

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																																																													
Filing Status Check only one box.	<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS)			<input type="checkbox"/> Head of household (HOH) <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 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"/>																																																														
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.	<table border="1"> <tr> <td>1a Total amount from Form(s) W-2, box 1 (see instructions)</td> <td>1a</td> </tr> <tr> <td>b Household employee wages not reported on Form(s) W-2</td> <td>1b</td> </tr> <tr> <td>c Tip income not reported on line 1a (see instructions)</td> <td>1c</td> </tr> <tr> <td>d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</td> <td>1d</td> </tr> <tr> <td>e Taxable dependent care benefits from Form 2441, line 26</td> <td>1e</td> </tr> <tr> <td>f Employer-provided adoption benefits from Form 8839, line 29</td> <td>1f</td> </tr> <tr> <td>g Wages from Form 8919, line 6</td> <td>1g</td> </tr> <tr> <td>h Other earned income (see instructions)</td> <td>1h</td> </tr> <tr> <td>i Nontaxable combat pay election (see instructions)</td> <td>1i</td> </tr> <tr> <td>z Add lines 1a through 1h</td> <td>1z</td> </tr> <tr> <td>2a Tax-exempt interest</td> <td>2a</td> </tr> <tr> <td>3a Qualified dividends</td> <td>3a</td> </tr> <tr> <td>4a IRA distributions</td> <td>4a</td> </tr> <tr> <td>5a Pensions and annuities</td> <td>5a</td> </tr> <tr> <td>6a Social security benefits</td> <td>6a</td> </tr> <tr> <td>b Taxable interest</td> <td>7</td> </tr> <tr> <td>b Ordinary dividends</td> <td>8</td> </tr> <tr> <td>b Taxable amount</td> <td>9</td> </tr> <tr> <td>b Taxable amount</td> <td>10</td> </tr> <tr> <td>b Taxable amount</td> <td>11</td> </tr> <tr> <td>c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/></td> <td>12</td> </tr> <tr> <td>7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/></td> <td>13</td> </tr> <tr> <td>8 Additional income from Schedule 1, line 10</td> <td>14</td> </tr> <tr> <td>9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</td> <td>15</td> </tr> <tr> <td>10 Adjustments to income from Schedule 1, line 26</td> <td></td> </tr> <tr> <td>11 Subtract line 10 from line 9. This is your adjusted gross income</td> <td></td> </tr> <tr> <td>12 Standard deduction or itemized deductions (from Schedule A)</td> <td></td> </tr> <tr> <td>13 Qualified business income deduction from Form 8995 or Form 8995-A</td> <td></td> </tr> <tr> <td>14 Add lines 12 and 13</td> <td></td> </tr> <tr> <td>15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income</td> <td></td> </tr> </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	2a	3a Qualified dividends	3a	4a IRA distributions	4a	5a Pensions and annuities	5a	6a Social security benefits	6a	b Taxable interest	7	b Ordinary dividends	8	b Taxable amount	9	b Taxable amount	10	b Taxable amount	11	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	12	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	8 Additional income from Schedule 1, line 10	14	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	15	10 Adjustments to income from Schedule 1, line 26		11 Subtract line 10 from line 9. This is your adjusted gross income		12 Standard deduction or itemized deductions (from Schedule A)		13 Qualified business income deduction from Form 8995 or Form 8995-A		14 Add lines 12 and 13		15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	
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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 <i>Standard Deduction</i> , see instructions.																																																																		

