



# FORM 1040

## U.S. Individual Income Tax Return

Индивидуальный подоходный налог

**Пошаговый разбор налоговых форм  
США на русском языке**

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# IRS Form 1040 (2024):

## Индивидуальный подоходный налог

*Пошаговый разбор на русском языке*

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# 1. Введение

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**Form 1040 (U.S. Individual Income Tax Return)** — это основная налоговая декларация физического лица в США.

Каждый налогоплательщик (резидент США или обладатель гринкарты) обязан ежегодно отчитываться о доходах, вычетах и налоговых кредитах.

Форма 1040 состоит из двух страниц и используется как базовая основа для большинства приложений (Schedules 1–3, A, B, C, D, E и т.д.).

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Материал по Форме 1040, предоставленный вам в данном гайде, представляет собой профессиональный перевод и адаптацию налоговой формы IRS.

Формулировки и термины переданы не дословно, а с учётом их бухгалтерского и налогового значения, применяемого в практике США.

Цель перевода — сделать информацию из Формы 1040 понятной русскоязычным пользователям без искажения сути налоговых норм.

Оригинальные тексты форм и инструкций IRS имеют приоритет и доступны на сайте [irs.gov](https://irs.gov).

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Материал подготовлен на основе форм IRS Form 1040 за 2024 налоговый год.

Официальные формы и инструкции IRS на текущий налоговый год обычно публикуются в январе года, следующего за налоговым.

По мере появления обновленных форм будет обновлен и данный материал.

Как правило, изменения в форме 1040 и приложениях из года в год минимальны и не влияют на общий порядок заполнения.

Если в новой версии IRS внесет изменения, они будут отражены в обновленном издании гайда Balance (версия 2025).

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Материал создан в образовательных целях.

Он не является официальной формой IRS и не заменяет консультацию лицензированного налогового специалиста.

Для подачи декларации используйте оригинальные формы с сайта [irs.gov](https://irs.gov).

Автор не несет ответственности за индивидуальные налоговые решения без проверки бухгалтером или налоговым представителем (EA, CPA, CTEC).

