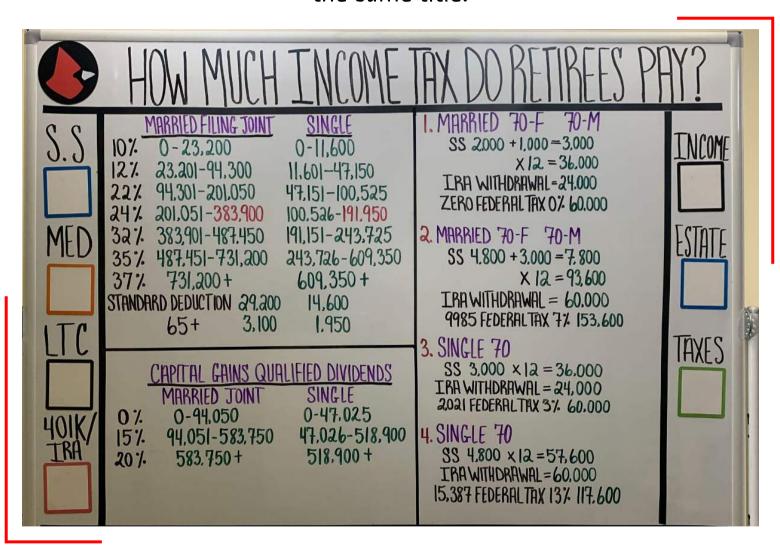


CARDINAL ADVISORS

How Much Income Tax Do Retirees Pay?

Hans and Tom use the following chart and forms to address the question how much income tax do retirees pay in the video with the same title.



The information and opinions contained herein are provided by third parties and have been obtained from sources believed to be reliable, however, we make no representation as to its completeness or accuracy. The information is not intended to be used as the sole basis for financial decisions, nor should it be construed as advice designed to meet the particular needs of an individual's situation. Content is provided for informational purposes only and is not a solicitation to buy or sell any products mentioned.

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Information provided is not intended as tax or legal advice and should not be relied on as such. You are encouraged to seek tax or legal advice from an independent professional

2024 Tax Planning

Taxable Income Brackets for 2024 Ordinary Income Tax Rates

Marginal Tax Rate	Married Filing Joint	Single
10%	\$0 - \$23,200	\$0 - \$11,600
12%	\$23,201 – \$94,300	\$11,601 – \$47,150
22%	\$94,301 - \$201,050	\$47,151 - \$100,525
24%	\$201,051 - \$383,900	\$100,526 - \$191,950
32%	\$383,901 - \$487,450	\$191,951 - \$243,725
35%	\$487,451 - \$731,200	\$243,726 - \$609,350
37%*	Over \$731,200	Over \$609,350

^{*} The top rate is effectively 40.8% for those subject to the 3.8% Medicare surtax on net investment income (those with MAGI over the thresholds of \$250,000 joint filers/\$200,000 single filers).

2024 Trust	Tax Rates
Ordinary Income Tax	Capital Gain Rates
10% \$0 - \$3,100	0% \$0 - \$3,150
24% \$3,101 - \$11,150	15% \$3,151 - \$15,450
35% \$11,151 - \$15,200	20% Over \$15,450
37% Over \$15,200	

Trust Tax Rates – Distributions from inherited IRAs that exceed **\$15,200** and are made to and retained in discretionary trusts will be subject to the top 37% rate. After the SECURE Act, inherited IRA funds will have to be paid out to most of these trusts under the 10-year rule, accelerating trust taxes. Roth conversions during the IRA owner's life become more valuable if the IRA beneficiary is a trust.

Qualified Business Income (QBI) Deduction

20% Deduction Phase-Out Ranges

\$383,900 - \$483,900 - Married Joint

\$191,950 - \$241,950 - Single

Taxable Income Brackets for 2024 Long Term Capital Gains and Qualified Dividends Tax

Long Term Capital Gains Rate	Married Filing Joint	Single						
0%	\$0 - \$94,050	\$0 - \$47,025						
15%*	\$94,051 – \$583,750	\$47,026 – \$518,900						
20% **	Over \$583,750	Over \$518,900						

^{*}The 15% rate is effectively 18.8% for those subject to the 3.8% Medicare surtax on net investment income.

^{**}The top rate is effectively 23.8% for those subject to the 3.8% Medicare surtax on net investment income.

2024	2024 Transfer Taxes								
Transfer Tax	Exemption*	Maximum Rate							
Estate, Gift, GST Tax	\$13,610,000	40%							

*The estate and gift exemptions are portable. The unused amount can be transferred to a surviving spouse. The GST exemption is NOT portable.

