

Taxpayer

Sarah J Jean Baptiste
XXX-XX-1286

920 N washington st
Bismarck, ND 58501

Spouse

Mac-Lee Jean Baptiste
XXX-XX-9536

Dependents

Name	SSN	Relationship
Elise D Jean Baptiste	XXX-XX-6713	DAUGHTER
Idris A Jean Baptiste	XXX-XX-0287	SON

2024 Federal Return Information

Prepared: 02-20-2025

Filing Status: Married Filing Jointly

Wages, Salaries, Tips, etc.:	\$	63,068
Total Income:	\$	63,068
Total Adjustments:	\$	0
Adjusted Gross Income:	\$	63,068
Total Deductions:	\$	29,200
QBI Amount:	\$	0
Taxable Income:	\$	33,868
Tax (before credits):	\$	3,601
Total Non-Refundable Credits:	\$	3,601
Tax (after credits):	\$	0
Earned Income Credit:	\$	0
Total Payments, Refundable Credits:	\$	3,547
Amount You Overpaid:	\$	3,547
Your Tax Refund:	\$	3,547
Refund You Applied to 2025:	\$	0
Amount of Tax Owed (balance due):	\$	0

Tax Rate (percentage): 12

State Return Information

Resident State: ND

State	AGI	Taxable Income	Tax	Refund	Balance Due
ND	\$ 33,868	\$ 33,868		\$ 25	

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

See separate instructions.

Your first name and middle initial

Last name

Your social security number

Sarah J

Jean Baptiste

502-19-1286

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Mac-Lee

Jean Baptiste

771-58-9536

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Presidential Election Campaign

920 N washington st

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.

City, town, or post office. If you have a foreign address, also complete spaces below.

State

ZIP code

Bismarck

ND

58501

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

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):

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 if qualifies for (see instructions):	Child tax credit	Credit for other dependents
Elise	Jean Baptiste	704-72-6713	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Idris	Jean Baptiste	864-57-0287	Son	<input checked="" 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 63,068

b Household employee wages not reported on Form(s) W-2 1b

c Tip income not reported on line 1a (see instructions) 1c

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d

e Taxable dependent care benefits from Form 2441, line 26 1e

f Employer-provided adoption benefits from Form 8839, line 29 1f

g Wages from Form 8919, line 6 1g

h Other earned income (see instructions) 1h

i Nontaxable combat pay election (see instructions) 1i

z Add lines 1a through 1h 1z 63,068

2a Tax-exempt interest 2a

2b Taxable interest 2b

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

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 8

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 63,068

10 Adjustments to income from Schedule 1, line 26 10

11 Subtract line 10 from line 9. This is your adjusted gross income 11 63,068

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 33,868

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

Attach Sch. B if required.

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.

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	3,601
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,601
	19	Child tax credit or credit for other dependents from Schedule 8812	19	3,491
	20	Amount from Schedule 3, line 8	20	110
	21	Add lines 19 and 20	21	3,601
	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	
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	3,038
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	3,038
	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	509
	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 total other payments and refundable credits	32	509
33	Add lines 25d, 26, and 32. These are your total payments	33	3,547	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . .	34	3,547
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	3,547
	b	Routing number 2 9 1 3 7 0 9 1 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 2 2 5 2 6 5 8		
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	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

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.)
	39058	02-20-2025	mom	
	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.)
19114	02-20-2025	TSA		
	Phone no. 701-333-9058	Email address		

Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Preparer's name	Phone no.		
	Firm's name			
	Firm's address			Firm's EIN

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 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

Sarah J & Mac-Lee Jean Baptiste

Your social security number

502-19-1286

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	110
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
m	Credit for previously owned clean vehicles. Attach Form 8936	6m		
z	Other nonrefundable credits. List type and amount: _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z	7		
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8		110

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions): _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	0

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

Schedule 3 (Form 1040) 2024

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 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

Sarah J & Mac-Lee Jean Baptiste

502-19-1286

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	63,068
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	63,068
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,000	5	4,000
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	
Caution: 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	4,000
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	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. 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"/> Yes. Subtract line 11 from line 8. Enter the result.	12	4,000
13	Enter the amount from Credit Limit Worksheet A	13	3,491
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents.	14	3,491

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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.

