File by Mail Instructions for your 2024 Federal Tax Return Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Melina G Orlando 1032 Shadow Ln

Victor, ID 83455-4974

| Balance Due/ Refund | Your federal tax return (Form 1040) shows you are due a refund of \$749.00. Your refund will be direct deposited into the following account: Account Number: 153356757655, Routing Transit Number: 123103729. | | | | | | | | |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| What You Need to Mail | Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. Attach the first copy or Copy B of Form(s) W-2 to the front of your | | | | | | | | |
| | Form 1040. | | | | | | | | |
| | Mail your return and attachments to: Department of the Treasury Internal Revenue Service Ogden, UT 84201-0002 | | | | | | | | |
| | Deadline: Postmarked by Tuesday, April 15, 2025 | | | | | | | | |
| | Note: Your state return may be due on a different date. Please review your state filing instructions. Don't forget correct postage on the envelope. | | | | | | | | |
| What You Need to Keep | Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account. | | | | | | | | |
| 2024 Federal Tax Return Summary | Adjusted Gross Income | | | | | | | | |
| Changed Your Mind About e-filing? | You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service. | | | | | | | | |



Hi Melina,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2024 taxes:

Your federal refund is: \$ 749.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

| 2024 |
|------|
| |

IRS Use Only-Do not write or staple in this space.

| For the year Jan | . 1–Dec | c. 31, 2024, or other tax year beginning | | , 2024, end | ling | | , 20 | | See se | parate | instructions. |
|------------------------------------|---------|-------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------|---------------|-----------------|-----------|-------------|------------|-----------|----------------------|
| Your first name and middle initial | | | | Last name | | | | | Your so | cial sec | curity number |
| Melina G | | | | ando | | | | | | | 8679 |
| | | s first name and middle initial | Last na | | | | | | | | security number |
| , | | | | | | | | | - | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | Apt. r | 10. | Preside | ntial Ele | : ection Campaign |
| 1032 Sha | | | | | | | | | | | ou, or your |
| | | ce. If you have a foreign address, also co | mplete : | spaces below. | State | Z | IP code | | spouse | if filing | jointly, want \$3 |
| Victor | | , | | ., | ID | | 3455 | 1974 | | | nd. Checking a |
| Foreign country | name | | | Foreign province/state/o | | | oreign po | | your ta | | not change und. |
| , | | | | , , , , , , , , , , , , , , , , , , , | , | | 3 1 | | , , , | | |
| Filing Status | X | Single | | | | ☐ Head of | househ | old (HOI | | | |
| - | , = | Married filing jointly (even if only or | ne had | income) | | | 11000011 | 0.00 (1.101 | ., | | |
| Check only one box. | Ē | Married filing separately (MFS) | io rida | indomo, | | Qualifyin | na surviv | ina spo | use (QS | S) | |
| One box. | If v | you checked the MFS box, enter the | name | of your spouse. If you | u check | | - | _ | | | ame if the |
| | | ialifying person is a child but not you | | indent: | | | | | | | |
| | | If treating a nonresident alien or du | ıal-stat | | | sident for the | | | | | |
| | | their name (see instructions and at | | • | 0.0 | | | | | | |
| | | · | | | | | | | | | |
| Digital | | ny time during 2024, did you: (a) rece | | | | | | | | | es 🔀 No |
| Assets | | nange, or otherwise dispose of a digi | | | | | (See in | Structio | ns.) | Y | es 🔼 No |
| Standard | | neone can claim: You as a de | • | | | lependent | | | | | |
| Deduction | ; | Spouse itemizes on a separate return | n or yo | u were a dual-status a | alien | | | | | | |
| Age/Blindness | You | : Were born before January 2, 1 | 960 [| Are blind Spo | ouse: [| Was born I | before J | anuary 2 | 2, 1960 | | s blind |
| Dependents | s (see | instructions): | | (2) Social security | , (| 3) Relationship | (4) Ch | eck the b | ox if qual | ifies for | (see instructions): |
| If more | | (1) First name Last name | | number to you | | to you | С | nild tax c | redit | Credit fo | or other dependents |
| than four | | | | | | | | | | | |
| dependents, see instructions | , | | | | | | | | | | |
| and check | · | | | | | | | | | | |
| here | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (se | ee instructions) | | | | | . 1a | 1 | 8,788. |
| Attach Form(s) | b | Household employee wages not re | eported | I on Form(s) W-2 | | | | | . 1k |) | |
| W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | ; | |
| attach Forms | d | Medicaid waiver payments not rep | edicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | ı | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | rom Fo | rm 2441, line 26 . | | | | | . 16 | • | |
| was withheld. | f | Employer-provided adoption bene | fits fror | m Form 8839, line 29 | | | | | . 11 | : | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 10 | 1 | |
| get a Form W-2, see | h | Other earned income (see instruction | ions) | | | | | | . <u>1</u> | 1 | 0. |
| instructions. | i | Nontaxable combat pay election (s | see inst | tructions) | | . 1i | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | . 1z | <u>:</u> | 8,788. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Taxa | able interest | | | . 2k |) | |
| if required. | 3a | Qualified dividends | 3a | | b Ordi | nary dividend | s | | . 3b |) | |
| Standard | 4a | | 4a | | | able amount . | | | . 4k |) | |
| Deduction for— | 5a | | 5a | | b Taxa | able amount . | | | . 5k |) | |
| Single or Married filing | 6a | , _ | 6a | | | able amount. | | | . 6b |) | |
| separately, | С | If you elect to use the lump-sum e | | , , | ` | , | | [| | | |
| \$14,600 Married filing | 7 | Capital gain or (loss). Attach Sched | | | - | | | L | | | |
| jointly or Qualifying | 8 | Additional income from Schedule | • | | | | | | . 8 | | 0 500 |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | • | come . | | | | . 9 | | 8,788. |
| \$29,200 • Head of | 10 | Adjustments to income from Sche | | | | | | | . 10 | | |
| household, \$21,900 | 11 | Subtract line 10 from line 9. This is | - | - | | | | | . 11 | | 8,788. |
| If you checked | 12 | Standard deduction or itemized | | • | , | | | | . 12 | | 14,600. |
| any box under Standard | 13 | Qualified business income deducti | | | | ١ | | | . 13 | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | . 14 | | 14,600. |
| COO II IOLI UULIUI IO. / | 46 | tribetroot line 1/ frame line 11 lf -or | 0 01 100 | a antar () This is w | | | | | 1 45 | - 1 | |

