

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**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"/> _____
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 <b>total income</b>	10
10	Adjustments to income from Schedule 1, line 26	11a
11a	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	