

Drafts of the New 2025 Return Form 1040 Released

TREASURY/IRS AND OMB USE ONLY DRAFT

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Form 1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2025

OMB No. 1545-0074

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

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning, 2025, ending, 20

See separate instructions.

☐ Filed pursuant to section 301.9100-2

☐ Combat zone

☐ Deceased MM / DD / YYYY

Spouse MM / DD / YYYY

☐ Other

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.

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

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

State

ZIP code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

Check only one box.

☐ Single

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

☐ 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): _____

☐ Head of household (HOH)

☐ Qualifying surviving spouse (QSS)

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . ☐ Yes ☐ No

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Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled
(7) Credits	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents
<input type="checkbox"/> Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.				

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.

If you did not
get a Form
W-2, see
instructions.

Attach Sch. B
if required.

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 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount:	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
c	Check if your child's dividends are included in <input type="checkbox"/> Line 3a <input type="checkbox"/> Line 3b	2b	Taxable interest
4a	IRA distributions	3b	Ordinary dividends
c	Check if (see instructions) <input type="checkbox"/> Rollover <input checked="" type="checkbox"/> QCD		
5a	Pensions and annuities	4b	Taxable amount
c	Check if (see instructions) <input type="checkbox"/> Rollover <input type="checkbox"/> PSO <input type="checkbox"/>		
6a	Social security benefits	5b	Taxable amount
c	If you elect to use the lump-sum election method, check here (see instructions)		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here	6b	Taxable amount
7a	Capital gain or (loss). Attach Schedule D if required		
b	Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)	7a	
8	Additional income from Schedule 1, line 10		
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	8	
10	Adjustments to income from Schedule 1, line 26	9	
11a	Subtract line 10 from line 9. This is your adjusted gross income	10	
		11a	

TREASURY/IRS AND OMB USE ONLY DRAFT

Form 1040 (2025)

Page **2**

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	
	12a	Someone can claim <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent		
	b	<input type="checkbox"/> Spouse itemizes on a separate return	c	<input type="checkbox"/> You were a dual-status alien
	d You:	<input type="checkbox"/> Were born before January 2, 1961	<input type="checkbox"/> Are blind	
	Spouse:	<input type="checkbox"/> Was born before January 2, 1961	<input type="checkbox"/> Is blind	
	e	Standard deduction or itemized deductions (from Schedule A)	12e	
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	
Standard deduction for— • Single or Married filing separately, \$15,750 • Married filing jointly or Qualifying surviving spouse, \$31,500 • Head of household, \$23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	

Payments and Refundable Credits	25	Federal income tax withheld from:	
	a	Form(s) W-2	25a
	b	Form(s) 1099	25b
	c	Other forms (see instructions)	25c
	d	Add lines 25a through 25c	25d
	26	2025 estimated tax payments and amount applied from 2024 return	26
		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):	
	27a	Earned income credit (EIC)	27a
	b	Clergy filing Schedule SE (see instructions)	
	c	If you do not want to claim the EIC, check here	
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	

If you have a qualifying child, you may need to attach Sch. EIC.

Form 1040 Schedule A

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Taxes You Paid	5	State and local taxes (SALT).			
	a	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 <input type="checkbox"/>	5a		
	b	State and local real estate taxes (see instructions)	5b		
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d		
	e	Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions	5e		
	6	Other taxes. List type and amount: 	6		
7	Add lines 5e and 6	7			

Before you begin: ✓ If the amount on Schedule A, line 5d is \$10,000 (\$5,000 if married filing separately) or less, enter the amount from Schedule A, line 5d on Schedule A, line 5e. You don't have to complete this worksheet.

1.	Is the amount on Schedule A, line 5d more than \$10,000 (\$5,000 if married filing separately)?	
<input type="checkbox"/> No.	Your deduction isn't limited. Enter the amount from Schedule A, line 5d on Schedule A, line 5e. Don't complete the rest of this worksheet.	
<input type="checkbox"/> Yes.	Enter \$40,000	1. <input type="text"/>
2.	Enter the amount from Form 1040 or 1040-SR, line 11b	2. <input type="text"/>
3a.	Enter any income from Puerto Rico that you excluded	3a. <input type="text"/>
b.	Enter the amount from Form 2555, line 45	3b. <input type="text"/>
c.	Enter the amount from Form 2555, line 50	3c. <input type="text"/>
d.	Enter the amount from Form 4563, line 15	3d. <input type="text"/>
e.	Add lines 3a through 3d	3e. <input type="text"/>
4.	Add lines 2 and 3e	4. <input type="text"/>
5.	Enter \$500,000 (\$250,000 if married filing separately)	5. <input type="text"/>
6.	Is the amount on line 4 more than the amount on line 5?	
<input type="checkbox"/> No.	Skip lines 7 and 8 and enter the amount from line 1 on line 9.	
<input type="checkbox"/> Yes.	Subtract line 5 from line 4	6. <input type="text"/>
7.	Multiply line 6 by 30% (0.30)	7. <input type="text"/>
8.	Subtract line 7 from line 1	8. <input type="text"/>
9.	Enter the larger of the amount on line 8 or \$10,000	9. <input type="text"/>
10.	State and local tax deduction. Enter the smaller of the amount on line 9 (half the amount on line 9 if married filing separately) or the amount from Schedule A, line 5d here and on Schedule A, line 5e	10. <input type="text"/>