| Form 1040 (2024 | l) | | | | | | | | | Page 2 |
|------------------------------------|------------|--------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------------|-------------------------------|------------|-------------|-----------------|-------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | n(s): 1 881 | 4 2 4972 | 3 🗌 | | 16 | | 0. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | - | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | | 0. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | | 0. |
| | 23 | Other taxes, including self-en | | | | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | | 24 | | 0. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| . ayınıcınıc | а | Form(s) W-2 | | | | 25a | 15 | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | | | | 25c | | | | |
| | d | Add lines 25a through 25c | , | | | | | 25d | | 15. |
| If you have a | 26 | 2024 estimated tax payment | | | | | | 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit | | | | 29 | 734 | | | |
| | 30 | Reserved for future use . | | • | | 30 | | | | |
| | 31 | | | | | 31 | | 7 | | |
| | 32 | Amount from Schedule 3, line 15 | | | | | | | | 734. |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | | | | | 32 | | 749. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | | | | | 34 | | 749. |
| neiulia | 35a | Amount of line 34 you want i | | | | | | 35a | | 749. |
| Direct deposit? | b | Routing number 1 2 3 | | | | Checking | Saving | | | <u>/4).</u> |
| See instructions. | d | Account number 1 5 3 | | | | | l Caving. | ' | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | | |
| Amount | | | | | | 30 | | | 1 | |
| You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, go | | • | | | | 37 | | |
| rou owe | 38 | Estimated tax penalty (see in | _ | | | 38 | | 31 | | |
| Third Dorty | | | | | | | | | | |
| Third Party Designee | | you want to allow another structions | • | | | | Complete | e below. | X No | |
| Designee | | signee's | | Phone | | | • | ntification | | |
| | na | | | no. | | | nber (PIN | | | |
| Sign | | der penalties of perjury, I declare the | | | | | | | • | • |
| Here | be | lief, they are true, correct, and com | plete. Declaration | of preparer (othe | r than taxpayer) is ba | ased on all informa | tion of wh | ich prepar | er has any kno | owledge. |
| | Yo | ur signature | | Date | Your occupation | | | | nt you an Ider | |
| l=:-tt0 | | | | | Food Corri | .ce Assista | | ee inst.) | IN, enter it he | Te T |
| Joint return? See instructions. | Sn | ouse's signature. If a joint return, b | noth must sign | Date | Spouse's occupat | | | he IRS se | nt your spouse | e an |
| Keep a copy for | ОР | ouse's signature. If a joint return, t | our must sign. | Date | opouse s occupat | .1011 | | | ection PIN, en | |
| your records. | | | | | | | (se | ee inst.) | | |
| | Ph | one no. (231)670-5493 | 3 | Email address | | | | | | |
| Doid | Pre | eparer's name | Preparer's signat | ture | | Date | PTIN | | Check if: | |
| Paid | | | | | | | | | Self-em | ployed |
| Preparer | Fir | m's name Self-Pre | epared | | | | Ph | none no. | | |
| Use Only | Fin | m's address | | | | | Fir | m's EIN | | |
| Go to www.irs.go | ov/Form | n1040 for instructions and the late | st information. | | BAA | REV 03/20/25 Intuit.cg.cfp.sp | | | Form 10 | 040 (2024) |

Form **8863**

Melina G Orlando

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Go to www.

