Department of the Treasury-Internal Revenue Service

**U.S. Individual Income Tax Return** 

	2024
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jan	r Jan. 1-Dec. 31, 2024, or other tax year beginning			, 2024, ending , 20					See separate instructions.			
Your first name	name and highle liftfal Li			Last name					3 745-6789 security number			
123 Main St, Irvine, CA 92617												
If joint return, spouse's first name and middle initial				name					Spouse	's social	security	y number
Home address (number and street). If you have a P.O. box, see				ıctions.				Apt. no.	Preside	ntial Ele	ection C	ampaign
	/										ou, or y	
City, town, or post office. If you have a foreign address, also complete spaces below.						ate	ZIP code	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change				
Foreign country name				Foreign province/state/county Foreign po								nge
					•			Yo	_	Spouse		
Filing Status	<b>.</b> [	Single		'			☐ Head	of household (HC	)H)			
Check only		☐ Married filing jointly (even if o	nly one ha	d income)					5.015	07		
one box.		Married filing separately (MFS)					Qualif	ying surviving spo	ouse (QS	s) '		
	lf	you checked the MFS box, enter	ter,t2001	i <b>lolo</b> s na	me if th	ne						
	q	ualifying person is a child but no										
	L	If treating a nonresident alien					resident for th	ne entire tax year,	check th	e box a	ınd ente	er
		their name (see instructions a	no allach	Statement	. II required	ı): 						
Digital		ny time during 2024, did you: (a								_	_	
Assets		hange, or otherwise dispose of						et)? (See instruction	ons.)	Y•	es	No
Standard		neone can claim:			•		a dependent	1	12,345.	.00		
Deduction	ш	Spouse itemizes on a separate	return or y	ou were a	dual-stati	ıs alier	1					
Age/Blindness	s You	ı: Were born before January	2, 1960	Are b	olind S	pouse	: Was bo	rn before January	2, 1960	ls	s blind	
Dependents	s (see	e instructions):		(2)	Social secu	rity	(3) Relationsh					
If more	(1)	First name Last name			number		to you	Child tax	credit	Credit fo	r other de	ependents
than four dependents,	_							<u> </u>			ᆜ	
see instructions	s —								2.000	07	<u> </u>	
and check here	1 —								3,960.	91	旹	
Income	1a	Total amount from Form(s) W	-2. box 1	(see instru	ctions) .				. 396့	10		
	b	Household employee wages		•					. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on lin	ne 1a (see	instruction	ns)				. 10	;		
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1		
W-2G and 1099-R if tax	е	e Taxable dependent care benefits from Form 2441, line 26								,		
was withheld.	f	Employer-provided adoption	benefits fr	om Form 8	8839, line :	29 .			. 1f	:		
If you did not get a Form	g	Wages from Form 8919, line							. 10			
W-2, see	h	Other earned income (see ins	,						. 1h	1		
instructions.	i z	Nontaxable combat pay elect Add lines 1a through 1h .	ion (see in	structions			<u>1</u> i		1,1 12			
Attach Sch. B	2a	Tax-exempt interest	2a			 b Т	axable interes	· · · · ·	. 12			
if required.	3a	Qualified dividends	3a				Ordinary divide		. 3b			
	4a	IRA distributions	4a				axable amoun		. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a			<b>b</b> T	axable amoun	t	. 5b			
Single or	6a	Social security benefits	6a						. 6b	)		
Married filing separately,	С	c If you elect to use the lump-sum election method, check here (see instructions)								.21		
\$14,600 Married filing	7	8 Additional income from Schedule 1, line 10							<b>□</b>			
jointly or Qualifying									. 8			
surviving spouse, \$29,200	7							. 9				
Head of	10 Adjustments to income from Schedule 1, line 26											
household, [	Standard deduction or itemized deductions (from Schodule A)							. 11				
If you checked any box under	12 Standard deduction or itemized deductions (from Schedule A)						. 13					
Standard Deduction,	14 Add lines 12 and 13					. 14						
see instructions.		xpayona Signaturo in line 11.					taxable:incon	ne	. 15			

Form 1040 (2024)	)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 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	ther dependent	s from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21								
	22	Subtract line 21 from line 18. I	22						
	23	Other taxes, including self-em	23						
	24	Add lines 22 and 23. This is yo	our <b>total tax</b>					24	
<b>Payments</b>	25	5 Federal income tax withheld from:							
_	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 pa	yments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. The	ese are your <b>to</b>	tal payments				33	
Refund	34	If line 33 is more than line 24,				•	· <u>·</u>	34	
	35a	Amount of line 34 you want re	funded to you	ı. If Form 8888		ck here Checking		35a	
Direct deposit? See instructions.	b	Routing number							
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.		•					
You Owe	20	For details on how to pay, go to www.irs.gov/Payments or 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 tha							
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which						•	
	You	ur signature		Date	Your occupation	our occupation		If the IRS sent you an Identity Protection PIN, enter it here	
Joint return?								(see inst.)	
See instructions.	Spo	ouse's signature. If a joint return, bo	Date	Spouse's occupati	on		e IRS sent your spouse an		
Keep a copy for your records.						1 -	Identity Protection PIN, enter it here (see inst.)		
,									
		parer's name	Preparer's signati	Email address		Date	PTIN		Check if:
Paid	116	paroi o iluitio	roparor o orginali	ui O		Date			Self-employed
Preparer	———	n's name					Phone		
<b>Use Only</b>	Firm's address Firm's								
Go to www irs go		n 1040 for instructions and the latest	information				1111115	_111	Form <b>1040</b> (2024)
	0.77								