Annual Gift Tax Exclusion	\$18,000
---------------------------	----------

Standard Deductions									
Married-Joint	\$29,200								
Single	\$14,600								
Head of Household	\$21,900								

Extra Standard Deduction for Age 65 or Blind

\$1,550 (married-joint)

\$1,950 (single)

Qualified Charitable Distributions

Available only to IRA owners and IRA beneficiaries who are 70½ or older. The annual QCD limit for 2024 is \$105,000 per IRA owner, **not** per IRA account. For 2024, the limit for a QCD to a split interest entity is \$53,000. QCDs are more valuable due to the larger number of taxpayers that are using the increased standard deduction.

Roth Conversion Planning Ideas

Roth conversions are permanent and work best for those who believe they will be subject to higher marginal tax rates in the future. Roth conversions are not all or nothing. Consider a series of smaller annual conversions over time to spread out the income tax.

Timing Roth conversions for maximum tax efficiency:

Convert before RMDs begin. RMDs cannot be converted, so no conversion can be done until the RMD is withdrawn.

Avoid the impact of Roth conversions on Medicare IRMAA charges for Parts B and D based on income. Since Medicare has a 2-year lookback provision, consider conversions before age 63.

If a spouse died during the year, consider a Roth conversion for the surviving spouse since this may be the last year to take advantage of married-joint tax return rates. Include the conversion income on the final joint tax return.

∄ 1040	U.S	6. Individual Income Tax	x Forecast	2024	OMB No. 154	45-0074	IRS Use Only—	Do not write or staple in this space.
For the year Jan. 1–De	c. 31, 202	4, or other tax year beginning		, 2024, ending			_	arate instructions.
Your first name and			Last name				Vour soci	al security number
Tour mist hame and	illidale III	iuai	Lastrianie					01-01-0001
If joint return, spous	e's first na	ame and middle initial	Last name					social security number
,,								01-01-0002
Home address (nun	nber and s	street). If you have a P.O. box, see inst	ructions.		Apt. no.			ial Election Campaign
,								e if you, or your
City, town, or post of	ffice. If y	ou have a foreign address, also complete	spaces below.	State	ZIP Code		•	ling jointly, want \$3
							•	s fund. Checking a will not change
Foreign country nan	ne		Foreign province/s	tate/county	Foreign posta	al code	your tax or	•
								You Spouse
Filing Status	Si	ngle			Head of	Household (HOH)	
Filing Status Check only	=	arried filing jointly				`	, - ,	
one box	=				Ouglifain	a Cuminima	Chausa (OCG	2)
		arried filing separately (MFS) checked the MFS box, enter the na	mo of english	If you shocked the		-	Spouse (QSS the child's	name if the qualifying
	•	is a child but not your dependent.	ille of spouse.	ii you checked the	TIOTI OF QUE	box, enter	uie ciliu s	riairie ii tile qualifyilig
Digital	_	ime during 2024, did you (a) receive (a	s a reward, award, or p	avment for property or	service): or (b) sell.		
Assets		ge, gift, or otherwise dispose of a digita						Yes No
Standard	Someo	ne can claim: You as a depe	ndent Your s	pouse as a dependent				
Deduction		Spouse itemizes on a separate retur	n or you were a dual-sta	atus alien				
Age / Blindness	You:	X Were born before January 2, 196		d Spouse:	X Was box	b . f l	0 4000) Is blind
	Tou.	Were born before January 2, 196	60 Are blin	opouse.	was bo	1	nuary 2, 1960	<u> </u>
Dependents If more	(see ins	tructions):	(2) Social security number	(3) Relation	•		•	ialified for (see instructions):
than four	(1) Firs	t name Last name	number	to yo	ou	Child to	ax credit	Credit for other dependents
dependents,								
see instructions and check								
here								
Income	1 a	Total amount from Form(s) W-2, box	1 (see instructions)				1a	0
	b	Household employee wages not repo					1b	
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (se					1c	
attach Forms	d e	Medicaid waiver payments not report Taxable dependent care benefits from		e instructions)			1u	
W-2G and 1099-R if tax	f	Employer provided adoption benefits		9			1f	
was withheld.	g	Wages from Form 8919, line 6					1g	
If you did not	h	Other earned income (see instruction	s)				1h	
get a Form W-2, see instructions.	i	Nontaxable combat pay election (see	instructions)		<u>1i</u>		0	
		Add lines 1a through 1h					1z	0
Attach Sch. B if required.	2 a 3 a		a a	0 b Taxable in b Ordinary d			2b 3b	0
Standard	4 a		a		mount	 		24,000
Deduction for	5 a	Pensions and annuities 5	а	b Taxable a	mount		5b	0
Single or married	6 a	Social security benefits 6	a 36,0	b Taxable a	mount .	<u>.</u>	6b	5,000
filing separately	С	If you elect to use the lump-sum elect		'				
\$14,600	7	Capital gain or (loss). Attach Schedu	·	•			. 7	
Married filing	8	Other income from Schedule 1, line 1					8	20,000
jointly or Qualifying surviving spouse	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, an Adjustments to income from Schedul	•	ncome			10	29,000
\$29,200	11	Subtract line 10 from line 9. This is yo					11	29,000
Head of house	12	Standard deduction or itemized de	ductions (from Sched	ule A)			12	32,300
\$21,900	13	Qualified business income deduction	from Form 8995 or For	m 8995-A			13	0
If you checked any	14	Add lines 12 and 13					14	32,300
Standard Deduction	15	Subtract line 14 from line 11. If ze	ero or less, enter -0	This is your taxable in	icome		15	0

