

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 Check only one box. <input checked="" 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): _____																																																																																																						
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 border="1" style="width:100%"><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): 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><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></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"/>					<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"/>																																																																																																	
				<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
				<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
Income 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. <table border="1" style="width:100%"><tr><td>1a</td><td>Total amount from Form(s) W-2, box 1 (see instructions)</td><td>1a</td><td>141194.15</td></tr><tr><td>b</td><td>Household employee wages not reported on Form(s) W-2</td><td>1b</td><td>320.75</td></tr><tr><td>c</td><td>Tip income not reported on line 1a (see instructions)</td><td>1c</td><td></td></tr><tr><td>d</td><td>Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</td><td>1d</td><td></td></tr><tr><td>e</td><td>Taxable dependent care benefits from Form 2441, line 26</td><td>1e</td><td></td></tr><tr><td>f</td><td>Employer-provided adoption benefits from Form 8839, line 29</td><td>1f</td><td></td></tr><tr><td>g</td><td>Wages from Form 8919, line 6</td><td>1g</td><td></td></tr><tr><td>h</td><td>Other earned income (see instructions)</td><td>1h</td><td></td></tr><tr><td>i</td><td>Nontaxable combat pay election (see instructions)</td><td>1i</td><td></td></tr><tr><td>z</td><td>Add lines 1a through 1h</td><td>1z</td><td></td></tr><tr><td>2a</td><td>Tax-exempt interest</td><td>2a</td><td></td></tr><tr><td>3a</td><td>Qualified dividends</td><td>3a</td><td></td></tr><tr><td>4a</td><td>IRA distributions</td><td>4a</td><td></td></tr><tr><td>5a</td><td>Pensions and annuities</td><td>5a</td><td></td></tr><tr><td>6a</td><td>Social security benefits</td><td>6a</td><td></td></tr><tr><td>c</td><td>If you elect to use the lump-sum election method, check here (see instructions)</td><td></td><td><input type="checkbox"/></td></tr><tr><td>7</td><td>Capital gain or (loss). Attach Schedule D if required. If not required, check here</td><td>7</td><td></td></tr><tr><td>8</td><td>Additional income from Schedule 1, line 10</td><td>8</td><td></td></tr><tr><td>9</td><td>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</td><td>9</td><td>148714.90</td></tr><tr><td>10</td><td>Adjustments to income from Schedule 1, line 26</td><td>10</td><td></td></tr><tr><td>11</td><td>Subtract line 10 from line 9. This is your adjusted gross income</td><td>11</td><td></td></tr><tr><td>12</td><td>Standard deduction or itemized deductions (from Schedule A)</td><td>12</td><td>13850.00</td></tr><tr><td>13</td><td>Qualified business income deduction from Form 8995 or Form 8995-A</td><td>13</td><td></td></tr><tr><td>14</td><td>Add lines 12 and 13</td><td>14</td><td></td></tr><tr><td>15</td><td>Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income</td><td>15</td><td>134864.90</td></tr></table>			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	320.75	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		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	7		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	148714.90	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	134864.90
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	320.75																																																																																																			
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																																																																																																				
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	7																																																																																																				
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	148714.90																																																																																																			
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	134864.90																																																																																																			
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	
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	25080.58

Payments

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			37276.89
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			

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	12196.31
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number 123456789	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 ☐ **Yes**. Complete below. ☐ **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.

Joint return?
See instructions.
Keep a copy for your records.

Your signature Michele	Date 2025-07-17	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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	Firm's address			Phone no.
				Firm's EIN