | -2G and 99-R if tax e Taxable dependent care benefits from Form 2441, line 26 | | | | · · · · · · · · · · · · · · · · · · · | | | | | | 1e | | |
| 1099-R if tax was withheld. | | | | | | · | 1f | | | | | | |
| If you did not | g | | | | | | | | · | 1g | | | |
| get a Form | h | • | ations) | | | | | . | 1h | | | | |
| W-2, see instructions. | i | Nontaxable combat pay election (see instructions) | | | | | | | | | | | |
| | z | Add lines to through th | | | | | | | | . | 1z | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | b T | axable interest | | | . [| 2b | | |
| if required. | За | Qualified dividends | 3a | | | b 0 | ordinary divider | nds . | | . [| 3b | | |
| | 4a | IRA distributions | 4a | | | b T | axable amount | t | | . [| 4b | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | b T | axable amount | t | | . [| 5b | | |
| Single or | 6a | Social security benefits | 6a | | | b T | axable amount | t | | | 6b | | |
| Married filing separately, | С | c If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | | | |
| \$14,600 | 7 | | | | | | | | | | 7 | | |
| Married filing jointly or | 8 | | | | | | | | | . [| 8 | | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | | 9 | | |
| \$29,200 Head of | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | | 10 | | |
| household, | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | | 11 | | |
| \$21,900 If you checked | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | | | 12 | | |
| any box under Standard | 13 | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | 13 | | | | |
| Deduction, | 14 | | | | | | | 14 | | | | | |
| see instructions. | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | | | 15 | L . | | | |

| Form 1040 (2024) |) | | | | | | | | Page 2 | | |
|---|---------------------------------------|--|--------------------------|----------------------|-----------------|------|---|--|---------------|--|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | 3 🗌 | | 16 | | | |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | | | |
| | 19 | Child tax credit or credit for o | other dependent | ts from Schedi | ule 8812 | | | 19 | | | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | | |
| | 22 | Subtract line 21 from line 18 | 22 | | | | | | | | |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | 2, line 21 . | | | 23 | | | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | | | |
| Payments | 25 | Federal income tax withheld | | | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | | | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | | | |
| If you have a | 26 | 2024 estimated tax payment | s and amount ap | pplied from 20 | 23 return | ., | | 26 | | | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | | | | | | | |
| attach Sch. Elo. | 28 | Additional child tax credit from | n Schedule 8812 | | | 28 | | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | | | |
| | 30 | Reserved for future use . | | | | | | | | | |
| | 31 | Amount from Schedule 3, lin | e 15 | | | 31 | | | | | |
| | 32 | Add lines 27, 28, 29, and 31. | 32 | | | | | | | | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | | | | | | | | |
| Refund | · · · · · · · · · · · · · · · · · · · | | | | | | | 34 | | | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | | | | |
| Direct deposit? See instructions. | b | Routing number | | | | | | | | | |
| occ mondenons. | d | Account number | | | | 36 | | | | | |
| | 36 | Amount of line 34 you want a | | | | | | | | | |
| Amount | 37 | Subtract line 33 from line 24. | | | | | | | | | |
| You Owe | 38 | For details on how to pay, go Estimated tax penalty (see in | | - | | | | 37 | | | |
| Third Party | | | | | | | | | | | |
| Designee | | Oo you want to allow another person to discuss this return with the IRS? See instructions | | | | | | | No | | |
| | Des | signee's | | Phone | | | onal identifi | | | | |
| | nar | | | no. | | | ber (PIN) | | | | |
| Sign | | 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. | | | | | | | | | |
| Here | | | picte. Deciaration (| | | | | | , 0 | | |
| | YO | Your signature | | Date Your occupation | | | | f the IRS sent you an Identity Protection PIN, enter it here | | | |
| Joint return? See instructions. Keep a copy for | | | | | (se | | e inst.) | | | | |
| | Spe | ouse's signature. If a joint return, b | Date Spouse's occupation | | | | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | | | |
| your records. | | | | | | | | | | | |
| | ———Pho | one no. | | Email address | | | , | | | | |
| · | | eparer's name | Preparer's signat | l . | | Date | PTIN | | Check if: | | |
| Paid | | | | | | | | | Self-employed | | |
| Preparer | Firr | Firm's name Pho | | | | | | | | | |
| Use Only | Firm's address Firm' | | | | | | | | | | |
| | | | | | | | | Form 1040 (2024) | | | |