Form 1040 (2024)														Paç	ge z
	16	Tax (see instructions).	Check if any	from Form(s):	1 8814	2	4972	3			. 16			0	
Tax and	17	Amount from Sche	dule 2, line	3 .						٠.	. 17			0	
Credits	18	Add lines 16 and 1	7								. 18			0	
	19	Child tax credit or o		her dependents	from Schedule	e 8812					. 19			0	
	20	Amount from Schedu	le 3, line 8								. 20			0	
	21	Add lines 19 and 20									. 21			0	
	22	Subtract line 21 from	line 18. If ze	ro or less, enter -0	0						. 22			0	
	23	Other taxes, including									. 23			0_	
	24	Add lines 22 and 23.					<u></u>				. 24			0	
Daymonte	25	Federal income tax w	ithheld from	:					05-1		.				
Payments	a	Form(s) W-2					• •		25a		2				
	b	Form(s) 1099							25b	(
	С	Other forms (see inst	,						25c	(_				
	d									• •	. 25d			0_	
If you have a qualifying child,	26	_2024 estimated tax p	•		from 2023 return	1					. 26				
attach Sch EIC.	27 28	_Earned income cre Additional child tax cr	, ,	bodulo 9912			• • •		27		<u> </u>				
	29	American opportunity							29						
	30	Reserved for future u		i omi occo, inie o					30						
	31	Amount from Schedu					• •		31		<u> </u>				
	32	Add lines 27, 28, 29,	-,	se are vour total :	other navments	· · · ·	 Indable				. 32			0	
	33	Add lines 25d, 26, an		-		o una rora	aabic	oround		•	. 33			0	
	34	If line 33 is more than				he amount	VOLL ON	erpaid		•	. 34			0	
Refund	35 a	Amount of line 34 you					-	o. pa.a		Ħ.	35a			0	
Direct deposit?	b	Routing number		· · ·		c Type:		Checkin	a	Saving	ıs				
See instructions		Account number							·						
	36	Amount of line 34	you want	applied to your 2	2025 estimated	tax	36			0					
Amount	37	Subtract line 33 from	line 24. This	is the amount yo	ou owe.										
You Owe		For details on how to	рау, go to и	/ww.irs.gov/Paym	ents or see inst	ructions					. 37			0	
	38	Estimated tax pena	ilty (see ins	structions)			38			0					
Third Party	Do you	u want to allow anoth	er person t	o discuss this re	eturn with the I	RS?									
Designee	See in	structions .					[Yes	s. Complete b	elow.	[X N)		
g	Designe	ne's			Phone				Personal ide	entificatio	n I		Т		ı
	name				no.				number (PII		211				i
Sign		enalties of perjury, I decla													
Here	Your sig	•			Date		occupat				-	_	an identit	y Prote	ction
Joint return?										PII	N, enter i	here			
See instructions.										(s	ee inst.)				
Кеер а сору	Spouse	's signature. If a joint retur	n, both must	sign.	Date	Spou	ıse's occ	cupation					an identit	y Prote	ction
for your records.										PII	N, enter i	t here			
										(s	ee inst.)				
	Phone r	10.			Email addre	ss									
Paid	Prepare	r's name		Preparer's signature	е			Date		PTII	٧		Checl	k if:	
Preparers													Self-	-employ	ed
Use Only	Firm's	name									one no.				
	Firm's	address								F	irm's EIN				
Go to www.irs.gov/	Form1040	for instructions and th	e latest infor	mation.								Forn	1040	(2024	4)

