

I. Introduction.

- A. Course Outline.
- B. Course Objectives.

II. Items of Gross Income (“GI”).

A. Items of GI Subject to Income Tax.

1. **General Rule: Internal Revenue Code Section (“IRCS”) 61**- Except as otherwise provided in the Internal Revenue Code (“IRC”), gross income includes all income from whatever source derived (i.e. Compensation, Business Income, Gain from sale of Property, Interest, Rents, Royalties, Dividends, Annuities, Pensions, Discharge Of Indebtedness, Distributive Share of Partnership Income, Income in Respect of a Decedent (“IRD”), Income from an Estate/Trust).
2. *Items of GI Subject to Favorable Income Tax Rules.*
 - i. **Social Security (“SS”)**: IRCS 86. In determining the taxable portion of SS benefits, the IRS uses **Combined Income (“CI”)** (CI equals the **sum of (A) Adjusted Gross Income (“AGI”) determined without regard to SS benefits and certain IRC Sections (Generally, Line 11b of Form 1040 without SS benefits), PLUS (B) nontaxable interest and ½ of SS benefits**).

a. *Single Filers.*

1. CI \$25,000 or less: All Nontaxable.
2. CI over \$25,000 to \$34,000: 50% of the portion of CI exceeding \$25,000 is taxable; however, the total taxable portion of SS benefits cannot exceed 50% of SS benefits.
3. CI over \$34,000: The lesser of (I) the sum of 85% of CI over \$34,000 PLUS the lesser of (A) the amount determined under paragraph a.2. or (B) \$4,500 or (II) 85% of SS benefits.

b. *Married Filing Jointly.*

1. CI \$32,000 or less: All Nontaxable.
2. CI over \$32,000 to \$44,000: 50% of the portion of CI exceeding \$32,000 is taxable; however, the total taxable portion of SS benefits cannot exceed 50% of SS benefits.
3. CI over \$44,000: The lesser of (I) the sum of 85% of CI over \$44,000 plus the lesser of (A) the amount determined under

paragraph b.2. or \$6,000 or (II) 85% of SS benefits.

- c. **State Income Taxation of SS Benefits.** In 2026, only 8 States (Colorado, Connecticut, Minnesota, Montana, New Mexico, Rhode Island, Utah, and Vermont) still tax some SS benefits (usually above income thresholds).

- ii. **Long Term Capital Gains (“LTCG”) & Qualifying Dividends (“QD”).**

- a. LTCG and QD Defined.

- 1. LTCG. A capital gain or loss results from the sale of a capital asset (i.e., stocks, bonds, mutual funds, and real estate). Gains from the sale of **capital assets held for more than one year (i.e., LT) are taxed at preferential rates.**
- 2. *Holding Period and Income Tax Basis of LTCG Assets.* **The holding period and income tax basis for purchased property:** the holding period of such property starts from the date following the day the property was acquired (i.e., the trade date) and its income tax basis equals the purchase price. **The holding**

period and income tax basis of property

acquired by gift: the holding period of such property equals the length of time the property was held by both the donee and the donor; and its income tax basis will equal the donor's adjusted basis (i.e., carryover basis). **The holding period and income tax basis for property acquired**

by death: the holding period of such property is automatically long-term, and its basis will equal the fair market value ("FMV") of such property at the time of death.

3. **QD.** QDs are paid by US Corporations, entities incorporated in US possession and certain foreign corporations to common and preferred shareholders provided such shareholders own their stock for certain period.

b. LTCG and QD Tax Rates (CY2026).

Income Tax Rates

<u>Filing Status</u>		<u>0%</u>	<u>15%</u>	<u>20%</u>
Married Joint	TI*	0- \$98,900	Over \$98,900 to \$613,700	Over \$613,700
Single	TI*	0- \$49,450	Over \$49,450 to \$545,500	Over \$545,500

*TI=Taxable Income

3.Items of Gross Income Exempt from Income Tax.

i. Certain Military and Government Disability Pensions. (See IRS Publication 525 and IRCS 104(a)(4)).

ii. Workers Compensation paid under the workers compensation act or similar law for an occupational sickness or injury. (See IRCS 104).

iii. Amounts received under a Long-Term Insurance Contract (other than policyholder dividends or premium refunds) are excludable in most cases from income as amounts received for personal injury or sickness. A long-term insurance contract is a guaranteed renewable insurance contract that only provides coverage for qualified long-term care services (i.e., necessary diagnostic, preventive, therapeutic, treating, mitigating, rehabilitative, maintenance and personal care services prescribed by a licensed health care provider who certifies applicant is (A) chronologically ill (i.e., cannot do at least 2 activities of

daily living for at least 90 days (or requires heavy supervision due to severe memory loss or brain impairment) and (B) requires a prescribed plan of care. (See IRCS 7702B and 104(a)(3)).

- iv. Compensatory (not punitive) damages received on account of physical injury/sickness. (See IRCS 104).
- v. Compensation for permanent loss, or loss of use of a part or function of your body, or for permanent disfigurement. (See IRCS 104).
- vi. Life Insurance Proceeds unless there was a violation of the Transfer for Value Rule. (See IRCS 101).
- vii. Gifts and Inheritances other than Income in Respect of a Decedent (“IRD”). (See IRCS 102 and 691).
- viii. Supplemental Security Income (SSI Benefits). (See IRS Publication 915). SSI is not reported on the taxpayer’s Form 1040.
- ix. ABLE Account distributions are completely tax-free if the money is used to pay for qualified disability expenses such as housing, education, transportation, employment training, or medical care of applicants. (See IRCS 529A and IRS Publication 907).
- x. Accelerated Death Benefits are generally excluded from GI if the insured is terminally ill (physician certifies person’s condition can reasonably be expected to result in death within 24 months of certification) or chronically ill (unable to perform at least 2 activities of daily living for a period of at least 90 days or person requires

substantial supervision to protect themselves from threats to health and safety due to severe cognitive impairment). (See Publication 554 and IRCS 101(g)).