## 2. Оригинальная форма 1040 (для ознакомления)

| <b>Form 1040</b>                                                                             |                                                                                               | Department of the Treasury—Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | <b>2024</b>                                            |                    | 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 _____, 20 |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                        |                    |                     |          | See separate instructions.                                                                                                                                                                                                                          |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| Your first name and middle initial                                                           |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | Last name                                              |                    |                     |          | Your social security number                                                                                                                                                                                                                         |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 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.            |          | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 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 |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| <b>Filing Status</b>                                                                         |                                                                                               | <input type="checkbox"/> Single<br><input type="checkbox"/> Married filing jointly (even if only one had income)<br><input type="checkbox"/> Married filing separately (MFS)<br><input type="checkbox"/> Head of household (HOH)<br><input type="checkbox"/> Qualifying surviving spouse (QSS)<br>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: _____<br><input type="checkbox"/> 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): _____                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| <b>Digital Assets</b>                                                                        |                                                                                               | 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| <b>Standard Deduction</b>                                                                    |                                                                                               | Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent<br><input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| <b>Age/Blindness</b>                                                                         |                                                                                               | You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind <input type="checkbox"/> Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| <b>Dependents</b>                                                                            |                                                                                               | (see instructions):<br><table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Social security number</th> <th>(3) Relationship to you</th> <th>(4) Check the box if qualifies for (see instructions):</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th>Child tax credit</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  | (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                                                             |    |  |    |                                                                         | <input type="checkbox"/> |  |    |                                                                         |    | <input type="checkbox"/> |    |                                                                    |    |  | <input type="checkbox"/> |                                                                   |    |  |    | <input type="checkbox"/>               |    |  |    |                                                                                               |    |  |   |                         |    |  |
| (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                                       |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
|                                                                                              |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <input type="checkbox"/>                               |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
|                                                                                              |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <input type="checkbox"/>                               |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
|                                                                                              |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <input type="checkbox"/>                               |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
|                                                                                              |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <input type="checkbox"/>                               |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| <b>Income</b>                                                                                |                                                                                               | <table border="1"> <tr> <td>1a</td> <td>Total amount from Form(s) W-2, box 1 (see instructions)</td> <td>1a</td> <td></td> </tr> <tr> <td>b</td> <td>Household employee wages not reported on Form(s) W-2</td> <td>1b</td> <td></td> </tr> <tr> <td>c</td> <td>Tip income not reported on line 1a (see instructions)</td> <td>1c</td> <td></td> </tr> <tr> <td>d</td> <td>Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</td> <td>1d</td> <td></td> </tr> <tr> <td>e</td> <td>Taxable dependent care benefits from Form 2441, line 26</td> <td>1e</td> <td></td> </tr> <tr> <td>f</td> <td>Employer-provided adoption benefits from Form 8839, line 29</td> <td>1f</td> <td></td> </tr> <tr> <td>g</td> <td>Wages from Form 8919, line 6</td> <td>1g</td> <td></td> </tr> <tr> <td>h</td> <td>Other earned income (see instructions)</td> <td>1h</td> <td></td> </tr> <tr> <td>i</td> <td>Nontaxable combat pay election (see instructions)</td> <td>1i</td> <td></td> </tr> <tr> <td>z</td> <td>Add lines 1a through 1h</td> <td>1z</td> <td></td> </tr> </table>                          |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  | 1a             | Total amount from Form(s) W-2, box 1 (see instructions)                            | 1a                         |                         | b                                                      | Household employee wages not reported on Form(s) W-2 | 1b |  | c  | Tip income not reported on line 1a (see instructions)                        | 1c |  | d  | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d                       |  | e  | Taxable dependent care benefits from Form 2441, line 26                 | 1e |                          | f  | Employer-provided adoption benefits from Form 8839, line 29        | 1f |  | g                        | Wages from Form 8919, line 6                                      | 1g |  | h  | Other earned income (see instructions) | 1h |  | i  | Nontaxable combat pay election (see instructions)                                             | 1i |  | z | Add lines 1a through 1h | 1z |  |
| 1a                                                                                           | Total amount from Form(s) W-2, box 1 (see instructions)                                       | 1a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| b                                                                                            | Household employee wages not reported on Form(s) W-2                                          | 1b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| c                                                                                            | Tip income not reported on line 1a (see instructions)                                         | 1c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| d                                                                                            | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                       | 1d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| e                                                                                            | Taxable dependent care benefits from Form 2441, line 26                                       | 1e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| f                                                                                            | Employer-provided adoption benefits from Form 8839, line 29                                   | 1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| g                                                                                            | Wages from Form 8919, line 6                                                                  | 1g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| h                                                                                            | Other earned income (see instructions)                                                        | 1h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| i                                                                                            | Nontaxable combat pay election (see instructions)                                             | 1i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| z                                                                                            | Add lines 1a through 1h                                                                       | 1z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| <b>Attach Sch. B if required.</b>                                                            |                                                                                               | <table border="1"> <tr> <td>2a</td> <td>Tax-exempt interest</td> <td>2a</td> <td></td> <td>b</td> <td>Taxable interest</td> <td>2b</td> <td></td> </tr> <tr> <td>3a</td> <td>Qualified dividends</td> <td>3a</td> <td></td> <td>b</td> <td>Ordinary dividends</td> <td>3b</td> <td></td> </tr> <tr> <td>4a</td> <td>IRA distributions</td> <td>4a</td> <td></td> <td>b</td> <td>Taxable amount</td> <td>4b</td> <td></td> </tr> <tr> <td>5a</td> <td>Pensions and annuities</td> <td>5a</td> <td></td> <td>b</td> <td>Taxable amount</td> <td>5b</td> <td></td> </tr> <tr> <td>6a</td> <td>Social security benefits</td> <td>6a</td> <td></td> <td>b</td> <td>Taxable amount</td> <td>6b</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  | 2a             | Tax-exempt interest                                                                | 2a                         |                         | b                                                      | Taxable interest                                     | 2b |  | 3a | Qualified dividends                                                          | 3a |  | b  | Ordinary dividends                                                      | 3b                       |  | 4a | IRA distributions                                                       | 4a |                          | b  | Taxable amount                                                     | 4b |  | 5a                       | Pensions and annuities                                            | 5a |  | b  | Taxable amount                         | 5b |  | 6a | Social security benefits                                                                      | 6a |  | b | Taxable amount          | 6b |  |
| 2a                                                                                           | Tax-exempt interest                                                                           | 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | b                                                      | Taxable interest   | 2b                  |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 3a                                                                                           | Qualified dividends                                                                           | 3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | b                                                      | Ordinary dividends | 3b                  |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 4a                                                                                           | IRA distributions                                                                             | 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | b                                                      | Taxable amount     | 4b                  |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 5a                                                                                           | Pensions and annuities                                                                        | 5a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | b                                                      | Taxable amount     | 5b                  |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 6a                                                                                           | Social security benefits                                                                      | 6a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | b                                                      | Taxable amount     | 6b                  |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| <b>Standard Deduction for—</b>                                                               |                                                                                               | <ul style="list-style-type: none"> <li>• Single or Married filing separately, \$14,600</li> <li>• Married filing jointly or Qualifying surviving spouse, \$29,200</li> <li>• Head of household, \$21,900</li> <li>• If you checked any box under Standard Deduction, see instructions.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
|                                                                                              |                                                                                               | <table border="1"> <tr> <td>7</td> <td>Capital gain or (loss). Attach Schedule D if required. If not required, check here</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>Additional income from Schedule 1, line 10</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b></td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>Adjustments to income from Schedule 1, line 26</td> <td>10</td> <td></td> </tr> <tr> <td>11</td> <td>Subtract line 10 from line 9. This is your <b>adjusted gross income</b></td> <td>11</td> <td></td> </tr> <tr> <td>12</td> <td><b>Standard deduction or itemized deductions</b> (from Schedule A)</td> <td>12</td> <td></td> </tr> <tr> <td>13</td> <td>Qualified business income deduction from Form 8995 or Form 8995-A</td> <td>13</td> <td></td> </tr> <tr> <td>14</td> <td>Add lines 12 and 13</td> <td>14</td> <td></td> </tr> <tr> <td>15</td> <td>Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b></td> <td>15</td> <td></td> </tr> </table> |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  | 7              | Capital gain or (loss). Attach Schedule D if required. If not required, 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 <b>total income</b> | 9  |  | 10 | Adjustments to income from Schedule 1, line 26                          | 10                       |  | 11 | Subtract line 10 from line 9. This is your <b>adjusted gross income</b> | 11 |                          | 12 | <b>Standard deduction or itemized deductions</b> (from Schedule A) | 12 |  | 13                       | Qualified business income deduction from Form 8995 or Form 8995-A | 13 |  | 14 | Add lines 12 and 13                    | 14 |  | 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> | 15 |  |   |                         |    |  |
| 7                                                                                            | Capital gain or (loss). Attach Schedule D if required. If not required, 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 <b>total income</b>                  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 10                                                                                           | Adjustments to income from Schedule 1, line 26                                                | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 11                                                                                           | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 12                                                                                           | <b>Standard deduction or itemized deductions</b> (from Schedule A)                            | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 13                                                                                           | Qualified business income deduction from Form 8995 or Form 8995-A                             | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 14                                                                                           | Add lines 12 and 13                                                                           | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |
| 15                                                                                           | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                        |                    |                     |          |                                                                                                                                                                                                                                                     |  |                |                                                                                    |                            |                         |                                                        |                                                      |    |  |    |                                                                              |    |  |    |                                                                         |                          |  |    |                                                                         |    |                          |    |                                                                    |    |  |                          |                                                                   |    |  |    |                                        |    |  |    |                                                                                               |    |  |   |                         |    |  |

