

Department of the Treasury
Internal Revenue Service

U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, or Puerto Rico
For the year Jan. 1-Dec. 31, 2024, or other tax year beginning _____, 2024, and ending _____, 20

Your first name and initial		Last name	Your social security number
If a joint return, spouse's first name and initial		Last name	Spouse's social security number
Home address (number, street, and apt. no., or rural route)			
City, town or post office, commonwealth or territory, and ZIP code			
Foreign country name		Foreign province/state/county	Foreign postal code

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**

Part I Total Tax and Credits (see instructions)

1 Filing status. Check the box for your filing status.

Single Married filing jointly Married filing separately (MFS) Head of household Qualifying surviving spouse

If you checked the MFS box, enter spouse's social security no. above and full name here: _____

2 Qualifying children. Complete **only** if you are a bona fide resident of Puerto Rico and you are claiming the additional child tax credit. If more than four qualifying children, see instructions and check here

(a) First name	Last name	(b) Child's social security number	(c) Child's relationship to you

3 Self-employment tax from Schedule SE (Form 1040), line 12. Attach Schedule SE (Form 1040) and applicable schedules	3	7
4 Household employment taxes. Attach Schedule H (Form 1040)	4	
5 Additional Medicare Tax. Attach Form 8959	5	
6 Other taxes	6	
7 Total tax. Add lines 3 through 6	7	
8 2024 estimated tax payments	8	
9 Excess social security tax withheld	9	
10 Additional child tax credit from Part II, line 19	10	12
11a Additional Medicare Tax withheld. Attach Form 8959	11a	
b Amount paid with request for extension of time to file	11b	
12 Total payments and credits. Add lines 8 through 11b	12	13
13 If line 12 is more than line 7, subtract line 7 from line 12. This is the amount you overpaid	13	
14a Amount of line 13 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	14a	16
b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	14b	
d Account number	14c	
15 Amount of line 13 you want applied to 2025 estimated tax	15	16
16 Amount you owe. If line 7 is more than line 12, subtract line 12 from line 7	16	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. **Yes**. Complete the following. **No**

Designee's name	Phone no.	Personal identification number (PIN)
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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 the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Daytime phone number	If the IRS sent you an Identity Protection PIN, enter it here (see instructions)
Spouse's signature. If a joint return, both must sign.		Date	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instructions)

Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				