4. *Partial/Total Exclusion of Gain on Sale of Principal Residence (IRCS 121).*

i. *General Rule.* Generally up to \$250,000(Single)/\$500,000(Married filing Joint) of the gain (other than gain allocated to periods of nonqualified use) on the sale of a principal residence can be excluded from GI if: (I) applicant married, applicant files a joint return for the year, (II) the **taxpayer (and/or spouse if married) owned the residence for at least 2 years** out of the last 5 years, (III) **the taxpayer (and spouse if married) lived in the residence for at least 2 years** out of the last 5 years, and (IV) **during the 2 year period ending on the date of sale, the taxpayer (and spouse if married) did not exclude gain from the sale of another residence.**

ii. *Exception to General Rule for individuals with disability.* If (I) the taxpayer becomes physically or mentally unable to care for herself, (II) the taxpayer owned the residence for at least 2 out the last 5 years, and (III) the taxpayer lived in its residence for at least 1 year out of the last 5 years—then the taxpayer is considered to have lived in its residence during any time that such taxpayer owned the home and lived in a facility that is licensed by a state or political subdivision to care for such taxpayer).

iii. *Sale of Residence by Surviving Spouse.* A surviving spouse can exclude up to \$500,000 of any gain from the sale of its principal residence if: (I) the sale

occurred no more than 2 years after the date of death of such taxpayer's spouse, (II) the surviving spouse has not remarried, (III) both the surviving spouse and deceased spouse met the use test at the time of the taxpayer's spouse death, (III) either the surviving spouse and/or the deceased spouse met the ownership test at the time of the taxpayer's spouse's death, and (IV) neither spouse excluded gain from the sale of another residence during the last 2 years.

iv. **Tax Issues** to be addressed when **Gifting Residence**.

- a. Loss of Section 121 Exclusion.
- b. Loss of FMV Adjustment if the Residence is not included in the taxpayer's estate. (See IRCS 2036).
- c. Planning Idea: Taxpayer gifts its Residence to an irrevocable Grantor Trust (with a use and occupancy agreement) retaining the right to appoint the assets in such trust to any one or more of the taxpayer's loved ones (limited power of appointment).

III. Deductions from GI.

A. Standard Deduction (CY 2026),

<i>Std. Deduction</i>		plus <i>Age 65 or over</i>	plus <i>Blind</i>
Single	\$16,100	\$2,050	\$2,050
Married/Jt.	\$32,200	\$1,650 per spouse	\$1,650 per spouse

B. Itemize Deductions if Greater than Standard Deduction.

- i. **Medical Deductions** (See IRS Publication 502). The taxpayer can deduct certain **unreimbursed medical and dental expenses** paid for themselves, their spouse and their dependents **that exceed 7.5% of such taxpayer's adjusted gross income** ("AGI").

1. Medical and Dental expenses include the cost of diagnosis, cure, mitigation, treatments, or prevention of disease, or any treatment that affects a part or function of your body. Expenses incurred solely for cosmetic purposes or to benefit your general health are not deductible.

- a. *Medicine and drugs* other than insulin must be obtainable solely through a prescription by the doctor (but over the counter medicines and drugs are not deductible even if you have a doctor's prescription).
- b. *Diagnostic tests and doctor's fee for annual physical.*
- c. *Health Insurance Premiums including Medicare Premiums.*
- d. *Nursing Homes.* The payment of medical services, meals, and lodging to a nursing home, convalescent home, home for the aged or similar facility is treated as a medical expense if the person confined is there for medical treatment. If obtaining medical care is not the

main reason for admission and you can show the part of the cost covering actual medical and nursing care, that amount is deductible. The same deductible treatment applies if an individual is resident in an assisted living facility because of chronic illness that requires assistance with at least 2 Activities of Daily Living (i.e., bathing, dressing, eating, incontinence, toileting and transferring) or requires supervision due to cognitive impairment (i.e., Alzheimer's disease).

e. *Equipment and Supplies* include but is not limited to back supports, crutches, eyeglasses, contact lenses and solutions, and hearing aids.

f. *Home Improvements for Medical Reasons.*

1. Structural Changes (adding ramps, modifying doorways and stairways, installing railings and support bars, and altering cabinets, outlets and fixtures and warning systems and lifts (not elevators) made to residence to accommodate disabled person's condition even if such change adds to the value of the residence.

2. Other Structural Changes to Residence

*are deductible only to the extent they
exceed the increased value to the
Residence.*

*g. Premiums for a Qualified Long-Term Care Policy for the
Chronically Ill, and Expenses for Qualifying Long-Term
Care Services for a Chronically Ill Person. Depending on
your age at the end of the year, all or part of your
premiums for a qualified long-term care policy (i.e.,
policy meets the requirements set forth in IRCS 7702B)
may be deductible. The deductible amount equals the
actual premium paid subject to the following limits per
person (CY 2026):*

i. Age 40 or younger: \$500

ii. Over Age 40 to 50: \$930

iii. Over Age 50 to 60: \$1,860

iv. Over Age 60 to 70: \$4,960

v. Over age 70: \$6,200.

*h. Transportation. The (I) cost of actual expenses
for gas and oil or the IRS standard mileage rate
(CY2026: 20.5 cents per mile for trips taken
between 1/1 and 6/30 and 23.5 cents per mile for*

trips taken between 7/1 and 12/31) can be deducted when a taxpayer uses their car (no deduction for depreciation, insurance and general repair) to travel to doctor offices, hospitals and other healthcare facilities PLUS parking fees or tolls or (II) the cost of transportation (bus, ambulance service, train, airfare) to doctor offices, hospitals and other healthcare facilities.

