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 Jan	n. 1–Dec	c. 31, 2024, or other tax year beginning		, 2024, end	ding		, 2	20	Se	ee sep	oarate inst	ructions.
Your first name and middle initial Last na				ame					Yo	our so	cial securit	y number
MARVIN				N						352	2-00-44	156
-	s first name and middle initial	ast name					Sp	Spouse's social security number				
Home address	(numb	er and street). If you have a P.O. box, see	instruct	ions.			Apt	. no.	Pr	reside	ntial Election	on Campaigr
4500 SWI	FT	CREEK LANE									nere if you,	
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete s	spaces below.	Stat	e	ZIP cod	е				tly, want \$3 Checking a
CHESTER							2383		bo	_	ow will not	•
Foreign countr	y name			Foreign province/state/	county	y	Foreign <sub>I</sub>	oostal coo	de yo	our tax	or refund.	_
											You	Spouse
Filing Status	s L	Single					of house	hold (H	OH)			
Check only	L	Married filing jointly (even if only one had income)										
one box.	L	Married filing separately (MFS) Qualifying surviving spouse (QSS)										
		you checked the MFS box, enter the			u che	cked the HOH	or QSS	S box, e	nter tl	he chi	ld's name	if the
	qı	ualifying person is a child but not you										
		If treating a nonresident alien or du		•	U.S.			•				enter
		their name (see instructions and at	tach st	atement if required):								
Digital	At a	ny time during 2024, did you: (a) rece	eive (as	a reward, award, or	paym	nent for proper	ty or se	rvices);	or (b)	sell,		
Assets	excl	nange, or otherwise dispose of a digi	tal asse	et (or a financial inter	est in	a digital asset	)? (See	instruct	tions.)	)	☐ Yes	X No
Standard	Son	neone can claim: 🗌 You as a de	pender	it	e as a	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 [	X Are blind Spo	ouse:	☐ Was born	n before	Januar	v 2. 1	960	☐ Is bli	ind
Dependent		•		<u></u>		(3) Relationship	(4) (		•			instructions):
-		First name Last name		(2) Social security number	<b>'</b>	to you	, ,	Child tax			•	ner dependents
If more than four	<u> </u>	NJAMIN MASON	144-00-3287 SO			SON		X			Г	$\neg$
dependents,			111 00 320					1				<del></del>
see instruction and check	s								1			<del></del>
here $\square$	]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions) .						1a		41000
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d								1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits fror	n 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 instructi	ions)				, .			1h		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>						
	z	Add lines 1a through 1h								1z		41000
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest				2b		
if required.	3a_	Qualified dividends	3a	2800	<b>b</b> Or	rdinary dividen	ds .			3b		2800
Standard	4a	IRA distributions	4a		<b>b</b> Ta	axable amount				4b		
Standard Deduction for—	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amount				5b		
Single or	6a	,	6a			axable amount			·	6b	$\bot$	
Married filing separately,	С	If you elect to use the lump-sum e		•	•	,			닏		4	
\$14,600 Married filing	7	Capital gain or (loss). Attach Scheo							Ш	7		
jointly or	8	Additional income from Schedule								8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	come					9		43800
\$29,200 Head of	10	Adjustments to income from Sche								10		
household,	11	Subtract line 10 from line 9. This is	-							11		43800
\$21,900 If you checked	12	Standard deduction or itemized		•	,					12		23850
any box under Standard	13	Qualified business income deducti	on fron	n Form 8995 or Form	1 8995	5-A				13		
Deduction,	14									14		23850
see instructions.	15	Subtract line 14 from line 11. If zer	n or les	e antar -N- This is w	Our te	avahla income	_			15	1	19950

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							-	_			
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 🗌 4972	з 🗌		16	1730		
Credits	17	Amount from Schedule 2, lir	ne 3					17			
	18	Add lines 16 and 17						18	1730		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	980		
	20	Amount from Schedule 3, lir	ne 8					20	750		
	21	Add lines 19 and 20						21	1730		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	0		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0		
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	0		
<b>Payments</b>	25	Federal income tax withheld	I from:								
_	а	Form(s) W-2				25a	150	0			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	1500		
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	84	0			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28	102	0			
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31	63	8			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	2498		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	3998		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	3998		
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, chec	k here	🗆	35a	3998		
Direct deposit?	b	Routing number X X X X X X X X X X X X X X X X X X X									
See instructions.	d	Account number   X   X   X   X   X   X   X   X   X									
	36	Amount of line 34 you want	applied to your	2025 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b> o	ount you owe							
You Owe								37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party Designee		you want to allow another	•		rn with the IRS?		omplete	helow	X No		
Designee		signee's		Phone			sonal ident				
		me		no.			ber (PIN)				
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							, ,		
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Identity		
									IN, enter it here		
Joint return?				12/10/24	ADMIN ASSISTA	NT	(see	inst.)			
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date					IRS sent your spouse an ity Protection PIN, enter it here inst.)		
	——Ph	one no. (804) 555-258	7	Email address	1						
		eparer's name	Preparer's signat	1		Date	PTIN		Check if:		
Paid		•		12/10/24   52809				97	Self-employed		
Preparer								e no. 202-202-2022			
Use Only								de FINI	202-202-2022		

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

Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005

Form **1040** (2024)

Firm's EIN

QNA

## **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. 03

OMB No. 1545-0074

MARVIN MASON 352-00-4456 Part I Nonrefundable Credits 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . 2 600 3 3 4 150 Retirement savings contributions credit. Attach Form 8880 . . . . . . 4 5a 5a Energy efficient home improvement credit from Form 5695, line 32 5b 6 Other nonrefundable credits: 6a General business credit. Attach Form 3800 . . . . . . . . . Credit for prior year minimum tax. Attach Form 8801 . . . . . 6b Adoption credit. Attach Form 8839 . . . . . . . . . . . . . . Credit for the elderly or disabled. Attach Schedule R 6d d 6e Clean vehicle credit. Attach Form 8936 . . . . . . . . . . . . . . . 6f f Mortgage interest credit. Attach Form 8396 District of Columbia first-time homebuyer credit. Attach Form 8859 . . . 6h h i Qualified electric vehicle credit. Attach Form 8834 . . . . . . . . Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . 6j Credit to holders of tax credit bonds. Attach Form 8912 . . . . . . 6k Amount on Form 8978, line 14. See instructions . . . . . . 61 Credit for previously owned clean vehicles. Attach Form 8936 6m Other nonrefundable credits. List type and amount: 7 7 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 8 750 Part II Other Payments and Refundable Credits 9 638 10 Amount paid with request for extension to file (see instructions) . . . . 10 Excess social security and tier 1 RRTA tax withheld . . . . . . . . . 11 11 12 Credit for federal tax on fuels. Attach Form 4136 . . . . . . . . . . 12 13 Other payments or refundable credits: 13a Section 1341 credit for repayment of amounts included in income from earlier 13b Net elective payment election amount from Form 3800, Part III, line 6, column (j) 13c Deferred amount of net 965 tax liability (see instructions) . . . . . . . . 13d Other refundable credits (see instructions): 13z Total other payments or refundable credits. Add lines 13a through 13z 14 14 15 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 15 638

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2024

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