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

Cat. No. 11320B

Form 1040 (2024)

| Form 1040 (2024)                                                               |                                                                                                                                                                                                                                                                                                                    | Page <b>2</b>        |                                                                                                        |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------|
| <b>Tax and Credits</b>                                                         | <b>16</b> Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>                                                                                                                                                            | <b>16</b>            |                                                                                                        |
|                                                                                | <b>17</b> Amount from Schedule 2, line 3                                                                                                                                                                                                                                                                           | <b>17</b>            |                                                                                                        |
|                                                                                | <b>18</b> Add lines 16 and 17                                                                                                                                                                                                                                                                                      | <b>18</b>            |                                                                                                        |
|                                                                                | <b>19</b> Child tax credit or credit for other dependents from Schedule 8812                                                                                                                                                                                                                                       | <b>19</b>            |                                                                                                        |
|                                                                                | <b>20</b> Amount from Schedule 3, line 8                                                                                                                                                                                                                                                                           | <b>20</b>            |                                                                                                        |
|                                                                                | <b>21</b> Add lines 19 and 20                                                                                                                                                                                                                                                                                      | <b>21</b>            |                                                                                                        |
|                                                                                | <b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-                                                                                                                                                                                                                                                | <b>22</b>            |                                                                                                        |
|                                                                                | <b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                                                                                                                                                                     | <b>23</b>            |                                                                                                        |
| <b>24</b> Add lines 22 and 23. This is your <b>total tax</b>                   | <b>24</b>                                                                                                                                                                                                                                                                                                          |                      |                                                                                                        |
| <b>Payments</b>                                                                | <b>25</b> Federal income tax withheld from:                                                                                                                                                                                                                                                                        |                      |                                                                                                        |
|                                                                                | <b>a</b> Form(s) W-2                                                                                                                                                                                                                                                                                               | <b>25a</b>           |                                                                                                        |
|                                                                                | <b>b</b> Form(s) 1099                                                                                                                                                                                                                                                                                              | <b>25b</b>           |                                                                                                        |
|                                                                                | <b>c</b> Other forms (see instructions)                                                                                                                                                                                                                                                                            | <b>25c</b>           |                                                                                                        |
|                                                                                | <b>d</b> Add lines 25a through 25c                                                                                                                                                                                                                                                                                 | <b>25d</b>           |                                                                                                        |
|                                                                                | <b>26</b> 2024 estimated tax payments and amount applied from 2023 return                                                                                                                                                                                                                                          | <b>26</b>            |                                                                                                        |
|                                                                                | <b>27</b> Earned income credit (EIC)                                                                                                                                                                                                                                                                               | <b>27</b>            |                                                                                                        |
|                                                                                | <b>28</b> Additional child tax credit from Schedule 8812                                                                                                                                                                                                                                                           | <b>28</b>            |                                                                                                        |
|                                                                                | <b>29</b> American opportunity credit from Form 8863, line 8                                                                                                                                                                                                                                                       | <b>29</b>            |                                                                                                        |
|                                                                                | <b>30</b> Reserved for future use                                                                                                                                                                                                                                                                                  | <b>30</b>            |                                                                                                        |
|                                                                                | <b>31</b> Amount from Schedule 3, line 15                                                                                                                                                                                                                                                                          | <b>31</b>            |                                                                                                        |
|                                                                                | <b>32</b> Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>                                                                                                                                                                                                          | <b>32</b>            |                                                                                                        |
| <b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>      | <b>33</b>                                                                                                                                                                                                                                                                                                          |                      |                                                                                                        |
| <b>Refund</b>                                                                  | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                                                                                                                                                                                                   | <b>34</b>            |                                                                                                        |
|                                                                                | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                                                                                                                                                                       | <b>35a</b>           |                                                                                                        |
|                                                                                | <b>b</b> Routing number: <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings                                                                                                                                                                                    |                      |                                                                                                        |
|                                                                                | <b>d</b> Account number: <input type="text"/>                                                                                                                                                                                                                                                                      |                      |                                                                                                        |
| <b>36</b> Amount of line 34 you want <b>applied to your 2025 estimated tax</b> | <b>36</b>                                                                                                                                                                                                                                                                                                          |                      |                                                                                                        |
| <b>Amount You Owe</b>                                                          | <b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions.                                                                                                               | <b>37</b>            |                                                                                                        |
|                                                                                | <b>38</b> Estimated tax penalty (see instructions)                                                                                                                                                                                                                                                                 | <b>38</b>            |                                                                                                        |
| <b>Third Party Designee</b>                                                    | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b>                                                                                                                                 |                      |                                                                                                        |
|                                                                                | Designee's name: <input type="text"/> Phone no.: <input type="text"/> Personal identification number (PIN): <input type="text"/>                                                                                                                                                                                   |                      |                                                                                                        |
| <b>Sign Here</b>                                                               | 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                 | Your occupation                                                                                        |
|                                                                                | Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                      |                      | Date                                                                                                   |
|                                                                                | Spouse's occupation                                                                                                                                                                                                                                                                                                |                      | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>         |
|                                                                                | Spouse's occupation                                                                                                                                                                                                                                                                                                |                      | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
|                                                                                | Phone no.: <input type="text"/> Email address: <input type="text"/>                                                                                                                                                                                                                                                |                      |                                                                                                        |
| <b>Paid Preparer Use Only</b>                                                  | Preparer's name                                                                                                                                                                                                                                                                                                    | Preparer's signature | Date                                                                                                   |
|                                                                                | Firm's name                                                                                                                                                                                                                                                                                                        | Firm's address       | Firm's EIN                                                                                             |
|                                                                                | PTIN                                                                                                                                                                                                                                                                                                               |                      | Check if: <input type="checkbox"/> Self-employed                                                       |
|                                                                                | Phone no.                                                                                                                                                                                                                                                                                                          |                      |                                                                                                        |