∄ 1040	U.S	6. Individual Income Tax	x Forecast	2024	OMB No. 154	5-0074	IRS Use Only—I	Do not write or staple in this space.
For the year Jan. 1–De	c. 31, 202	24, or other tax year beginning		, 2024, ending			_	rate instructions.
Your first name and	middle in	itial	Last name				Your socia	al security number
Tour mot name and	Tilladic III	iuai	Last name					01-01-0001
If joint return, spous	e's first na	ame and middle initial	Last name					social security number
							•	01-01-0002
Home address (nun	nber and s	street). If you have a P.O. box, see inst	tructions.		Apt. no.			al Election Campaign
,		,			· ·		Check here	e if you, or your
City, town, or post of	office. If y	ou have a foreign address, also complete	spaces below.	State	ZIP Code		•	ling jointly, want \$3
							•	s fund. Checking a will not change
Foreign country nan	ne		Foreign province/s	tate/county	Foreign posta		your tax or	•
								You Spouse
							<u> </u>	
Filing Status	Sii	ngle			Head of	Household (F	HOH)	
Check only	X Ma	arried filing jointly						
one box	Ma	arried filing separately (MFS)			Qualifyin	g Surviving S	pouse (QSS	6)
	If you o	checked the MFS box, enter the na	me of spouse.	If you checked the	HOH or QSS	box, enter	the child's	name if the qualifying
	person	is a child but not your dependent.						
Digital		ime during 2024, did you (a) receive (a ge, gift, or otherwise dispose of a digita					I	Yes No
Assets					, (
Standard	Someo	ne can claim: You as a depe		pouse as a dependent				
Deduction		Spouse itemizes on a separate retur	n or you were a dual-sta	atus alien				
Age / Blindness	You:	X Were born before January 2, 196	60 Are blir	nd Spouse:	X Was bor	n before Jan	uary 2, 1960	ls blind
Dependents	(see ins	structions):	(2) Social security	(3) Relation	onship	(4) Check	the box if qu	alified for (see instructions):
If more	(1) Firs		number	to yo	•	Child ta	x credit	Credit for other dependents
than four	(1) 1 110	Lastrane						
dependents, see instructions								
and check								
here								
Income	1 a	Total amount from Form(s) W-2, box					1a	0
Attach Form(s)	b	Household employee wages not repo					1b	
W-2 here. Also	C	Tip income not reported on line 1a (so					1c	
attach Forms	d	Medicaid waiver payments not report		e instructions)			1d 1e	
W-2G and	e f	Taxable dependent care benefits from Employer provided adoption benefits		٠			1e	
1099-R if tax was withheld.	g	Wages from Form 8919, line 6	1101111 01111 0000, 11110 2				1g	
If you did not	h	Other earned income (see instruction	s)				1h	
get a Form W-2,	i	Nontaxable combat pay election (see	′		1i		0	
see instructions.	z	Add lines 1a through 1h					1z	0
Attach Sch. B		* I	ta l	0 b Taxable in	iterest .		2b	0
if required.	3 a		la	0 b Ordinary d	lividends .		3b	0
Standard	4 a		a		mount			60,000
Deduction for	5 a		ia		mount			
Single or married	6 a	· _	ia 93,			· · · · <u>· ·</u>	6b	59,380
filing separately	C 7	If you elect to use the lump-sum elect		` '			7	
\$14,600	7 8	Capital gain or (loss). Attach Schedul	•	•			8	0
Married filing jointly or Qualifying	9	Other income from Schedule 1, line 1 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, an			 		9	119,380
surviving spouse	10	Adjustments to income from Schedul	•				10	0
\$29,200	11	Subtract line 10 from line 9. This is yo					11	119,380
Head of house	12	Standard deduction or itemized de	eductions (from Sched	ule A)			12	32,300
\$21,900	13	Qualified business income deduction	from Form 8995 or For	m 8995-A			13	0
If you checked any	14	Add lines 12 and 13					14	32,300
Standard Deduction	15	Subtract line 14 from line 11. If ze	ero or less, enter -0	This is your taxable in	ncome .		15	87,080

