E 1040	-S	R Department of the T				20	24	OMB No. 1545-0074	IRS Use Only	—Do not writ	te or staple in this space	e.
For the year Jan.	1-Dec	c. 31, 2024, or other tax	year beginning		, 20	24, endin	g		, 20	See sep	arate instructions.	
Your first name	e and	l middle initial		Last na	ame					Your soc	cial security numb	er
COLLETTE				CHAN	DLER						0-5388	
If joint return, s	spous	se's first name and n	niddle initial	Last na	ame					-	social security num	ıbeı
<u>CHRISTOPH</u>		nber and street). If ye	ou have a P O I	CHAN					Apt. no.		00 - 4786	
889 CHAPN				507, 500	instructions.				дрι. по.		tial Election Campa ere if you, or your	lign
		ffice. If you have a fo	reign address, a	lso comp	olete spaces be	elow.	State	ZIP	code	spouse if	filing jointly, want shis fund. Checking	
ASHLAND							VA		005	box belov	w will not change	a
Foreign count	ry nar	ne		Fo	reign province	/state/c	ounty	Foreig	n postal code	l'	or refund. You Spou s	~~
Filing		Single 🗵 Ma	rried filina ia	ointly (even if onl	v one	had in	come)	☐ Married		eparately (MFS	
Filing Status		Head of househ								ining of	sparatory (init	2)
Check only	lf yc	ou checked the M	IFS box, ente	r the na	ame of your	spouse	e. If you		,	QSS box	, enter the child	d's
one box.		ne if the qualifying										
		If treating a nonre									x year, check t	
Digital		any time during										
Assets		perty or servic										
Ohan dand	-	a financial inte neone can cla			dependen						Yes 🔀 No	
Standard Deduction		Spouse itemize								luent		
Deduction		. (ere born be					olind		
	Ag	e/Blindness {	You: Spouse:		as born be							
Dependents	S		aat nama		(2) Social secu	rity numb	er (3) Rel	lationship to you		· .	es for (see instruction	
(see instructions):	57	NISHA DENTON	ast name		326-00-4	1742		NDCHILD	Child tax ci	redit C	redit for other depende	ents
If more than four dependents, see		NITA DENSON			326-00-0			NDCHILD	X			
instructions and	-	NDRE DENSON			302-00-6	5373	GRAI	NDCHILD	X			
check here												
Income	1a	Total amount	from Form	(s) W-2	2, box 1 (s	ee ins	tructio	ns)		. 1a	212	47
Attach Form(s) W-2	b	Household er	nployee wa	ges no	ot reported	d on F	orm(s)	W-2 .		. 1b		
here. Also attach Forms	С	Tip income no	ot reported	on line	e 1a (see ir	nstruc	tions)			. 1c		
W-2G and 1099-R if tax	d	Medicaid wai	ver paymen	ts not	reported c	on For	m(s) W	/-2 (see ir	structions	s) 1d		
was withheld.	е	Taxable depe	endent care	benef	its from Fo	orm 24	141, lin	e26 .		. 1e		
If you did not get a Form	f	Employer-pro	vided adop	tion b	enefits fro	m For	m 8839	9, line 29		. 1 f		
W-2, see instructions.	g	Wages from F	Form 8919,	line 6						. 1 g		
	h	Other earned	income (se	e instr	ructions) .			· · ·		. 1h		
	i	Nontaxable c	ombat pay	electio	on (see ins	tructio	ons) .	1 i				
	Ζ	Add lines 1a t	through 1h	· · ·		• •				. 1z	212	47
Attach Schedule B	2 a	Tax-exempt i	nterest .	2 a			b Ta	axable int	erest .	. 2 b		
if required.	3a	Qualified divid	dends	3a			b Or	rdinary di	vidends	. 3 b		
	4a	IRA distributio	ons	4a			b Ta	axable an	nount .	. 4 b		
	5a	Pensions and	annuities	5a	1	9586	b Ta	axable an	nount .	. 5 b	189	61
		Social security		6a		4368		axable an		. 6b	131	33
	С	If you elect t instructions)	to use the	lump-	sum elect	ion m	ethod,	check h	iere (see			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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	7	Capital gain or (loss). Attach Schedule D if required. I check here	,	7	
	8	Additional income from Schedule 1, line 10		8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your to	otal income	9	53341
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross	sincome	11	53341
Standard Deduction	12	Standard deduction or itemized deductions (from Sci	nedule A)	12	30750
See Standard	13	Qualified business income deduction from Form 8995 o	r Form 8995-A .	13	
Deduction Chart on the last page	14	Add lines 12 and 13		14	30750
of this form.	15	Subtract line 14 from line 11. If zero or less, enter		15	
Tax and	16	taxable income		15	22591
Credits	10	Tax (see instructions). Check if any from:		16	
	17	1 □ Form(s) 8814 2 □ Form(s) 4972 3 □		16 17	2258
	18	Amount from Schedule 2, line 3		18	
					2258
	19 20	Child tax credit or credit for other dependents from Sch		19 20	2258
	20	Amount from Schedule 3, line 8			
	21	Add lines 19 and 20		21 22	2258
	22	Subtract line 21 from line 18. If zero or less, enter -0			0
	23	Other taxes, including self-employment tax, from Sched		23	0
Devenerate	24	Add lines 22 and 23. This is your total tax		24	0
Payments	-	Federal income tax withheld from:	FORM 1099		
	a		25a 95	5	
	b		25b 151	4	
			25c		
	d	Add lines 25a through 25c		25d	2470
If you have	26	2024 estimated tax payments and amount applied from		26	
a qualifying child, attach	27	Earned income credit (EIC)	27 284	2	
Sch. EIC.	28	Additional child tax credit from Schedule 8812	28 281	2	
	29	American opportunity credit from Form 8863, line 8.	29	_	
	30	Reserved for future use	30	-	
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your total other refundable credits		32	
	33	Add lines 25d, 26, and 32. These are your total paymer		33	5654
Go to www.irs		orm1040SR for instructions and the latest information.			8124 prm 1040-SR (2024)

