

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**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: _____ 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:

 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): _____**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**Dependents**

(see instructions)

If more than four dependents, see instructions and check here . . .

	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

 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 1 <input type="checkbox"/> Line 3a	b
4a	IRA distributions	4a
c	Check if (see instructions)	2 <input type="checkbox"/> Line 3b
5a	Pensions and annuities	5a
c	Check if (see instructions)	2 <input type="checkbox"/> QCD 3 <input type="checkbox"/> Line 3b
6a	Social security benefits	6a
c	If you elect to use the lump-sum election method, check here (see instructions)	b
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here <input type="checkbox"/>	Taxable amount
7a	Capital gain or (loss). Attach Schedule D if required	7a
b	Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)	8
8	Additional income from Schedule 1, line 10	9
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	10
10	Adjustments to income from Schedule 1, line 26	11a
11a	Subtract line 10 from line 9. This is your adjusted gross income	

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 <input type="checkbox"/> You were a dual-status alien c <input type="checkbox"/> Were born before January 2, 1961 <input type="checkbox"/> Are blind d <input type="checkbox"/> You: <input type="checkbox"/> Were born before January 2, 1961 <input type="checkbox"/> Is blind Spouse: <input type="checkbox"/> Was born before January 2, 1961 <input type="checkbox"/>	
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
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 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c	25a
26	2025 estimated tax payments and amount applied from 2024 return If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____	26
27a	Earned income credit (EIC) b Clergy filing Schedule SE (see instructions) c If you do not want to claim the EIC, check here <input type="checkbox"/>	27a
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here <input type="checkbox"/>	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

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a
b	Routing number: _____	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number: _____	
36	Amount of line 34 you want applied to your 2026 estimated tax	36

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37
38	Estimated tax penalty (see instructions)	38

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name	Phone no.	Personal identification number (PIN)	

Sign Here

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return?
See instructions.
Keep a copy for your records.

Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
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Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN