

| 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 Michele | | Last name Hebert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If joint return, spouse's first name and middle initial | | Last name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address (number and street). If you have a P.O. box, see instructions. 9888 Zimmerman Roads | | Apt. no. Apt425 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Moorestad | | State MO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foreign country name | | ZIP code 77456 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foreign province/state/county | | Foreign postal code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presidential Election Campaign 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" 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"/> Married filing separately (MFS) <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): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>(1) First name</th><th>Last name</th><th>(2) Social security number</th><th>(3) Relationship to you</th><th>(4) Check the box if qualifies for (see instructions):</th></tr><tr><th colspan="3"></th><th>Child tax credit</th><th>Credit for other dependents</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table> | | | (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"/> |
| (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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 141194.15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Household employee wages not reported on Form(s) W-2 1b 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2a Tax-exempt interest 2a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3a Qualified dividends 3a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a IRA distributions 4a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5a Pensions and annuities 5a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a Social security benefits 6a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Taxable interest 2b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Ordinary dividends 3b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Taxable amount 4b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Taxable amount 5b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Taxable amount 6b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 148394.15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Adjustments to income from Schedule 1, line 26 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Subtract line 10 from line 9. This is your adjusted gross income 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Standard deduction or itemized deductions (from Schedule A) 12 13850.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 taxable income 15 134544.15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|-----------------|----|---|----|----------|
| 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 | |
| | 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 total tax | 24 | 25003.60 |

| | | | | | | |
|----------|---|---|-----|--|--|----------|
| Payments | 25 | Federal income tax withheld from: | | | | |
| | a | Form(s) W-2 | 25a | | | 37276.89 |
| | 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 total other payments and refundable credits | 32 | | | | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | | | | |

| | | | | | |
|--------|-----|---|--|----------|--|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 12273.29 | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | | |
| | b | Routing number 76438765 | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 987654321 | | | |
| | 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 | |
| | 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 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.) |
| | Michele | 2025-07-18 | | |
| | 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.) |
| | Phone no. | Email address | | |

| | | | | | |
|------------------------|-----------------|----------------------|------|------|---|
| Paid Preparer Use Only | 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 |