

Note: The draft you are looking for begins on the next page.

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Most forms and publications have a page on IRS.gov: IRS.gov/Form1040 for Form 1040; IRS.gov/Pub501 for Pub. 501; IRS.gov/W4 for Form W-4; and IRS.gov/ScheduleA for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

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TREASURY/IRS AND OMB USE ONLY DRAFT 1040 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return 2025 OMB No. 1545-0074 IRS Use Only-Do

2025

												•		•		
For the year Jan.	1-Dec.	31, 2025,	or other tax year	beginning			, 202	5, endin	g		, 2	0	See se	oarate inst	tructions.	
Filed pursuant to	o secti	on 301.9100	0-2 Combat z	zone					Dece	eased	MM / DD / `	YYYY	Spouse N	1M / DD	/ YYYY	
Other																
Your first name ar	nd mid	ldle initial			Last name							Your social security number				
If joint return, spouse's first name and middle initial						Last name						Spouse's social security numbe			y number	
Home address (nu	i). If you have a P	ctions.					Apt. no.	spo	eck here if you ouse's if filing a	i joint return	, was in					
City, town, or post office. If you have a foreign address, also complete spaces below.								State	ZIP code				the U.S. for more than half of 2025. Presidential Election Campaign Check here if you, or your spouse			
												if fi	ling jointly, v	vant \$3 to	go to	
Foreign country n	ame			Fo	oreign	province/state/county Fore					n postal code	this fund. Checking a box below will not change your tax or refund You Spouse			or refund.	
Filing Status		Single							Head of ho		, ,					
Check only			iling jointly (eve	•		,					riving spouse (QSS)					
one box.	Married filing separately (MFS). Enter spouse's SSN above and full name here: If you checked the HOH or QS if the qualifying person is a chil															
		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):												their		
Digital Assets	At a	any time	during 2025, d	id you: (a) r	receiv	re (as a rewar	d, award,									
——————————————————————————————————————	exc	hange, o	r otherwise dis		igital	,		erest in	1 -		1	ions				
Dependents	(4) 5:		Depe	ndent 1		Depe	endent 2		De	epend	ent 3		Depe	endent 4		
(see instructions)		rst name														
If more	(2) Last name						-,				:	 				
than four dependents,	(3) SS															
see instructions	• •	elationship	, , , , , , , , , , , , , , , , , , ,						<i>(</i>), □ ,	,			, D,			
and check	(5) Check if lived with you more		(a) 100		(a) Yes		`	res		(a) Yes			_			
here \square		nalf of 2025	(b) And	in the U.S.	onthy	(b) And	I in the U.S	anently	(b) /		the U.S. Permanently	_	(b) And And Full-time	in the U.S	nanently	
	(6) Check if		student	and tota disabled	ally [*]	student	and t	otally oled	student		and totally disabled				totally bled	
	(7) Credits		Child tax credit	Credit for other depend	ents	Child tax credit		ndents	Child ta credit		Credit for other dependents	ndents cr		Child tax credit for other depender		
	_ s	separated	our filing statu I according to same househo	your state la	aw ur	nder a written	separatio									
Income	1a		nount from For		•								1a			
Attach Form(s)	b		old employee	. ,		•	,						1b			
W-2 here. Also	С	Tip inco	me not reporte	not reported on line 1a (see instructions)							1c					
attach Forms W-2G and	d	Medicai	id waiver paym	ents not re	ot reported on Form(s) W-2 (see instructions)								1d			
1099-R if tax	е	Taxable	dependent ca	dent care benefits from Form 2441, line 26								1e				
was withheld. If you did not	f	f Employer-provided adoption benefits from Form 8839, line 31									1f					
get a Form	g	Wages	from Form 891	9, line 6 .									1g			
W-2, see instructions.	h	Other ea	arned income (see instruc	tions)	. Enter type a	nd amou	nt:					1h			
	i	Nontaxa	able combat pa	ay election	(see i	nstructions)			1	li						
	z	Add line	es 1a through 1	h	٠.								1z			
Attach Sch. B	2a	Tax-exe	empt interest .		2a			b Tax	kable interes	st			2b			
if required.	3a		d dividends .		3a			b Ord	dinary divide	ends			3b			
	С	Check if	your child's div	idends are ir	nclude	edin 1 🗌 L	ine 3a	2	Line 3b)						
	4a		ributions		4a				kable amoui	nt .	· <u>·</u> · ·		4b			
	С		f (see instruction	1	- 1	1 ∐ R	Rollover		QCD		3 ∐					
	5a		ns and annuitie		5a				kable amoui				5b			
	С		f (see instruction	1		1 ∐ R	lollover		☐ PSO		3 ∐					
	6a		ecurity benefit	-	6a							Ė	6b			
	С		lect to use the									님				
	d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here								7.						
	7a Capital gain or (loss). Attach Schedule D if required									/a						
	b Check if: Schedule D not required Includes child's capital gain or (loss) 8 Additional income from Schedule 1, line 10								′ ——							
	10 Adjustments to income from Schedule 1, line 26									10 11a						
	114	SUPITAL	THICK TO HOLL I	IIIC J. IIIIS I	IS VUL	a aulusteu or	USS IIICO	1110					113			

