

Note: The draft you are looking for begins on the next page.

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Most forms and publications have a page on IRS.gov: IRS.gov/Form1040 for Form 1040; IRS.gov/Pub501 for Pub. 501; IRS.gov/W4 for Form W-4; and IRS.gov/ScheduleA for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

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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						See separate instructions.			
Your first name and middle initial				Last name						our soc	cial sec	urity n	ıumber
If joint return, spouse's first name and middle initial				Last name						ouse's	social	securi	ity number
									ntial Ele		Campaign your		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code							to	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				n postal cod			or refu	nd	Spouse
Filing Status	; <u> </u>	Single				Head	of hou	sehold (H	OH)				
Check only	only Married filing jointly (even if only one had income)												
one box.													
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the ch								ne chi	ld's na	me 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 their name (see instructions and attach statement if required):										nd en	ter		
Digital Assets		ny time during 2024, did you: (a) reconange, or otherwise dispose of a digi					-				Y€	s [No
Standard	Son	neone can claim: 🔲 You as a de	pende	nt	e as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status a	alien								
Age/Blindness	You	: Were born before January 2, 1	960	Are blind Spo	use:	: Was bor	n befo	re Januar	y 2, 1	960	Is	blind	ł
Dependents	s (see	instructions):	V	(2) Social security		(3) Relationsh	ip (4	Check the	box if	f qualif	ies for (see ins	structions):
If more		First name Last name		number		to you		Child tax	credit	t /	Credit fo	r other	dependents
than four													
dependents, see instructions	,]				
and check													
here \square							_						
Income	1a	Total amount from Form(s) W-2, be							·	1a			
Attach Form(s)	b	Household employee wages not re		, ,	•					1b			
W-2 here. Also attach Forms	C	,								1c			
W-2G and	d e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene		,	•				•	1f			
If you did not	g g	Wages from Form 8919, line 6.							•	1g			
get a Form	h	Other earned income (see instructi								1h			
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	z									1z			
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b			
if required.	3a	Qualified dividends	3a		b O	rdinary divider	nds .			3b			
Named and	4a	IRA distributions	4a			axable amount				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amount				5b			
Single or Married filing	6a							Ė	6b				
separately,	С									_			
\$14,600 Married filing	7									8			
jointly or Qualifying	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						•	9					
surviving spouse, \$29,200							•	10					
Head of household,								11					
\$21,900								12					
If you checked any box under	13						13						
Standard Deduction,	14 Add lines 12 and 13						14						
see instructions.								15					

Form 1040 (2024)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16		
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					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-en						23		
	24	Add lines 22 and 23. This is						24		
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
If you have a	С	Other forms (see instructions	·			25c				
	d	Add lines 25a through 25c				/		25d		
	26	2024 estimated tax payment						26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
	28	Additional child tax credit from				28	-			
	29	American opportunity credit		•		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31		00		
	32 33	Add lines 27, 28, 29, and 31. Add lines 25d, 26, and 32. T					· ·	32		
Defined	34	If line 33 is more than line 24						34		
Refund	3 4 35а					•	· ;	35a		
Direct deposit?	b									
See instructions.	d	Account number								
	36	Amount of line 34 you want a	applied to your	2025 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	o,	For details on how to pay, go						37		
	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				See				
Designee	ins	nstructions							☐ No	
	Des nan	signee's		Phone no.			onal identific ber (PIN)	ation		
Cian		der penalties of perjury, I declare th	nat I have examined		accompanying sche		, ,	hest (of my knowledge and	
Sign		ef, they are true, correct, and com								
Here	You	ur signature		Date	Your occupation		If the I	RS ser	it you an Identity	
		· ·							N, enter it here	
Joint return?							(see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here			
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, t	Date	Spouse's occupat	tion					
your records.								(see inst.)		
	Pho	one no.		Email address						
Doid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid									Self-employed	
Preparer	Firm's name Pi							none no.		
Use Only	Firm's address Firm's EIN									
Go to www.irs.go	Go to www.irs.gov/Form1040 for instructions and the latest information.									