# 2024 · IMPORTANT NUMBERS



\$74.20

\$81.00

\$384.30

\$419.30

FEDERAL INCOME TAX					
TAX RATE	MFJ	SINGLE			
10%	\$0 - \$23,200	\$0 - \$11,600			
12%	\$23,201 - \$94,300	\$11,601 – \$47,150			
22%	\$94,301 - \$201,050	\$47,151 – \$100,525			
24%	\$201,051 - \$383,900	\$100,526 - \$191,950			
32%	\$383,901 - \$487,450	\$191,951 - \$243,725			
35%	\$487,451 - \$731,200	\$243,726 - \$609,350			
37%	Over \$731,200	Over \$609,350			
ESTATES & TRUSTS					
10%	\$0 - \$3,100				
24%	\$3,101 – \$11,150				
35%	\$11,151 - \$15,200				
37%	Over \$15,200				

ALTERNATIVE MINIMUM TAX							
	MFJ	SINGLE					
EXEMPTION AMOUNT	\$133,300	\$85,700					
28% TAX RATE APPLIES TO INCOME OVER	\$232,600	\$232,600					
EXEMPT PHASEOUT THRESHOLD	\$1,218,700	\$609,350					
EXEMPTION ELIMINATION	\$1,751,900	\$952,150					

#### LONG-TERM CAPITAL GAINS TAX

Rates apply to LTCGs and qualified dividends, and are based on taxable income.

TAX RATE	0% RATE	15% RATE	20% RATE
MFJ	≤ \$94,050	\$94,051 - \$583,750	> \$583,750
SINGLE	≤ \$47,025	\$47,026 - \$518,900	> \$518,900
ESTATES/TRUSTS	≤ \$3,150	\$3,151 – \$15,450	> \$15,450

#### 3.8% NET INVESTMENT INCOME TAX

Paid on the lesser of net investment income or excess of MAGI over:

MFJ \$250,000 SINGLE \$200,000

STANDARD I	DEDUCTIO	N							
FILING STAT	US		ADDITIONAL	(AGE	65/OLD	ER OR I	BLIND)		
MFJ	\$29,20	0	MARRIED (EA	CH EL	IGIBLE S	POUSE	Ξ)	\$1,550	
SINGLE	\$14,60	0	UNMARRIED	(SING	LE, HOH	)		\$1,950	
SOCIAL SECURITY									
WAGE BASE		9	168,600		E	ARNING	GS LIM	IT	
MEDICARE			No Limit	Belo	w FRA		\$22,	320	
COLA			3.2%	Read	ching FR	:A	\$59,	520	
FULL RETIRE	MENT AG	Ē							
BIRTH YE	AR		FRA	ВІ	RTH YE	AR		FRA	
1943-54	4		66		1958		6	66 + 8mo	
1955		6	66 + 2mo		1959	1959 66 + 10m		6 + 10mo	
1956		6	66 + 4mo		1960+			67	
1957		6	66 + 6mo						
PROVISIONAL INCOME			М	FJ	SINGLE		GLE		
0% TAXABLE			< \$32,000				< \$2	5,000	
50% TAXABL	.E		\$32,000 -	- \$44,0	00	\$2	25,000	- \$34,000	
85% TAXABL	.E		> \$44,000				> \$3	4,000	
MEDICARE P	REMIUMS	& IR	MAA SURCHA	RGE					
PART B PREM	MUIM		\$174.70						
PART A PREM	MUIM		Less than 30 Credits: \$50		ts: \$505	30 – 39 Credits: \$2		redits: \$278	
YOUR 20	22 MAGI I	NCC	ME WAS:		IRM	IAA SUI	RCHAR	GE:	
MFJ SINGLE			PART B			PART D			
\$206,000 or	less	\$	103,000 or less	5	-			-	
\$206,001 - \$	258,000	\$	5103,001 - \$129,000		\$69.90			\$12.90	
\$258,001 - \$	322,000	\$	129,001 - \$161	.001 - \$161,000 \$174.70 \$33.30		\$33.30			
\$322,001 - \$	- \$386,000 \$161,001 - \$19		161,001 – \$193	3,000	\$279.50		\$53.80		
			, ,						