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. 50

8679

Your social security number

33

374

CAUTION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

| Pari | Refundable American Opportunity Credit | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| 1 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 | 1 | 1,835. |
| 2 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | | |
| 3 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | | |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit | | |
| 5 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | | |
| 6 | If line 4 is: | | |
| | • Equal to or more than line 5, enter 1.000 on line 6 | | |
| | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least | 6 | 1.000 |
| | three places) | | |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; | | |
| | skip line 8, enter the amount from line 7 on line 9, and check this box | 7 | 1,835. |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and | ' | 1,033. |
| Ü | on Form 1040 or 1040-SR, line 29. Then go to line 9 below. | 8 | 734. |
| Part | | | |
| 9 | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . | 9 | 1,101. |
| 10 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | 10 | |
| 11 | Enter the smaller of line 10 or \$10,000 | 11 | |
| 12 | Multiply line 11 by 20% (0.20) | 12 | |
| 13 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | | |
| 14 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | | |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 | | |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | | |
| 17 | If line 15 is: | | |
| | • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 | | |
| | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) | 17 | |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . | 18 | |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see | | |
| | instructions) here and on Schedule 3 (Form 1040), line 3 | 19 | 0. |

Name(s) shown on return

Melina G Orlando

Your social security number
374 | 33 | 8679



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

| Par | t III Student and Educational Institution Informatio | n. See instructions. |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20 | Student name (as shown on page 1 of your tax return) Melina G | 21 Student social security number (as shown on page 1 of your tax return) |
| | Orlando | 374-33-8679 |
| _22 | Educational institution information (see instructions) Name of first educational institution | h Name of accord advectional institution (if any) |
| ē | | b. Name of second educational institution (if any) |
| | College of Eastern Idaho 1) Address. Number and street (or P.O. box). City, town or | (1) Address. Number and street (or P.O. box). City, town or |
| ' | post office, state, and ZIP code. If a foreign address, see instructions. | post office, state, and ZIP code. If a foreign address, see instructions. |
| | 1600 S 25th E | |
| | Idaho Falls ID 834045788 | |
| | 2) Did the student receive Form 1098-T from this institution for 2024? ✓ Yes ☐ No | (2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2024? |
| | 3) Did the student receive Form 1098-T from this institution for 2023 with box ☐ Yes ☒ No 7 checked? | (3) Did the student receive Form 1098-T from this institution for 2023 with box ☐ Yes ☐ No 7 checked? |
| (| 4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. | (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. |
| | 82-2124304 | |
| 23 | Has the American opportunity credit been claimed for this student for any 4 prior tax years? | Yes — Stop! Go to line 31 for this student. No — Go to line 24. |
| 24 | Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2024 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. | X Yes − Go to line 25.No − Stop! Go to line 31 for this student. |
| 25 | Did the student complete the first 4 years of postsecondary education before 2024? See instructions. | Yes − Stop! Go to line 31 for this student. No − Go to line 26. |
| 26 | Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance? | Yes — Stop! Go to line 31 for this student. No — Complete lines 27 through 30 for this student. |
| CAU | vear. If you complete lines 27 through 30 for this st | I the lifetime learning credit for the same student in the same udent, don't complete line 31. |
| | American Opportunity Credit | |
| 27 | Adjusted qualified education expenses (see instructions). Do | · · · · · · · · · · · · · · · · · · · |
| 28 | Subtract \$2,000 from line 27. If zero or less, enter -0 | |
| 29 | Multiply line 28 by 25% (0.25) | |
| 30 | If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts | |
| | Lifetime Learning Credit | |
| 31 | Adjusted qualified education expenses (see instructions). | Include the total of all amounts from all |

File by Mail Instructions for your 2024 Idaho Tax Return Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Melina G Orlando 1032 Shadow Ln

Victor, ID 83455-4974

| Balance Due/ Refund | Your Idaho state tax return (Form 40) shows you are due a refund of \$130.00. Your refund will be direct deposited into the following account: Account Number: 153356757655, Routing Transit Number: 123103729. | | | | | | | |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| What You Need to Mail | Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. | | | | | | | |
| IVIAII | Attach legible state copies of Form(s) W-2, 1099, and other income forms that show Idaho withholding to your return. | | | | | | | |
| | Also be sure to attach a complete copy of your federal return. | | | | | | | |
| | Mail your return and attachments to: Idaho State Tax Commission PO Box 56 Boise ID 83756-0056 | | | | | | | |
| | Deadline: Postmarked by April 15, 2025 | | | | | | | |
| | Don't forget correct postage on the envelope. | | | | | | | |
| What You Need to Keep | Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account. | | | | | | | |
| 2024 Idaho Tax Return Summary | Taxable Income \$ 0.00 Total Tax \$ 0.00 Total Payments/Credits \$ 130.00 Amount to be Refunded \$ 130.00 | | | | | | | |
| Special Formatting | Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing. | | | | | | | |
| Changed Your Mind About e-filing? | You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency. | | | | | | | |