- i. *Nursing Services.* Wages and other amounts paid (i.e., cost of attendants' meals, extra rent and utilities if moving to larger apartment to provide space for attendants) for nursing services can be deducted as a medical expense. The services need not be performed by a nurse if the services are of the kind that are generally performed by a nurse (i.e., giving medication, changing dressings, bathing and grooming the patient. However, if the attendant also provides personal and household services, amounts paid to the attendant must be allocated between personal and medical services (Note: certain

personal care services provided for qualified long-term care can be included in medical expenses).

ii. ***State and Local Income Taxes and Real Estate Taxes.*** There is an overall limitation on the amount of State and Local Income and Real Estate Taxes (referred to as SALT Limitation) that can be claimed as an itemized deduction. From 2017 through 2024, you could not deduct more than \$10,000. From 2025 through 2029, this \$10,000 cap is now \$40,400 (CY 2026) and will increase for inflation for each year through 2029. The deduction is subject to a phaseout for taxpayers with modified adjusted gross income (“MAGI”) exceeding \$500,000 (cap reduced by 30 cents for every dollar over cap but it will not drop below \$10,000).

a. *State and Local Income Taxes.* Subject to the cap, a taxpayer can deduct (I) state and local income taxes withheld from their pay during the calendar year, (II) estimated state and local income taxes paid during the year (including the last installment paid in January of the subsequent calendar year for the prior calendar year) and (III) the balance of state and local tax due for the previous calendar year but paid in the current year

when you file the previous calendar year's income tax return.

- b. Generally, to deduct state and local real estate taxes, the taxpayer must have an ownership interest in the property.
- c. Tax Benefit Rule. If a taxpayer claimed an itemized deduction for state and local taxes in the prior year, then the taxpayer generally must include that refund in income to the extent that the refunded amount lowered such person's tax in the earlier calendar year.

C. **Enhanced Senior Deduction (IRCS 151).** An enhanced \$6,000 deduction (Form 1040 Line 13b (From Schedule 1-A (Part V) is available for taxpayers age 65 or over. This amount is reduced by 6% of the amount of MAGI that exceeds \$150,000(JT)/\$75,000(S). MAGI **starts with adjusted gross income** ("AGI"- Line 11 on Form 1040) **and adds back (1) certain deductions** (like student loan interest payments, IRA contributions, one-half of self-employment tax etc.) **and (2) any untaxed income** (like tax-exempt interest from municipal bonds).

IV. Income Tax Filing Requirements for IRS Form1040.

A. General Rule: Tax Filing Requirements for IRS Form 1040 (CY 2026).

<u>Filing Status</u>	<u>GI **for 2026 is at least</u>
Single Under 65	\$16,100
Single 65 or over	\$24,150 (16,100 +2,050+6,000*)
Married/JT and	
Both Spouses are under 65	\$32,200
One Souse Age 65 or over	\$39,850 (32,200 +1,650=6,000*)
Both Spouses Over Age 65	\$47,500 (32,200 + 3,300 + 12,000*)

- B. ** GI includes wages, tips, self-employment income, taxable interest and dividends, capital gains, taxable retirement income and annuities, taxable alimony, rents and taxable trust distributions. GI also includes gain from sale of residence even if partially or totally excluded from GI. SS benefits are excluded from GI unless 50% of SS benefits plus other GI and tax-exempt interest exceeds \$25,000(S)/\$32,000M and JT.) (but only include taxable part of SS benefits in GI).

*Assumes Taxpayers qualify for Enhanced Senior Deduction.

V. Miscellaneous Issues.

A. Qualified Plans (For Example: IRAs, 401(k)s, 403(b)s, 457 Plans).

1. Most States count them as a resource for Medicaid purposes, but many States will not count them as a countable asset if they are in payout status (i.e., the account owner is receiving regular, scheduled periodic distributions from the retirement account).
2. Distributions received from qualified plans count as income for Medicaid purposes.
3. If applicant has reached their Required Beginning Date (“RBD”), Minimum Required Distributions (“MRD”) must be taken annually. Your **RBD is April 1 of the calendar year following the calendar year the applicant turns:**
 - a. Born prior to 7/1/49: Age 70.5.
 - b. Born between 7/1/49 and 12/31/50: Age 72.
 - c. Born between 1/1/51 and 12/31/59: Age 73.
 - d. Born 1/1/60 or later: Age 75.

- B. Grantor Trusts.** A legal arrangement where the creator of the trust (i.e. Settlor) retains certain control or ownership of the trust assets. For Federal Income Tax purposes, the IRS disregards trust, and all income, deductions and credits are reported on the Settlor’s Form 1040.

C. Estate and Gift Tax.

1. Federal Estate Tax.

a. Basic Exclusion Amount (CY 2026): \$15,000,000 (indexed for inflation. If the taxable estate exceeds \$15,000,000, then the excess is taxed at 40%.

B. The income tax basis of an asset received at death is determined by the FMV of such asset at death (exception for IRD assets and appreciated property gifted to a person within one year of death and that same property passes back to the original donor or such donor's spouse). Furthermore, any property received from a decedent is considered as being held for more than one year.

2. Federal Gift Tax.

A. Basic Exclusion Amount (CY 2026): \$15,000,000 (indexed for inflation. If cumulative taxable gifts exceed \$15,000,000, then the excess is taxed at 40%.

B. Annual Exclusion (CY2026): \$19,000 (indexed for inflation).

C. Donee's income tax basis in an asset received by gift is determined by the donor's basis ("carryover basis") and the

holding period of such asset includes the time the donor owned that asset (“tacking”).

3. State Estate and Inheritance Taxes. As of 2026. A. **State Estate**

Taxes: 12 States and the District of Columbia assess estate taxes. Each State has its own exemption, deductions and tax rates.