\$193,001 - \$499,999

\$500,000 or more

\$386,001 - \$749,999

\$750,000 or more

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RETIREMENT PLANS						
ELECTIVE DEFERRALS (401	(K), 403	(B), 457)				
Contribution Limit				\$23,000		
Catch Up (Age 50+)				\$7,500		
403(b) Additional Catch Up	(15+ Ye	ears of Service)		\$3,000		
DEFINED CONTRIBUTION	PLAN					
Limit Per Participant				\$69,000		
DEFINED BENEFIT PLAN						
Maximum Annual Benefit				\$275,000		
SIMPLE IRA						
Contribution Limit		\$16,000 (\$17,600, if e	ligible for	10% increase)		
Catch Up (Age 50+)		\$3,500 (\$3,850, if elig	ible for 10	% increase)		
SEP IRA						
Maximum % of Comp (Adj.	Net Ear	rnings If Self-Employed	d)	25%		
Contribution Limit				\$69,000		
Minimum Compensation			\$750			
TRADITIONAL IRA & ROTH	IRA CO	NTRIBUTIONS				
Total Contribution Limit			\$7,000			
Catch Up (Age 50+)			\$1,000			
ROTH IRA ELIGIBILITY						
SINGLE MAGI PHASEOUT			\$146,00	0 – \$161,000		
MFJ MAGI PHASEOUT			\$230,00	0 - \$240,000		
TRADITIONAL IRA DEDUCT	<b>FIBILITY</b>	(IF COVERED BY WOR	K PLAN)			
SINGLE MAGI PHASEOUT			\$77,000	- \$87,000		
MFJ MAGI PHASEOUT			\$123,00	0 - \$143,000		
MFJ (IF ONLY SPOUSE IS C	0 - \$240,000					
EDUCATION TAX CREDIT II	NCENTI	VES				
	AMER	ICAN OPPORTUNITY	LIFETIM	E LEARNING		
AMOUNT OF CREDIT	100% of first \$2,000, 25% of next \$2,000 20% of first \$10,00			irst \$10,000		
<b>SINGLE MAGI PHASEOUT</b> \$80,000 - \$90,000 \$8				\$80,000 - \$90,000		
<b>MFJ MAGI PHASEOUT</b> \$160,000 – \$180,000			\$160,000 - \$180,000			

#### UNIFORM LIFETIME TABLE (RMD)

Used to calculate RMD for account owners who have reached their RBD or who have elected to be treated as their deceased spouse (if applicable). Not to be used when spousal beneficiary is more than 10 years younger.

10 years younger.							
AGE	FACTOR	AGE	FACTOR				
73	26.5	89	12.9				
74	25.5	90	12.2				
75	24.6	91	11.5				
76	23.7	92	10.8				
77	22.9	93	10.1				
78	22.0	94	9.5				
79	21.1	95	8.9				
80	20.2	96	8.4				
81	19.4	97	7.8				
82	18.5	98	7.3				
83	17.7	99	6.8				
84	16.8	100	6.4				
85	16.0	101	6.0				
86	15.2	102	5.6				
87	14.4	103	5.2				
88	13.7						

#### SINGLE LIFETIME TABLE (RMD)

Used to calculate RMD for certain beneficiaries of inherited accounts. This is an abbreviated version.

AGE	SINGLE	AGE	SINGLE	AGE	SINGLE
25	60.2	43	42.9	61	26.2
26	59.2	44	41.9	62	25.4
27	58.2	45	41.0	63	24.5
28	57.3	46	40.0	64	23.7
29	56.3	47	39.0	65	22.9
30	55.3	48	38.1	66	22.0
31	54.4	49	37.1	67	21.2
32	53.4	50	36.2	68	20.4
33	52.5	51	35.3	69	19.6
34	51.5	52	34.3	70	18.8
35	50.5	53	33.4	71	18.0
36	49.6	54	32.5	72	17.2
37	48.6	55	31.6	73	16.4
38	47.7	56	30.6	74	15.6
39	46.7	57	29.8	75	14.8
40	45.7	58	28.9	76	14.1
41	44.8	59	28.0	77	13.3
42	43.8	60	27.1	78	12.6

<b>ES</b> T	ΓAT	E٤	GIF	T TAX	

 LIFETIME EXEMPTION
 TAX RATE
 GIFT TAX ANNUAL EXCLUSION

 \$13,610,000
 40%
 \$18,000

#### **HEALTH SAVINGS ACCOUNT**

COVERAGE	CONTRIBUTION	MINIMUM ANNUAL DEDUCTIBLE	MAX. OUT-OF-POCKET EXPENSE		
INDIVIDUAL	\$4,150	\$1,600	\$8,050		
FAMILY	\$8,300	\$3,200	\$16,100		
AGE 55+ CATCH UP	\$1,000	-	-		

#### **SCHEDULE A** (Form 1040)

Department of the Treasury

### **Itemized Deductions**

Attach to Form 1040 or 1040-SR.

