

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	Your identifying number (see instructions)
------------------------------------	-----------	--------------------------------------------

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

Foreign country name Foreign province/state/county Foreign postal code

Filing Status

Single Married filing separately (MFS) Qualifying surviving spouse (QSS) Estate Trust

If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Check only one box.

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.) Yes No

Dependents (see instructions):	(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business Attach Form(s) W-2, 1042-S, SSA-1042-S, RRB-1042-S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
	b	Household employee wages not reported on Form(s) W-2				1b	
	c	Tip income not reported on line 1a (see instructions)				1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
	e	Taxable dependent care benefits from Form 2441, line 26				1e	
	f	Employer-provided adoption benefits from Form 8839, line 29				1f	
	g	Wages from Form 8919, line 6				1g	
	h	Other earned income (see instructions)				1h	
	i	Reserved for future use			1i		
	j	Reserved for future use			1j		
	k	Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)			1k		
	z	Add lines 1a through 1h				1z	
	2a	2a			b Taxable interest	2b	
	3a	3a			b Ordinary dividends	3b	
	4a	4a			b Taxable amount	4b	
5a	5a			b Taxable amount	5b		
6	Reserved for future use				6		
7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>				7		
8	Additional income from Schedule 1 (Form 1040), line 10				8		
9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income				9		
10	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income				10		
11	Subtract line 10 from line 9. This is your adjusted gross income				11		
12	Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)				12		
13a	Qualified business income deduction from Form 8995 or Form 8995-A			13a			
b	Exemptions for estates and trusts only (see instructions)			13b			
c	Add lines 13a and 13b				13c		
14	Add lines 12 and 13c				14		
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income				15		

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
	17	Amount from Schedule 2 (Form 1040), line 3	17
	18	Add lines 16 and 17	18
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	19
	20	Amount from Schedule 3 (Form 1040), line 8	20
	21	Add lines 19 and 20	21
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22
	23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	23b
	c	Transportation tax (see instructions)	23c
	d	Add lines 23a through 23c	23d
	24	Add lines 22 and 23d. This is your total tax	24

Payments	25	Federal income tax withheld from:	
	a	Form(s) W-2	25a
	b	Form(s) 1099	25b
	c	Other forms (see instructions)	25c
	d	Add lines 25a through 25c	25d
	e	Form(s) 8805	25e
	f	Form(s) 8288-A	25f
	g	Form(s) 1042-S	25g
	26	2024 estimated tax payments and amount applied from 2023 return	26
	27	Reserved for future use	27
28	Additional child tax credit from Schedule 8812 (Form 1040)	28	
29	Credit for amount paid with Form 1040-C	29	
30	Reserved for future use	30	
31	Amount from Schedule 3 (Form 1040), line 15	31	
32	Add lines 28, 29, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	

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
	b	Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number _____	
	e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. _____	
	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
	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.			
	Your signature _____	Date _____	Your occupation _____	If the IRS sent you 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 address _____			Firm's EIN _____	