## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



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	Last name						Your social security number		
_Michele				He	Herbert						988-95-8783		
If joint return, spouse's first name and middle initial				1	Last name						Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.									Preside	ntial El	ection Campaign		
9888 Zimmerman Roads						Apt42				25			ou, or your
City, town, or post office. If you have a foreign address, also comp					nplete spaces below. State Z				ZIP code	spouse if filing jo			•
Morstead					MO 77				77456		•		not change
Foreign country name					Foreign province/state/county Foreign postal code				code	l'			
									You Spouse				
Filing Status	;	_	Single					☐ Head	of household	(HOH	)		
Check only		_	Married filing jointly (even if only	one had	d income)								
one box.			Married filing separately (MFS)		,	16			ying surviving				
			ou checked the MFS box, enter t lifying person is a child but not y			pouse. If yo	u che	ecked the HOF	or QSS box	, ente	r the ch	ild's na	ime if the
		_											
	If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and ente their name (see instructions and attach statement if required):												
			their harne (see mandetions and	attaorra	, atomerit								
Digital		-	time during 2024, did you: (a) re						-				
Assets			nge, or otherwise dispose of a d						et)? (See instr	uction	s.)	Y	es No
Standard	Sc	_	one can claim: You as a o	•		•		a dependent					
Deduction	L	J S⊧	oouse itemizes on a separate ret	urn or yo	ou were a	dual-status	alien						
Age/Blindness	Yo	ou:	Were born before January 2,	1960	Are bl	lind <b>Sp</b> e	ouse:	: Was bor	n before Jan	uary 2	, 1960		s blind
Dependents	s (se	ee ir	nstructions):		(2)	Social security	,	(3) Relationsh	iip   · ·				(see instructions):
If more	(1)	(1) First name Last name			number to you			to you	Child	Child tax credi			or other dependents
than four	_									<u> </u>			
dependents, see instructions	s —									<u> </u>			
and check	_									<u> </u>			
here L	4.		Tatal and a mat from Farma (a) M/ O	h 1 /-		±: \				Ш		4 4 4	140445
Income	18		Total amount from Form(s) W-2,	,		,					1a 1b		1194.15
Attach Form(s)	<ul> <li>b Household employee wages not reported on Form(s) W-2</li></ul>									10		<u>U</u>	
W-2 here. Also attach Forms		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and			Taxable dependent care benefits	•	,	,					1e		
1099-R if tax was withheld.			Employer-provided adoption be		•						1f		
If you did not	9		Wages from Form 8919, line 6.			•					1g		
get a Form W-2, see	ì		Other earned income (see instru								1h		
instructions.	i	i	Nontaxable combat pay election	(see ins	structions)			1i					
		Z_	Add lines 1a through 1h								1z	:	
Attach Sch. B	2	а	Tax-exempt interest	2a			<b>b</b> Ta	axable interest	t		2b	)	
if required.	3	a	Qualified dividends	3a			<b>b</b> Or	rdinary divide	nds		3b	)	
Standard	4	а	IRA distributions	4a			<b>b</b> Ta	axable amoun	t		4b	)	
Deduction for—	5		Pensions and annuities	5a				axable amoun			5b		
Single or Married filing	6		Social security benefits	6a				axable amoun	t	٠ -	6b		
separately, \$14,600	c If you elect to use the lump-sum election method, check here (see instructions)												
Married filing		7 Capital gain or (loss). Attach Schedule D if required. If not required, check here									<u>7</u>   8		
jointly or Qualifying	9										9	1 1 1	110/15
surviving spouse, \$29,200	10		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>										1194.15
Head of household,	<ul> <li>Adjustments to income from Schedule 1, line 26</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> </ul>									10			
\$21,900	12		Standard deduction or itemize	•							12		350.00
If you checked any box under	13				ion from Form 8995 or Form 8995-A					13			
Standard Deduction,	14		Add lines 12 and 13								14		
see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	127	7344.15		

Form 1040 (2024)	)							Page <b>2</b>			
Tax and	16	Tax (see instructions). Check if ar	ny from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌	1	6			
Credits	17	Amount from Schedule 2, line 3					1	7			
	18	Add lines 16 and 17					1	8			
	19	Child tax credit or credit for other	er dependent	s from Sched	ıle 8812		1	9			
	20	Amount from Schedule 3, line 8					2	20			
	21	Add lines 19 and 20					2	21			
	22	Subtract line 21 from line 18. If a	zero or less, e	enter -0			2	22			
	23	Other taxes, including self-empl	oyment tax, t	from Schedule	2, line 21		2	13			
	24	Add lines 22 and 23. This is you	r total tax				2	4 23275.60			
Payments	25	Federal income tax withheld from									
	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b		.=.=.			
	С	Other forms (see instructions)				25c		37276.89			
	d	Add lines 25a through 25c .					2	5d			
If you have a	26	2024 estimated tax payments a	nd amount ap	oplied from 20	23 return		2	26			
qualifying child,	27	Earned income credit (EIC) .				27					
attach Sch. EIC.	28	Additional child tax credit from So	chedule 8812			28					
	29	American opportunity credit from	m Form 8863	, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line 19	5			31					
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							32			
	33	Add lines 25d, 26, and 32. Thes	e are your <b>to</b>	tal payments			3	3			
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34						4 14001.29				
	35a	Amount of line 34 you want refu		ı. If Form 8888	is attached, chec	k here	. 🗌 3	5a			
Direct deposit?	b	Routing number 123456789	Savings								
See instructions.	d	Account number 987654321									
	36	Amount of line 34 you want app	lied to your 2	2025 estimate	d tax	36					
Amount	37	Subtract line 33 from line 24. Th									
You Owe		For details on how to pay, go to	_	-	3	37					
	38	Estimated tax penalty (see instru									
Third Party		Do you want to allow another person to discuss this return with the IRS? See instructions									
Designee		instructions						<del>_</del>			
	nar			no.			ora (PIN)	IOII			
Sign		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									
Here	beli	ief, they are true, correct, and complete	parer has any knowledge.								
11010	You	ur signature	Date Your occupati					sent you an Identity			
Joint return? See instructions.	N 4	inh ala						Protection PIN, enter it here (see inst.)			
		<b>ichele</b> ouse's signature. If a joint return, <b>both</b>	2025-07-18 oth must sign. Date		Spouse's occupati	on	,	If the IRS sent your spouse an Identity Protection PIN, enter it here			
Keep a copy for	Орк	buse a signature. If a joint return, <b>both</b>	i must sign.	Date	ороизе з оссиран						
your records.								(see inst.)			
	Pho	one no.		Email address							
Paid	Pre	parer's name Pre	Preparer's signature Date			PTIN	Check if:				
Preparer								Self-employed			
Use Only	Firr	n's name	Phone no	D.							
————	Firr	n's address	Firm's El								
Go to www.irs.go	v/Form	n1040 for instructions and the latest in	formation.					Form <b>1040</b> (2024)			