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

Schedule 8812 (Form 1040) 2024

EEA

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

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 509
b	Number of qualifying children under age 17 with the required social security number: <u>2</u> x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b 3,400
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17 509
18a	Earned income (see instructions)	18a 63,068
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19 60,568
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$5,100 or more? <input checked="" type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. 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.	20 9,085

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

21	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	21
22	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 . . .	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27 509
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Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to **www.irs.gov/Form8880** for the latest information.

2024

Attachment
Sequence No. **54**

Name(s) shown on return

<p>Your social security number</p>

Sarah J & Mac-Lee Jean Baptiste

502-19-1286

You **cannot** take this credit if **either** of the following applies.

CAUTION!

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$38,250 (\$57,375 if head of household; \$76,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2007; **(b)** is claimed as a dependent on someone else's 2024 tax return; or **(c)** was a **student** (see instructions).

		(a) You	(b) Your spouse
1	Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2024. Do not include rollover contributions	1	
2	Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2024 (see instructions)	2	1,104
3	Add lines 1 and 2	3	1,104
4	Certain distributions received after 2021 and before the due date (including extensions) of your 2024 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	1,104
6	In each column, enter the smaller of line 5 or \$2,000	6	1,104
7	Add the amounts on line 6. If zero, stop ; you can't take this credit	7	1,104
8	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*	8	63,068
9	Enter the applicable decimal amount from the table below.		

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9 -				
---	\$23,000	0.5	0.5	0.5
\$23,000	\$25,000	0.5	0.5	0.2
\$25,000	\$34,500	0.5	0.5	0.1
\$34,500	\$37,500	0.5	0.2	0.1
\$37,500	\$38,250	0.5	0.1	0.1
\$38,250	\$46,000	0.5	0.1	0.0
\$46,000	\$50,000	0.2	0.1	0.0
\$50,000	\$57,375	0.1	0.1	0.0
\$57,375	\$76,500	0.1	0.0	0.0
\$76,500	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

10	Multiply line 7 by line 9	10	110
11	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	3,601
12	Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4	12	110

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form 8880 (2024)

EEA

Credit Limit Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

Sarah J & Mac-Lee Jean Baptiste

502-19-1286

1. Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l	1.	3,601
2. Foreign tax credit amount from Schedule 3 (Form 1040), line 1	2.	
3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10	3.	3,601
4. Amount from Form 2441, line 11	4.	
5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21	5.	3,601
6. Amount from Schedule R, line 22	6.	
7. Enter amount from Form 8863, line 18	7.	
8. Subtract line 6 from line 5. If zero or less, enter -0-	8.	3,601
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	9.	
10. Enter amount from Form 8863, line 9	10.	
11. Subtract line 9 from line 8. If zero or less, enter -0-	11.	3,601
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	12.	
13. Add line 9 and line 12. Enter this amount on Form 8863, line 19	13.	0
14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11	14.	3,601
15. Amount from Form 8880, line 12	15.	110
16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 31	16.	3,491
17. Amount from Form 5695, line 32	17.	
18. Reserved	18.	
19. Reserved	19.	
20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8936, line 17	20.	3,491
21. Amount from Form 8936, line 18	21.	
22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 12	22.	3,491
23. Amount from Form 8936, line 13	23.	
24. Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return	24.	3,491
25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8	25.	0
26. Amount from Form 8396, line 9	26.	
27. Subtract line 26 from line 25. If zero or less, enter -0-	27.	0
28. Amount from Form 8839, line 14	28.	
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16	29.	
30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2	30.	0
31. Amount from Form 8859, line 3	31.	
32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14	32.	0

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

Sarah J & Mac-Lee Jean Baptiste

502-19-1286

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions \$ 3,601

\$ 3,601 Tax computed using only available method

Credit Limit Worksheet A

Schedule 8812

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

Sarah J & Mac-Lee Jean Baptiste

502-19-1286

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR 1. 3,601

2. Add the following amounts (if applicable) from:

Schedule 3, Line 1	+	
Schedule 3, Line 2	+	
Schedule 3, Line 3	+	
Schedule 3, Line 4	+	110
Schedule 3, line 5b	+	
Schedule 3, line 6d	+	
Schedule 3, line 6f	+	
Schedule 3, line 6l	+	
Schedule 3, line 6m	+	

Enter the total. 2. 110

3. Subtract line 2 from line 1 3. 3,491

Complete Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.

