Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2024

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

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 { f1_04[0] } | Last name { f1_05[0] } | Your social security number { f1_06[0] } |
| If joint return, spouse's first name and middle initial { f1_07[0] } | Last name { f1_08[0] } | Spouse's social security number { f1_09[0] } |

Home address (number and street). If you have a P.O. box, see instructions. { f1_10[0] }   Apt. no. { f1_11[0] }

City, town, or post office. If you have a foreign address, also complete spaces below. { f1_12[0] }   State { f1_13[0] }   ZIP code { f1_14[0] }

Foreign country name { f1_15[0] }   Foreign province/state/county { f1_16[0] }   Foreign postal code { f1_17[0] }

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. { c1_1[0] } { c1_2[0] }
☐ You   ☐ Spouse

Filing Status
Check only one box.
☐ Single { c1_3[1] }
☐ Married filing jointly (even if only one had income) { c1_3[2] }
☐ Married filing separately (MFS)
☐ Head of household (HOH) { c1_3[1] }
☐ 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: { f1_18[0] } { c1_4[0] }

☐ 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): { f1_19[0] }

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.)   { c1_5[0] } { c1_5[1] }   { c1_6[0] }   { c1_7[0] }   ☐ Yes   ☐ No

Standard Deduction
Someone can claim: { c1_8[0] } ☐ You as a dependent   ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien { c1_9[0] }

Age/Blindness   You: { c1_10[0] } ☐ Were born before January 2, 1960   ☐ Are blind { c1_11[0] }   **Spouse:** ☐ Was born before January 2, 1960   ☐ Is blind { c1_12[0] }

Dependents (see instructions):

(1) First name { f1_20[0] } Last name	(2) Social security number { f1_21[0] }	(3) Relationship to you { f1_22[0] }	(4) Check the box if qualifies for (see instructions): { c1_14[0] }	
			Child tax credit	Credit for other dependents { c1_15[0] }
{ f1_23[0] }	{ f1_24[0] }	{ f1_25[0] }	☐ { c1_16[0] }	☐ { c1_17[0] }
{ f1_26[0] }	{ f1_27[0] }	{ f1_28[0] }	☐ { c1_18[0] }	☐ { c1_19[0] }
{ f1_29[0] }	{ f1_30[0] }	{ f1_31[0] }	☐ { c1_20[0] }	☐ { c1_21[0] }
{ f1_32[0] }			☐	

If more than four dependents, see instructions and check here . . ☐ { c1_13[0] }

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	{ f1_33[0] }
b	Household employee wages not reported on Form(s) W-2	1b	{ f1_34[0] }
c	Tip income not reported on line 1a (see instructions)	1c	{ f1_35[0] }
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	{ f1_36[0] }
e	Taxable dependent care benefits from Form 2441, line 26	1e	{ f1_37[0] }
f	Employer-provided adoption benefits from Form 8839, line 29	1f	{ f1_38[0] }
g	Wages from Form 8919, line 6	1g	{ f1_39[0] }
h	Other earned income (see instructions) { f1_40[0] }	1h	
i	Nontaxable combat pay election (see instructions) 1i _____		{ f1_41[0] }
z	Add lines 1a through 1h { f1_42[0] }	1z	{ f1_43[0] }

Attach Sch. B if required.

2a	Tax-exempt interest 2a { f1_44[0] }	b	Taxable interest	2b	{ f1_45[0] }
3a	Qualified dividends 3a { f1_46[0] }	b	Ordinary dividends	3b	{ f1_47[0] }
4a	IRA distributions 4a { f1_48[0] }	b	Taxable amount	4b	{ f1_49[0] }
5a	Pensions and annuities 5a { f1_50[0] }	b	Taxable amount	5b	{ f1_51[0] }
6a	Social security benefits 6a _____	b	Taxable amount	6b	{ c1_22[0] } { f1_52[0] }
c	If you elect to use the lump-sum election method, check here (see instructions) ☐ { c1_23[0] }				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	{ f1_53[0] }
8	Additional income from Schedule 1, line 10			8	{ f1_54[0] }
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	{ f1_55[0] }
10	Adjustments to income from Schedule 1, line 26			10	{ f1_56[0] }
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	{ f1_57[0] }
12	**Standard deduction or itemized deductions** (from Schedule A)			12	{ f1_58[0] }
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	{ f1_59[0] }
14	Add lines 12 and 13			14	{ f1_60[0] }
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	

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.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.   Cat. No. 11320B   Form **1040** (2024)

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	
	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	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	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	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	**b**	Routing number	**c** Type: ☐ Checking ☐ Savings	
	d	Account number		
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36	

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	
	38	Estimated tax penalty (see instructions)	38	

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	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: ☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2024)