

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 |
|----------------|-----------|------------------------------------|---------------------------------|
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|--|------------|-----------|
| 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 | | |
| d Account number | | |
| 15 Amount of line 13 you want applied to 2025 estimated tax | 15 | |
| 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) |
|-----------------|-----------|--------------------------------------|

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) |

Paid Preparer Use Only

| | | | | |
|-----------------|----------------------|------|---|------|
| 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 | | | | |