E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2024

						CIVID 140. 10 10	007 1		·,		nto or otapio	uno opaco.
For the year Jai	n. 1–De	c. 31, 2024, or other tax year beginning		, 2024, en	ding		,	20		See sep	parate inst	ructions.
Your first name	our first name and middle initial Last name					Y	Your social security number					
JASON M SMITH				ГН						224-00-1234		
	If joint return, spouse's first name and middle initial  Last name					s			curity number			
Home address	(numb	per and street). If you have a P.O. box, se	e instruct	ions.			A	ot. no.	+	reside	ntial Election	on Campaign
1633 KIN									- 1		nere if you,	
		fice. If you have a foreign address, also c	omplete :	spaces below.	Sta	te	ZIP co	ZIP code spouse if filing joint				tly, want \$3
PETERSBU	JRG				VA		to go to the			this fund. ow will not	•	
Foreign countr		9		Foreign province/state				n postal co			ov will not or refund.	Charige
											You	Spouse
Filing Status	s 🛚	☑ Single	•			☐ Head o	of hous	sehold (l	HOH)			
Check only		☐ Married filing jointly (even if only o	one had	income)								
one box.		☐ Married filing separately (MFS)				☐ Qualify	ing su	rviving	spous	e (QSS	3)	
		you checked the MFS box, enter th ualifying person is a child but not yo		, ,	ou che	ecked the HOH	l or QS	SS box,	enter	the ch	ild's name	if the
	Γ	If treating a nonresident alien or c	-		 a U.S.	resident for the	e entir	e tax ve	ar. ch	eck the	e box and	enter
		their name (see instructions and a										
Digital	Δt a	uny time during 2024, did you: (a) red	coive (as	a reward award o	r navr	ment for proper	ty or s	ervices)	· or (h	المع (ا		
Digital Assets		hange, or otherwise dispose of a diç					-	,			Yes	X No
Standard		neone can claim: You as a de					, (			,		
Deduction		Spouse itemizes on a separate retu	•			•						
Ago/Blindnes	- Vai	: Were born before January 2,	1060	Are blind Sp	ouse	: Was born	n hofoi	ro Janua	m / 2	1060	☐ Is bl	ind
Dependent		•	1000	<del>-</del>			(4)					instructions):
-		First name Last name		(2) Social securit number	.y	(3) Relationshi to you	p (	Child to			•	ner dependents
If more than four	<del>、,</del>							Γ	7			7
dependents,									_			
see instruction and check	ıs —											
here	]							[				
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instructions) .						1a		45500
Attach Form(s)	b	Household employee wages not i	reported	I on Form(s) W-2 .						1b		
W-2 here. Also	С	Tip income not reported on line 1	a (see ir	structions)						1c	:	
attach Forms W-2G and	d	Medicaid waiver payments not re	ported o	on Form(s) W-2 (see	instru	ıctions)				1d		
1099-R if tax	е	Taxable dependent care benefits	from Fo	rm 2441, line 26						1e		
was withheld.	f	Employer-provided adoption ben	efits fror	m Form 8839, line 29	9.					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g		
W-2, see	h	Other earned income (see instruc	tions)				· ·			1h	_	
instructions.	i	Nontaxable combat pay election	(see inst	tructions)		<u>li</u>						
	Z	Add lines 1a through 1h	· ;							1z		45500
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			axable interest				2b		
if required.	3a	Qualified dividends	3a			ordinary divider				3b		
Standard	4a	IRA distributions	4a			axable amount				4b		
Deduction for—	5a	Pensions and annuities	5a			axable amount				5b		
Single or Married filing	6a	Social security benefits	6a			axable amount				6b		
separately, \$14,600	_ c	If you elect to use the lump-sum		·	•	,			· 片	_		
Married filing	7	Capital gain or (loss). Attach School			'	•			. Ц	7		1 ( )
jointly or Qualifying	8	Additional income from Schedule								8		1650
surviving spouse, \$29,200	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		47150
Head of	10	Adjustments to income from Scho								10		2000
household, \$21,900	11	Subtract line 10 from line 9. This i	-	-						11		45150
If you checked	12	Standard deduction or itemized		,						12		14600
any box under Standard	13	Qualified business income deduc								13		14600
Deduction, see instructions.	14	Add lines 12 and 13								14		14600

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224	- 00	$-\perp$	۷.	54

SMITH Form 1040 (2024								2.	24-(	00-123	3 <b>4</b> Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16		3437
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18		3437
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22		3437
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .				23		0
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24		3437
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a		4350			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d		4350
If you have a	26	2024 estimated tax paymen	ts and amount a	pplied from 20	23 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit	from Form 8863	3, line 8		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 pa	yments and refu	undable	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33		4350
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>o</b>	verpaid		34		913
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here						35a		913	
Direct deposit?	b	Routing number 0 5 1	4 0 0 5	4 9	<b>c</b> Type:	Checki	ng 🗌 S	Savings			
See instructions.	d	Account number 1 0 0	1 0 0 1	2 3 4							
	36	Amount of line 34 you want	applied to your	2025 estimate	ed tax	36	_				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							37		
	38	Estimated tax penalty (see in	_	-		1 1			<u> </u>		
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See _	7., 0				
Designee		tructions				L	<b>Yes.</b> Co	•		χ No	
	De nai	signee's me		Phone no.				nal identif er (PIN)	ication		$\Box$
Sign	Un	der penalties of perjury, I declare the	hat I have examine	d this return and	accompanying sche	dules and	statements	s, and to the	ne best	of my know	ledge and
Here	bel	ief, they are true, correct, and com	•							•	•
TICIC	Your signature		Date Your occupation If th								
				10 /10 /04			(see i		IN, enter it h	nere	
Joint return? See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.		12/13/24 Date	7 24 SALES ASSOCIATE				- /	nt your spou	ISO an	
Keep a copy for	opouse s signature. If a joint rotalli, <b>both</b> must sign.							enter it here			
your records.				(see					nst.)		
	Ph	one no. (804) 751-028	0	Email address							
Doid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:	
Paid						12/1	3/24	2809189	7	☐ Self-€	employed
Preparer	Firm's name PRACTICE LAB Phone							202-202-20	022		

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

## SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2024
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

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

lame(	s) shown on Form 1040, 1040-SR, or 1040-NR		Your socia	al security number	
JA	SON SMITH	224-00-1234			
or 20	024, enter the amount reported to you on Form(s) 1099-K that was included in	error or for p	ersonal		
ems	sold at a loss				
ote:	The remaining amounts reported to you on Form(s) 1099-K should be reported els	ewhere on yo	ur return d	epending on the	
	of the transaction. See www.irs.gov/1099k.	-		_	
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received		_	2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sche			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation		[	7	
8	Other income:				
а	Net operating loss	8a (	)		
b	Gambling	8b	1650		
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (	)		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
- 1	Income from the rental of personal property if you engaged in the rental for				
	profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see instructions) .	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line				
	1a or 1d	8s (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or a				
	nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
٧	Digital assets received as ordinary income not reported elsewhere. See				
	instructions	8v			
Z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9 1	

1650

10

Schedule 1 (Form 1040) 2024 Page **2** 

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attac		
	Form 2106		
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction		
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid		
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	2000
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the rental of		
	personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC		
	prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of		
	1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the		
	IRS for information you provided that helped the IRS detect tax law violations 24i		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
Z	Other adjustments. List type and amount:		
	24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Forr	n	
	1040, 1040-SR, or 1040-NR, line 10		2000

QNA

Schedule 1 (Form 1040) 2024