

Form 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2024 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 2024, ending , 2024, ending . See separate instructions.

Your first name and middle initial LEOPOLDO Last name NARANJO Your social security number

If joint return, spouse's first name and middle initial BRIGIT I Last name HENDRIX-NARANJO Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

City, town, or post office. If you have a foreign address, also complete spaces below. State CA ZIP code

Foreign country name Foreign province/state/county Foreign postal code

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your 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: If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets 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

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1 (see instructions) 47,916

Table with rows 2a through 6b. Tax-exempt interest, Qualified dividends (89), IRA distributions, Pensions and annuities, Soc. sec. ben. (27,608), Taxable interest, Ordinary dividends (89), Taxable amount (39,501), Taxable amount (23,467)

Table with rows 7 through 15. Capital gain or (loss), Additional income from Schedule 1, line 10, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 112,879, Adjustments to income from Schedule 1, line 26, Subtract line 10 from line 9. This is your adjusted gross income 110,647, Standard deduction or itemized deductions (from Schedule A) 29,200, Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 81,447

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2024)

Form 1040 (2024) **LEOPOLDO NARANJO & BRIGIT I HENDRIX-NARANJO**

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	9,301
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,301
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	3
	21	Add lines 19 and 20	21	3
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,298
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	9,298	

Payments	25	Federal income tax withheld from:	25d	9,833
	a	Form(s) W-2	25a	9,551
	b	Form(s) 1099	25b	282
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c		
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 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		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	9,833	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	535
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	535
	b	Routing number [REDACTED]		
	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number [REDACTED]			
36	Amount of line 34 you want applied to your 2025 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name **MARK A. STOCKDALE** Phone no. **916-372-7000** Personal identification number (PIN) [REDACTED]

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 taxpayer) is based on all information of which preparer has any knowledge.

Your signature: [REDACTED] Date: [REDACTED] Your occupation: **ELIGIBILITY SPECIALIST**

Spouse's signature: [REDACTED] Date: [REDACTED] Spouse's occupation: **RETIRED**

Preparer's name: **MARK A. STOCKDALE** Preparer's signature: **MARK A. STOCKDALE** Date: **04/08/25** PTIN: [REDACTED] Check if: Self-employed

Firm's name: **MARK A STOCKDALE CPA** Phone no. **916-372-7000**

Firm's address: **2950 BEACON BLVD # 70 WEST SACRAMENTO CA 95691-5031** Firm's EIN: [REDACTED]

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