## 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 name						Your social security number				
_Michele				ebert						988-95-8783				
If joint return, spouse's first name and middle initial				name						Spouse'	s social s	securit	ty number	
Home address (number and street). If you have a P.O. box, see instructions.  9888 Zimmerman Roads  Apt. no.  Apt425									Presidential Election Campaign					
										Check here if you, or your spouse if filing jointly, want \$				
City, town, or post office. If you have a foreign address, also or								ZIP code		to go to this fund. Checking			ecking a	
Moorestad Foreign country name								77456 Foreign postal of		box below will not change your tax or refund.			ınge	
Foreign country name				To leight province/state/county				i oreign postar c	,ode	your tax	You	_	Spouse	
Filing Status	X	Single					Head	of household (	(HOH)	)				
		Married filing jointly (even if only one had income)												
Check only one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spou												
	lf :	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter										ne if t	he	
	qι	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, or									check the box and enter			
		their name (see instructions and a	attach s	statement if	f required):									
Digital	At a	ny time during 2024, did you: (a) rec	ceive (a	s a reward	, award, or	payment	for prope	rty or services	); or (l	b) sell,				
Assets	exch	ange, or otherwise dispose of a dig	gital as	set (or a fin	ancial intere	est in a d	igital asse	t)? (See instru	ctions	s.)	Ye	s _	No	
Standard		eone can claim:   You as a de			Your spouse		pendent							
Deduction		Spouse itemizes on a separate retu	rn or yo	ou were a c	dual-status	alien								
Age/Blindness	You	: Were born before January 2, 1	1960	Are bli	nd <b>Spo</b>	use:	Was bor	n before Janu	ary 2,	1960	☐ Is	blind		
Dependents	(see	instructions):		<b>(2)</b> So	ocial security	(3)	Relationsh	• 1						
If more	(1) F	irst name Last name			number		to you	Child t	tax cre	dit	Credit for	other d	dependents	
than four									<u> </u>			<u> </u>		
dependents, see instructions												井		
and check												H		
here	10	Total amount from Form(a) W 2 h	20v 1 /c	oo inatruat	tions)					10	1 1 1	104	15	
Income	1a b	Total amount from Form(s) W-2, b								1a 1b			.15	
Attach Form(s) W-2 here. Also		<ul> <li>b Household employee wages not reported on Form(s) W-2</li></ul>										., 0		
attach Forms	d									1c 1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f				
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form W-2, see	h	Other earned income (see instructions)							1h					
instructions.	i	Nontaxable combat pay election (	(see ins	structions)			. <u>1i</u>							
	Z	Add lines 1a through 1h								1z				
Attach Sch. B if required.	2a	Tax-exempt interest	2a				ole interest			2b				
	3a	Qualified dividends	3a				ary divider			3b				
Standard	4a 5a	IRA distributions Pensions and annuities	4a 5a				ole amount ole amount			4b 5b				
Deduction for—	6a	Social security benefits	6a				ole amount			6b				
Single or Married filing	С	•		n method, c	 check here (					1 00				
separately, \$14,600	7	If you elect to use the lump-sum election method, check here (see instructions)								7				
Married filing jointly or	8	Additional income from Schedule 1, line 10								8		-		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	148	714	.90	
\$29,200	10	Adjustments to income from Schedule 1, line 26								10				
Head of household,	<u>11</u>									11				
\$21,900 If you checked	12	Standard deduction or itemized deductions (from Schedule A)									138	50.0	)0	
any box under Standard	13	3 Qualified business income deduction from Form 8995 or Form 8995-A								13				
Deduction,	14	Add lines 12 and 13								14				
see instructions.	15	Subtract line 14 from line 11. If ze	ero or le	ess, enter -(	0 This is y	our <b>taxa</b> l	ble incom	ie		15	134	864	.90	

Form 1040 (2024	-)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16			
Credits	17	Amount from Schedule 2, lin	e3					17			
	18	Add lines 16 and 17						18			
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	e8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18. If zero or less, enter -0									
	23	Other taxes, including self-employment tax, from Schedule 2, line 21									
	24	Add lines 22 and 23. This is your <b>total tax</b>							25080.58		
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c			37276.89		
	d	Add lines 25a through 25c						25d			
If you have a	26	2024 estimated tax payment	s and amount a	pplied from 20	23 return			26			
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812		28						
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .			30						
	Amount from Schedule 3, line 15										
								32			
								33			
Refund	34								12196.31		
	35a	Amount of line 34 you want i		ı. If Form 8888	is attached, che	ck here		35a			
Direct deposit?	b	3 · · · · · · · · · · · · · · · · · · ·									
See instructions.	d	Account number 9876543									
	36	Amount of line 34 you want a									
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38					38					
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See instructions							□No		
Designee		Designee's Phone Personal identific									
	nar			no.			ber (PIN)				
Sign		der penalties of perjury, I declare the									
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
	You	ur signature	Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here				
Joint return? See instructions.	М	ichele	2025-07-18				(see inst.)				
		ouse's signature. If a joint return, b	Date Spouse's occupation				the IRS sent your spouse an				
Keep a copy for your records.						<b>I</b>	Identity Protection PIN, enter it here (see inst.)				
,				- "			(366 11	131.)			
		one no. eparer's name	Preparer's signat	Email address		Date	PTIN		Check if:		
Paid	FIE	paror straine	i reparer s signat	uiG		Date	1 11111		Self-employed		
Preparer	— Eine	n's name					Phone	0.00	ocn cripioyed		
<b>Use Only</b>											
Go to www ire a		Firm's address Firm's EIN  ### Form 1040 for instructions and the latest information.  Form 1040 (20)									