Don't Staple



Form 40

| State Tax Commission Individua | HICOH | ne rax Return |
|---------------------------------------------------------------------------------------------|-----------|----------------|
| Amended Return? Check the box. | • | State Use Only |
| See page 7 of the instructions for the reasons to amend, and enter the number that applies. | • | ORLA |
| For calendar year 2024 or fiscal year beginn | ing | , ending |



| Amended Return? Check the box. | ■ State U | Jse Only | | erations in | | 73 III |
|-------------------------------------------------------------------------------------------------|----------------------------|---------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|
| See page 7 of the instructions for the reasons to amend, and enter the number that applies. | • OR: | LA | HIII NOOFFIAN WESTERMANGESTONIAANS | MENDER OF MENDERS OF A SECTION | DANFINIA DAY LOWE | % ⊞ ∏ |
| For calendar year 2024 or fiscal year beginnir | ng , ending | | | | | |
| | Your last name | | Your Social Security number (| (SSN) | Dece: | ased |
| MELINA G | ORLANDO | | 374-33-8679 | | in 202 | |
| Your first name and initial MELINA G Spouse's first name and initial Current mailing address | Spouse's last name | | Spouse's Social Security num | ber (SSN) | Dece | |
| Current mailing address 1032 SHADOW LN | | | Forms and instru tax.idaho.g | | | |
| 1032 SHADOW LN City VICTOR | State | ZIP Code | Foreign country (if not U.S.) | | | |
| VICTOR | ID | 83455-4974 | | | | |
| Filing Status. Check only one box. If ma | arried filing jointly or | separately, enter | spouse's name and Social | Security n | umber abo | ve. |
| 1. X Single 2. Married filing jointly | g 3. Married f separate | iling 4. He | ead of 5. Qual with | ifying survivi qualifying de | ng spouse pendents | |
| Household. See instructions, page 7. If so | meone can claim you as | a dependent, leave | line 6a blank. Enter "1" on line | s 6a and 6b, | if they apply | /. |
| | - | - | 6d. Total household | | | |
| · | | | | | | |
| List your dependents below. If you have | more than four depen | dents, continue on | Form 39R. Enter total num | | | |
| Dependent's first name | Dependent's I | ast name | Dependent's SSN | | ent's birthdate n/dd/yyyy) | е |
| | · | | | (**** | ,,,,,, | |
| | | | | | | \dashv |
| | | | | | | \dashv |
| | | | | | | \dashv |
| | | | | | | |
| Income. See instructions, page 7. | | | | | | |
| 7. Enter your federal adjusted gross in | come from federal For | m 1040 or 1040-S | R, line 11. | | | |
| Include a complete copy of your f | | | | 7 | 8788 | 00 |
| 8. Additions from Form 39R, Part A, lin | e 7. Include Form 39F | ₹ | | 8 | | 00 |
| 9. Total. Add lines 7 and 8 | | | | 9 | 8788 | 00 |
| 10. Subtractions from Form 39R, Part B | , line 24. Include Form | 1 39R | | 10 | | 00 |
| 11. Total Adjusted Income. Subtract lin | ne 10 from line 9 | | | 11 | 8788 | 00 |
| Tax Calculation. See instructions, pa | ige 8. | | | | | |
| Standard | | | | | | |
| Deduction a. If age 6 | 55 or older | • You | urself • Spouse | | | |
| - • | | • You | urself • Spouse | | | |
| | parent or someone els | e can claim you as | sa | | | |
| Married Filing depend | ent, check here and e | nter zero on line 4 | 3 • 🔲 | | | |
| \$14,600 | | | | 40 | 1.0 | |
| Head of 13. Itemized deductions. In | | | • • • | 13 | | 00 |
| L \$24,000 L | - | | eral Schedule A | | _ | 00 |
| 15. Subtract line 14 from ii | | | | 15 | 0 | |
| Jointly or | • • | | | | 14600 | |
| Qualifying 17. Subtract the larger of Surviving | | | | 17 | 0 | |
| Spouse: 18. Qualified business inco | | | | 18 | | 00 |
| 1 | | | n zero, enter zero | 19 | 0 | 00 |
| 20. Tax from worksheet. S | ee instructions, page 9 | 9 | <u>NKF</u> ■ | 20 | 0 | 00 |

REV 03/07/25 INTUIT.CG.CFP.SP

Return and payment - Mail to: Idaho State Tax Commission, PO Box 83784, Boise, ID 83707-3784 Return only - Mail to: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

Include a complete copy of your federal return.

