

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning 02-01, 2024, ending 12-31, 20 20

See separate instructions.

Your first name and middle initial John Michael		Last name Smith		Your identifying number (see instructions) 1 2 3 - 4 5 - 6 7	
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	ZIP code 10001
Foreign country name Canada		Foreign province/state/county Ontario		Foreign postal code M5V 2L7	

Filing Status	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> Qualifying surviving spouse (QSS)	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____				
Check only one box.					

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Dependents (see instructions):	(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input checked="" type="checkbox"/>	Sarah Smith		987-65-4321	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Michael Smith		987-65-4322	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Emma Smith		987-65-4323	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	James Smith		987-65-4324	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business	1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	85000.0	
	b	Household employee wages not reported on Form(s) W-2				1b	1200.0	
	c	Tip income not reported on line 1a (see instructions)				1c	2500.0	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	0.0	
	e	Taxable dependent care benefits from Form 2441, line 26				1e	1200.0	
	f	Employer-provided adoption benefits from Form 8839, line 29				1f	0.0	
	g	Wages from Form 8919, line 6				1g	0.0	
	h	Other earned income (see instructions)				1h	1500.0	
	i	Reserved for future use				1i		
	j	Reserved for future use				1j		
	k	Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)				1k	0.0	
	z	Add lines 1a through 1h				1z	91400.0	
	2a	Tax-exempt interest	2a	500.0	b	Taxable interest	2b	2000.0
	3a	Qualified dividends	3a	3000.0	b	Ordinary dividends	3b	4000.0
	4a	IRA distributions	4a	10000.0	b	Taxable amount	4b	8000.0
5a	Pensions and annuities	5a	15000.0	b	Taxable amount	5b	12000.0	
6	Reserved for future use				6			
7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input checked="" type="checkbox"/>				7	5000.0		
8	Additional income from Schedule 1 (Form 1040), line 10				8	1000.0		
9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income				9	136900.0		
10	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income				10	5000.0		
11	Subtract line 10 from line 9. This is your adjusted gross income				11	131900.0		
12	Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)				12	24000.0		
13a	Qualified business income deduction from Form 8995 or Form 8995-A		13a	5000.0				
b	Exemptions for estates and trusts only (see instructions)		13b	0				
c	Add lines 13a and 13b				13c	0		
14	Add lines 12 and 13c				14	0		
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income				15	0		

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> 1500.0										16	2000.0
	17	Amount from Schedule 2 (Form 1040), line 3										17	0
	18	Add lines 16 and 17										18	0
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)										19	0
	20	Amount from Schedule 3 (Form 1040), line 8										20	0
	21	Add lines 19 and 20										21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-										22	0
	23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15										23a	
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21										23b	0
	c	Transportation tax (see instructions)										23c	0
	d	Add lines 23a through 23c										23d	4000.0
	24	Add lines 22 and 23d. This is your total tax										24	0
Payments	25	Federal income tax withheld from:											
	a	Form(s) W-2										25a	17000.0
	b	Form(s) 1099										25b	500.0
	c	Other forms (see instructions)										25c	200.0
	d	Add lines 25a through 25c										25d	
	e	Form(s) 8805										25e	0
	f	Form(s) 8288-A										25f	0
	g	Form(s) 1042-S										25g	0
	26	2024 estimated tax payments and amount applied from 2023 return										26	4000.0
	27	Reserved for future use										27	
	28	Additional child tax credit from Schedule 8812 (Form 1040)										28	2000.0
	29	Credit for amount paid with Form 1040-C										29	0
	30	Reserved for future use										30	
	31	Amount from Schedule 3 (Form 1040), line 15										31	0
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits										32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments										33	23700.0
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid										34	1200.0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input checked="" type="checkbox"/>										35a	1000.0
	b	Routing number 1 2 3 4 5 6 7 8 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings											
	d	Account number 9 8 7 6 5 4 3 2 1											
	e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. 456 Queen Street West, Toronto, ON M5V 2B4											
	36	Amount of line 34 you want applied to your 2025 estimated tax										36	200.0
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
	38	Estimated tax penalty (see instructions)										38	0
Third Party Designer	Do you want to allow another person to discuss this return with the IRS? See instructions. <input checked="" type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No												
	Designee's name Jane Wilson Phone no. (555) 555-1234 Personal identification number (PIN) 1 2 3 4 5												
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 Software Engineer			If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 8 7 6 5 4 3			
	Phone no. (555) 555-5678				Email address john.smith@email.com								
Paid Preparer Use Only	Preparer's name Jane Wilson				Preparer's signature				Date		PTIN P12345678		
	Firm's name Wilson Tax Services								Phone no. (212) 555-0123		Check if: <input checked="" type="checkbox"/> Self-employed		
	Firm's address 789 Professional Plaza, Suite 300, New York, NY 10002								Firm's EIN 12-3456789				