

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 Wanda		Last name Worker				
If joint return, spouse's first name and middle initial		Last name				
Home address (number and street). If you have a P.O. box, see instructions. 123 Main St		Apt. no.				
City, town, or post office. If you have a foreign address, also complete spaces below. Springfield		State IL	ZIP code 62704			
Foreign country name		Foreign province/state/county	Foreign postal code			
Filing Status		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Qualifying surviving spouse (QSS) <input type="checkbox"/> Married filing separately (MFS) <p>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:</p> <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 checked="" type="checkbox"/> No	
Standard Deduction		<input type="checkbox"/> 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 (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
If more than four dependents, see instructions and check here . . . <input type="checkbox"/>						Child tax credit <input type="checkbox"/>
						Credit for other dependents <input type="checkbox"/>
Income		1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a 54489
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		1b				1b
		1c				1c
		1d				1d
		1e				1e
		1f				1f
		1g				1g
		1h				1h
		1z				1z 54489
If you did not get a Form W-2, see instructions.		2a	Tax-exempt interest			2b 350
Attach Sch. B if required.		3a	Qualified dividends			3b 1200
		4a	IRA distributions			4b 8000
		5a	Pensions and annuities			5b
		6a	Social security benefits			6b
		c	If you elect to use the lump-sum election method, check here (see instructions)			<input type="checkbox"/>
		7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			<input type="checkbox"/>
		8	Additional income from Schedule 1, line 10			8 6000
		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 54489
		10	Adjustments to income from Schedule 1, line 26			10
		11	Subtract line 10 from line 9. This is your adjusted gross income			11 71,539
		12	Standard deduction or itemized deductions (from Schedule A)			12 14600
		13	Qualified business income deduction from Form 8995 or Form 8995-A			13
		14	Add lines 12 and 13			14
		15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15 56939

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2024)

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	8397		
	17 Amount from Schedule 2, line 3	17			
	18 Add lines 16 and 17	18	8397		
	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	8397		
	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	8397		
Payments	25 Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c	25a 25b 25c	6500		
	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	6500		
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			
Direct deposit? See instructions.	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	1897		
	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.				
Joint return? See instructions. Keep a copy for your records.	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 EIN
	Firm's address				