EFO00089 09-04-2024 Page 1 of 2

Form 40

1555 **2024**

(continued)

| 21. | Tax amount from line 20 | | | | | | 21 | 0 | 00 |
|------------------------|-------------------------------------------------------------------------|--------------|-------------------------------------------------|--------------------------|---------------|-----------------|-----------------------------------------------------------------|---------------|--------------|
| Crec | lits. Limits apply. See instructions, page | 9. | | | | | | | |
| 22. | Income tax paid to other states. Include Form | 39R and a | copy of other states | s' returns ■ | 22 | 00 | | | |
| 23. | Total credits from Form 39R, Part D, line 4. | Include Fo | orm 39R | | 23 | 00 | | | |
| 24. | Total business income tax credits from Forn | n 44, Part | I, line 10. Include F | orm 44 | 24 | 00 | | | |
| 25. | Idaho Child Tax Credit. Calculated amount t | from works | sheet on page 10 . | | 25 | 0 00 | | | |
| | Total Credits. Add lines 22 through 25 | | | | | | 26 | 0 | 00 |
| | Subtract line 26 from line 21. If line 26 is mo | | | | | | 27 | | 00 |
| | er Taxes. See instructions, page 10. | | | | | | | | |
| | Fuels use tax due. Include Form 75 | | | | | | 28 | | 00 |
| | Sales/use tax due on untaxed purchases | | | | | | 29 | | 00 |
| | Total tax from recapture of income tax credi | - | | - | | | 30 | | 00 |
| | Tax from recapture of qualified investment | | | | | | 31 | | 00 |
| | · · · · · · · · · · · · · · · · · · · | exemplion | (QIE). Illicidde Foi | III 49EK | | | 31 | | 100 |
| 32. | Permanent building fund tax. Check the box if you received Idaho public | accietance | navments for 202 | 24 | NRF | | 32 | 10- | 00 |
| 22 | | | | | | | - | | _ |
| | Total Tax. Add lines 27 through 32 | | | | | ····· | 33 | 0 | 00 |
| | ations. See instructions, page 10. | | | | | | | | |
| 34. | Idaho Nongame Wildlife Fund | 35 | 5. Idaho Children's | | | | | | |
| | Special Olympics Idaho | | 7. Idaho Guard & F | | | | | | |
| 38. | American Red Cross of Idaho Fund • | 39 | 9. Veterans Suppo | | | | | | |
| 40. | Idaho Food Bank Fund | 41 | Opportunity Sch | olarship Progr | am • | | | | |
| 42. | Total Tax Plus Donations. Add lines 33 the | rough 41 | | | | | 42 | 0 | 00 |
| Payr | ments and Other Credits. | | | | | | | | |
| 43. | Grocery Credit. Calculated amount from wo | orksheet or | n page 12 | | - | 120 | | | |
| | To receive your grocery credit, enter the ca | alculated a | mount on line 43. | | | • | 43 | 120 | 00 |
| | To donate your grocery credit to the Cooperati | ive Welfare | Fund, check the box | x and enter zer | on line 43 | - [| | | |
| 44. | Maintaining a home for family member age 6 | | | | | | 44 | | 00 |
| | Special fuels tax refund G | | • | | de Form 75 | | 45 | | 00 |
| | Idaho income tax withheld. Include Form W | | | | | | 46 | 1.0 | 00 |
| | 2024 Form 51 estimated payments and am | | - | | - | | 47 | | 00 |
| | | | ABE • | | | | 48 | | 00 |
| | Tax Reimbursement Incentive credit | | | | | | - | | |
| | | | | | e instruction | | 49 | 120 | 00 |
| | Total Payments and Other Credits. Add li | | ougn 49 | | | | 50 | 130 | 00 |
| | Due or Refund. See instructions, page 12. | | | | | | | | |
| | Tax Due. If line 42 is more than line 50, sub | | | | | | | | 00 |
| 52. | Penalty Interest from the | | | Enter total | | | 52 | | 00 |
| | Check box if penalty is due to an unqualifie | | | _ | | | | | |
| | Nonrefundable credit from a prior year return. | | | | | | 53 | | 00 |
| | Total Due. Add lines 51 and 52, then subtract | | | | | | 54 | | 00 |
| 55. | Overpaid. If line 42 is less than line 50, subtra | act lines 42 | 2 and 52 from line 5 | 0 | | | 55 | 130 | 00 |
| 56. | Refund 130 | App | oly to 2025 | • | | | | | |
| 57 | Direct Deposit Continue tions many 42 | | and if final dames | it deetinetie | la autalda | - - 4la a 11 | | | |
| 37. | Direct Deposit. See instructions, page 13 | · • | ieck ii iiriai depos | sit destination | i is outside | the U | ் ວ. - | e of •X Check | king |
| Rout | ing No. 1 2 3 1 0 3 7 2 9 • Acco | ount No. 1 | 5 3 3 5 6 | 7 5 7 6 9 | 5 5 | | Accol | unt: • Saving | gs |
| ۸mo | ended Return Only. Complete this section | on to dotor | mine your tax du | or refund S | oo instructi | one | | | \Box |
| | Total due (line 54) or overpaid (line 55) on t | | | | | | 50 | | 00 |
| | , , , , , | | | | | | 58 | | 00 |
| | Refund from original return plus additional ref | | | | | | 59 | | 00 |
| | Tax paid with original return plus additional | • | | | | | 60 | | 00 |
| 61. | Amended tax due or refund. Add lines 58 a | | | | | | 61 | | 00 |
| • | Within 180 days of receiving this return, the lo | | | | | | | | |
| | Under penalties of perjury, I declare that to the | e best of my | | | | and c | | | ns. |
| | Your signature (required) | | Spouse's signature | (ii a joint return, both | must sign) | | Date | • | |
| Sign | | | - | | | | | | |
| Here | | | Preparer's EIN, SS | SN, PTIN | | | er's phone | | |
| | • SELF PREPARED | | <u> • </u> | | | [23] | 1)670-5 | 5493 | |
| Prepa | arer's address | State | ZIP Code | Preparer's phon | e number | | | | |
| | | | | | | | | | |
| EFO | 00089 09-04-2024 | | REV 03/07/25 INTUI | T.CG.CFP.SP Pac | ne 2 of 2 | , | 0 2 4 | 1 5 2 5 | 1 |