- a. Mortgage interest credit, Form 8396.
- b. Adoption credit, Form 8839.
- c. Residential clean energy credit, Form 5695, Part I.
- d. District of Columbia first-time homebuyer credit, Form 8859.

2. You are not filing Form 2555.

3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B 4. 0

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 5. 3,491

Earned Income Worksheet

Schedule 8812

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

Sarah J & Mac-Lee Jean Baptiste

502-19-1286

Before you begin:

- Use this worksheet only if you were sent here from the Credit Limit Worksheet B, earlier, or the instructions for line 18a.
- Disregard community property laws when figuring the amounts to enter on this worksheet.
- If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1. a. Enter the amount from line 1z of Form 1040, 1040-SR, or 1040-NR **1a.** 63,068

b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule 8812, line 18b. This amount will be reported either on line 1i of Form 1040 or 1040-SR, or should be shown in Form(s) W-2, box 12, with code **Q** **1b.** _____

Next, if you are filing Schedule C, F, or SE, or you received a Schedule K-1 (Form 1065), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.

2. a. Enter any statutory employee income reported on line 1 of Schedule C **2a.** _____

b. Enter any net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property **2b.** _____

c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any amounts exempt from self-employment tax **2c.** _____

d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c **2d.** _____

e. If line 2c is a profit, enter the **smaller** of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c **2e.** _____

3. Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, **stop**. Do not complete the rest of this worksheet. Instead, enter -0- on line 3 of Credit Limit Worksheet B or line 18a of Schedule 8812, whichever applies **3.** 63,068

4. Enter the Medicaid waiver payment amounts excluded from income on Schedule 1 (Form 1040), line 8s, unless you choose to include these amounts in earned income. See the instructions for Schedule 1, line 8s. If you and your spouse both received Medicaid waiver payments during the year, you and your spouse can make different choices about including the full amount of your payments in earned income. Enter only the amount of the Medicaid waiver payments that you or your spouse, if filing a joint return, do not want to include in earned income. To include all nontaxable Medicaid waiver payment amounts in earned income, enter -0- **4.** _____

5. Enter the amount from Schedule 1 (Form 1040), line 15 **5.** _____

6. Add lines 4 and 5 **6.** _____

7. Subtract line 6 from line 3 **7.** 63,068

- If you were sent here from Credit Limit Worksheet B, enter this amount on line 3 of that worksheet.
- If you were sent here from the instructions for line 18a, enter this amount on line 18a of Schedule 8812.

* If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE. Put your name and social security number on Schedule SE and attach it to your return.

Account Transaction Summary**2024**

Name(s) as shown on return

Tax ID Number

Sarah J & Mac-Lee Jean Baptiste

XXX-XX-1286

Account #1

Financial Institution Gate City Bank**Routing Transit Number** 291370918**Account Number** 2252658**Account Type** checking

Federal Main Form

Federal Deposit 3,547

State Main Form(s)

ND Deposit 25

Net Deposit 3,572

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize to use this account.

Your Signature_____
Date_____
Spouse's Signature (If Married Filing Jointly)_____
Date

Carryover Worksheet
List of items that will carryover to the 2025 tax return

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

Sarah J & Mac-Lee Jean Baptiste

502-19-1286

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations
Contributions subject to 60% of AGI limitations
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)
Contributions subject to 30% of AGI limitations
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)
Taxable state and local refunds to Schedule 1 (Form 1040) line 1
State/local taxes paid in 2025 to flow to the Schedule A
State donations and contributions carryover
State overpayment applied to next year

Expenses

Office in home operating expenses
Office in home excess casualty losses and depreciation
Disallowed investment interest expense AMT Reg. Tax
Section 179 expense
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use

Losses

Short-term capital loss AMT Reg. Tax
Long-term capital loss AMT Reg. Tax
Net operating loss AMT Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year) AMT Reg. Tax
Qualified REIT and PTP loss carryover
QBI loss carryover
Nonrecaptured net section 1231 losses from WK_1231C AMT Reg. Tax

Credits

Mortgage interest credit
Credit for prior year minimum tax
Foreign Tax credit AMT Reg. Tax
District of Columbia first time home owner's credit
Residential clean energy credit

