

Form 1040 Department of the Treasury—Internal Revenue Service		20XX	
U.S. Individual Income Tax Return		OMB No. 1545-0074	
Your first name and middle initial XXXXXXXXXXXXX X		Last name XXXXXXXXXXXXXXXXXXXXX	
If joint return, spouse's first name and middle initial XXXXXXXXXXXXX X		Last name XXXXXXXXXXXXXXXXXXXXX	
Home address (number and street). If you have a P.O. box, see instructions. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Apt. no. XXXXX	
City, town or post office. If you have a foreign address, also complete spaces below. XXXXXXXXXXXXXXXXXXXXX		State ZIP code XX 9999999999	
Foreign country name XXXXXXXXXXXXXXXXXXXXX		Foreign province/state/county XXXXXXXXXXXXXXXXXXXXX	
Foreign postal code 9999999999999999			
Filing Status		Standard Deduction - Someone can claim:	
Check only <input checked="" type="checkbox"/> Single		<input checked="" type="checkbox"/> You as a dependent <input checked="" type="checkbox"/> Your spouse as a dependent	
one box. <input checked="" type="checkbox"/> Married filing jointly		<input checked="" type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien	
<input checked="" type="checkbox"/> Married filing separately (MFS)		Age/Blindness	
<input checked="" type="checkbox"/> Head of household (HOH)		You Spouse	
<input checked="" type="checkbox"/> Qualifying surviving spouse (QSS)		Born before 1/2/1958: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
		Blind: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
		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 checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse	
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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Digital Assets At any time during 20XX, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Dependents (see instructions):			
(1) First name Last name		(2) Social security number	(3) Relationship to you
(4) Check the box if qualifies for (see instructions):			
Child tax credit		Credit for other dependents	
If more than four dependents, see instructions and check here <input checked="" type="checkbox"/>			
XXXXXXXXXXXXX XXXXXXXXXXXXXXXX		999999999	XXXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXX		999999999	XXXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXX		999999999	XXXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXX		999999999	XXXXXXXXXXXXX
Income			
1a Total amount from Form(s) W-2, box 1 (see instructions)		1a 999,999,999	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		1b 999,999,999	
b Household employee wages not reported on Form(s) W-2		1c 999,999,999	
c Tip income not reported on line 1a (see instructions)		1d 999,999,999	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1e 999,999,999	
e Taxable dependent care benefits from Form 2441, line 26		1f 999,999,999	
f Employer-provided adoption benefits from Form 8839, line 29		1g 999,999,999	
g Wages from Form 8919, line 6		1h 999,999,999	
h Other earned income (see instructions)			
i Nontaxable combat pay election (see instructions)		1i 999,999,999	
z Add lines 1a through 1h		1z 999,999,999	
Attach Sch. B if required.		2a Tax-exempt interest 2a 999,999,999	
2a Taxable interest		2b 999,999,999	
3a Qualified dividends 3a 999,999,999		3b 999,999,999	
4a IRA distributions 4a 999,999,999		4b 999,999,999	
5a Pensions and annuities 5a 999,999,999		5b 999,999,999	
6a Social sec. ben. 6a 999,999,999		6b 999,999,999	
c If you elect to use the lump-sum election method, check here (see instructions)		<input checked="" type="checkbox"/>	
7 Capital gain or (loss). Attach Schedule D if required.		<input checked="" type="checkbox"/>	
If not required, check here			
8 Other income from Schedule 1, line 10		8 999,999,999	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9 999,999,999	
10 Adjustments to income from Schedule 1, line 26		10 999,999,999	
11 Subtract line 10 from line 9. This is your adjusted gross income		11 999,999,999	
12 Standard deduction or itemized deductions (from Schedule A)		12 999,999,999	
13 Qualified business income deduction from Form 8995 or Form 8995-A		13 999,999,999	
14 Add lines 12 and 13		14 999,999,999	
15 Subtract line 14 from line 11. If zero or less, enter -0-.		15 999,999,999	
This is your taxable income			

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

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