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form **1040** (2024)

### 3. Перевод и разъяснения формулировок

#### Верхняя часть Form 1040

| № строки | Оригинальный текст (Form 1040)                              | Перевод                                                     | Что вносить / пояснение                                                                  |
|----------|-------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|
| —        | U.S. Individual Income Tax Return                           | Налоговая декларация физического лица США                   | Это название формы. Используется для подачи годового отчета о доходах и налогах физлица. |
| —        | Department of the Treasury — Internal Revenue Service (IRS) | Министерство финансов США — Налоговое управление (IRS)      | Орган, в который подается декларация.                                                    |
| —        | For the year Jan. 1–Dec. 31, 2024                           | За налоговый год с 1 января по 31 декабря 2024              | Если другой период — впиши даты начала и окончания года.                                 |
| —        | Your first name and middle initial                          | Ваше имя и инициалы                                         | Имя и отчество (инициалы), как указано в SSN.                                            |
| —        | Last name                                                   | Фамилия                                                     | Ваша фамилия.                                                                            |
| —        | Your social security number                                 | Номер социального страхования (SSN)                         | 9-значный SSN.                                                                           |
| —        | If joint return, spouse's first name and middle initial     | Имя и инициалы супруга/супруги (если совместная декларация) | Только если Married Filing Jointly.                                                      |
| —        | Last name                                                   | Фамилия супруга/супруги                                     | —                                                                                        |
| —        | Spouse's social security number                             | SSN супруга/супруги                                         | —                                                                                        |
| —        | Home address (number and street)                            | Домашний адрес (улица и номер дома)                         | Указать фактический адрес проживания в США.                                              |
| —        | Apt. no.                                                    | Номер квартиры                                              | —                                                                                        |