Other

Preparer Fee
Overpayment applied to next year's estimates
Estimated Tax Payment 1 Estimated Tax Payment 2
Estimated Tax Payment 3 Estimated Tax Payment 4
Federal tax liability for 2210 calculation 0
State tax liability for state 2210 calculation
IRA basis Taxpayer Spouse
Disaster distributions taxable in 2025 Taxpayer Spouse
Disaster distributions taxable in 2026 Taxpayer Spouse
Excess repayments from 8915-F Taxpayer Spouse

Passive Activity

At Risk Limitations

INDIVIDUAL INCOME TAX RETURN
NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER

SFN 28702 (12-2024)



FORM ND-1
2024

502-19-1286 771-58-9536

SARAH J JEAN BAPTISTE
MAC-LEE JEAN BAPTISTE

920 N WASHINGTON ST

BISMARCK

ND 58501

Deceased: Date of death:

☐
☐

► If a fiscal year filer, enter
fiscal year end: _____

D. Fill in if applicable:
(see instructions)

Amended: General
Amended: Federal NOL

☐
☐
☐

E. Fill in if applicable:
(see instructions)

Extension

F. MN/MT Reciprocity:
(see instructions)

☐ State _____

A. Filing status used on federal return: ☐ 1. Single ☐ 4. Head of household
☒ 2. Married filing jointly ☐ 5. Qualifying widow(er) with
☐ 3. Married filing separately dependent child

B. School district code: 08-001
(see instructions)

C. Income source code: 03
(see instructions)



Attach a copy of your entire 2024 federal income tax return.

1.a. Federal adjusted gross income from Form 1040 or Form 1040-SR, line 11. If zero, enter 0 (SX) 1a 63,068

b. Federal taxable income from Form 1040 or Form 1040-SR, line 15. If zero, see instructions. (SS) 1b 33,868

Additions

2. Planned gift or endowment tax credit adjustment to income (NK) 2 _____
3. Total other additions. (Attach Schedule ND-1SA) (AV) 3 _____
4.a. Total additions. Add lines 2 and 3 4a _____
b. Add lines 1b and 4a 4b 33,868

Subtractions

5. Interest from U.S. obligations (SN) 5 _____
6. Net long-term capital gain exclusion (From worksheet in instructions) (NC) 6 _____
7. Exempt income of an eligible Native American (S4) 7 _____
8. Benefits received from U.S. Railroad Retirement Board (S5) 8 _____
9. Licensed peace officer retirement benefits exclusion (See instructions) (AW) 9 _____
10. Nonresident only: Servicemembers Civil Relief Act adjustment (Attach Form W-2) (NJ) 10 _____
11. Military pay exclusion (Attach W-2) (AX) 11 _____
12. North Dakota College SAVE account deduction (AA) 12 _____
13. Qualified dividend exclusion (AO) 13 _____
14. Military retirement benefit exclusion (Attach Form 1099-R) (AQ) 14 _____
15. Social security benefit exclusion (See instructions) (AR) 15 _____
16. Total other subtractions (Attach Schedule ND-1SA) (AB) 16 _____
17. Total subtractions. Add lines 5 through 16 17 _____
18. North Dakota taxable income. Subtract line 17 from line 4b. If less than zero, enter 0. (ND) 18 33,868



19. Enter your **North Dakota taxable income** from line 18 of page 1. 19 33,868

20. **Tax.** If a **full-year resident**, enter tax on amount on line 19 from Tax Table in instructions.
If a **full-year nonresident** or **part-year resident**, enter tax from Schedule ND-INR, line 23;
All filers: If you have farm income or sold a research credit, see instructions (SB) 20 0

Other Credits

21. Credit for income tax paid to another state or local jurisdiction (Attach Schedule ND-1CR) (SD) 21 _____

22. Marriage penalty credit for joint filers (See worksheet in instructions) (AC) 22 _____

23. Total other credits (Attach Schedule ND-1TC) (AE) 23 _____

24. Total credits. Add lines 21 through 23 24 _____

25. **Net tax liability.** Subtract line 24 from line 20. **If less than zero, enter 0** (SE) 25 _____

Tax Paid

26. North Dakota income tax withheld from wages and other payments
(Attach W-2s, 1099, and/or N.D. Sch. K-1) (SF) 26 25

27. Estimated tax paid on 2024 Forms ND-1ES and ND-1EXT
plus an overpayment, if any, applied from your 2023 return (S&) 27 _____

