

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

Mailing 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

Foreign country name

Foreign province/state/county

Foreign postal code

**IMPORTANT
PLEASE PROVIDE
CURRENT
MAILING ADDRESS****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

(see instructions)

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

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

If you did not get these Forms, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2 / W-2GU, 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 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 d <input type="checkbox"/> 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				
Standard deduction for—	e Standard deduction or itemized deductions (from Schedule A)	12e			
	13a Qualified business income deduction from Form 8995 or Form 8995-A b Additional deductions from Schedule 1-A, line 38 14 Add lines 12e, 13a, and 13b 15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	13a 13b 14 15			
Payments and Refundable Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ 17 Amount from Schedule 2, line 3 18 Add lines 16 and 17 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 24 Add lines 22 and 23. This is your total tax	16 17 18 19 20 21 22 23 24			
	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 25b 25c 25d			
If you have a qualifying child, you may need to attach Sch. EIC.	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"/> 28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here <input type="checkbox"/> 29 American opportunity credit from Form 8863, line 8 30 Refundable adoption credit from Form 8839, line 13 31 Amount from Schedule 3, line 15 32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments	27a 28 29 30 31 32 33			
Refund Direct deposit? See instructions.	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> b Routing number: _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number: _____	34 35a			
	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 38 Estimated tax penalty (see instructions)	37			
	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				
Third Party Designee	Designee's name _____	Phone no. _____	Personal identification number (PIN) _____		
	Your signature _____ Date _____ Your occupation _____ Phone Number _____				
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	Phone Number _____	
	Phone no. _____	Email address _____			
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 _____	