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Refund	34	If line 33 is more than amount you overpaid	-				s is the	, 34	8124
	35a	Amount of line 34 you check here	want ref	unded to	you . If Form	8888 is att	ached,	, 35a	8124
Direct deposit? See instructions.	b d	Routing number X X Z Account number X X Z				Checking	Savings	3	
	36	Amount of line 34 yo		••	•	36			
Amount You Owe	37	Subtract line 33 from li For details on how to p					uctions	37	
	38	Estimated tax penalty	(see instru	uctions) .		38			
Third Party Designee		you want to allow another p structions	person to dis	scuss this ret	urn with the IRS		s. Compl	ete belo	w. X No
	De nar	signee's me		Phone no.			onal ident oer (PIN)	ification	
Sign Here	of	der penalties of perjury, I declar my knowledge and belief, they a prmation of which preparer has	are true, corre	ct, and comple					
Joint return?	Yo	ur signature	, ,	Date	Your occupation		Pro		nt you an Identity IN, enter it here
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, b o	o th must sign.	12/10/24 Date 12/10/24	PRE-SCHOOL TEACH Spouse's occupa RETIRED		lf ti Ide	he IRS se	t your spouse an ection PIN, enter it here
	Pho	one no. (804) 555-2426		Email address	RETIRED		,	,	
Paid	Pre	eparer's name	Preparer's si	ignature		Date 12/10/24	PTIN s28091	897	Check if:
Preparer Use Only		n's name PRACTICE LA n's address 15 PRACTICE LAB		TON DC 20005				one no. m's EIN	202-202-2022
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Form 1040-SR (2024)

Standard Deduction Chart*

	1
Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1	1
Add the number of boxes checked in the Age/billioness section of standard beddetion of page 1	•

IF your filing status is	AND the number of boxes checked is	THEN your standard deduction is
Single	1	\$16,550
Single	2	18,500
	1	\$30,750
Married	2	32,300
filing jointly	3	33,850
	4	35,400
Qualifying	1	\$30,750
surviving spouse	2	32,300
Head of	1	\$23,850
household	2	25,800
	1	\$16,150
Married filing	2	17,700
separately**	3	19,250
	4	20,800

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form **1040-SR** (2024)

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