

Form 1040

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

2024

OMB No. 1545-0074

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  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 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.                |  | Presidential Election Campaign   |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.  |   |                               | State                   | ZIP code   | 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. |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| Foreign country name  |   | Foreign province/state/county |                         | Foreign postal code  | <input type="checkbox"/> You <input type="checkbox"/> Spouse   |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| <b>Filing Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH)<br>Check only one box. <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Qualifying surviving spouse (QSS)<br><input type="checkbox"/> Married filing separately (MFS)<br>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: _____<br><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): _____   |   |                               |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| <b>Digital Assets</b> 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  |   |                               |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| <b>Standard Deduction</b> Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent<br><input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien   |   |                               |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| <b>Age/Blindness</b> 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   |   |                               |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| <b>Dependents</b> (see instructions): <table border="1"> <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):<br/>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> </tbody> </table>  |   |                               |                         |  |  | (1) First name | Last name   | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions):<br>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"/> |    |                     |    |    | <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):<br>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"/>   |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
|   |   |                               |                         | <input type="checkbox"/>   | <input type="checkbox"/>   |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
|   |   |                               |                         | <input type="checkbox"/>   | <input type="checkbox"/>   |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| <b>Income</b> <table border="1"> <tbody> <tr><td>1a</td><td>Total amount from Form(s) W-2, box 1 (see instructions)</td><td>1a</td></tr> <tr><td>b</td><td>Household employee wages not reported on Form(s) W-2</td><td>1b</td></tr> <tr><td>c</td><td>Tip income not reported on line 1a (see instructions)</td><td>1c</td></tr> <tr><td>d</td><td>Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</td><td>1d</td></tr> <tr><td>e</td><td>Taxable dependent care benefits from Form 2441, line 26</td><td>1e</td></tr> <tr><td>f</td><td>Employer-provided adoption benefits from Form 8839, line 29</td><td>1f</td></tr> <tr><td>g</td><td>Wages from Form 8919, line 6</td><td>1g</td></tr> <tr><td>h</td><td>Other earned income (see instructions)</td><td>1h</td></tr> <tr><td>i</td><td>Nontaxable combat pay election (see instructions)</td><td>1i</td></tr> <tr><td>z</td><td>Add lines 1a through 1h</td><td>1z</td></tr> <tr><td>2a</td><td>Tax-exempt interest</td><td>2b</td></tr> <tr><td>3a</td><td>Qualified dividends</td><td>3b</td></tr> <tr><td>4a</td><td>IRA distributions</td><td>4b</td></tr> <tr><td>5a</td><td>Pensions and annuities</td><td>5b</td></tr> <tr><td>6a</td><td>Social security benefits</td><td>6b</td></tr> <tr><td>c</td><td>If you elect to use the lump-sum election method, check here (see instructions)</td><td>7</td></tr> <tr><td>7</td><td>Capital gain or (loss). Attach Schedule D if required. If not required, check here</td><td>8</td></tr> <tr><td>8</td><td>Additional income from Schedule 1, line 10</td><td>9</td></tr> <tr><td>9</td><td>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b></td><td>10</td></tr> <tr><td>10</td><td>Adjustments to income from Schedule 1, line 26</td><td>11</td></tr> <tr><td>11</td><td>Subtract line 10 from line 9. This is your <b>adjusted gross income</b></td><td>12</td></tr> <tr><td>12</td><td><b>Standard deduction or itemized deductions</b> (from Schedule A)</td><td>13</td></tr> <tr><td>13</td><td>Qualified business income deduction from Form 8995 or Form 8995-A</td><td>14</td></tr> <tr><td>14</td><td>Add lines 12 and 13</td><td>15</td></tr> <tr><td>15</td><td>Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b></td><td> </td></tr> </tbody> </table> |   |                               |                         |  |  | 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 | 2b | 3a | Qualified dividends      | 3b                       | 4a | IRA distributions | 4b | 5a | Pensions and annuities   | 5b                       | 6a | Social security benefits | 6b | c | If you elect to use the lump-sum election method, check here (see instructions) | 7 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | 8 | 8 | Additional income from Schedule 1, line 10 | 9 | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> | 10 | 10 | Adjustments to income from Schedule 1, line 26 | 11 | 11 | Subtract line 10 from line 9. This is your <b>adjusted gross income</b> | 12 | 12 | <b>Standard deduction or itemized deductions</b> (from Schedule A) | 13 | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 14 | 14 | Add lines 12 and 13 | 15 | 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> |  |
| 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   | 2b                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 3a  | Qualified dividends   | 3b                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 4a  | IRA distributions   | 4b                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 5a  | Pensions and annuities  | 5b                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 6a  | Social security benefits  | 6b                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| c   | If you elect to use the lump-sum election method, check here (see instructions)               | 7                             |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 7   | Capital gain or (loss). Attach Schedule D if required. If not required, check here            | 8                             |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 8   | Additional income from Schedule 1, line 10  | 9                             |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 9   | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                  | 10                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 10  | Adjustments to income from Schedule 1, line 26  | 11                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 11  | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       | 12                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 12  | <b>Standard deduction or itemized deductions</b> (from Schedule A)                            | 13                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 13  | Qualified business income deduction from Form 8995 or Form 8995-A                             | 14                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 14  | Add lines 12 and 13   | 15                            |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| 15  | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> |                               |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |
| <b>Standard Deduction for—</b> <ul style="list-style-type: none"> <li>Single or Married filing separately, \$14,600</li> <li>Married filing jointly or Qualifying surviving spouse, \$29,200</li> <li>Head of household, \$21,900</li> <li>If you checked any box under <b>Standard Deduction</b>, see instructions.</li> </ul>   |   |                               |                         |  |  |                |   |                            |                         |  |                             |   |   |    |   |   |                          |   |   |    |   |   |                          |   |                              |    |   |  |                          |   |   |    |   |                          |                          |    |                     |    |    |                          |                          |    |                   |    |    |                          |                          |    |                          |    |   |   |   |   |  |   |   |  |   |   |  |    |    |  |    |    |   |    |    |  |    |    |   |    |    |                     |    |    |   |  |