State	Estate Tax Exemption (CY 2026)	Approximate Top Rate (%)
Conn	\$15,000,000	12
Hawaii	\$5,490,000	10-20
Illinois	\$4,000,000	.8-16
Maine	\$7,160,000	8-12
Maryland	\$5,000,000	.8-16
Massachusetts	\$2,000,000	.8-16
Minnesota	\$3,000,000	13-16
NY	\$7,350,000	3.06 -16
Oregon	\$1,000,000	10-16
Rhode Island	\$1,838,056	.8-16
Vermont	\$5,000,000	16
Washington	\$3,000,000 (after 6/30/26)	10-20

State	Estate Tax Exemption (CY2026)	Approximate Top Rate (%)
DC	\$4,988,400	11.2-16

B. Inheritance Taxes. Only 5 States impose an inheritance tax: Kentucky, Maryland, Nebraska, New Jersey and Pennsylvania.

C. Both Estate and Inheritance Taxes: Maryland.

VI. Conclusion.

Must Know Individual Income Tax Issues for the Elder Law Practitioner

By: John P. DeSantis

Email: Jpdcani@gmail.com

The material contained herein is for educational purposes only and is not intended as a substitute for the professional services an advisor would normally provide to a client, including up to the minute research.

(c) Uniform Lifetime Table. The following table, referred to as the Uniform Lifetime Table, sets forth the distribution period that applies for lifetime distributions to an employee in situations in which the employee's surviving spouse is not the sole designated beneficiary. This table is also used if the employee's surviving spouse is the sole designated beneficiary but is not more than 10 years younger than the employee.

TABLE 2 TO PARAGRAPH (C)

Age of employee	Distribution period
72	27.4
73	26.5
74	25.5
75	24.6
76	23.7
77	22.9
78	22.0
79	21.1
80	20.2
81	19.4
82	18.5
83	17.7
84	16.8
85	16.0
86	15.2
87	14.4
88	13.7
89	12.9
90	12.2
91	11.5
92	10.8
93	10.1
94	9.5
95	8.9
96	8.4
97	7.8
98	7.3
99	6.8
100	6.4
101	6.0
102	5.6
103	5.2
104	4.9
105	4.6
106	4.3
107	4.1
108	3.9
109	3.7
110	3.5
111	3.4
112	3.3
113	3.1
114	3.0
115	2.9
116	2.8
117	2.7
118	2.5
119	2.3
120+	2.0

NEW (11/12/20)

Single Life Table. The following table, referred to as the Single Life Table, sets forth the life expectancy of an individual at each age.

TABLE 1 TO PARAGRAPH (b)

Age	Life expectancy
0	84.6
1	83.7
2	82.8
3	81.8
4	80.8
5	79.8
6	78.8
7	77.9
8	76.9
9	75.9
10	74.9
11	73.9
12	72.9
13	71.9
14	70.9
15	69.9
16	69.0
17	68.0
18	67.0
19	66.0
20	65.0
21	64.1
22	63.1
23	62.1
24	61.1
25	60.2
26	59.2
27	58.2
28	57.3
29	56.3
30	55.3
31	54.4
32	53.4
33	52.5
34	51.5
35	50.5
36	49.6
37	48.6
38	47.7
39	46.7
40	45.7
41	44.8
42	43.8
43	42.9
44	41.9
45	41.0
46	40.0
47	39.0
48	38.1
49	37.1
50	36.2
51	35.3
52	34.3
53	33.4
54	32.5
55	31.6
56	30.6
57	29.8

58	28.9
59	28.0
60	27.1
61	26.2
62	25.4
63	24.5
64	23.7
65	22.9
66	22.0
67	21.2
68	20.4
69	19.6
70	18.8
71	18.0
72	17.2
73	16.4
74	15.6
75	14.8
76	14.1
77	13.3
78	12.6
79	11.9
80	11.2
81	10.5
82	9.9
83	9.3
84	8.7
85	8.1
86	7.6
87	7.1
88	6.6
89	6.1
90	5.7
91	5.3
92	4.9
93	4.6
94	4.3
95	4.0
96	3.7
97	3.4
98	3.2
99	3.0
100	2.8
101	2.6
102	2.5
103	2.3
104	2.2
105	2.1
106	2.1
107	2.1
108	2.0
109	2.0
110	2.0
111	2.0
112	1.9
113	1.9
114	1.8
115	1.8
116	1.6
117	1.4
118	1.1
119	1.0
120+	

TABLE 3 TO PARAGRAPH (d)

