

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> Check only one box.	<input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH) <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>	<b>Someone can claim:</b> <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> If more than four dependents, see instructions and check here . . . <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):		
					<input type="checkbox"/> Child tax credit	<input type="checkbox"/> Credit for other dependents	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
<b>Income</b>	1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b	Household employee wages not reported on Form(s) W-2				1b	
If you did not get a Form W-2, see instructions.	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	
Attach Sch. B if required.	2a	Tax-exempt interest				2b	
	3a	Qualified dividends				3b	
	4a	IRA distributions				4b	
	5a	Pensions and annuities				5b	
	6a	Social security benefits				6b	
<b>Standard Deduction for—</b>	c	If you elect to use the lump-sum election method, check here (see instructions)				7	
• Single or Married filing separately, \$14,600	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here				8	
• Married filing jointly or Qualifying surviving spouse, \$29,200	8	Additional income from Schedule 1, line 10				9	
• Head of household, \$21,900	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>				10	
• If you checked any box under <i>Standard Deduction</i> , see instructions.	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	Standard deduction or itemized deductions (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>					

