

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning **January 1st**, 2024, ending **December 31st**, 20 **24** See separate instructions.

Your first name and middle initial <b>John Q.</b>		Last name <b>Sample</b>		Your social security number <b>4 0 0 1 2 3 4 5 6</b>	
If joint return, spouse's first name and middle initial <b>Jane Q.</b>		Last name <b>Sample</b>		Spouse's social security number <b>4 0 0 6 5 4 3 2 1</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>123 Maple Drive</b>				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Springfield</b>			State <b>IL</b>	ZIP code <b>62704</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	

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.  
☐ You ☐ Spouse

**Filing Status** ☐ Single ☐ Head of household (HOH)  
☐ Married filing jointly (even if only one had income)  
☒ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)  
Check only one box.  
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: **Jane Q. Sample**  
☐ 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):

(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
<b>Jack</b>	<b>Sample</b>	<b>4 0 0 0 0 0 0 1</b>	<b>Son</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Jill</b>	<b>Sample</b>	<b>4 0 0 0 0 0 0 2</b>	<b>Daughter</b>	<input checked="" 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**

<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b> <b>154,070.00</b>
<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>
<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>
<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>
<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>
<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>
<b>g</b> Wages from Form 8919, line 6	<b>1g</b>
<b>h</b> Other earned income (see instructions)	<b>1h</b>
<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>
<b>z</b> Add lines 1a through 1h	<b>1z</b>
<b>2a</b> Tax-exempt interest	<b>2a</b>
<b>3a</b> Qualified dividends	<b>3a</b> <b>600.00</b>
<b>4a</b> IRA distributions	<b>4a</b>
<b>5a</b> Pensions and annuities	<b>5a</b>
<b>6a</b> Social security benefits	<b>6a</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>7</b> <b>6,300.00</b>
<b>8</b> Additional income from Schedule 1, line 10	<b>8</b> <b>5,400.00</b>
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b> <b>166,940.00</b>
<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b> <b>10,232.00</b>
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b> <b>156,708.00</b>
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b> <b>29,200.00</b>
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>
<b>14</b> Add lines 12 and 13	<b>14</b> <b>29,200.00</b>
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b> <b>127,508.00</b>

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.

Attach Sch. B if required.

**Standard Deduction for—**

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

**Tax and Credits**

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	<b>18,667.00</b>
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	<b>0.00</b>
<b>18</b>	Add lines 16 and 17	<b>18</b>	<b>18,667.00</b>
<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	<b>4,000.00</b>
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	<b>0.00</b>
<b>21</b>	Add lines 19 and 20	<b>21</b>	<b>4,000.00</b>
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	<b>14,667.00</b>
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	<b>763.00</b>
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	<b>15,430.00</b>

**Payments**

<b>25</b>	Federal income tax withheld from:			
<b>a</b>	Form(s) W-2	<b>25a</b>	<b>19,000.00</b>	
<b>b</b>	Form(s) 1099	<b>25b</b>	<b>0.00</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	<b>0.00</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	<b>19,000.00</b>	
<b>26</b>	2024 estimated tax payments and amount applied from 2023 return	<b>26</b>	<b>0.00</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>		
<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>		
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>		
<b>30</b>	Reserved for future use	<b>30</b>		
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	<b>19,000.00</b>	

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	<b>3,570.00</b>
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	<b>3,570.00</b>
<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number		
<b>36</b>	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	<b>36</b>	

**Amount You Owe**

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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.

Joint return?  
See instructions.  
Keep a copy for  
your records.

Your signature	Date	Your occupation <b>Engineer</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <b>4 9 2 1 3 2</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>Engineer</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <b>4 8 2 7 1 2</b>
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			

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

2024
Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: John Q. Sample
Your social security number: 400-123-456