28. Total payments. Add lines 26 and 27 (AJ) 28 25

Refund

29. **Overpayment** - If line 28 is MORE than line 25, subtract line 25 from line 28;
otherwise, go to line 33. **If less than \$5.00, enter 0** (SG) 29 25

30. Amount of line 29 that you want applied to your 2025 estimated tax (SQ) 30 _____

31. Voluntary contribution to: Watchable Wildlife Fund (SP) _____
Trees for ND Program Trust Fund (SW) _____
Veterans' Postwar Trust Fund (AS) _____ Enter total: 31 _____

32. **Refund.** Subtract lines 30 and 31 from line 29. **If less than \$5.00, enter 0** (SR) 32 25

To **direct deposit** your refund, complete a. Type of account: ☒ Checking ☐ Savings
items a, b, and c. (See instructions) b. Routing Number: 291370918
c. Account Number: 2252658

Tax Due

33. **Tax due** - If line 28 is LESS than line 25, subtract line 28 from line 25. **If less than \$5.00, enter 0** (SZ) 33 _____

34. Penalty (AK) _____ Interest (AL) _____ Enter total: 34 _____

35. Voluntary contribution to: Watchable Wildlife Fund (SU) _____
Trees for ND Program Trust Fund (SY) _____
Veterans' Postwar Trust Fund (AT) _____ Enter total: 35 _____

36. **Balance due.** Add lines 33, 34, 35, and if applicable, line 37. Pay to: **ND State Tax Commissioner** 36 _____

37. Interest on underpaid estimated tax from Schedule ND-1UT (SO) 37 _____

Check the boxes that apply:
(see instructions)

☐ **1099-G consent** - I agree to obtain Form 1099-G electronically at www.tax.nd.gov.
☐ **Disclosure Authorization** - I authorize the ND Office of State Tax Commissioner to discuss this return
with the paid preparer identified below.

I declare that this return is correct and complete to the best of my knowledge and belief.

*Privacy Act - See instructions

Your Signature	Date	Telephone Number
		701-333-9058
Spouse's Signature	Date	Telephone Number
Paid Preparer Signature	PTIN	Date
Print Name of Paid Preparer Signature	Telephone Number	

This Space Is For Tax Department Use Only

**North Dakota Direct Deposit Detail
Electronic Funds Deposit**

(Keep for your records)

2024

Name shown on return

Sarah J & Mac-Lee Jean Baptiste

Identifying Number

502-19-1286

Daytime Telephone Number: 701-333-9058

Routing Transit Number: 291370918

Bank Account Number: 2252658

Refund Amount: 25

- ☒ Checking
☐ Savings
☒ Not IAT Transaction

Bank Name: Gate City Bank

Do not mail this form to the North Dakota Department of Revenue. Retain this form with your tax records.

NDWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2024 AGI FD / ST Summary	
Name(s) as shown on state return Sarah J & Mac-Lee Jean Baptiste			Social Security Number 502-19-1286	
Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040				
1 Wages, salaries, tips, etc.	1	63,068		63,069
2b Taxable interest	2b			
3b Ordinary dividends	3b			
4b Taxable amount of IRA distributions	4b			
5b Taxable amount of Pensions and annuities	5b			
6b Taxable amount of Social security benefits	6b			
7 Capital gain or (loss)	7			
8 Other income from Schedule 1	8			
9 Total income (Sum of Lines 1-8)	9	63,068		63,069
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11	63,068		63,069
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5			
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income.	8			
10 Total Additional Income (Sum of lines 1-8)	10			
Schedule 1 - Adjustments to Income				
11 Educator Expenses	11			
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12			
13 Health savings account deduction	13			
14 Moving expenses	14			
15 Deductible part of self-employment tax	15			
16 Self-employed SEP, SIMPLE, and qualified plans	16			
17 Self-employed health insurance deduction	17			
18 Penalty on early withdrawal of savings	18			
19a Alimony paid	19a			
20 IRA deduction.	20			
21 Student loan interest deduction	21			
22 Reserved	22			
23 Archer MSA Deduction	23			
24 Other Deductions (see STWK_ADJ)	24			
26 Total Adjustments to income (Sum of lines 11-24)	26			