|                                           |                                                                                        |                                                                                                            |                                                                                   |
|-------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| —                                         | City, town, or post office. If you have a foreign address, also complete spaces below. | Город, населённый пункт. Если у вас иностранный адрес, также заполните поля ниже.                          | —                                                                                 |
| —                                         | State                                                                                  | Штат                                                                                                       | Например: CA, NY, FL.                                                             |
| —                                         | ZIP code                                                                               | Почтовый индекс                                                                                            | Пятизначный ZIP.                                                                  |
| —                                         | Foreign country name                                                                   | Иностранная страна                                                                                         | Только если адрес не в США.                                                       |
|                                           | Foreign province / state/county                                                        | Иностранная провинция/область/район                                                                        | Только если адрес не в США.                                                       |
|                                           | Foreign postal code                                                                    | Иностранный почтовый код                                                                                   | Только если адрес не в США.                                                       |
| —                                         | Presidential Election Campaign — \$3                                                   | Кампания президента США — пожертвование \$3                                                                | Можно отметить, если хотите, чтобы \$3 пошли в фонд выборов (не влияет на налог). |
|                                           |                                                                                        |                                                                                                            |                                                                                   |
| <b>Filing Status — check only one box</b> |                                                                                        | Статус подачи (отметьте только один)                                                                       | Определяет размер вычетов и налоговые ставки.                                     |
| —                                         | Single                                                                                 | Одинокий                                                                                                   | Если не состоите в браке.                                                         |
| —                                         | Married filing jointly (MFJ)                                                           | Совместная подача супругов                                                                                 | Если в браке и подаете вместе.                                                    |
| —                                         | Married filing separately (MFS)                                                        | Раздельная подача супругов                                                                                 | Каждый подает свою форму.                                                         |
| —                                         | Head of household (HOH)                                                                | Глава домохозяйства                                                                                        | Если не замужем, но содержите ребенка.                                            |
| —                                         | Qualifying surviving spouse (QSS)                                                      | Квалифицированный вдовец/вдова                                                                             | Если супруг умер в последние 2 года и есть ребёнок.                               |
| —                                         | If you checked the MFS box, enter the name of your spouse. If you                      | Если вы отметили поле MFS, укажите имя супруга(и). Если вы отметили поле HOH или QSS, укажите имя ребёнка, |                                                                                   |

|                           |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                            |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
|                           | checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:                                                                                                        | если лицо, имеющее право на пособие, является ребёнком, но не находится на вашем иждивении:                                                                                                                                                                        |                                                            |
| —                         | 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):                       | Если вы считаете иностранца-нерезидента или супруга иностранца с двойным статусом резидентом США в течение всего налогового года, отметьте соответствующее поле и введите его имя (см. инструкции и приложите заявление, если необходимо):                         |                                                            |
| <b>Digital Assets</b>     |                                                                                                                                                                                                                       | Цифровые активы                                                                                                                                                                                                                                                    | Нужно отметить «Yes» или «No».                             |
| —                         | 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)? | В какой-либо момент в течение 2024 года вы: (a) получили (в качестве вознаграждения, премии или оплаты за имущество или услуги); или (б) продали, обменяли или иным образом распорядились цифровым активом (или финансовой заинтересованностью в цифровом активе)? | Отметьте <b>Yes</b> , если имели операции с криптовалютой. |
| <b>Standard Deduction</b> |                                                                                                                                                                                                                       | Стандартный вычет                                                                                                                                                                                                                                                  | Набор отметок, влияющих на сумму вычета.                   |
| —                         | <i>Someone can claim you as a dependent</i>                                                                                                                                                                           | Кто-то может заявить вас как иждивенца                                                                                                                                                                                                                             | Отметить, если вас заявляют в своей декларации.            |