

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) Check only one box. <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Qualifying surviving spouse (QSS) <input type="checkbox"/> Married filing separately (MFS) 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): _____																																																																																
<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 <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): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>		(1) First name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit <input type="checkbox"/> Credit for other dependents <input type="checkbox"/>																																																																											
<b>Income</b> <table border="1"> <tr> <td>1a</td> <td>Total amount from Form(s) W-2, box 1 (see instructions) . . . . .</td> <td>1a</td> </tr> <tr> <td>1b</td> <td>Household employee wages not reported on Form(s) W-2 . . . . .</td> <td>1b</td> </tr> <tr> <td>1c</td> <td>Tip income not reported on line 1a (see instructions) . . . . .</td> <td>1c</td> </tr> <tr> <td>1d</td> <td>Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .</td> <td>1d</td> </tr> <tr> <td>1e</td> <td>Taxable dependent care benefits from Form 2441, line 26 . . . . .</td> <td>1e</td> </tr> <tr> <td>1f</td> <td>Employer-provided adoption benefits from Form 8839, line 29 . . . . .</td> <td>1f</td> </tr> <tr> <td>1g</td> <td>Wages from Form 8919, line 6 . . . . .</td> <td>1g</td> </tr> <tr> <td>1h</td> <td>Other earned income (see instructions) . . . . .</td> <td>1h</td> </tr> <tr> <td>1i</td> <td>Nontaxable combat pay election (see instructions) . . . . .</td> <td>1i</td> </tr> <tr> <td>1z</td> <td>Add lines 1a through 1h . . . . .</td> <td>1z</td> </tr> <tr> <td>2a</td> <td>Tax-exempt interest . . . . .</td> <td>2a</td> </tr> <tr> <td>3a</td> <td>Qualified dividends . . . . .</td> <td>3a</td> </tr> <tr> <td>4a</td> <td>IRA distributions . . . . .</td> <td>4a</td> </tr> <tr> <td>5a</td> <td>Pensions and annuities . . . . .</td> <td>5a</td> </tr> <tr> <td>6a</td> <td>Social security benefits . . . . .</td> <td>6a</td> </tr> <tr> <td>c</td> <td>If you elect to use the lump-sum election method, check here (see instructions) . . . . .</td> <td>c</td> </tr> <tr> <td>7</td> <td>Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .</td> <td>7</td> </tr> <tr> <td>8</td> <td>Additional income from Schedule 1, line 10 . . . . .</td> <td>8</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>9</td> </tr> <tr> <td>10</td> <td>Adjustments to income from Schedule 1, line 26 . . . . .</td> <td>10</td> </tr> <tr> <td>11</td> <td>Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .</td> <td>11</td> </tr> <tr> <td>12</td> <td><b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .</td> <td>12</td> </tr> <tr> <td>13</td> <td>Qualified business income deduction from Form 8995 or Form 8995-A . . . . .</td> <td>13</td> </tr> <tr> <td>14</td> <td>Add lines 12 and 13 . . . . .</td> <td>14</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>15</td> </tr> </table>						1a	Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	1a	1b	Household employee wages not reported on Form(s) W-2 . . . . .	1b	1c	Tip income not reported on line 1a (see instructions) . . . . .	1c	1d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	1d	1e	Taxable dependent care benefits from Form 2441, line 26 . . . . .	1e	1f	Employer-provided adoption benefits from Form 8839, line 29 . . . . .	1f	1g	Wages from Form 8919, line 6 . . . . .	1g	1h	Other earned income (see instructions) . . . . .	1h	1i	Nontaxable combat pay election (see instructions) . . . . .	1i	1z	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) . . . . .	c	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 <b>total income</b> . . . . .	9	10	Adjustments to income from Schedule 1, line 26 . . . . .	10	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	11	12	<b>Standard deduction or itemized deductions</b> (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 <b>taxable income</b> . . . . .	15
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<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>																																																																																

<b>Tax and Credits</b>	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 <b>total tax</b>	24		
<b>Payments</b>	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		
If you have a qualifying child, attach Sch. EIC.	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 <b>total other payments and refundable credits</b>	32		
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33		
<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34		
Direct deposit? See instructions.	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a		
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number			
	36	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	36		
<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37		
	38	Estimated tax penalty (see instructions)	38		
<b>Third Party Designee</b>	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	Phone no.	Personal identification number (PIN)		
<b>Sign Here</b>	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, <b>both</b> 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			
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name			Phone no.	
	Firm's address			Firm's EIN	