

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 Albert U	Last name Lewis	Your social security number 3 7 5 3 8 5 2 5 9
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 9458 Sterling Drive		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Miami	State FL	ZIP code 33157
Foreign country name	Foreign province/state/county	Foreign postal code

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: _____
☐ 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	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	0
	b Household employee wages not reported on Form(s) W-2	1b	0
	c Tip income not reported on line 1a (see instructions)	1c	0
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	0
	e Taxable dependent care benefits from Form 2441, line 26	1e	0
	f Employer-provided adoption benefits from Form 8839, line 29	1f	0
	g Wages from Form 8919, line 6	1g	0
	h Other earned income (see instructions)	1h	0
	i Nontaxable combat pay election (see instructions)	1i	0
	z Add lines 1a through 1h	1z	0
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest	2a	0
	3a Qualified dividends	3a	3,530
	4a IRA distributions	4a	0
	5a Pensions and annuities	5a	80,590
	6a Social security benefits	6a	23,098
	b Taxable interest	2b	3,474
	b Ordinary dividends	3b	3,530
	b Taxable amount	4b	3,442
	b Taxable amount	5b	2,530
	b Taxable amount	6b	0
	c If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	0
	8 Additional income from Schedule 1, line 10	8	0
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	12,976
	10 Adjustments to income from Schedule 1, line 26	10	0
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	12,976
	12 Standard deduction or itemized deductions (from Schedule A)	12	16,550
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	0
	14 Add lines 12 and 13	14	16,550
	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"/> _____	16	0
	17	Amount from Schedule 2, line 3	17	0
	18	Add lines 16 and 17	18	0
	19	Child tax credit or credit for other dependents from Schedule 8812	19	0
	20	Amount from Schedule 3, 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
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
24	Add lines 22 and 23. This is your total tax	24	0	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	0
	b	Form(s) 1099	25b	14,778
	c	Other forms (see instructions)	25c	0
	d	Add lines 25a through 25c	25d	14,778
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC)	27	0
	28	Additional child tax credit from Schedule 8812	28	0
	29	American opportunity credit from Form 8863, line 8	29	0
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	0
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	14,778	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	14,778
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	14,778
	b	Routing number 067014822 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 4418868802		
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	0
	38	Estimated tax penalty (see instructions)	38	0

Third Party Designee	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 Daniel Galindo	Phone no. (786) 422-5015	Personal identification number (PIN) 65506

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 04/02/2025	Your occupation Retired	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 647507
	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 lewisalbert705@gmail.com		

Paid Preparer Use Only	Preparer's name Daniel Galindo	Preparer's signature 	Date 04/02/2025	PTIN P01825166	Check if: <input type="checkbox"/> Self-employed
	Firm's name Vault Tax Service Corp	Phone no. (786) 422-5015			
	Firm's address 1414 NW 107th Avenue Suite 100 Miami FL 33172	Firm's EIN 814109992			

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

Late Payment Penalty 0 Late Filing Penalty 0 Late Interest 0 Total 0

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. 08

Name(s) shown on return
Albert U Lewis

Your social security number
375-38-5259

Part I
Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

CAPITAL ONE
TD BANK
JetStream
CHARLES SCHWAB

Amount	
	848
	344
	179
	2,103
1	
2	3,474
3	0
4	3,474

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5 List name of payer:
Manulife Financial
Comcast
NextEra Energy

Amount	
	247
	93
	3,190
5	
6	3,530

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign
Accounts
and Trusts

Caution: If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required to
file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: _____
8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	x
	x

Residential Energy Credits

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form5695 for instructions and the latest information.

Your social security number

3 7 5 | 3 8 | 5 2 5 9

Part I Residential Clean Energy Credit (See instructions before completing this part.)**Note:** Skip lines 1 through 11 if you only have a **credit carryforward from 2023**.Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b.
For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code
1	Qualified solar electric property costs		1	
2	Qualified solar water heating property costs		2	
3	Qualified small wind energy property costs		3	
4	Qualified geothermal heat pump property costs		4	
5a	Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology		5a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If you checked the "Yes" box, enter the qualified battery technology costs		5b	
6a	Add lines 1 through 5b		6a	0
b	Multiply line 6a by 30% (0.30)		6b	0
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.)		7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.				
b	Enter the complete address of the main home where you installed the fuel cell property.			
Number and street			Unit no.	City or town
c If the special rule for joint occupants applies, check here <input type="checkbox"/> and attach a statement. (See instructions.)			State	ZIP code
8	Qualified fuel cell property costs		8	
9	Multiply line 8 by 30% (0.30)		9	0
10	Kilowatt capacity of property on line 8 above x \$1,000		10	0
11	Enter the smaller of line 9 or line 10		11	0
12	Credit carryforward from 2023. Enter the amount, if any, from your 2023 Form 5695, line 16		12	19,200
13	Add lines 6b, 11, and 12		13	19,200
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)		14	0
15	Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a		15	0
16	Credit carryforward to 2025. If line 15 is less than line 13, subtract line 15 from line 13		16	19,200

Part II Energy Efficient Home Improvement Credit**Section A—Qualified Energy Efficiency Improvements**

17a	Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)	17a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Are you the original user of the qualified energy efficiency improvements?	17b	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Are the components reasonably expected to remain in use for at least 5 years? If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.	17c	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.) Number and street Unit no. City or town State ZIP code		
e	Were any of these improvements related to the construction of this main home? If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.	17e	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Insulation or air sealing material or system.		
a	Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)	18a	
b	Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200	18b	0
19	Exterior doors that meet the applicable Energy Star requirements.		
a	Enter the cost of the most expensive door you bought	19a	
b	Multiply line 19a by 30% (0.30). Do not enter more than \$250	19b	0
c	Enter the cost of all other qualifying exterior doors	19c	
d	Multiply line 19c by 30% (0.30)	19d	0
e	Add lines 19b and 19d. Do not enter more than \$500	19e	0
20	Windows and skylights that meet the Energy Star certification requirements.		
a	Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)	20a	
b	Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600	20b	0

Section B—Residential Energy Property Expenditures

21a	Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?	21a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Was the qualified energy property originally placed into service by you? If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.	21b	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Enter the complete address of each home where you installed qualified energy property. Number and street Unit no. City or town State ZIP code _____ _____ _____		
22	Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)		
a	Enter the cost of central air conditioners	22a	
b	Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600	22b	0
23a	Enter the cost of natural gas, propane, or oil water heaters	23a	
b	Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600	23b	0
24a	Enter the cost of natural gas, propane, or oil furnace or hot water boilers	24a	
b	Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600	24b	0

Section B—Residential Energy Property Expenditures *(continued)*

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders	25a			
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600	25b			0
26	Home energy audits.				
a	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.	26a	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Enter the cost of the home energy audits	26b			
c	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150	26c			0
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c	27			0
28	Enter the smaller of line 27 or \$1,200	28			0
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.				
a	Enter the cost of electric or natural gas heat pumps	29a			
b	Enter the cost of electric or natural gas heat pump water heaters	29b			
c	Enter the cost of biomass stoves and biomass boilers	29c			
d	Add lines 29a, 29b, and 29c	29d			0
e	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000	29e			0
30	Add lines 28 and 29e	30			0
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)	31			0
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b	32			0
a	If the special rule for joint occupants applies, check here <input type="checkbox"/> and attach a statement. (See instructions.)				