Form 1040 (2024)															Page 2	<u> </u>
	16	Tax (see instructions).	Check if any	from Form(s):	1 8	814 2	497	2 3			. 1	6		9.9	85	
Tax and	17	Amount from Sche			—.			🗔			. 1	7			0	
Credits	18	Add lines 16 and 1	7								. 1	8		9,9	85	
	19	Child tax credit or o	redit for ot	her dependents	from Sche	dule 881	2				. 1	9			0	
	20	Amount from Schedu	le 3, line 8								. 2	20			0	
	21	Add lines 19 and 20									. 2	.1			0	
	22	Subtract line 21 from	line 18. If ze	ero or less, enter -0)-						. 2	2		9,9	85	
	23	Other taxes, including	self-emplo	yment tax, from So	hedule 2, li	ne 21					. 2	3			0	
	24	Add lines 22 and 23.	This is your	total tax							. 2	24		9,9	85)	
Daymanta	25	Federal income tax w	ithheld from	:					1.0-							
Payments	а	Form(s) W-2							25a		0					
	b	Form(s) 1099							25b		0					
	С	Other forms (see inst	•						25c		0					
		Add lines 25a through										5d			0_	
If you have a	26	_2024 estimated tax pa	•	d amount applied f	rom 2023 r	eturn	•				_	26				
qualifying child, attach Sch EIC.	27	_Earned income cre	, ,						27		0					
	28 29	Additional child tax cr							28							
	30	American opportunity Reserved for future u		Form 8863, line 8					30							
	31	Amount from Schedu							31		0					
	32	Add lines 27, 28, 29,	-,	oo ara vaur tatal a	thor now	· · ·	 rofundah					2			0	
	33	Add lines 27, 26, 29, Add lines 25d, 26, an		•		ienis anu	rerunuan	ne crean	ъ.		_	3			0	
	34	If line 33 is more than				is the am	ount vou	overnaid	<u> </u>			4			0	
Refund	35 a	Amount of line 34 you							·		_	5a			0	
Direct deposit?	b	Routing number				c Ty		Checkir	ng	Savii					=	
See instructions		Account number				Ť		1011001111	9		igo					
	36	Amount of line 34	vou want	applied to your 2	.025 estima	ated tax	36			0						
Amount	37	Subtract line 33 from	line 24. This	is the amount yo	u owe.											
You Owe		For details on how to	pay, go to v	ww.irs.gov/Payme	ents or see	instruction	ıs				. 3	7		9,9	85	
	38	Estimated tax pena	ilty (see ins	structions)			38			0						
Third Party	Do you	want to allow anoth	er person	to discuss this re	turn with t	he IRS?										10000
Designee	See in	structions .						Ye	s. Complet	e below.		X	No			
	Designe	a'e			Phone				Percons	l identifica	tion	\equiv			_	
	name	6.3			no.	,			number		ition					
Sign	Under pe	enalties of perjury, I decla	re that I have	examined this retur	n and accom	panying sc	hedules an	d stateme	ents, and to t	ne best of	my kno	wledge	and			
Here	belief, th	ney are true, correct, and	complete. De	claration of preparer	(other than	taxpayer) is	based on	all informa	ation of which		-		-			
пеге	Your sig	nature			Date		Your occup	ation						identity F	rotection	n
Joint return? See instructions.											PIN, en (see ins	_	∍re			1
Кеер а сору	Spouse's	s signature. If a joint retur	n, both must	sign.	Date		Spouse's c	ccupation		ŀ	f the IR	S sent	you an	identity F	rotection	n
for your records.							·	•		F	PIN, en	ter it he	ere	-		
											(see ins	it.)	TT	\Box		٦
	Phone n	10.			Email a	ddress										Ī
Paid	Prepare	r's name		Preparer's signature				Date		P	TIN			Check if		_
Preparers														Self-er	nployed	
Use Only	Firm's r	name								F	Phone n	0.				
	Firm's a	address									Firm's E	ΞIN				Ĩ
Go to www.irs.gov/l	Form1040	for instructions and the	e latest info	mation.									Form 1	1040 (2024)	