Ages	54	55	56	57	58	59	60	61	62
8	77.1	77.1	77.1	77.0	77.0	77.0	77.0	77.0	77.0
9	76.1	76.1	76.1	76.1	76.1	76.0	76.0	76.0	76.0
10	75.1	75.1	75.1	75.1	75.1	75.1	75.0	75.0	75.0
11	74.2	74.2	74.1	74.1	74.1	74.1	74.1	74.1	74.0
12	73.2	73.2	73.2	73.1	73.1	73.1	73.1	73.1	73.1
13	72.2	72.2	72.2	72.2	72.1	72.1	72.1	72.1	72.1
14	71.3	71.2	71.2	71.2	71.2	71.2	71.1	71.1	71.1
15	70.3	70.3	70.2	70.2	70.2	70.2	70.2	70.1	70.1
16	69.3	69.3	69.3	69.3	69.2	69.2	69.2	69.2	69.2
17	68.4	68.3	68.3	68.3	68.3	68.2	68.2	68.2	68.2
18	67.4	67.4	67.4	67.3	67.3	67.3	67.3	67.2	67.2
19	66.5	66.4	66.4	66.4	66.3	66.3	66.3	66.3	66.2
20	65.5	65.5	65.4	65.4	65.4	65.4	65.3	65.3	65.3
21	64.6	64.5	64.5	64.5	64.4	64.4	64.4	64.3	64.3
22	63.6	63.6	63.5	63.5	63.5	63.4	63.4	63.4	63.4
23	62.7	62.6	62.6	62.5	62.5	62.5	62.4	62.4	62.4
24	61.7	61.7	61.6	61.6	61.6	61.5	61.5	61.5	61.4
25	60.8	60.8	60.7	60.7	60.6	60.6	60.5	60.5	60.5
26	59.9	59.8	59.8	59.7	59.7	59.6	59.6	59.6	59.5
27	59.0	58.9	58.8	58.8	58.7	58.7	58.7	58.6	58.6
28	58.0	58.0	57.9	57.9	57.8	57.8	57.7	57.7	57.6
29	57.1	57.1	57.0	56.9	56.9	56.8	56.8	56.7	56.7
30	56.2	56.2	56.1	56.0	56.0	55.9	55.9	55.8	55.8
31	55.3	55.3	55.2	55.1	55.0	55.0	54.9	54.9	54.8
32	54.5	54.4	54.3	54.2	54.1	54.1	54.0	54.0	53.9
33	53.6	53.5	53.4	53.3	53.2	53.2	53.1	53.0	53.0
34	52.7	52.6	52.5	52.4	52.3	52.2	52.2	52.1	52.1
35	51.8	51.7	51.6	51.5	51.4	51.3	51.3	51.2	51.1
36	51.0	50.9	50.7	50.6	50.5	50.5	50.4	50.3	50.2
37	50.1	50.0	49.9	49.8	49.7	49.6	49.5	49.4	49.3
38	49.3	49.1	49.0	48.9	48.8	48.7	48.6	48.5	48.4
39	48.5	48.3	48.2	48.0	47.9	47.8	47.7	47.6	47.5
40	47.7	47.5	47.3	47.2	47.1	46.9	46.8	46.7	46.6
41	46.9	46.7	46.5	46.3	46.2	46.1	46.0	45.8	45.7
42	46.1	45.9	45.7	45.5	45.4	45.2	45.1	45.0	44.9
43	45.3	45.1	44.9	44.7	44.5	44.4	44.3	44.1	44.0
44	44.6	44.3	44.1	43.9	43.7	43.6	43.4	43.3	43.1
45	43.8	43.6	43.4	43.1	42.9	42.8	42.6	42.4	42.3
46	43.1	42.9	42.6	42.4	42.2	42.0	41.8	41.6	41.5
47	42.5	42.2	41.9	41.6	41.4	41.2	41.0	40.8	40.6
48	41.8	41.5	41.2	40.9	40.7	40.4	40.2	40.0	39.8
49	41.2	40.8	40.5	40.2	39.9	39.7	39.5	39.2	39.0
50	40.6	40.2	39.8	39.5	39.2	39.0	38.7	38.5	38.3
51	40.0	39.6	39.2	38.9	38.6	38.3	38.0	37.7	37.5
52	39.4	39.0	38.6	38.2	37.9	37.6	37.3	37.0	36.8
53	38.9	38.4	38.0	37.6	37.3	36.9	36.6	36.3	36.1
54	38.4	37.9	37.5	37.1	36.7	36.3	36.0	35.7	35.4
55	37.9	37.4	36.9	36.5	36.1	35.7	35.3	35.0	34.7
56	37.5	36.9	36.5	36.0	35.5	35.1	34.8	34.4	34.1
57	37.1	36.5	36.0	35.5	35.0	34.6	34.2	33.8	33.4
58	36.7	36.1	35.5	35.0	34.5	34.1	33.6	33.2	32.8
59	36.3	35.7	35.1	34.6	34.1	33.6	33.1	32.7	32.3
60	36.0	35.3	34.8	34.2	33.6	33.1	32.6	32.2	31.7
61	35.7	35.0	34.4	33.8	33.2	32.7	32.2	31.7	31.2
62	35.4	34.7	34.1	33.4	32.8	32.3	31.7	31.2	30.8
63	35.1	34.4	33.8	33.1	32.5	31.9	31.3	30.8	30.3
64	34.9	34.2	33.5	32.8	32.2	31.5	31.0	30.4	29.9
65	34.6	33.9	33.2	32.5	31.9	31.2	30.6	30.0	29.5
66	34.4	33.7	33.0	32.3	31.6	30.9	30.3	29.7	29.1
67	34.2	33.5	32.7	32.0	31.3	30.6	30.0	29.4	28.7
68	34.1	33.3	32.5	31.8	31.1	30.4	29.7	29.1	28.4
69	33.9	33.1	32.3	31.6	30.9	30.1	29.4	28.8	28.1
70	33.8	33.0	32.2	31.4	30.7	29.9	29.2	28.5	27.9
71	33.6	32.8	32.0	31.2	30.5	29.7	29.0	28.3	27.6
72	33.5	32.7	31.9	31.1	30.3	29.5	28.8	28.1	27.4
73	33.4	32.6	31.7	30.9	30.1	29.4	28.6	27.9	27.2
74	33.3	32.4	31.6	30.8	30.0	29.2	28.4	27.7	27.0
75	33.2	32.4	31.5	30.7	29.9	29.1	28.3	27.5	26.8
76	33.1	32.3	31.4	30.6	29.8	29.0	28.2	27.4	26.6
77	33.0	32.2	31.3	30.5	29.7	28.8	28.0	27.3	26.5
78	33.0	32.1	31.2	30.4	29.6	28.7	27.9	27.1	26.4
79	32.9	32.0	31.2	30.3	29.5	28.7	27.8	27.0	26.2

TABLE 3 TO PARAGRAPH (d)

