

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		
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 _____	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"/>	
Income	1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 g Wages from Form 8919, line 6 h Other earned income (see instructions) i Nontaxable combat pay election (see instructions)						1a
							1b
							1c
							1d
							1e
							1f
							1g
							1h
							1i
							1z
	2a Tax-exempt interest 3a Qualified dividends						2b
							3b
	4a IRA distributions 5a Pensions and annuities						4b
							5b
	6a Social security benefits						6b
							7
	c If you elect to use the lump-sum election method, check here (see instructions) 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here						8
							9
	8 Additional income from Schedule 1, line 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						10
							11
	10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income						12
							13
	12 Standard deduction or itemized deductions (from Schedule A) 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 taxable income						

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"/> _____			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	
	b	Form(s) 1099			25b	
	c	Other forms (see instructions)			25c	
	d	Add lines 25a through 25c			25d	
	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 total other payments and refundable credits			32		
33	Add lines 25d, 26, and 32. These are your total payments			33		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid			34	
	35a	Amount of line 34 you want refunded to you . 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 applied to your 2025 estimated tax			36	
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	
	38	Estimated tax penalty (see instructions)			38	
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	Phone no.	Personal identification number (PIN)			
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.					
	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				Phone no.	
	Firm's address				Firm's EIN	