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

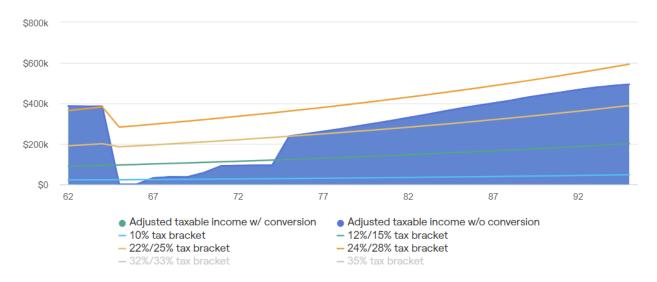
OMB No. 1545-0074

Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. Name(s) shown on Form 1040 or 1040-SR

Your social security number

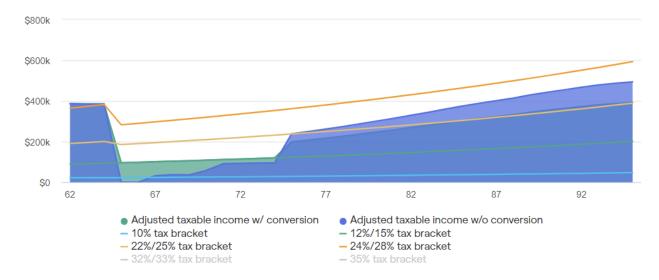
Medical		Caution: Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)			
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2			
Expenses	3	Multiply line 2 by 7.5% (0.075)			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		4	
Taxes You	5	State and local taxes.			
Paid	á	State and local income taxes or general sales taxes. You may include			
		either income taxes or general sales taxes on line 5a, but not both. If			
		you elect to include general sales taxes instead of income taxes,			
		check this box			
		State and local real estate taxes (see instructions)			
		State and local personal property taxes			
		1 Add lines 5a through 5c			
	6	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing			
		separately)			
	6	Other taxes. List type and amount:			
	_	[6]			
		Add lines 5e and 6		7	< or = \$10,000
Interest	8	Home mortgage interest and points. If you didn't use all of your home			
You Paid		mortgage loan(s) to buy, build, or improve your home, see			
Caution: Your mortgage interest		instructions and check this box			
deduction may be	â	Home mortgage interest and points reported to you on Form 1098.			
limited. See instructions.		See instructions if limited		-	
	k	Home mortgage interest not reported to you on Form 1098. See			
		instructions if limited. If paid to the person from whom you bought the			
		home, see instructions and show that person's name, identifying no., and address			
		and address		1	
	(	Points not reported to you on Form 1098. See instructions for special			
		rules			
	C	Reserved for future use			
	•	e Add lines 8a through 8c			
	9	Investment interest. Attach Form 4952 if required. See instructions			
	10	Add lines 8e and 9		10	\$xxx
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see			_
Charity		instructions			
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,			
got a benefit for it,		see instructions. You <b>must</b> attach Form 8283 if over \$500 <b>12</b>		-	
see instructions.		Carryover from prior year			
		Add lines 11 through 13		14	\$xxx
Casualty and	15		·		
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 18 of		4 =	
	40	instructions		15	
Other	16	Other—from list in instructions. List type and amount:			
Itemized Deductions				40	
		Add the control of the fee fell and the fell and the fee fell and the fel	. 10:25	16	
Total	1/	Add the amounts in the far right column for lines 4 through 16. Also, enter		17	
Itemized Deductions	1Ω	Form 1040 or 1040-SR, line 12		17	
Deductions	10	check this box			

#### Common physician retirement tax forecast



#### Proposed strategy = \$1,306,088 higher tax adjusted ending portfolio value!

Which tax bracket to fill? Ordinary income, capital gain, or Medicare.





Part of the WI Medical Society
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