

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 <b>Austin</b>		Last name <b>Accumulator</b>		Your social security number <b>468   10   5010</b>		
If joint return, spouse's first name and middle initial <b>Lila</b>		Last name <b>Accumulator</b>		Spouse's social security number <b>469   50   1000</b>		
Home address (number and street). If you have a P.O. box, see instructions. <b>45455 4th</b>				Apt. no. <b></b>		
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Minneapolis</b>			State <b>MN</b>		ZIP code <b>55016</b>	
Foreign country name <b></b>		Foreign province/state/county <b></b>		Foreign postal code <b></b>		

**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
<b>Sophia</b>	<b>Accumulator</b>	<b>463-21-3213</b>	<b>Daughter</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Blake</b>	<b>Accumulator</b>	<b>470-21-3210</b>	<b>Son</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Billy</b>	<b>Accumulator</b>	<b>470-32-1388</b>	<b>Son</b>	<input checked="" 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 130,000.**

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 0.**

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

1z Add lines 1a through 1h **1z 130,000.**

Attach Sch. B if required.

2a Tax-exempt interest	2a	2b Taxable interest	2b 1,000.
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

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.

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

8 Additional income from Schedule 1, line 10 **8 5,000.**

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** **9 148,000.**

10 Adjustments to income from Schedule 1, line 26 **10 300.**

11 Subtract line 10 from line 9. This is your **adjusted gross income** **11 147,700.**

12 **Standard deduction or itemized deductions** (from Schedule A) **12 29,200.**

13 Qualified business income deduction from Form 8995 or Form 8995-A **13**

14 Add lines 12 and 13 **14 29,200.**

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** **15 118,500.**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2024)

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	15,476.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	15,476.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	6,000.
	20	Amount from Schedule 3, line 8	20	800.
	21	Add lines 19 and 20	21	6,800.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,676.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,676.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	10,000.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	10,000.
	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 <b>total other payments and refundable credits</b>	32		
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	10,000.	

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	1,324.																	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,324.																	
	b	Routing number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X									
	X	X	X	X	X	X	X	X	X	X											
d	Account number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	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 <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> 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 checked="" type="checkbox"/> <b>No</b>							
	Designee's name	Phone no.	Personal identification number (PIN) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					

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.) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
	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.) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
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	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

SCHEDULE 1  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

2024  
Attachment  
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Austin & Lila Accumulator

Your social security number

468-10-5010

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . .

**Note:** The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See [www.irs.gov/1099k](http://www.irs.gov/1099k).

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1	0.
2a	Alimony received . . . . .	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C . . . . .	3	
4	Other gains or (losses). Attach Form 4797 . . . . .	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	5	
6	Farm income or (loss). Attach Schedule F . . . . .	6	
7	Unemployment compensation . . . . .	7	
8	Other income:		
a	Net operating loss . . . . . 8a ( )		
b	Gambling . . . . . 8b		
c	Cancellation of debt . . . . . 8c		
d	Foreign earned income exclusion from Form 2555 . . . . . 8d ( )		
e	Income from Form 8853 . . . . . 8e		
f	Income from Form 8889 . . . . . 8f		
g	Alaska Permanent Fund dividends . . . . . 8g		
h	Jury duty pay . . . . . 8h		
i	Prizes and awards . . . . . 8i		
j	Activity not engaged in for profit income . . . . . 8j		
k	Stock options . . . . . 8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . 8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . . 8m		
n	Section 951(a) inclusion (see instructions) . . . . . 8n		
o	Section 951A(a) inclusion (see instructions) . . . . . 8o		
p	Section 461(l) excess business loss adjustment . . . . . 8p		
q	Taxable distributions from an ABLE account (see instructions) . . . . . 8q		
r	Scholarship and fellowship grants not reported on Form W-2 . . . . . 8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . . 8s ( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . . 8t		
u	Wages earned while incarcerated . . . . . 8u		
v	Digital assets received as ordinary income not reported elsewhere. See instructions . . . . . 8v 5,000.		
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z . . . . . 9 5,000.		
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . 10 5,000.		

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2024

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	300.
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): . . . . .		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: . . . . .	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .	<b>26</b>	300.

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Austin & Lila Accumulator

Your social security number

468-10-5010

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	800.
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	800.