∄ 1040	U.S	6. Individual Income Ta	x Forecast	2024	OMB No. 154	5-0074	IRS Use Only—I	Do not write or staple in this space.
For the year Jan. 1–De	c. 31, 202	4, or other tax year beginning		, 2024, ending			_	rate instructions.
Your first name and	middle in	itial	Last name				Your socia	al security number
rour mot name and	madic in	indi	Edot Hamo					01-01-0001
If joint return, spous	e's first na	ame and middle initial	Last name					social security number
, , , ,								, , , , , , ,
Home address (nun	nber and s	street). If you have a P.O. box, see ins	tructions.		Apt. no.		Presidenti	al Election Campaign
,		, ,			· ·		Check here	e if you, or your
City, town, or post o	ffice. If y	ou have a foreign address, also complete	spaces below.	State	ZIP Code			ling jointly, want \$3
							•	s fund. Checking a will not change
Foreign country nan	ne		Foreign province/s	tate/county	Foreign posta		your tax or	· ·
							[You Spouse
Filing Status	x Si	ngle			Head of I	Household (H	HOH)	
Check only	=	arried filing jointly				,	,	
one box	=					C ii ii C	(000	.,
		rried filing separately (MFS)	ome of species	If you chacked the		g Surviving S		name if the qualifying
		hecked the MFS box, enter the na is a child but not your dependent.	ine or spouse.	ii you checked the	HOH OI QSS	box, enter	trie Criliu S	name ii tile qualifying
Digital	•	ime during 2024, did you (a) receive (a	as a reward award or n	avment for property or	service): or (h)	sell		
Assets		ge, gift, or otherwise dispose of a digital					l	Yes No
Standard	Someo	ne can claim: You as a depe	endent Your s	pouse as a dependent				
		Spouse itemizes on a separate retur						
Deduction								
Age / Blindness	You:	Were born before January 2, 196	Are blir	nd Spouse:	Was bor	n before Jan	uary 2, 1960	ls blind
Dependents	(see ins	tructions):	(2) Social security	(3) Relation	onship	(4) Check	the box if qu	alified for (see instructions):
If more	(1) Firs		number	to yo	ou	Child ta	x credit	Credit for other dependents
than four dependents,								
see instructions								
and check								
here	4		11 1 1 1				14.	
Income	1 a b	Total amount from Form(s) W-2, box					1a	0
Attach Form(s)	C	Household employee wages not report Tip income not reported on line 1a (s					1c	
W-2 here. Also	d	Medicaid waiver payments not report		e instructions)			1d	
attach Forms	e	Taxable dependent care benefits from					1e	
W-2G and 1099-R if tax	f	Employer provided adoption benefits		9			1f	
was withheld.	g	Wages from Form 8919, line 6					1g	
If you did not	h	Other earned income (see instruction	ns)				1h	
get a Form W-2, see instructions.	i	Nontaxable combat pay election (see	e instructions)		1i		0	
		Add lines 1a through 1h					1z	0
Attach Sch. B if required.			2a Ba	0 b Taxable in b Ordinary d			2b 3b	0
Standard	3 a 4 a		la		mount			24,000
Deduction for	5 a		ia		mount			0
Single or married	6 a			000 b Taxable a				11,300
filing separately	С	If you elect to use the lump-sum elec	tion method, check here	(see instructions)			1.	
\$14,600	7	Capital gain or (loss). Attach Schedu	le D if required. If not re				. 7	
Married filing	8	Other income from Schedule 1, line 1					8	0
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, ar	nd 8. This is your total i	ncome			9	35,300
surviving spouse	10	Adjustments to income from Schedul					10	0
\$29,200	11	Subtract line 10 from line 9. This is yo					11	35,300
Head of house \$21,000	12 13	Standard deduction or itemized de Qualified business income deduction	,	,			12	16,550
\$21,900 If you checked any	14	Add lines 12 and 13					14	16,550
Standard Deduction	15		ero or less, enter -0	This is your taxable in			15	18,750