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

| 2024 |
|------|
| |

IRS Use Only-Do not write or staple in this space.

| For the year Jan | . 1–Dec | c. 31, 2024, or other tax year beginning | | , 2024, end | ling | | , 20 | | See se | parate | instructions. |
|------------------------------------|---------|-------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------|---------------|-----------------|-----------|-------------|------------|-----------|----------------------|
| Your first name and middle initial | | | | Last name | | | | | Your so | cial sec | curity number |
| Melina G | | | | ando | | | | | | | 8679 |
| | | s first name and middle initial | Last na | | | | | | | | security number |
| , | | | | | | | | | - | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | Apt. r | 10. | Preside | ntial Ele | : ection Campaign |
| 1032 Sha | | | | | | | | | | | ou, or your |
| | | ce. If you have a foreign address, also co | mplete : | spaces below. | State | Z | IP code | | spouse | if filing | jointly, want \$3 |
| Victor | | , | | ., | ID | | 3455 | 1974 | | | nd. Checking a |
| Foreign country | name | | | Foreign province/state/o | | | oreign po | | your ta | | not change und. |
| , | | | | , , , , , , , , , , , , , , , , , , , | , | | 3 1 | | , , , | | |
| Filing Status | X | Single | | | | ☐ Head of | househ | old (HOI | | | |
| - | , | Married filing jointly (even if only or | ne had | income) | | | 11000011 | 0.00 (1.101 | ., | | |
| Check only one box. | Ē | Married filing separately (MFS) | io rida | indomo, | | Qualifyin | na surviv | ina spo | use (QS | S) | |
| One box. | If v | you checked the MFS box, enter the | name | of your spouse. If you | u check | | - | _ | | | ame if the |
| | | ialifying person is a child but not you | | indent: | | | | | | | |
| | | If treating a nonresident alien or du | ıal-stat | | | sident for the | | | | | |
| | | their name (see instructions and at | | • | 0.0 | | | | | | |
| | | · | | | | | | | | | |
| Digital | | ny time during 2024, did you: (a) rece | | | | | | | | | es 🔀 No |
| Assets | | nange, or otherwise dispose of a digi | | | | | (See in | Structio | ns.) | Y | es 🔼 No |
| Standard | | neone can claim: You as a de | • | | | lependent | | | | | |
| Deduction | ; | Spouse itemizes on a separate return | n or yo | u were a dual-status a | alien | | | | | | |
| Age/Blindness | You | : Were born before January 2, 1 | 960 [| Are blind Spo | ouse: [| Was born I | before J | anuary 2 | 2, 1960 | | s blind |
| Dependents | s (see | instructions): | | (2) Social security | , (| 3) Relationship | (4) Ch | eck the b | ox if qual | ifies for | (see instructions): |
| If more | | (1) First name Last name | | number to you | | to you | С | nild tax c | redit | Credit fo | or other dependents |
| than four | | | | | | | | | | | |
| dependents, see instructions | , | | | | | | | | | | |
| and check | · | | | | | | | | | | |
| here | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (se | ee instructions) | | | | | . 1a | 1 | 8,788. |
| Attach Form(s) | b | Household employee wages not re | eported | I on Form(s) W-2 | | | | | . 1k |) | |
| W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | ; | |
| attach Forms | d | Medicaid waiver payments not rep | edicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | ı | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | rom Fo | rm 2441, line 26 . | | | | | . 16 | • | |
| was withheld. | f | Employer-provided adoption bene | fits fror | m Form 8839, line 29 | | | | | . 11 | : | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 10 | 1 | |
| get a Form W-2, see | h | Other earned income (see instruction | ions) | | | | | | . <u>1</u> | 1 | 0. |
| instructions. | i | Nontaxable combat pay election (s | see inst | tructions) | | . 1i | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | . 1z | <u>:</u> | 8,788. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Taxa | able interest | | | . 2k |) | |
| if required. | 3a | Qualified dividends | 3a | | b Ordi | nary dividend | s | | . 3b |) | |
| Standard | 4a | | 4a | | | able amount . | | | . 4k |) | |
| Deduction for— | 5a | | 5a | | b Taxa | able amount . | | | . 5k |) | |
| Single or Married filing | 6a | , _ | 6a | | | able amount. | | | . 6b |) | |
| separately, | С | If you elect to use the lump-sum e | | , , | ` | , | | [| | | |
| \$14,600 Married filing | 7 | Capital gain or (loss). Attach Sched | | | - | | | L | | | |
| jointly or Qualifying | 8 | Additional income from Schedule | • | | | | | | . 8 | | 0 500 |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | • | come . | | | | . 9 | | 8,788. |
| \$29,200 • Head of | 10 | Adjustments to income from Sche | | | | | | | . 10 | | |
| household, \$21,900 | 11 | Subtract line 10 from line 9. This is | - | - | | | | | . 11 | | 8,788. |
| If you checked | 12 | Standard deduction or itemized | | • | , | | | | . 12 | | 14,600. |
| any box under Standard | 13 | Qualified business income deducti | | | | ١ | | | . 13 | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | . 14 | | 14,600. |
| COO II IOLI UULIUI IO. / | 46 | tribetroot line 1/ frame line 11 lf -or | 0 01 100 | a antar () This is w | | | | | 1 45 | - 1 | |

