

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 James		Last name Hebert																																			
Home address (number and street). If you have a P.O. box, see instructions. 9888 Zimmerman Roads		Apt. no. 425																																			
City, town, or post office. If you have a foreign address, also complete spaces below. Moorestad		State MO																																			
Foreign country name		ZIP code 75847																																			
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 type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH)																																					
<input checked="" 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></th><th></th><th></th><th></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><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"/>
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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 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																																					
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 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 27700.00																																					
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 121014.90																																					

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	16430.28

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	20846.61
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)
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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