E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

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	5	See separate instructions.			
Your first name and middle initial			Last name					١	Your social security number			number	
If joint return, spouse's first name and middle initial				Last name					8	pouse	's social	secur	ity number
									Presidential Election Campaign				
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State ZIP				ZIP code	t	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			, want \$3 necking a
Foreign country name				Foreign province/state/county Foreign p				Foreign postal c			x or refu	nd.	Spouse
Filing Status		Single					Head	of household (HOH)				
Check only one box.	_ _ If	 Married filing jointly (even if only one had income) Married filing separately (MFS) 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: ☐ 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	exch	ny time during 2024, did you: (a) rec	ital ass	set (or a fi	nancial inte	erest in	ment for prope n a digital asse	rty or services)	; or (b	o) sell,			No
Standard Deduction	_	neone can claim:	•		•		a dependent						
Age/Blindness	You	: Were born before January 2, 1	1960	Are b	lind S	oouse	: Was bor	n before Janua	ary 2,	1960	☐ Is	bline	d
Dependents				(2)	Social secur	ity	(3) Relationsh			-			
If more	(1) F	(1) First name Last name		number to you			to you	Child to	Child tax credit			other	dependents
than four dependents,									-			ㅂ	
see instructions	-								=			믐	
and check here												Ħ	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .				- .	1a	1		
	b	Household employee wages not r	eporte	d on Form	n(s) W-2 .					1b)		
Attach Form(s) W-2 here. Also	m(s)									10	;		
attach Forms W-2G and	d	Taxable dependent care benefits from Form 2441, line 26								10	t		
1099-R if tax	е									16			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .								10			
W-2, see	h :	Other earned income (see instruct					1			1h	1		
instructions.	i	Nontaxable combat pay election (Add lines 1a through 1h	see ins	structions)			<u>1i</u>			1z			
Attach Sch. B	z 2a	· ·	2a		· · i	 h Т	axable interest			2b			
if required.	3a		3a					nds		3b			
	4a		4a				axable amoun			4b			
Standard Deduction for—	5a		5a				axable amoun			5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t		6b	,		
Married filing separately,	С												
\$14,600 Married filing	7	8 Additional income from Schedule 1, line 10							7				
jointly or	8								8				
Qualifying surviving spouse,													
\$29,200 Head of	10 Adjustments to income from Schedule 1, line 26												
household, \$21,900	Subtract line 10 from line 9. This is your adjusted gross income								11				
If you checked any box under	12 13	Standard deduction or itemized					 15_Δ			12			
Standard	Add lines 40 and 40								14				
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze		ss, enter	 -0 This is	your t	taxable incom	ne		15			

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Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16		
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18		
	19	Child tax credit or credit for ot		19						
	20	Amount from Schedule 3, line	8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. I		22						
	23	Other taxes, including self-em	ployment tax, t	from Schedule	2, line 21			23		
	24	Add lines 22 and 23. This is yo	our total tax					24		
Payments	25	Federal income tax withheld for	rom:							
_	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d		
If you have a	26	2024 estimated tax payments	and amount ap	oplied from 20	23 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) .				27				
attach Sch. Elc.	28	Additional child tax credit from	Schedule 8812			28				
	29	American opportunity credit fr	om Form 8863	, line 8 . .		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line				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. The	ese are your to	tal payments				33		
Refund	d 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								
Direct deposit? See instructions.	b									
Coo mondonono.	d	Account number								
	36	Amount of line 34 you want ap	oplied to your 2	2025 estimate	d tax	36				
Amount	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions								
You Owe	20	Estimated tax penalty (see instructions)						37		
Third Douby	38	• • • • • • • • • • • • • • • • • • • •								
Third Party Designee		you want to allow another put tructions				_	omplete be	low.	□No	
Designee		signee's		Phone			onal identific			
	nar			no.		numb	oer (PIN)			
Sign		der penalties of perjury, I declare that ef, they are true, correct, and compl								
Here					sed on an imormatic					
	You	ur signature	Date Your occupation			I	f the IRS sent you an Identity Protection PIN, enter it here			
Joint return?						(see ins				
See instructions.	Spo	ouse's signature. If a joint return, bo	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
Keep a copy for your records.						1 -				
, 55 550. 46.				For all address						
		Preparer's sign		Email address tture Date F					Check if:	
Paid	116	paroi o iluitio	roparor o orginali	ui O		Date	PTIN		Self-employed	
Preparer	———	Firm's name Phone								
Use Only										
Go to www irs go									Form 1040 (2024)	
	0.77									