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>13a</b>	
<b>b</b>	Section 1341 credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>	
<b>c</b>	Net elective payment election amount from Form 3800, Part III, line 6, column (j) . . . . .	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>	
<b>z</b>	Other refundable credits (see instructions): _____	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .	<b>15</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

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Schedule 3 (Form 1040) 2024

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **12**

Name(s) shown on return

Austin & Lila Accumulator

Your social security number

468-10-5010

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	10,000.	8,000.		2,000.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 2,000.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .	30,000.	20,000.		10,000.
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 10,000.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2024

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	12,000.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>			
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;">. . . . .</div> </div> </div>	<b>21</b>	( )
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.			
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		





## Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.2024  
Attachment  
Sequence No. 21

Name(s) shown on return

Austin &amp; Lila Accumulator

Your social security number

468-10-5010

**A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box ☐

**B** If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box ☐

**Part I** Persons or Organizations Who Provided the Care—You must complete this part.If you have more than three care providers, see the instructions and check this box ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2024? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
Kinder care	125 St Cloud MN 55016	55-5555555	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4,000.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive  
dependent care benefits?☐ No Complete only Part II below.☐ Yes Complete Part III on page 2 next.

**Caution:** If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.

**Part II** Credit for Child and Dependent Care Expenses**2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)
First	Last			
Blake	Accumulator	470-21-3210	<input type="checkbox"/>	2,000.
Billy	Accumulator	470-32-1388	<input type="checkbox"/>	2,000.
			<input type="checkbox"/>	

<b>3</b>	Add the amounts in column (d) of line 2. <b>Don't</b> enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	<b>3</b>	4,000.																																																																													
<b>4</b>	Enter your <b>earned income</b> . See instructions	<b>4</b>	70,000.																																																																													
<b>5</b>	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	60,000.																																																																													
<b>6</b>	Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	4,000.																																																																													
<b>7</b>	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	<b>7</b>	147,700.																																																																													
<b>8</b>	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.																																																																															
<table><tr><th colspan="3">If line 7 is:</th><th colspan="3">If line 7 is:</th><th colspan="3">If line 7 is:</th></tr><tr><th>Over</th><th>But not over</th><th>Decimal amount is</th><th>Over</th><th>But not over</th><th>Decimal amount is</th><th>Over</th><th>But not over</th><th>Decimal amount is</th></tr><tr><td>\$0—15,000</td><td></td><td>.35</td><td>\$25,000—27,000</td><td></td><td>.29</td><td>\$37,000—39,000</td><td></td><td>.23</td></tr><tr><td>15,000—17,000</td><td></td><td>.34</td><td>27,000—29,000</td><td></td><td>.28</td><td>39,000—41,000</td><td></td><td>.22</td></tr><tr><td>17,000—19,000</td><td></td><td>.33</td><td>29,000—31,000</td><td></td><td>.27</td><td>41,000—43,000</td><td></td><td>.21</td></tr><tr><td>19,000—21,000</td><td></td><td>.32</td><td>31,000—33,000</td><td></td><td>.26</td><td>43,000—No limit</td><td></td><td>.20</td></tr><tr><td>21,000—23,000</td><td></td><td>.31</td><td>33,000—35,000</td><td></td><td>.25</td><td></td><td></td><td></td></tr><tr><td>23,000—25,000</td><td></td><td>.30</td><td>35,000—37,000</td><td></td><td>.24</td><td></td><td></td><td></td></tr></table>									If line 7 is:			If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0—15,000		.35	\$25,000—27,000		.29	\$37,000—39,000		.23	15,000—17,000		.34	27,000—29,000		.28	39,000—41,000		.22	17,000—19,000		.33	29,000—31,000		.27	41,000—43,000		.21	19,000—21,000		.32	31,000—33,000		.26	43,000—No limit		.20	21,000—23,000		.31	33,000—35,000		.25				23,000—25,000		.30	35,000—37,000		.24			
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23,000—25,000		.30	35,000—37,000		.24																																																																											
<b>9a</b>	Multiply line 6 by the decimal amount on line 8	<b>9a</b>	800.																																																																													
<b>b</b>	If you paid 2023 expenses in 2024, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	<b>9b</b>	0.																																																																													
<b>c</b>	Add lines 9a and 9b and enter the result	<b>9c</b>	800.																																																																													
<b>10</b>	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	<b>10</b>	15,476.																																																																													
<b>11</b>	<b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	<b>11</b>	800.																																																																													

