

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_, 2020

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.			
City, town, or post office. If you have a foreign address, also complete spaces below.		State	ZIP code		
Foreign country name	Foreign province/state/county	Foreign postal code			
<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> 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					
<b>Age/Blindness</b> 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					
<b>Dependents</b> (see instructions): If more than four dependents, see instructions and check here . . .		(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
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<b>Income</b> 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) . . . . . b Household employee wages not reported on Form(s) W-2 . . . . . c Tip income not reported on line 1a (see instructions) . . . . . d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . e Taxable dependent care benefits from Form 2441, line 26 . . . . . f Employer-provided adoption benefits from Form 8839, line 29 . . . . . g Wages from Form 8919, line 6 . . . . . h Other earned income (see instructions) . . . . . i Nontaxable combat pay election (see instructions) . . . . . z Add lines 1a through 1h . . . . . 2a Tax-exempt interest . . . . . 3a Qualified dividends . . . . . 4a IRA distributions . . . . . 5a Pensions and annuities . . . . . 6a Social security benefits . . . . . c If you elect to use the lump-sum election method, check here (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 . . . . . 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . 10 Adjustments to income from Schedule 1, line 26 . . . . . 11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . 12 Standard deduction or itemized deductions (from Schedule A) . . . . . 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . . . 14 Add lines 12 and 13 . . . . . 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .			
Attach Sch. B if required.		1a 1b 1c 1d 1e 1f 1g 1h 1i 1z 2b 3b 4b 5b 6b 7 8 9 10 11 12 13 14 15			
<b>Standard Deduction for—</b> • 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 <b>Standard Deduction</b> , see instructions.					

<b>Tax and Credits</b>	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
	17	Amount from Schedule 2, line 3			17
	18	Add lines 16 and 17			18
	19	Child tax credit or credit for other dependents from Schedule 8812			19
	20	Amount from Schedule 3, line 8			20
	21	Add lines 19 and 20			21
	22	Subtract line 21 from line 18. If zero or less, enter -0			22
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			23
24	Add lines 22 and 23. This is your <b>total tax</b>			24	
<b>Payments</b>	25	Federal income tax withheld from:			
	a	Form(s) W-2			25a
	b	Form(s) 1099			25b
	c	Other forms (see instructions)			25c
	d	Add lines 25a through 25c			25d
	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	
<b>Refund</b>	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
	b	Routing number	c Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number			
	36	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>			36
<b>Amount You Owe</b>	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
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions			<input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
Designee's name		Phone no.	Personal identification number (PIN)		
<b>Sign Here</b>	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.				
Joint return? See instructions. Keep a copy for your records.	Your signature  Emily Hansen	Date  02/10/2025	Your occupation  Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address			
<b>Paid Preparer Use Only</b>	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