| Form 1040 (2024 | l) | | | | | | | | | Page 2 |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-----------------|-------------------------------|------------|----------------|-----------------|-------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | n(s): 1 881 | 4 2 4972 | 3 🗌 | | 16 | | 0. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | - | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | | 0. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | | 0. |
| | 23 | Other taxes, including self-en | | | | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | | 24 | | 0. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | |
| . aymonto | а | Form(s) W-2 | | | | 25a | 15 | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | | | | 25c | | | | |
| | d | Add lines 25a through 25c | , | | | | | 25d | | 15. |
| If you have a | 26 | 2024 estimated tax payment | | | | | | 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit | | | | 29 | 734 | | | |
| | 30 | Reserved for future use . | | • | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | 7 | | |
| | 32 | Add lines 27, 28, 29, and 31. | | | | | | 32 | | 734. |
| | 33 | | | | | | | | | 749. |
| Refund | | | | | | | 34 | | 749. | |
| neiulia | 35a | Amount of line 34 you want i | | | | | | 35a | | 749. |
| Direct deposit? | b | Routing number 1 2 3 | | | | Checking | Saving | | | <u>/4).</u> |
| See instructions. | d | Account number 1 5 3 | | | | | l Caving. | ' | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | | |
| Amount | | | | | | 00 | | | | |
| You Owe | Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | 37 | | | |
| rou owe | 38 | Estimated tax penalty (see in | _ | | | 38 | | 31 | | |
| Third Dorty | | | | | | | | | | |
| Third Party Designee | | you want to allow another structions | • | | | | Complete | e below. | X No | |
| Designee | | signee's | | Phone | | | • | ntification | | |
| | na | | | no. | | | nber (PIN | | | |
| Sign | | der penalties of perjury, I declare the | | | | | | | • | • |
| Here | be | pelief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic | | | | | ich prepar | er has any kno | owledge. | |
| | Yo | ur signature | | Date Your occupation | | | | | nt you an Ider | |
| | | | | Food Service Assistant | | | | ee inst.) | IN, enter it he | Te T |
| Joint return? See instructions. | Sn | Spouse's signature. If a joint return, both must sign. | | | | | | he IRS se | nt your spouse | e an |
| Keep a copy for | ОР | ouse's signature. If a joint return, t | our must sign. | | | | | ection PIN, en | | |
| your records. | | | | (s | | | ee inst.) | | | |
| | Ph | one no. (231)670-5493 | 3 | Email address | | | | | | |
| Doid | Pre | eparer's name | Preparer's signat | ture | | Date | PTIN | | Check if: | |
| Paid | | | | | | | | | Self-em | ployed |
| Preparer | Fir | m's name Self-Pre | epared | | | | Ph | none no. | | |
| Use Only | Fin | m's address | | | | | Fir | m's EIN | | |
| Go to www.irs.go | ov/Form | n1040 for instructions and the late | st information. | | BAA | REV 03/20/25 Intuit.cg.cfp.sp | | | Form 10 | 040 (2024) |

