

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	
<b>Filing Status</b> Check only one box.	<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS)			<input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> 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: _____					
	<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): _____					
<b>Digital Assets</b>	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						
<b>Standard Deduction</b>	<b>Someone can claim:</b> <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					
<b>Age/Blindness</b>	You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind	<b>Spouse:</b> <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind				
<b>Dependents</b> 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):		
				<input type="checkbox"/> 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"/>	
<b>Income</b>	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
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	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
If you did not get a Form W-2, see instructions.	1g Wages from Form 8919, line 6 . . . . .	1g	1h Other earned income (see instructions) . . . . .	1h	1i Nontaxable combat pay election (see instructions) . . . . .	1i
Attach Sch. B if required.	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				8
	5a Pensions and annuities . . . . .	5a				9
	6a Social security benefits . . . . .	6a				10
	c If you elect to use the lump-sum election method, check here (see instructions) . . . . .	c				11
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	7				12
	8 Additional income from Schedule 1, line 10 . . . . .	8				13
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	9				14
	10 Adjustments to income from Schedule 1, line 26 . . . . .	10				15
	11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	11				
	12 Standard deduction or itemized deductions (from Schedule A) . . . . .	12				
	13 Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13				
	14 Add lines 12 and 13 . . . . .	14				
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	15				