Form 1040 Schedule 1A

TREASURY/IRS AND OMB USE ONLY DRAFT

SCHEDULE 1-A (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Deductions

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **1A**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b	1	
2a	Enter any income from Puerto Rico that you excluded	2a	
b	Enter the amount from Form 2555, line 45	2b	
c	Enter the amount from Form 2555, line 50	2c	
d	Enter the amount from Form 4563, line 15	2d	
e	Add lines 2a, 2b, 2c, and 2d	2e	
3	Add lines 1 and 2e	3	

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee.		
a	If Form W-2, box 5, is \$176,100 or less, enter qualified tips included in Form W-2, box 7. Otherwise, see instructions	4a	
b	Qualified tips included on Form 4137, line 1(c). If Form 4137 is not filed, enter -0-	4b	
c	If you only received qualified tips from one employer, enter the larger of line 4a or line 4b. Otherwise, see instructions	4c	
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business, see instructions	5	
6	Add lines 4c and 5	6	
7	Enter the smaller of the amount on line 6 or \$25,000	7	
8	Enter the amount from line 3	8	
9	Enter \$150,000 (\$300,000 if married filing jointly)	9	
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13	10	
11	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	11	
12	Multiply line 11 by \$100	12	
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-	13	

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Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included on Form W-2, box 1 (see instructions)	14a		
b	Qualified overtime compensation included on Form 1099-NEC, box 1 or Form 1099-MISC, box 3 (see instructions)	14b		
c	Add lines 14a and 14b	14c		
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)	15		
16	Enter the amount from line 3	16		
17	Enter \$150,000 (\$300,000 if married filing jointly)	17		
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21	18		
19	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	19		
20	Multiply line 19 by \$100	20		
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-	21		

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you paid or accrued qualified passenger vehicle loan interest. See instructions to learn more about what is an applicable passenger vehicle.

22	Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.	Interest for this loan:	
	(i) Vehicle identification number (VIN)	(ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
a	<input type="text"/>		
b	<input type="text"/>		
23	Add lines 22a and 22b, column (iii)	23	
24	Enter the smaller of the amount on line 23 or \$10,000	24	
25	Enter the amount from line 3	25	
26	Enter \$100,000 (\$200,000 if married filing jointly)	26	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	27	
28	Divide line 27 by \$1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	28	
29	Multiply line 28 by \$200	29	
30	Qualified car loan interest deduction. Subtract line 29 from line 24. If zero or less, enter -0-	30	

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Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	31	
32	Enter \$75,000 (\$150,000 if married filing jointly)	32	
33	Subtract line 32 from line 31. If zero or less, enter \$6,000 on line 35	33	
34	Multiply line 33 by 6% (0.06)	34	
35	Subtract line 34 from \$6,000. If zero or less, enter -0-	35	
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	36a	
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	36b	
37	Enhanced deduction for seniors. Add lines 36a and 36b	37	

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	38	
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Schedule 1-A (Form 1040) 2025

Form 1040X Draft December 2025

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Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.		A. Original amount reported or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part II	C. Correct amount
You must complete Part II on page 2 and explain any changes.				
Income and Deductions				
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	1		
2	Itemized deductions or standard deduction	2		
3	Subtract line 2 from line 1	3		
4a	Qualified business income deduction	4a		
b	Deductions for tips, overtime, car loan interest, and seniors from Schedule 1-A (Form 1040). Attach your Schedule 1-A	4b		
5	Taxable income. Subtract the total of lines 4a and 4b from line 3. If the result for column C is zero or less, enter -0- in column C	5		



Dependents (see instructions)		Dependent 1		Dependent 2		Dependent 3		Dependent 4	
If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name								
	(2) Last name								
	(3) SSN								
	(4) Relationship								
	(5) Check if lived with you more than half of return year entered at top of page 1	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.		(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.		(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.		(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	
(6) Check if	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Permanently and totally disabled	
(7) Credits	<input type="checkbox"/> Child tax credit	<input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit	<input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit	<input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit	<input type="checkbox"/> Credit for other dependents	

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of return year entered at top of page 1, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of return year entered at top of page 1.