

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		Last name			Your social security number		
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.			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	<input type="checkbox"/> You <input type="checkbox"/> Spouse		
Filing Status		<input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Qualifying surviving spouse (QSS) <input type="checkbox"/> Married filing separately (MFS)					
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: _____					
		<input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Standard Deduction		Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien					
Age/Blindness		You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind					
Dependents (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>		(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 <input type="checkbox"/> Credit for other dependents <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	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
		z Add lines 1a through 1h	1z	b Taxable interest	2b	b Ordinary dividends	3b
		2a Tax-exempt interest	2a	b Taxable amount	4b	b Taxable amount	5b
		3a Qualified dividends	3a	b Taxable amount	6b	b Taxable amount	7
		4a IRA distributions	4a	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	8	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	9
		5a Pensions and annuities	5a	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	10	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	11
		6a Social security benefits	6a	8 Additional income from Schedule 1, line 10	12	8 Additional income from Schedule 1, line 10	13
		c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	14	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	15
		7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		10 Adjustments to income from Schedule 1, line 26		10 Adjustments to income from Schedule 1, line 26	
		8 Additional income from Schedule 1, line 10		11 Subtract line 10 from line 9. This is your adjusted gross income		11 Subtract line 10 from line 9. This is your adjusted gross income	
		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		12 Standard deduction or itemized deductions (from Schedule A)		12 Standard deduction or itemized deductions (from Schedule A)	
		10 Adjustments to income from Schedule 1, line 26		13 Qualified business income deduction from Form 8995 or Form 8995-A		13 Qualified business income deduction from Form 8995 or Form 8995-A	
		11 Subtract line 10 from line 9. This is your adjusted gross income		14 Add lines 12 and 13		14 Add lines 12 and 13	
		12 Standard deduction or itemized deductions (from Schedule A)		15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	

