

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20 See separate instructions.

Your first name and middle initial: Erin; Last name: Zezulak; Your social security number: [REDACTED]

If joint return, spouse's first name and middle initial; Last name; Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. City, town, or post office. If you have a foreign address, also complete spaces below. State. ZIP code. Foreign country name. Foreign province/state/county. Foreign postal code. 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. [ ] You [ ] Spouse

Filing Status: [ ] Single [ ] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS) [X] Head of household (HOH) Check only one box. 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 [X] 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. Includes dependent information for a daughter.

Income section table with columns 1a-1z and 1a-1z. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Includes rows for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Additional income from Schedule 1, Adjustments to income, Subtract line 10 from line 9, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, Subtract line 14 from line 11.

Attach Sch. B if required.

Standard Deduction for— • Single or Married filing separately, \$14,600 • Married filing jointly or Qualifying surviving spouse, \$29,200 • Head of household, \$21,900 • If you checked any box under Standard Deduction, see instructions.

<b>Tax and Credits</b>	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	8,391.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,391.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,891.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,891.

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	14,517.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	14,517.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) NO	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 <b>total other payments and refundable credits</b>	32	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	14,517.

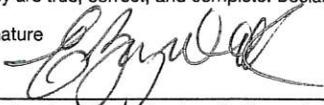
<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	6,626.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,626.
Direct deposit? See instructions.	b	Routing number [REDACTED] c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number [REDACTED]		
	36	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	36	

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> 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 \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**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  Date 4/16/25 Your occupation Registered Nurse

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Phone no. [REDACTED] Email address \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ PTIN \_\_\_\_\_ Check if:  Self-employed

Firm's name Self-Prepared Phone no. \_\_\_\_\_

Firm's address \_\_\_\_\_ Firm's EIN \_\_\_\_\_