Form **8863**

Melina G Orlando

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Go to www.

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. 50

8679

Your social security number

33

374

CAUTION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

| Pari | Refundable American Opportunity Credit | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| 1 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 | 1 | 1,835. |
| 2 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | | |
| 3 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | | |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit | | |
| 5 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | | |
| 6 | If line 4 is: | | |
| | • Equal to or more than line 5, enter 1.000 on line 6 | | |
| | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least | 6 | 1.000 |
| | three places) | | |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; | | |
| | skip line 8, enter the amount from line 7 on line 9, and check this box | 7 | 1,835. |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and | ' | 1,033. |
| Ü | on Form 1040 or 1040-SR, line 29. Then go to line 9 below. | 8 | 734. |
| Part | | | |
| 9 | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . | 9 | 1,101. |
| 10 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | 10 | |
| 11 | Enter the smaller of line 10 or \$10,000 | 11 | |
| 12 | Multiply line 11 by 20% (0.20) | 12 | |
| 13 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | | |
| 14 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | | |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 | | |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | | |
| 17 | If line 15 is: | | |
| | • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 | | |
| | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) | 17 | |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . | 18 | |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see | | |
| | instructions) here and on Schedule 3 (Form 1040), line 3 | 19 | 0. |

Name(s) shown on return

Melina G Orlando

Your social security number
374 | 33 | 8679



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

| Par | III Student and Educational Institution Informatio | n. See instructions. | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 20 | Student name (as shown on page 1 of your tax return) Melina G | 21 Student social security number (as shown on page 1 of your tax return) | | | | |
| | Orlando | 374-33-8679 | | | | |
| _22 | Educational institution information (see instructions) Name of first educational institution | h Name of accord advectional institution (if any) | | | | |
| ē | | b. Name of second educational institution (if any) | | | | |
| | College of Eastern Idaho 1) Address. Number and street (or P.O. box). City, town or | (1) Address. Number and street (or P.O. box). City, town or | | | | |
| ' | post office, state, and ZIP code. If a foreign address, see instructions. | post office, state, and ZIP code. If a foreign address, see instructions. | | | | |
| | 1600 S 25th E | | | | | |
| | Idaho Falls ID 834045788 | | | | | |
| | 2) Did the student receive Form 1098-T from this institution for 2024? ✓ Yes ☐ No | (2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2024? | | | | |
| | 3) Did the student receive Form 1098-T from this institution for 2023 with box ☐ Yes ☒ No 7 checked? | (3) Did the student receive Form 1098-T from this institution for 2023 with box ☐ Yes ☐ No 7 checked? | | | | |
| (| 4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. | (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. | | | | |
| | 82-2124304 | | | | | |
| 23 | Has the American opportunity credit been claimed for this student for any 4 prior tax years? | Yes — Stop! Go to line 31 for this student. No — Go to line 24. | | | | |
| 24 | Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2024 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. | X Yes − Go to line 25.No − Stop! Go to line 31 for this student. | | | | |
| 25 | Did the student complete the first 4 years of postsecondary education before 2024? See instructions. | Yes − Stop! Go to line 31 for this student. No − Go to line 26. | | | | |
| 26 | Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance? | Yes — Stop! Go to line 31 for this student. No — Complete lines 27 through 30 for this student. | | | | |
| CAU | vear. If you complete lines 27 through 30 for this st | I the lifetime learning credit for the same student in the same udent, don't complete line 31. | | | | |
| | American Opportunity Credit | | | | | |
| 27 | Adjusted qualified education expenses (see instructions). Do | · · · · · · · · · · · · · · · · · · · | | | | |
| 28 | Subtract \$2,000 from line 27. If zero or less, enter -0 | | | | | |
| 29 | | | | | | |
| 30 | If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts | | | | | |
| | Lifetime Learning Credit | | | | | |
| 31 | Adjusted qualified education expenses (see instructions). | Include the total of all amounts from all | | | | |