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



OMB No. 1545-007

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 r	Last name					Your social security number			
_Michele				Hebert						988-95-8783		
If joint return, spouse's first name and middle initial				Last name								security number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										Preside	ential Elec	ction Campaign
9888 Zimmerman Roads Apt425								Check here if you, or your spouse if filing jointly, want \$3				
-		ce. If you have a foreign address, also co	omplete					ZIP code				d. Checking a
Moorestad				MO 77456							ot change	
Foreign country name				Foreign province/state/county Foreign posta				code	your tax	x or refun Υο ι		
	∇	Cinata						- f -	(1101	1)		орошае
Filing Status		Single Married filing jointly (even if only o	ono hac	d incomo)			<u></u> неао	of household	(HOI	٦)		
Check only	(0.00)								S)			
one box.	If v	Married filing separately (MFS)	e name	e of vour s	spouse If vo	u che		-				ne if the
	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):									10 11 1110		
										nd enter		
Digital	At ar	ny time during 2024, did you: (a) red	raiva (a	is a rewar	d award or	navm	ent for prope	rty or convice	e). or	(b) call		
Digital Assets		ange, or otherwise dispose of a dig						-		. ,	Yes	s No
Standard		eone can claim: You as a de					a dependent	, (- /		
Deduction		Spouse itemizes on a separate retu	•									
Age/Blindness	You	Were born before January 2,	1960	Are b	lind Sp e	ouse:	□ Was bor	n before Jan	uarv 2	2. 1960	□ Is	blind
Dependents		<u> </u>		(2)	Social security		(3) Relationsh	(4) Ob			ifies for (s	ee instructions):
If more	(1) F	(1) First name Last name		, , , , , , , , , , , , , , , , , , , ,			to you	Child	redit	Credit for	other dependents	
than four												
dependents, see instructions												
and check									<u>Ц</u>			<u> </u>
here \square									Ш			<u> </u>
Income	1a	Total amount from Form(s) W-2, b	•		,				•			194.15
Attach Form(s)	re. Also c Tip income not reported on line 1a (see instructions)							•	. 1b	0.00	<u> </u>	
W-2 here. Also attach Forms								•	. 1d			
W-2G and	e										,	
1099-R if tax was withheld.	f	Employer-provided adoption bene			•				•	. 16		
If you did not	g	Wages from Form 8919, line 6.			•					. 19		
get a Form	h	Other earned income (see instruction								. 1h		
W-2, see instructions.	i	Nontaxable combat pay election	see ins	structions))		1i					
	z	Add lines 1a through 1h			,					. 1z	2	
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t		. 2b)	
if required.	3a	Qualified dividends	3a			b Or	rdinary divider	nds		. 3b)	
Standard	4a	IRA distributions	4a				axable amoun			. 4b)	
Deduction for—	5a	Pensions and annuities	5a				axable amoun		•	. 5b		
Single or Married filing	6a	Social security benefits	6a				axable amoun	t	٠.	. 6b		
separately, \$14,600	eparately, c if you elect to use the lump-sum election method, check here (see insi								. L	$\exists \mid$		
Married filing									- 7 0 0			
jointly or Qualifying	8 Additional income from Schedule 1, line 10									194.15		
surviving spouse, \$29,200									134.13			
Head of household, 11 Subtract line 10 from line 9. This is your adjusted gross income								. 11				
\$21,900	12 Standard deduction or itemized deductions (from Schedule A)								. 12		50.00	
If you checked any box under	13								. 13			
Standard Deduction,	14	Add lines 12 and 13						. 14	ı			
see instructions.	15	Subtract line 14 from line 11. If ze	ro or le	ess, enter	-0 This is y	our t a	axable incom	ie		. 15	127	344.15

Form 1040 (2024))								Page 2			
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16				
Credits	17	Amount from Schedule 2, line	3					17				
	18	Add lines 16 and 17						18				
	19	Child tax credit or credit for of	ther dependent	ts from Schedi	ule 8812			19				
	20	Amount from Schedule 3, line	8					20				
	21	Add lines 19 and 20						21				
	22	Subtract line 21 from line 18.	lf zero or less, e	enter -0				22				
	23	Other taxes, including self-em	ployment tax,	from Schedule	2, line 21			23				
	24	Add lines 22 and 23. This is yo	our total tax					24	23275.60			
Payments	25	Federal income tax withheld for	rom:									
_	а	Form(s) W-2				25a						
	b	Form(s) 1099				25b			07070 00			
	С	Other forms (see instructions)				25c			37276.89			
	d	Add lines 25a through 25c .					2	25d	5d			
If you have a	26	2024 estimated tax payments	and amount ap	pplied from 20	23 return			26				
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) .				27						
attacii Scii. Elc.	28	Additional child tax credit from	Schedule 8812			28						
	29	American opportunity credit fr	om 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. The	ese are your to	tal payments				33				
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	14001.29			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here										
Direct deposit? See instructions.	b	Routing number 76438765	Savings									
See ilistructions.	d	Account number 98765432										
	36	Amount of line 34 you want ap	pplied to your 2	2025 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24.		37								
You Owe			see instructions									
	38	Estimated tax penalty (see ins										
Third Party		Do you want to allow another person to discuss this return with the IRS? See instructions										
Designee		nstructions							□ NO			
	nar			no.			per (PIN)	ttiori				
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	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a										
1.0.0	You	ur signature		Date Your occupation			If the IRS sent you an Identity		, ,			
Iitt0	N /	iahala					Protection PIN, enter it here (see inst.)					
Joint return? See instructions.		Michele Spouse's signature. If a joint return, both must sign.		2025-07-18 Date Spouse's occupation			,	If the IRS sent your spouse an				
Keep a copy for	Op.	oudo o dignaturo. Il a joint rotam, so	Duio	Spouse's occupation				Identity Protection PIN, enter it here				
your records.	(see ir							t.)				
		one no.		Email address								
Paid	Pre	parer's name	Preparer's signature			Date	PTIN		Check if:			
Preparer									Self-employed			
Use Only	Firr	n's name	Phone r	e no.								
	Firm's address Firm's EIN											
Go to www.irs.gov/Form1040 for instructions and the latest information.												