Form 1040 (2024)								Page 2
	16 Tax (see instructions). Check if ar	y from Form(s):	8814 2	4972 3		16		2,021
Tax and	17 Amount from Schedule 2, lin	∍3	 		 .	17		0
Credits	18 Add lines 16 and 17					18		2,021
	19 Child tax credit or credit for o	ther dependents from	Schedule 8812			19		0
	20 Amount from Schedule 3, line 8					20		0_
	21 Add lines 19 and 20					21		0
	22 Subtract line 21 from line 18. If z	ero or less, enter -0-				22		2,021
	23 Other taxes, including self-emplo	yment tax, from Schedul	e 2, line 21			23		0_
	Add lines 22 and 23. This is you				<u>.</u>	24		2,021)
Daymanta	25 Federal income tax withheld from	n:			1 1			
Payments	a Form(s) W-2				25a	0		
	b Form(s) 1099				25b	0		
	c Other forms (see instructions)				25c	0		
	d Add lines 25a through 25c					25d		0
If you have a	26 2024 estimated tax payments ar	d amount applied from 2	023 return			26		
qualifying child,	27 Earned income credit (EIC)				27	0		
attach Sch EIC.	28 Additional child tax credit from S	chedule 8812 .			28			
	29 American opportunity credit from	Form 8863, line 8			29			
	30 Reserved for future use				30			
	31 Amount from Schedule 3, line 15				31	0		
	32 Add lines 27, 28, 29, and 31. Th	ese are your total other	payments and refu	undable credit	s	32		0
	33 Add lines 25d, 26, and 32. Thes	e are your total paymen	ts			33		0
	34 If line 33 is more than line 24, su	btract line 24 from line 30	3. This is the amount	t you overpaid		34		0
Refund	35 a Amount of line 34 you want refu	nded to you. If Form 88	38 is attached, checl	k here		35a		0
Direct deposit?	b Routing number		c Type:	Checkin	ıg Sa	vings		
See instructions	d Account number			—	 .			
	36 Amount of line 34 you want	applied to your 2025 6	stimated tax	36	0			
Amount	37 Subtract line 33 from line 24. Th	s is the amount you ow	e.					
You Owe	For details on how to pay, go to	www.irs.gov/Payments o	or see instructions			37		2,021
	38 Estimated tax penalty (see in	structions)		38	0			
Third Party	Do you want to allow another person	· · · · · · · · · · · · · · · · · · ·	with the IRS?					***************************************
Designee	See instructions			Tye:	s. Complete belov	, [X No	
Designee							-	
	Designee's name		Phone no.		Personal identifi number (PIN)	cation		
-	Under penalties of perjury, I declare that I have			ules and stateme	,	of my knowled	ge and	
Sign	belief, they are true, correct, and complete. D							
Here	Your signature	Date		r occupation			-	dentity Protectio
Joint return?	Tour digitature	Bate	Tour	Осоцраноп		PIN, enter i		,
See instructions.						(see inst.)		
Кеер а сору	Spouse's signature. If a joint return, both mus	t sign. Date	Spor	use's occupation		` /	ent you an i	dentity Protectio
for your records.	-p,	Jale Date	Орос	use s occupation		PIN, enter i		donary i rotoono
ioi youi roooiuo.						(see inst.)	$\overline{}$	
	Phone no.	F	mail address			(
	i none no.	Preparer's signature	a. addieso	Date	I	PTIN		Check if:
	Drangrar's name					r i IIN		CHECK IT:
Paid	Preparer's name	Preparer's signature		Date				T
Paid Preparers		Preparer's signature		Date		In		Self-employed
	Preparer's name Firm's name Firm's address	Preparer's signature		Date		Phone no.		Self-employed

∄ 1040	U.S	6. Individual Income Ta	2024	2024 OMB No. 1545			Oo not write or staple in this space.			
For the year Jan. 1–De	. 31, 2024, or other tax year beginning			, 2024, ending			See separate instructions.			
Your first name and middle initial			Last name		,	Your social security number				
Tour matriame and	middle in	iuai	Last name			001-01-0001				
If joint return, spous	e's first na	ame and middle initial	Last name			Spouse's social security number				
, , , ,								•		
Home address (nun	nber and s	street). If you have a P.O. box, see ins	tructions.	ructions. Apt. no.				al Election Campaign		
,		, ,		,	(Check here	if you, or your			
City, town, or post office. If you have a foreign address, also complete s			spaces below.	ZIP Code			ing jointly, want \$3			
						•	fund. Checking a will not change			
Foreign country name			Foreign province/s	tate/county	Foreign posta		your tax or	J		
							You Spouse			
Filing Status	X Si	ngle			Head of	Household (F	HOH)			
Filing Status	=				I load of	i iodociiod (i	1011)			
Check only one box	=	arried filing jointly					(000			
		rried filing separately (MFS)	uma of analysis	If you absolved the	_	g Surviving S				
		hecked the MFS box, enter the na is a child but not your dependent.	ime of spouse.	if you checked the	HOH or QSS	box, enter	tne chila s	name if the qualifying		
Digital	•	ime during 2024, did you (a) receive (a	e a reward award or r	asyment for property or	service): or (b	المء ١				
Assets		ge, gift, or otherwise dispose of a digital						Yes No		
	Someo	ne can claim: You as a depe	endent Your s	pouse as a dependent						
Standard		Spouse itemizes on a separate retur								
Deduction										
Age / Blindness	You:	Were born before January 2, 196	Are blir	nd Spouse:	Was bo	n before Jan	uary 2, 1960	Is blind		
Dependents	(see ins	tructions):	(4) Check	Check the box if qualified for (see instructions):						
If more	(1) Firs		(2) Social security number (3) Relation		DU Chi		nild tax credit Credit for other dependents			
than four dependents,										
see instructions										
and check										
here	4 -	T. I	1/				4-	0		
Income		1 a Total amount from Form(s) W-2, box 1 (see instructions)								
Attach Form(s)	C									
W-2 here. Also	d									
attach Forms W-2G and	e									
1099-R if tax	f	Employer provided adoption benefits from Form 8839, line 29								
was withheld.	g	Wages from Form 8919, line 6	1g							
If you did not	h	Other earned income (see instruction	ns)				1h			
get a Form W-2, see instructions.	i	Nontaxable combat pay election (see	instructions)		<u>1i</u>		0			
		Add lines 1a through 1h					1z	<u> </u>		
Attach Sch. B if required.	2 a 3 a		2a Ba	0 b Taxable in b Ordinary d			2b 3b	0		
Standard	4 a		la		mount			60,000		
Deduction for	5 a		ia		mount			0		
Single or married	6 a			600 b Taxable a				48,960		
filing separately	С	If you elect to use the lump-sum elec	tion method, check here	(see instructions)			1.			
\$14,600	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								
Married filing	8	Other income from Schedule 1, line 1					8	0		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								
surviving spouse	10	Adjustments to income from Schedul					10	0		
\$29,200	11 Subtract line 10 from line 9. This is your adjusted gross income							108,960		
Head of house #24 000	12 Standard deduction or itemized deductions (from Schedule A)							16,550		
\$21,900 If you checked any	13 14							0 16,550		
Standard Deduction	15		ero or less, enter -0	This is your taxable in			14	92,410		

