

Form 1040-SR

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for Seniors

OMB No. 1545-0074

2024



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For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20_____			See separate instructions.
Your first name and middle initial	Last name		Your social security number
If joint return, spouse’s first name and middle initial	Last name		Spouse’s social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.		State	
ZIP code			
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status

Check only one box.

☐ Single

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ Head of household (HOH)

☐ 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

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ 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, 1960 ☐ Are blind

Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

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

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a				
	b	Household employee wages not reported on Form(s) W-2		1b				
	c	Tip income not reported on line 1a (see instructions)		1c				
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d				
	e	Taxable dependent care benefits from Form 2441, line 26		1e				
	f	Employer-provided adoption benefits from Form 8839, line 29		1f				
	g	Wages from Form 8919, line 6		1g				
	h	Other earned income (see instructions)		1h				
	i	Nontaxable combat pay election (see instructions) .		1i				
	z	Add lines 1a through 1h		1z				
Attach Schedule B if required.	2a	Tax-exempt interest .	2a		b	Taxable interest . .	2b	
	3a	Qualified dividends . .	3a		b	Ordinary dividends .	3b	
	4a	IRA distributions . . .	4a		b	Taxable amount . .	4b	
	5a	Pensions and annuities	5a		b	Taxable amount . .	5b	
	6a	Social security benefits .	6a		b	Taxable amount . .	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)						

Standard Deduction <small>See Standard Deduction Chart on the last page of this form.</small>	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8	Additional income from Schedule 1, line 10	8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . .	9	
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . .	11	
	12	Standard deduction or itemized deductions (from Schedule A) . . .	12	
	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
	14	Add lines 12 and 13	14	
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	
	Tax and Credits	16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/> _____	
17		Amount from Schedule 2, line 3	17	
18		Add lines 16 and 17	18	
19		Child tax credit or credit for other dependents from Schedule 8812 . .	19	
20		Amount from Schedule 3, line 8	20	
21		Add lines 19 and 20	21	
22		Subtract line 21 from line 18. If zero or less, enter -0-	22	
23		Other taxes, including self-employment 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 from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
	26	2024 estimated tax payments and amount applied from 2023 return . .		26	
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812 . . .	28		
	29	American opportunity credit from Form 8863, line 8 .	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits		32	
	33	Add lines 25d, 26, and 32. These are your total payments		33	

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	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	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	

Standard Deduction Chart*

Add the number of boxes checked in the “Age/Blindness” section of *Standard Deduction* on page 1 _____

IF your filing status is. . .	AND the number of boxes checked is. . .	THEN your standard deduction is. . .
Single	1	\$16,550
	2	18,500
Married filing jointly	1	\$30,750
	2	32,300
	3	33,850
	4	35,400
Qualifying surviving spouse	1	\$30,750
	2	32,300
Head of household	1	\$23,850
	2	25,800
Married filing separately**	1	\$16,150
	2	17,700
	3	19,250
	4	20,800

* Don’t use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn’t filing a return, and can’t be claimed as a dependent on another person’s return.