



Note: *The draft you are looking for begins on the next page.*

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Most forms and publications have a page on IRS.gov: [IRS.gov/Form1040](https://www.irs.gov/Form1040) for Form 1040; [IRS.gov/Pub501](https://www.irs.gov/Pub501) for Pub. 501; [IRS.gov/W4](https://www.irs.gov/W4) for Form W-4; and [IRS.gov/ScheduleA](https://www.irs.gov/ScheduleA) for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

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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	
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	
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 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	
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)
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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)

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			
Firm's address	Phone no.			

Part II Bona Fide Residents of Puerto Rico Claiming Additional Child Tax Credit (see instructions)

1	Do you have one or more qualifying children under age 17 with the required social security number? <input type="checkbox"/> No. Stop. You can't claim the credit. <input type="checkbox"/> Yes. Go to line 2.		
2	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700		2
3	Enter your modified adjusted gross income	3	
4	Enter the amount shown below for your filing status • Married filing jointly – \$400,000 • All other filing statuses – \$200,000	4	
5	Is the amount on line 3 more than the amount on line 4? <input type="checkbox"/> No. Leave line 5 blank. Enter the amount from line 2 on line 11, and go to line 12. <input type="checkbox"/> Yes. Subtract line 4 from line 3. If the result isn't a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.)	5	
6	Multiply the amount on line 5 by 5% (0.05)		6
7	Number of qualifying children from line 2 x \$2,000	7	
8	Number of other dependents, including children who are not under age 17: _____ x \$500. See instructions	8	
9	Add lines 7 and 8	9	
10	Is the amount on line 9 more than the amount on line 6? <input type="checkbox"/> No. Stop. You can't claim the credit. <input type="checkbox"/> Yes. Subtract line 6 from line 9		10
11	Enter the smaller of line 2 or line 10		11
12a	Enter one-half of self-employment tax from Part I, line 3	12a	
b	Enter one-half of the Additional Medicare Tax on self-employment income from Form 8959, line 13	12b	
c	Add lines 12a and 12b.	12c	
13a	Enter the amount, if any, of withheld social security, Medicare, and Additional Medicare taxes from Puerto Rico Form(s) 499R-2/W-2PR (attach copy of form(s)). If married filing jointly, include your spouse's amounts with yours	13a	
b	Enter the amount reported on Part I, line 6, if any, of employee social security and Medicare tax on tips not reported to employer from Form 4137.	13b	
c	Enter the amount reported on Part I, line 6, if any, of uncollected employee social security and Medicare tax on wages from Form 8919	13c	
d	Enter the amount reported on Part I, line 6, if any, of uncollected employee social security tax and Medicare tax on tips and group-term life insurance	13d	
e	Enter the amount, if any, of Additional Medicare Tax on Medicare wages from Form 8959, line 7	13e	
f	Add lines 13a through 13e	13f	
14	Add lines 12c and 13f	14	
15	Enter the amount, if any, of Additional Medicare Tax withheld from Form 8959, line 22	15	
16	Subtract line 15 from line 14	16	
17	Enter the amount, if any, from Part I, line 9	17	
18	Is the amount on line 16 more than the amount on line 17? <input type="checkbox"/> No. Stop. You can't claim the credit. <input type="checkbox"/> Yes. Subtract line 17 from line 16		18
19	Additional child tax credit. Enter the smaller of line 11 or line 18 here and on Part I, line 10		19