

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. <input type="checkbox"/> |
| City, town, or post office. If you have a foreign address, also complete spaces below. | | State | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

Filing Status

☐ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

☐ 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): _____

Check only one box.

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

| 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 |

☐ 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 | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a |
| 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. | 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 |
| | Attach Sch. B if required. | 2a Tax-exempt interest |
| 3a Qualified dividends | | 3a |
| c Check if your child's dividends are included in 1 <input type="checkbox"/> Line 3a 2 <input type="checkbox"/> Line 3b | | 2 |
| 4a IRA distributions | | 4a |
| c Check if (see instructions) 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> QCD 3 <input type="checkbox"/> | | 2 |
| 5a Pensions and annuities | | 5a |
| c Check if (see instructions) 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> PSO 3 <input type="checkbox"/> | | 2 |
| 6a Social security benefits | | 6a |
| c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | | 6b |
| d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here <input type="checkbox"/> | | 7a |
| 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 | 8 | |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income | 9 | |
| 10 Adjustments to income from Schedule 1, line 26 | 10 | |
| 11a Subtract line 10 from line 9. This is your adjusted gross income | 11a | |