

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning 01/01/2024, 2024, ending 12/31/2024, 2024		See separate instructions.	
Your first name and middle initial John W		Last name Smith	
If joint return, spouse's first name and middle initial Sarah J		Last name Smith	
Home address (number and street). If you have a P.O. box, see instructions. 123 Main Street		Apt. no. 4B	
City, town, or post office. If you have a foreign address, also complete spaces below. New York		State NY	
Foreign country name		Foreign province/state/county	
Foreign postal code		Foreign postal code	
Filing Status		Presidential Election Campaign	
<input type="checkbox"/> Single		<input type="checkbox"/> Head of household (HOH)	
<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)		<input checked="" type="checkbox"/> Qualifying surviving spouse (QSS)	
<input type="checkbox"/> Married filing separately (MFS)			
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:			
<input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Standard Deduction		Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien	
Age/Blindness		You: <input checked="" type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> 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):	
Jane Smith		1 2 3 - 4 5 - 6 7 Daughter	Child tax credit
John Smith Jr		1 2 3 - 4 5 - 6 7 Son	Credit for other dependents
Mary Smith		1 2 3 - 4 5 - 6 7 Daughter	
Robert Smith		1 2 3 - 4 5 - 6 7 Son	
Income		1a Total amount from Form(s) W-2, box 1 (see instructions)	
1b Household employee wages not reported on Form(s) W-2		1b 0.00	
1c Tip income not reported on line 1a (see instructions)		1c 1500.00	
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d 0.00	
1e Taxable dependent care benefits from Form 2441, line 26		1e 2000.00	
1f Employer-provided adoption benefits from Form 8839, line 29		1f 0.00	
1g Wages from Form 8919, line 6		1g 0.00	
1h Other earned income (see instructions)		1h 500.00	
1i Nontaxable combat pay election (see instructions)		1i 0.00	
1z Add lines 1a through 1h		1z 124000.00	
2a Tax-exempt interest		2a 500.00	
3a Qualified dividends		3a 3000.00	
4a IRA distributions		4a 10000.00	
5a Pensions and annuities		5a 20000.00	
6a Social security benefits		6a 24000.00	
b Taxable interest		2b 1200.00	
b Ordinary dividends		3b 4000.00	
b Taxable amount		4b 8000.00	
b Taxable amount		5b 18000.00	
b Taxable amount		6b 18000.00	
c If you elect to use the lump-sum election method, check here (see instructions)			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7 5000.00	
8 Additional income from Schedule 1, line 10		8 2000.00	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9 185200.00	
10 Adjustments to income from Schedule 1, line 26		10 12000.00	
11 Subtract line 10 from line 9. This is your adjusted gross income		11 173200.00	
12 Standard deduction or itemized deductions (from Schedule A)		12 27700.00	
13 Qualified business income deduction from Form 8995 or Form 8995-A		13 2000.00	
14 Add lines 12 and 13		14 29700.00	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15 143500.00	

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 <input checked="" type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> 8888	16	22300.00
17	Amount from Schedule 2, line 3	17	1500.00
18	Add lines 16 and 17	18	23800.00
19	Child tax credit or credit for other dependents from Schedule 8812	19	8000.00
20	Amount from Schedule 3, line 8	20	2000.00
21	Add lines 19 and 20	21	10000.00
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13800.00
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2200.00
24	Add lines 22 and 23. This is your total tax	24	16000.00

Payments

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	18000.00		
b	Form(s) 1099	25b	2000.00		
c	Other forms (see instructions)	25c	500.00		
d	Add lines 25a through 25c	25d	20500.00		
26	2024 estimated tax payments and amount applied from 2023 return	26	4000.00		
27	Earned income credit (EIC)	27	0.00		
28	Additional child tax credit from Schedule 8812	28	2000.00		
29	American opportunity credit from Form 8863, line 8	29	2500.00		
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31	1000.00		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	5500.00		
33	Add lines 25d, 26, and 32. These are your total payments	33	30000.00		

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	14000.00									
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input checked="" type="checkbox"/>	35a	13000.00									
b	Routing number <table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	3	4	5	6	7	8	9		
1	2	3	4	5	6	7	8	9				
d	Account number <table><tr><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table>	9	8	7	6	5	4	3	2	1		
9	8	7	6	5	4	3	2	1				
36	Amount of line 34 you want applied to your 2025 estimated tax	36	1000.00									

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0.00
38	Estimated tax penalty (see instructions)	38	0.00

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	Jane Accountant	Phone no.	555-123-4567	Personal identification number (PIN)	1 2 3 4 5
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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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Software Engineer	1 2 3 4 5 6
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.)
		Teacher	6 5 4 3 2 1
Phone no.	555-987-6543	Email address	john.smith@email.com

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Thomas Tax			P12345678	<input checked="" type="checkbox"/> Self-employed
Firm's name	Tax Experts LLC			Phone no.
Firm's address	456 Tax Street, Suite 789, New York, NY 10002			555-555-5555
				Firm's EIN
				12-3456789