

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
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.		State
Foreign country name		Foreign province/state/county
Foreign postal code		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.

- ☐ Single ☐ Head of household (HOH)
- ☐ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS) ☐ 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: _____
- ☐ 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.) ☐ Yes ☐ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents

(see instructions):

If more than four dependents, see instructions and check here ☐

(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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	
b	Household employee wages not reported on Form(s) W-2	1b	
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	
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	
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	
b	Taxable interest	2b	
b	Ordinary dividends	3b	
b	Taxable amount	4b	
b	Taxable amount	5b	
b	Taxable amount	6b	

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"/> <input type="text"/>										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			
Payments	25	Federal income tax withheld from:												
	a	Form(s) W-2								25a	<input type="text"/>			
	b	Form(s) 1099								25b	<input type="text"/>			
	c	Other forms (see instructions)								25c	<input type="text"/>			
	d	Add lines 25a through 25c								25d	<input type="text"/>			
	26	2024 estimated tax payments and amount applied from 2023 return										26	<input type="text"/>	
	27	Earned income credit (EIC)								27	<input type="text"/>			
	28	Additional child tax credit from Schedule 8812								28	<input type="text"/>			
Refund	29	American opportunity credit from Form 8863, line 8								29	<input type="text"/>			
	30	Reserved for future use								30	<input type="text"/>			
	31	Amount from Schedule 3, line 15								31	<input type="text"/>			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits										32	<input type="text"/>	
	33	Add lines 25d, 26, and 32. These are your total payments										33	<input type="text"/>	
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid										34	<input type="text"/>	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>										35a	<input type="text"/>	
	b	Routing number <input type="text"/>								c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Direct deposit? See instructions.	d	Account number <input type="text"/>												
	36	Amount of line 34 you want applied to your 2025 estimated tax								36	<input type="text"/>			
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	<input type="text"/>	
	38	Estimated tax penalty (see instructions)								38	<input type="text"/>			
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 <input type="text"/>				Phone no. <input type="text"/>				Personal identification number (PIN) <input type="text"/>					
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				Date		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 address								Firm's EIN					