E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2024

OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jai	n. 1–Dec	c. 31, 2024, or other tax year beginning		, 2024, enc	ding		, 20		See se	parate inst	ructions.			
Your first name and middle initial Last r				ast name					Your social security number					
ANTONIO		OS					252-00-2667							
	pouse'	s first name and middle initial		Last name						Spouse's social security number				
Home address	(numb	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.		Preside	ntial Election	on Campaign			
1254 APR	RICOT	r way								nere if you,				
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete spaces below. State				ZIP code				tly, want \$3 Checking a			
RICHMOND			VA			23228		box bel	ow will not	change				
Foreign countr	y name			Foreign province/state/	county	F	Foreign postal of	code	your tax	or refund.	_			
										You	Spouse			
Filing Status	s 🗵	Single					household	(HOH)					
Check only	L	Married filing jointly (even if only o	ne had	income)										
one box.	L	Married filing separately (MFS) Qualifying surviving spouse (QSS)												
		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												
	qı	ualifying person is a child but not you												
	L	If treating a nonresident alien or do		•	U.S. re		•				enter			
		their name (see instructions and a	itach si	atement if required):										
Digital	At a	ny time during 2024, did you: (a) rec	eive (as	a reward, award, or	payme	ent for propert	y or services	s); or (b) sell,					
Assets	excl	nange, or otherwise dispose of a dig	ital ass	et (or a financial inter	est in a	a digital asset)	? (See instru	ıction	s.)	☐ Yes	X No			
Standard	Son	neone can claim: 🗌 You as a de	pender	nt 🗌 Your spous	e as a	dependent								
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien									
Age/Blindnes	s You	: Were born before January 2, 1	960 [Are blind Spo	ouse:	☐ Was born	before Janu	arv 2.	1960	☐ Is bli	ind			
Dependent		<u> </u>				(3) Relationship	(4) Observe				instructions):			
-		First name Last name		(2) Social security number	,	to you	, 1	tax cre		,	ner dependents			
If more than four	、,							П			\neg			
dependents,								ī			≒—			
see instruction and check	s							ī			≒—			
here]									[<u> </u>			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions) .					1a		11270			
	b	Household employee wages not re	eported	I on Form(s) W-2 .					1b					
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								;				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1				
W-2G and 1099-R if tax	е	Taxable dependent care benefits t	rom Fo	rm 2441, line 26					1e					
was withheld.	f	Employer-provided adoption bene	fits fror	m Form 8839, line 29					1f					
If you did not	g	Wages from Form 8919, line 6 .							1g					
get a Form W-2, see	h	Other earned income (see instruct	ions)						1h	ı				
instructions.	i	Nontaxable combat pay election (see inst	tructions)		<u>1i</u>								
	z	Add lines 1a through 1h							1z		11270			
Attach Sch. B	2a	Tax-exempt interest	2a		b Tax	able interest			2b					
if required.	3a_	Qualified dividends	3a		b Orc	linary dividend	ds		3b					
Standard	4a	IRA distributions	4a		b Tax	able amount			4b					
Standard Deduction for—	5a	Pensions and annuities	5a		b Tax	able amount			5b					
Single or Married filing	6a	,	6a			able amount		· <u>·</u>	6b	\bot				
separately,	С	If you elect to use the lump-sum e		•	•	,								
\$14,600 Married filing	7	Capital gain or (loss). Attach Sche						. L	7					
jointly or Qualifying	8	Additional income from Schedule							8					
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•	come				9		11270			
\$29,200 • Head of	10	Adjustments to income from Sche							10					
household, \$21,900	11	Subtract line 10 from line 9. This is	-	-					11		11270			
If you checked	12	Standard deduction or itemized		•	,				12		14600			
any box under Standard	13	Qualified business income deduct	ion fron	n Form 8995 or Form	า 8995-	Α			13					
Deduction, see instructions.	14								14		14600			
COO II IOLI UULIUI IS.	15	Subtract line 14 from line 11. If zer	n or les	ee antar -N- Thie ie v	nur ta	vahle income			15	. 1	0			

Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 🗌 881	4 2 🗌 4972	3 🗌			16				
Credits	17	Amount from Schedule 2, lir	ne 3						17				
	18	Add lines 16 and 17							18				
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19				
	20	Amount from Schedule 3, lir	ne 8						20	1			
	21	Add lines 19 and 20							21				
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22			О	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23			С	
	24	Add lines 22 and 23. This is	your total tax						24			С	
Payments	25	Federal income tax withheld											
•	а	Form(s) W-2				25a		17	3				
	b	Form(s) 1099				25b							
	С	Other forms (see instruction				25c							
	d	Add lines 25a through 25c							25d	ł		173	
If you have a	26	2024 estimated tax paymen	ts and amount a	pplied from 20	023 return				26				
qualifying child,	27	Earned income credit (EIC)				27							
attach Sch. EIC.	28	Additional child tax credit from				28							
	29	American opportunity credit				29							
	30	Reserved for future use .				30							
	31	Amount from Schedule 3, lir				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. T							33			173	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	. This is the amou	ınt you (overpaid		34			173	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a			173		
Direct deposit?	b	Routing number 0 5 1 4 0 0 5 4 9 c Type: X Checking Savings											
See instructions.	d	Account number 1 0 0 3 0 1 1 2 8 9											
	36	Amount of line 34 you want			ed tax	36				1			
Amount	37												
You Owe	٠.	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions											
	38	Estimated tax penalty (see in				38							
Third Party	Do	you want to allow another				See							
Designee			•				Yes. C	omplete	below.	X No)		
•		signee's							ification				
	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the										لبل		
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com										-	
Here					4004 011	an imormat				•	•		
	YO	ur signature		Date	Your occupation			Pro	e IRS se tection P	IN, enter	it her		
Joint return?				12/10/24	HOTEL CLERK			(see	e inst.)	Π	\top	$\top \top$	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation						RS sent your spouse an			
Keep a copy for your records.						I .	•	ection PI	N, ent	ter it here			
, 5 % 1000140.								(See	e inst.)				
		one no. (804) 555-268		Email address		T .		DTIN		Oh :	:c.		
Paid	Pre	eparer's name	Preparer's signat	ature			Date PTIN			Check if:			
Preparer	12/10/24 \$28091897												
Use Only								ne no. 2	.02-202	<u>-2022</u>	2		
	Firm's address 15 pp. gm gp 120 yran yrangeny pg 00005												

Go to www.irs.gov/Form1040 for instructions and the latest information.

15 PRACTICE LAB WAY WASHINGTON DC 20005

Firm's address

Form **1040** (2024)

Firm's EIN

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