Ages	63	64	65	66	67	68	69	70	71
28	57.6	57.6	57.5	57.5	57.5	57.5	57.5	57.4	57.4
29	56.7	56.6	56.6	56.6	56.5	56.5	56.5	56.5	56.5
30	55.7	55.7	55.7	55.6	55.6	55.6	55.6	55.5	55.5
31	54.8	54.8	54.7	54.7	54.7	54.6	54.6	54.6	54.6
32	53.9	53.8	53.8	53.7	53.7	53.7	53.7	53.6	53.6
33	52.9	52.9	52.8	52.8	52.8	52.7	52.7	52.7	52.7
34	52.0	52.0	51.9	51.9	51.8	51.8	51.8	51.7	51.7
35	51.1	51.0	51.0	50.9	50.9	50.9	50.8	50.8	50.8
36	50.2	50.1	50.1	50.0	50.0	49.9	49.9	49.9	49.8
37	49.3	49.2	49.1	49.1	49.0	49.0	49.0	48.9	48.9
38	48.3	48.3	48.2	48.2	48.1	48.1	48.0	48.0	47.9
39	47.4	47.4	47.3	47.2	47.2	47.1	47.1	47.0	47.0
40	46.5	46.5	46.4	46.3	46.3	46.2	46.2	46.1	46.1
41	45.7	45.6	45.5	45.4	45.4	45.3	45.2	45.2	45.1
42	44.8	44.7	44.6	44.5	44.4	44.4	44.3	44.3	44.2
43	43.9	43.8	43.7	43.6	43.5	43.5	43.4	43.3	43.3
44	43.0	42.9	42.8	42.7	42.6	42.6	42.5	42.4	42.4
45	42.2	42.1	41.9	41.8	41.8	41.7	41.6	41.5	41.5
46	41.3	41.2	41.1	41.0	40.9	40.8	40.7	40.6	40.6
47	40.5	40.4	40.2	40.1	40.0	39.9	39.8	39.7	39.7
48	39.7	39.5	39.4	39.3	39.1	39.0	38.9	38.8	38.8
49	38.9	38.7	38.6	38.4	38.3	38.2	38.1	38.0	37.9
50	38.1	37.9	37.7	37.6	37.5	37.3	37.2	37.1	37.0
51	37.3	37.1	36.9	36.8	36.6	36.5	36.4	36.2	36.1
52	36.6	36.3	36.2	36.0	35.8	35.7	35.5	35.4	35.3
53	35.8	35.6	35.4	35.2	35.0	34.9	34.7	34.6	34.5
54	35.1	34.9	34.6	34.4	34.2	34.1	33.9	33.8	33.6
55	34.4	34.2	33.9	33.7	33.5	33.3	33.1	33.0	32.8
56	33.8	33.5	33.2	33.0	32.7	32.5	32.3	32.2	32.0
57	33.1	32.8	32.5	32.3	32.0	31.8	31.6	31.4	31.2
58	32.5	32.2	31.9	31.6	31.3	31.1	30.9	30.7	30.5
59	31.9	31.5	31.2	30.9	30.6	30.4	30.1	29.9	29.7
60	31.3	31.0	30.6	30.3	30.0	29.7	29.4	29.2	29.0
61	30.8	30.4	30.0	29.7	29.4	29.1	28.8	28.5	28.3
62	30.3	29.9	29.5	29.1	28.7	28.4	28.1	27.9	27.6
63	29.8	29.4	28.9	28.5	28.2	27.8	27.5	27.2	26.9
64	29.4	28.9	28.4	28.0	27.6	27.2	26.9	26.6	26.3
65	28.9	28.4	28.0	27.5	27.1	26.7	26.3	26.0	25.7
66	28.5	28.0	27.5	27.0	26.6	26.2	25.8	25.4	25.1
67	28.2	27.6	27.1	26.6	26.1	25.7	25.3	24.9	24.5
68	27.8	27.2	26.7	26.2	25.7	25.2	24.8	24.3	23.9
69	27.5	26.9	26.3	25.8	25.3	24.8	24.3	23.9	23.4
70	27.2	26.6	26.0	25.4	24.9	24.3	23.9	23.4	22.9
71	26.9	26.3	25.7	25.1	24.5	24.0	23.4	22.9	22.5
72	26.7	26.0	25.4	24.8	24.2	23.6	23.1	22.5	22.0
73	26.5	25.8	25.1	24.5	23.9	23.3	22.7	22.2	21.6
74	26.2	25.5	24.9	24.2	23.6	23.0	22.4	21.8	21.3
75	26.1	25.3	24.6	24.0	23.3	22.7	22.1	21.5	20.9
76	25.9	25.2	24.4	23.7	23.1	22.4	21.8	21.2	20.6
77	25.7	25.0	24.3	23.5	22.9	22.2	21.5	20.9	20.3
78	25.6	24.8	24.1	23.4	22.7	22.0	21.3	20.6	20.0
79	25.5	24.7	23.9	23.2	22.5	21.8	21.1	20.4	19.8
80	25.3	24.6	23.8	23.1	22.3	21.6	20.9	20.2	19.6
81	25.2	24.5	23.7	22.9	22.2	21.5	20.7	20.0	19.4
82	25.2	24.4	23.6	22.8	22.1	21.3	20.6	19.9	19.2
83	25.1	24.3	23.5	22.7	22.0	21.2	20.5	19.7	19.0
84	25.0	24.2	23.4	22.6	21.9	21.1	20.4	19.6	18.9
85	25.0	24.1	23.3	22.6	21.8	21.0	20.3	19.5	18.8
86	24.9	24.1	23.3	22.5	21.7	20.9	20.2	19.4	18.7
87	24.9	24.0	23.2	22.4	21.6	20.8	20.1	19.3	18.6
88	24.8	24.0	23.2	22.4	21.6	20.7	20.0	19.2	18.5
89	24.8	24.0	23.1	22.3	21.5	20.7	19.9	19.1	18.4
90	24.7	23.9	23.1	22.3	21.5	20.7	19.9	19.1	18.3
91	24.7	23.9	23.0	22.2	21.4	20.6	19.8	19.0	18.2
92	24.7	23.8	23.0	22.2	21.4	20.6	19.8	19.0	18.2
93	24.7	23.8	23.0	22.2	21.4	20.6	19.8	19.0	18.2
94	24.6	23.8	23.0	22.2	21.4	20.6	19.7	18.9	18.2
95	24.6	23.8	23.0	22.2	21.3	20.5	19.7	18.9	18.1
96	24.6	23.8	23.0	22.2	21.3	20.5	19.7	18.9	18.1
97	24.6	23.8	22.9	22.1	21.3	20.5	19.7	18.9	18.1
98	24.6	23.8	22.9	22.1	21.3	20.5	19.7	18.9	18.1
99	24.6	23.8	22.9	22.1	21.3	20.5	19.7	18.9	18.1