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income
1 Taxable refunds, credits, or offsets of state and local income taxes 1 0.00
2a Alimony received 2a 0.00
b Date of original divorce or separation agreement (see instructions):
3 Business income or (loss). Attach Schedule C 3 5,400.00
4 Other gains or (losses). Attach Form 4797 4 0.00
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 0.00
6 Farm income or (loss). Attach Schedule F 6 0.00
7 Unemployment compensation 7 0.00
8 Other income:
a Net operating loss 8a ( 0.00 )
b Gambling 8b 0.00
c Cancellation of debt 8c 0.00
d Foreign earned income exclusion from Form 2555 8d ( 0.00 )
e Income from Form 8853 8e 0.00
f Income from Form 8889 8f 0.00
g Alaska Permanent Fund dividends 8g 0.00
h Jury duty pay 8h 0.00
i Prizes and awards 8i 0.00
j Activity not engaged in for profit income 8j 0.00
k Stock options 8k 0.00
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l 0.00
m Olympic and Paralympic medals and USOC prize money (see instructions) 8m 0.00
n Section 951(a) inclusion (see instructions) 8n 0.00
o Section 951A(a) inclusion (see instructions) 8o 0.00
p Section 461(l) excess business loss adjustment 8p 0.00
q Taxable distributions from an ABLE account (see instructions) 8q 0.00
r Scholarship and fellowship grants not reported on Form W-2 8r 0.00
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s ( 0.00 )
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 8t 0.00
u Wages earned while incarcerated 8u 0.00
v Digital assets received as ordinary income not reported elsewhere. See instructions 8v 0.00
z Other income. List type and amount: 8z 0.00
9 Total other income. Add lines 8a through 8z 9 0.00
10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 5,400.00

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	0.00
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	0.00
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	3,850.00
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	0.00
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	382.00
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	0.00
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	0.00
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	0.00
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	0.00
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	6,000.00
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	0.00
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	0.00
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	0.00
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	0.00
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	0.00
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	0.00
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	0.00
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	0.00
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	0.00
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	0.00
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	0.00
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	0.00
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	0.00
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	0.00
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	0.00
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .	<b>26</b>	10,232.00

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

John Q. Sample

Your social security number

400-123-456

**Part I Tax**

<b>1</b>	Additions to tax:			
<b>a</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>1a</b>	0.00	
<b>b</b>	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936) . . . . .	<b>1b</b>	0.00	
<b>c</b>	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936) . . . . .	<b>1c</b>	0.00	
<b>d</b>	Recapture of net EPE from Form 4255, line 2a, column (l) . . . . .	<b>1d</b>	0.00	
<b>e</b>	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. <b>(i)</b> <input type="checkbox"/> Line 1a, column (n) <b>(ii)</b> <input type="checkbox"/> Line 1c, column (n) <b>(iii)</b> <input type="checkbox"/> Line 1d, column (n) <b>(iv)</b> <input type="checkbox"/> Line 2a, column (n) . . . . .	<b>1e</b>	0.00	
<b>f</b>	20% EP from Form 4255. Check applicable box and enter amount. See instructions. <b>(i)</b> <input type="checkbox"/> Line 1a, column (o) <b>(ii)</b> <input type="checkbox"/> Line 1c, column (o) <b>(iii)</b> <input type="checkbox"/> Line 1d, column (o) <b>(iv)</b> <input type="checkbox"/> Line 2a, column (o) . . . . .	<b>1f</b>	0.00	
<b>y</b>	Other additions to tax (see instructions): _____	<b>1y</b>	0.00	
<b>z</b>	Add lines 1a through 1y . . . . .	<b>1z</b>		0.00
<b>2</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>2</b>		0.00
<b>3</b>	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>		0.00

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	763.00
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	0.00
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	0.00
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	0.00
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here . . . . . <input type="checkbox"/>	<b>8</b>	0.00
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	0.00
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	0.00
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	0.00
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	0.00
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	0.00
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	0.00
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	0.00
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	0.00

(continued on page 2)

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:			
<b>a</b>	Recapture of other credits. List type, form number, and amount:	<b>17a</b>	0.00	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions	<b>17b</b>	0.00	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	0.00	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	0.00	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	0.00	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	<b>17f</b>	0.00	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	0.00	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	0.00	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	0.00	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	0.00	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	0.00	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	0.00	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation .	<b>17m</b>	0.00	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .	<b>17n</b>	0.00	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	0.00	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	0.00	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	0.00	
<b>z</b>	Any other taxes. List type and amount: _____	<b>17z</b>	0.00	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .	<b>18</b>	0.00	
<b>19</b>	Recapture of net EPE from Form 4255, line 1d, column (I) . . . . .	<b>19</b>	0.00	
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	0.00	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>21</b>	763.00	