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Form 1040 (2025	i)										Page 2
Tax and	11b	Amount from line 11a (adjuste	d gross incom	e)					11b		
Credits	12a	Someone can claim Y	ou as a depen	dent 🗌 Yo	our spouse as a d	epende	nt				
	b	☐ Spouse itemizes on a sepa	rate return	c 🗌 Yo	ou were a dual-sta	atus alie	en				
	d	You: Were born before	re January 2, 1	961	Are blind						
Standard		Spouse: Was born before	e January 2, 19	961	Is blind						
deduction for—	е	Standard deduction or itemiz	zed deduction	ns (from Sched	dule A)			[12e		
Single or Married filips	13a	Qualified business income ded	duction from F	orm 8995 or F	orm 8995-A			[13a		
Married filing separately,	b	Additional deductions from Sc	hedule 1-A, lir	ne 38				[13b		
\$15,750	14	Add lines 12e, 13a, and 13b						[14		
 Married filing jointly or 	15	Subtract line 14 from line 11b.	If zero or less,	enter -0 This	is your taxable in	come		[15		
Qualifying surviving	16	Tax (see instructions). Check it	f any from For	rm(s): 1	8814 2 4	972	з 🗌		16		
spouse,	17	Amount from Schedule 2, line	3					[17		
\$31,500 • Head of	18	Add lines 16 and 17						[18		
household,	19	Child tax credit or credit for ot	her dependen	ts from Sched	ule 8812			[19		
\$23,625 • If you checked	20	Amount from Schedule 3, line	8					[20		
a box on line	21	Add lines 19 and 20						[21		
12a, 12b, 12c, or 12d, see inst.	22	Subtract line 21 from line 18. I	22								
Or 12u, see Irist.	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			[23		
	24	Add lines 22 and 23. This is yo	our total tax						24		
Payments	25	Federal income tax withheld fr	om:								
and	а	Form(s) W-2				25a					
Refundable Credits	b	Form(s) 1099				25b					
Greuns	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .							25d		
	26	2025 estimated tax payments	and amount a	pplied from 20	024 return				26		
		If you made estimated tax p									
If you have a qualifying child,		enter their SSN (see instructio									
you may need to	27a	Earned income credit (EIC) .				27a					
attach Sch. EIC.	b	Clergy filing Schedule SE (see									
	С	If you do not want to claim the	EIC, check he	ere				. 🗀			
	28	Additional child tax credit (AC									
		to claim the ACTC, check here				28					
	29	American opportunity credit fr				29					
	30	Refundable adoption credit from	om Form 8839	, line 13 .		30					
	31	Amount from Schedule 3, line									
	32	Add lines 27a, 28, 29, 30, and	s .	32							
	33	Add lines 25d, 26, and 32. The							33		
Refund	34	If line 33 is more than line 24,				•	verpaid	. :	34		
D:	35a	Amount of line 34 you want re	funded to you	J. If Form 8888	·		 	. 🗀	35a		
Direct deposit? See instructions.	b	Routing number			c Type: ∐	Checki	ing ∐ Sa ⊧	vings			
	d	Account number		0000							
A	36	Amount of line 34 you want ap	•			36					
Amount You Owe	37	Subtract line 33 from line 24. The For details on how to pay, go							37		
TOU OWG	38	Estimated tax penalty (see ins				38			31		
Third Dorty		ou want to allow another persor					Yes	. Comp	lete be	low [No
Third Party Designee	DO y	ou want to allow another person	. Comp	icto boi		, 110					
Doolgiloo	Desig name	nee's		Phone no.			Persona number	al identific	cation		
Cian			have examined t		ccompanying schedu	ules and		<u> </u>	hest of	ny knowledo	ne and
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which put they are true, correct, and complete.									
пете	Your s	Your signature Date Your occupation If							IRS sent	you an Ider	ntity
		Prot								I, enter it he	re
laint raturn?							(see ir				
Joint return? See instructions.	Spous	se's signature. If a joint return, both	must sign.	Date Spouse's occupation						your spouse tion PIN, en	
Keep a copy for your records.									ist.)	MOITT IIV, GIT	ter it nere
your records.	Phone	Phone no. Email address									
Paid		rer's name	Preparer's signature Date					PTIN		Check if:	
Preparer	•						Self-e	employed			
Use Only	Firm's	Firm's name Phone								1	
	Firm's	Firm's address Firm's E									
Go to www ire	aov/F	orm1040 for instructions and the	a latest inform	ation						Form 104	0 (2025)