

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_, 20 \_\_\_\_\_

See separate instructions.

Your first name and middle initialLast name

Your social security number

If joint return, spouse's first name and middle initialLast name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

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.

Foreign country name Foreign province/state/county Foreign postal code

☐ You ☐ Spouse

Filing Status

☐ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ 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: \_\_\_\_\_

☐ 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
If more than four dependents, see instructions and check here <input 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

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

1b Household employee wages not reported on Form(s) W-2 . . . . . 1b

1c Tip income not reported on line 1a (see instructions) . . . . . 1c

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d

1e Taxable dependent care benefits from Form 2441, line 26 . . . . . 1e

1f Employer-provided adoption benefits from Form 8839, line 29 . . . . . 1f

1g Wages from Form 8919, line 6 . . . . . 1g

1h Other earned income (see instructions) . . . . . 1h

1i Nontaxable combat pay election (see instructions) . 1i

1z Add lines 1a through 1h . . . . . 1z

2a Tax-exempt interest . 2a

2b Taxable interest . . 2b

3a Qualified dividends . . 3a

3b Ordinary dividends . 3b

4a IRA distributions . . . 4a

4b Taxable amount . . . 4b

5a Pensions and annuities 5a

5b Taxable amount . . . 5b

6a Social security benefits . 6a

6b Taxable amount . . . 6b

c If you elect to use the lump-sum election method, check here (see instructions) . . . . . ☐

Attach Schedule B if required.

<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	Additional income from Schedule 1, line 10 . . . . .	<b>8</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>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . .	<b>11</b>	
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . .	<b>12</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>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b>	

**Standard Deduction**See *Standard Deduction Chart* on the last page of this form.

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

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:	
	<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>
	<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>
	<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>
	<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>
	<b>26</b>	2024 estimated tax payments and amount applied from 2023 return . .	<b>26</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>

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .				34			
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>				35a			
	<div>Direct deposit? See instructions.</div> <div><div>b Routing number</div><div>c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</div><div>d Account number</div></div>								
	36	Amount of line 34 you want <b>applied to your 2025 estimated tax</b> . . . . .				36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> 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 . . . . . <input type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b>								
	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.								
	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, <b>both</b> 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: <input type="checkbox"/> Self-employed		
	Firm's name					Phone no.			
	Firm's address					Firm's EIN			

**Standard Deduction Chart\***

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 . . . . . \_\_\_\_\_

<b>IF your filing status is. . .</b>	<b>AND the number of boxes checked is. . .</b>	<b>THEN your standard deduction is. . .</b>
Single	1	\$16,550
	2	18,500
Married filing jointly	1	\$30,750
	2	32,300
	3	33,850
	4	35,400
Qualifying surviving spouse	1	\$30,750
	2	32,300
Head of household	1	\$23,850
	2	25,800
Married filing separately**	1	\$16,150
	2	17,700
	3	19,250
	4	20,800

\*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

\*\*You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.