SCHEDULE 8812  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Credits for Qualifying Children  
and Other Dependents

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment  
Sequence No. 47

Name(s) shown on return

Austin & Lila Accumulator

Your social security number

468-10-5010

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		1	147,700.
2a	Enter income from Puerto Rico that you excluded . . . . .	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	2b	0.	
c	Enter the amount from line 15 of your Form 4563 . . . . .	2c		
d	Add lines 2a through 2c . . . . .	2d	0.	
3	Add lines 1 and 2d . . . . .	3	147,700.	
4	Number of qualifying children under age 17 with the required social security number	4	3	
5	Multiply line 4 by \$2,000 . . . . .	5	6,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	6	0	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500 . . . . .	7		
8	Add lines 5 and 7 . . . . .	8	6,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05) . . . . .	11	0.	
12	Is the amount on line 8 more than the amount on line 11? . . . . . <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	12	6,000.	
13	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	13	14,676.	
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . . <b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>	14	6,000.	

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16a</b> 0.
<b>b</b>	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b>
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$5,100 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. . . . .	<b>21</b>
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	<b>22</b>
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>
<b>24</b>	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>
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**Form 1040**      **Qualified Dividends and Capital Gain Tax Worksheet**  
**Line 16**                      ► Keep for your records

**2024**

Name(s) Shown on Return <b>Austin &amp; Lila Accumulator</b>	Social Security Number <b>468-10-5010</b>
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<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 15. . . . .	<b>1</b>	118,500.
<b>2</b>	Enter the amount from Form 1040 or 1040-SR, line 3a . . . . .	<b>2</b>	
<b>3</b>	Are you filing Schedule D?		
<input checked="" type="checkbox"/>	<b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	10,000.
<input type="checkbox"/>	<b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 7. . . . .		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	10,000.
<b>5</b>	Subtract line 4 from line 1. If zero or less, enter -0- . . . . .	<b>5</b>	108,500.
<b>6</b>	Enter:		
	<u>\$47,025</u> if single or married filing separately,	}	<b>6</b> 94,050.
	<u>\$94,050</u> if mfj or qualifying surviving spouse,		
	<u>\$63,000</u> if head of household.		
<b>7</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>7</b>	94,050.
<b>8</b>	Enter the smaller of line 5 or line 7 . . . . .	<b>8</b>	94,050.
<b>9</b>	Subtract line 8 from line 7 (this amount taxed at 0%) . . . . .	<b>9</b>	0.
<b>10</b>	Enter the smaller of line 1 or line 4 . . . . .	<b>10</b>	10,000.
<b>11</b>	Enter the amount from line 9 . . . . .	<b>11</b>	0.
<b>12</b>	Subtract line 11 from line 10. . . . .	<b>12</b>	10,000.
<b>13</b>	Enter:		
	<u>\$518,900</u> if single,	}	<b>13</b> 583,750.
	<u>\$291,850</u> if married filing separately,		
	<u>\$583,750</u> if mfj or qualifying surviving spouse,		
	<u>\$551,350</u> if head of household.		
<b>14</b>	Enter the smaller of line 1 or line 13 . . . . .	<b>14</b>	118,500.
<b>15</b>	Add lines 5 and 9 . . . . .	<b>15</b>	108,500.
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>	10,000.
<b>17</b>	Enter the smaller of line 12 or line 16 . . . . .	<b>17</b>	10,000.
<b>18</b>	Multiply line 17 by 15% (0.15) . . . . .	<b>18</b>	1,500.
<b>19</b>	Add lines 9 and 17. . . . .	<b>19</b>	10,000.
<b>20</b>	Subtract line 19 from line 10 . . . . .	<b>20</b>	0.
<b>21</b>	Multiply line 20 by 20% (0.20) . . . . .	<b>21</b>	0.
<b>22</b>	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
		<b>22</b>	13,976.
<b>23</b>	Add lines 18, 21, and 22 . . . . .	<b>23</b>	15,476.
<b>24</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
		<b>24</b>	16,176.
<b>25</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. . . . .		
		<b>25</b>	15,476.