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 ☐ Single ☐ Head of household (HOH) ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: 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	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) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ 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.	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 ☐ Line 3a		2 ☐ Line 3b
	4a	IRA distributions	4a	
	c	Check if (see instructions)	1 ☐ Rollover	2 ☐ QCD 3 ☐
5a	Pensions and annuities	5a		
c	Check if (see instructions)	1 ☐ Rollover	2 ☐ PSO 3 ☐	
6a	Social security benefits	6a		
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		b Taxable amount	
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		b Taxable amount	
7a	Capital gain or (loss). Attach Schedule D if required		7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss) _____			
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	

Attach Sch. B if required.

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent	
b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien	
d	You: ☐ Were born before January 2, 1961 ☐ Are blind	
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind	
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 ☐ 8814 2 ☐ 4972 3 ☐	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

Standard deduction for—

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

Payments and Refundable Credits

25	Federal income tax withheld from:	
a	Form(s) W-2	25a
b	Form(s) 1099	25b
c	Other forms (see instructions)	25c
d	Add lines 25a through 25c	25d
26	2025 estimated tax payments and amount applied from 2024 return	26
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):	
27a	Earned income credit (EIC)	27a
b	Clergy filing Schedule SE (see instructions)	☐
c	If you do not want to claim the EIC, check here	☐
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	☐ 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

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	34
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a
b	Routing number	c Type: ☐ Checking ☐ 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. ☐ Yes . Complete below. ☐ 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.)
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.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name	Phone no.			
Firm's address	Firm's EIN			

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid: _____	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:		
		24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE 1-A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Deductions

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **1A**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b		1	
2a	Enter any income from Puerto Rico that you excluded	2a		
b	Enter the amount from Form 2555, line 45	2b		
c	Enter the amount from Form 2555, line 50	2c		
d	Enter the amount from Form 4563, line 15	2d		
e	Add lines 2a, 2b, 2c, and 2d		2e	
3	Add lines 1 and 2e		3	

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at IRS.gov/TippedOccupations. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.			
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than \$176,100 or you received tips that are not subject to social security and Medicare taxes	4a		
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b		
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions		4c	
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions		5	
6	Add lines 4c and 5		6	
7	Enter the smaller of the amount on line 6 or \$25,000		7	
8	Enter the amount from line 3		8	
9	Enter \$150,000 (\$300,000 if married filing jointly)		9	
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13		10	
11	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)		11	
12	Multiply line 11 by \$100		12	
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-		13	

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a		
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b		
c	Add lines 14a and 14b		14c	
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)		15	
16	Enter the amount from line 3		16	
17	Enter \$150,000 (\$300,000 if married filing jointly)		17	
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21		18	
19	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)		19	
20	Multiply line 19 by \$100		20	
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-		21	

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVLI paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

		Interest for this loan:	
		(ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
	(i) Vehicle identification number (VIN)		
a			
b			
23	Add lines 22a and 22b, column (iii)	23	
24	Enter the smaller of the amount on line 23 or \$10,000	24	
25	Enter the amount from line 3	25	
26	Enter \$100,000 (\$200,000 if married filing jointly)	26	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	27	
28	Divide line 27 by \$1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	28	
29	Multiply line 28 by \$200	29	
30	Qualified passenger vehicle loan interest deduction. Subtract line 29 from line 24. If zero or less, enter -0-	30	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	31	
32	Enter \$75,000 (\$150,000 if married filing jointly)	32	
33	Subtract line 32 from line 31. If zero or less, enter \$6,000 on line 35	33	
34	Multiply line 33 by 6% (0.06)	34	
35	Subtract line 34 from \$6,000. If zero or less, enter -0-	35	
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	36a	
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	36b	
37	Enhanced deduction for seniors. Add lines 36a and 36b	37	

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	38	
-----------	--	-----------	--

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)
- d** Recapture of net EPE from Form 4255, line 2a, column (I)
- e** Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a (ii) ☐ Line 1c
(iii) ☐ Line 1d (iv) ☐ Line 2a
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a (ii) ☐ Line 1c
(iii) ☐ Line 1d (iv) ☐ Line 2a
- y** Other additions to tax (see instructions): _____

1a

1b

1c

1d

1e

1f

1y

z Add lines 1a through 1y

2 Alternative minimum tax. Attach Form 6251

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions):

1 ☐ 4361

2 ☐ 4029

3 ☐ _____

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

7 Total additional social security and Medicare tax. Add lines 5 and 6

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.

If not required, check here ☐

9 Household employment taxes. Attach Schedule H

10 Reserved for future use

11 Additional Medicare Tax. Attach Form 8959

12 Net investment income tax. Attach Form 8960

13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12

14 Interest on tax due on installment income from the sale of certain residential lots and timeshares

15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000

16 Recapture of low-income housing credit. Attach Form 8611

4

5

6

7

8

9

10

11

12

13

14

15

16

(continued on page 2)

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy. If you sold your home, see instructions**17b****c** Additional tax on HSA distributions. Attach Form 8889**17c****d** Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**17f****g** Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property**17g****h** Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A**17h****i** Compensation you received from a nonqualified deferred compensation plan described in section 457A**17i****j** Section 72(m)(5) excess benefits tax**17j****k** Golden parachute payments**17k****l** Tax on accumulation distribution of trusts**17l****m** Excise tax on insider stock compensation from an expatriated corporation .**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .**17n****o** Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR**17o****p** Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund**17p****q** Any interest from Form 8621, line 24**17q****z** Any other taxes. List type and amount:**17z****18** Total additional taxes. Add lines 17a through 17z**18****19** Recapture of net EPE from Form 4255, line 1d, column (l)**19****20** Section 965 net tax liability installment from Form 965-A**20****21** Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b**21**

