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				, 20	See separate instructions.				
Your first name and middle initial				Last name					Your social security number				
Travis D			Crawford										
If joint return, spouse's first name and middle initial			Last n	ame					Spouse	's socia	l security number		
Home address	numbe	r and street). If you have a P.O. box, see	instruc	tions.				Apt. no.		Presidential Election Campaign			
City to the control of the control o	t - cc: -				I	04-	4-	710			ou, or your jointly, want \$3		
	mpiete	· · ·				ZIP code	to go to this fund. Checking a						
Catonsville Foreign country name							21228 Foreign postal code			not change			
Foreign country name			Totalgri province/state/county				Toreign postar code	your ta.	Y				
Filing Status	√	Single					Head	of household (HO	H)				
•		Married filing jointly (even if only or	ne had	income)					,				
Check only one box. Married filing separately (MFS) Qualifying surviving spous							use (QS	S)					
	If y	ou 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											
	qu	alifying 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 en								and enter				
		their name (see instructions and at	tach s	tatement	if required):							
Digital	At an	y time during 2024, did you: (a) rece	eive (a	s a reward	d, award, o	or payr	ment for prope	rty or services); o	r (b) sell,				
Assets	exch	ange, or otherwise dispose of a digi	tal ass	et (or a fi	nancial int	erest ir	n a digital asse	t)? (See instruction	ns.)	□ Ye	es 🗸 No		
Standard	Som	omeone can claim: You as a dependent Your spouse as a dependent											
Deduction		Spouse itemizes on a separate return	n or yo	u were a	dual-statu	s alien	1						
Age/Blindness	You:	Were born before January 2, 19	960	Are b	lind S	pouse	: Was bor	n before January	2, 1960	l:	s blind		
Dependents	(see	nstructions):		(2)	Social secu	ity	(3) Relationsh	ip (4) Check the b	oox if qual	ifies for	(see instructions):		
If more	(1) Fi	rst name Last name			number		to you	Child tax of	credit	Credit fo	or other dependents		
than four													
dependents, see instructions	. —												
and check	_												
here	1a	Total amount from Form(s) W-2, bo	ov 1 (e	ee instru	etions)				. 1a		42688.00		
Income	b	` ' '	•		,				. 1k		42088.00		
Attach Form(s) W-2 here. Also	C								. 10				
attach Forms	d									ı			
W-2G and 1099-R if tax	е	Taxable dependent care benefits fi	om Fo	orm 2441	, line 26				. 16	,			
was withheld.	f	Employer-provided adoption benef	fits fro	m Form 8	3839, line 2	. 9			. 11	:			
If you did not	g	Wages from Form 8919, line 6 .							. 10	1			
get a Form W-2, see	h	Other earned income (see instructi							. 1h	1			
instructions.	i	Nontaxable combat pay election (s	ee ins	tructions)			<u>1</u> i						
	Z	ı .			· · ·	 L T			. 12				
Attach Sch. B if required.	2a		2a 3a				axable interest	nds	. 2b				
	3a 4a		la					t					
Standard	 а	_	5a					t t					
Deduction for— Single or	6a		ia ia					t					
Married filing separately,	С												
\$14,600	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here												
Married filing jointly or 8 Additional income from Schedule 1, line 10									. 8				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income											
\$29,200 Head of	10	Adjustments to income from Schedule 1, line 26											
household, \$21,900	11												
If you checked F	12									2			
any box under Standard	13								. 13				
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zero			 -0- This is	· ·	 tavahla incom		. 14				
	13	Subtract line 14 from line 11. If Zero	o or ie	ss, enter	-U ITIIS IS	your	taxable IIICOII		. 15	<u>' </u>			

Form 1040 (2024)							Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 8814	2 4972	3 🗌	1	6	
Credits	17	Amount from Schedule 2, lin	e3				1	7	
	18	Add lines 16 and 17					1	8	
	19	Child tax credit or credit for	other dependent	ts from Schedu	ıle 8812		1	9	
	20	Amount from Schedule 3, lin	e8				2	0	
	21	Add lines 19 and 20					2	1	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2	
	23	Other taxes, including self-en	mployment tax,	from Schedule	2, line 21		2	3	
	24	Add lines 22 and 23. This is	your total tax				2	4	
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					25	5d	
If you have a	26	2024 estimated tax payment	s and amount a	pplied from 20	23 return		2	6	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	yments and refu	indable credits	3	2	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			3	3	
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amour	nt you overpaid	3	4	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							
Direct deposit?	b	Routing number C Type: Checking Savings							
See instructions.	d	Account number							
	36	Amount of line 34 you want a	applied to your	2025 estimate	d tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, go	o to www.irs.gov/Payments or see instructions					7	
	38					38			
Third Party		you want to allow another							
Designee		tructions					omplete belo		
	De: nar	signee's me		Phone no.			onal identificati ber (PIN)	on	
Sign			nat I have examined		accompanying sche		• • •	est of my knowledge and	
•		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.							
Here	You	ur signature		Date	Your occupation			sent you an Identity	
								n PIN, enter it here	
Joint return?							(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupati	on		sent your spouse an Protection PIN, enter it here	
your records.)	
	———Pho	Phone no.		Email address					
		eparer's name	Preparer's signature Date			PTIN	Check if:		
Paid			-					Self-employed	
Preparer	Firr	m's name					Phone no).	
Use Only		n's address	Firm's Ell						
Go to www.irs.ac		11040 for instructions and the late:	st information.					Form 1040 (2024)	