Form 1040 (2024)														Page 2
	16	Tax (see instructions).	Check if any	from Form(s):	1 8	814 2	497	2 3			. 16		15,3	87
Tax and	17	Amount from Sche			.	–			. 17			0		
Credits	18	Add lines 16 and 17							. 18	15,387				
	19	Child tax credit or o	redit for ot	her dependents	from Sche	dule 8812	2				. 19			0
	20	Amount from Schedu	Amount from Schedule 3, line 8							. 20			0	
	21	Add lines 19 and 20	dd lines 19 and 20							. 21			0	
	22	Subtract line 21 from		•							. 22		15,3	
	23	Other taxes, including	•	· · · · · · · · · · · · · · · · · · ·							. 23			0
	24	Add lines 22 and 23. This is your total tax							. 24		15,3	87)		
Payments	25	Federal income tax withheld from: 25a 0 Form(s) W-2 25b 0 Form(s) 1099 25b 0 Other forms (see instructions) 25c 0							اا					
rayinents	a								_					
	b										_			
	C	,	(. 25d			0		
	26	Add lines 25a through 25c							. 26					
If you have a qualifying child,	27	2024 estimated tax payments and amount applied from 2023 return										-		
attach Sch EIC.	28	Earned income credit (EIC)								–				
	29	American opportunity credit from Form 8863, line 8												
	30	Reserved for future u							30					
	31	Amount from Schedu	le 3, line 15						31		0			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								. 32			0	
	33	Add lines 25d, 26, and 32. These are your total payments							. 33			0		
	34	If line 33 is more than	line 24, sub	tract line 24 from l	ine 33. This	is the am	ount you c	verpaid			. 34			0
Refund	35 a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							35a			0		
Direct deposit?	b	Routing number				c Ty	Type: Checking Savir				gs			
See instructions	d	Account number												
	36	Amount of line 34				ated tax	36			0				
Amount	37	Subtract line 33 from		•									45.0	
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								. 37		15,3	87	
	38	Estimated tax penalty (see instructions)												
Third Party	Do you want to allow another person to discuss this return with the IRS?													
Designee	See in:	instructions												
	Designe	e's	Phone Personal identif						on		\top			
	name	no. number (PIN)									Ш			
Sign	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.													
Here	lan ma								-	-	n identity F	Protection		
Joint return?	rour sig	nature			Date Your occupation							 IRS sent you an identity Protection enter it here 		
See instructions.											see inst.)			
Кеер а сору	Spouse's	puse's signature. If a joint return, both must sign.			Date Spouse's occupation				If the IRS sent you an identity Protection PIN, enter it here					
for your records.	·	5				Date Spouse's occi								
						(5	see inst.)							
	Phone n	0.			Email a	ddress								
Paid	Preparei			Preparer's signature	· · · · · · · ·			Date		PTI	N	\neg	Check if:	:
Paid				_							Self-employed			
Preparers	Firm's r	m's name Phot						one no.						
Use Only	Firm's address Firm							irm's EIN						
Go to www.irs.gov/l	Form1040	for instructions and the	e latest info	mation.								Form	1040 (2	2024)