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025

Attachment
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040 or 1040-SR, line 11b	2	
3	Multiply line 2 by 7.5% (0.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5 State and local taxes (SALT).		
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐	5a	
	b State and local real estate taxes (see instructions)	5b	
	c State and local personal property taxes	5c	
	d Add lines 5a through 5c	5d	
	e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions	5e	
	6 Other taxes. List type and amount:	6	
	7 Add lines 5e and 6		7
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐		
Caution: Your mortgage interest deduction may be limited. See instructions.	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b	
	c Points not reported to you on Form 1098. See instructions for special rules	8c	
	d Reserved for future use	8d	
	e Add lines 8a through 8c	8e	
	9 Investment interest. Attach Form 4952 if required. See instructions	9	
	10 Add lines 8e and 9		10
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	
Caution: If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
	13 Carryover from prior year	13	
	14 Add lines 11 through 13		14
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15
Other Itemized Deductions	16 Other—from list in instructions. List type and amount:		16
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e		17
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐		

Social Security Benefits Worksheet—Lines 6a and 6b

Keep for Your Records

Before you begin:

- ✓ If the instructions for Schedule 1, line 24z, have you enter a write-in adjustment on line 24z, figure that write-in before completing this worksheet (see the instructions for Schedule 1, line 24z).
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2025, check the box on line 6d.
- ✓ Be sure you have read the **Exception** in the line 6a and 6b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1. Enter the total amount from **box 5** of **all** your **Forms SSA-1099** and **RRB-1099**. Also enter this amount on Form 1040 or 1040-SR, line 6a **1.** _____
2. Multiply line 1 by 50% (0.50) **2.** _____
3. Combine the amounts from Form 1040 or 1040-SR, lines 1z, 2b, 3b, 4b, 5b, 7a, and 8 **3.** _____
4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a **4.** _____
5. Combine lines 2, 3, and 4 **5.** _____
6. Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and 25 **6.** _____
7. Is the amount on line 6 less than the amount on line 5?
☐ **No.**  None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b.
☐ **Yes.** Subtract line 6 from line 5 **7.** _____
8. If you are:
 - Married filing jointly, enter \$32,000
 - Single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2025, enter \$25,000
 - Married filing separately and you lived with your spouse at any time in 2025, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17
 **8.** _____
9. Is the amount on line 8 less than the amount on line 7?
☐ **No.**  None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you **lived apart** from your spouse for all of 2025, be sure you checked the box on line 6d.
☐ **Yes.** Subtract line 8 from line 7 **9.** _____
10. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2025 **10.** _____
11. Subtract line 10 from line 9. If zero or less, enter -0- **11.** _____
12. Enter the **smaller** of line 9 or line 10 **12.** _____
13. Enter one-half of line 12 **13.** _____
14. Enter the **smaller** of line 2 or line 13 **14.** _____
15. Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0- **15.** _____
16. Add lines 14 and 15 **16.** _____
17. Multiply line 1 by 85% (0.85) **17.** _____
18. **Taxable social security benefits.** Enter the **smaller** of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 6b **18.** _____



If any of your benefits are taxable for 2025 **and** they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.

Qualified Dividends and Capital Gain Tax Worksheet—Line 16

Keep for Your Records

Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7b.

1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	
3.	Are you filing Schedule D?*		
	☐ Yes. Enter the smaller of line 15 or line 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-.	3.	
	☐ No. Enter the amount from Form 1040 or 1040-SR, line 7a.		
4.	Add lines 2 and 3	4.	
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	
6.	Enter:		
	\$48,350 if single or married filing separately,		
	\$96,700 if married filing jointly or qualifying surviving spouse,		
	\$64,750 if head of household.	6.	
7.	Enter the smaller of line 1 or line 6	7.	
8.	Enter the smaller of line 5 or line 7	8.	
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10.	Enter the smaller of line 1 or line 4	10.	
11.	Enter the amount from line 9	11.	
12.	Subtract line 11 from line 10	12.	
13.	Enter:		
	\$533,400 if single,		
	\$300,000 if married filing separately,		
	\$600,050 if married filing jointly or qualifying surviving spouse,		
	\$566,700 if head of household.	13.	
14.	Enter the smaller of line 1 or line 13	14.	
15.	Add lines 5 and 9	15.	
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	
17.	Enter the smaller of line 12 or line 16	17.	
18.	Multiply line 17 by 15% (0.15)	18.	
19.	Add lines 9 and 17	19.	
20.	Subtract line 19 from line 10	20.	
21.	Multiply line 20 by 20% (0.20)	21.	
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	
23.	Add lines 18, 21, and 22	23.	
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	
25.	Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

2025 Tax Computation Worksheet—Line 16



See the instructions for line 16 to see if you must use the worksheet below to figure your tax.

Note. If you are required to use this worksheet to figure the tax on an amount from another form or worksheet, such as the Qualified Dividends and Capital Gain Tax Worksheet, the Schedule D Tax Worksheet, Schedule J, Form 8615, or the Foreign Earned Income Tax Worksheet, enter the amount from that form or worksheet in column (a) of the row that applies to the amount you are looking up. Enter the result on the appropriate line of the form or worksheet that you are completing.

Section A—Use if your filing status is **Single**. Complete the row below that applies to you.

Taxable income. If line 15 is—	(a) Enter the amount from line 15.	(b) Multiplication amount.	(c) Multiply (a) by (b).	(d) Subtraction amount.	Tax. Subtract (d) from (c). Enter the result here and on the entry space on line 16.
At least \$100,000 but not over \$103,350	\$	× 22% (0.22)	\$	\$ 5,086.00	\$
Over \$103,350 but not over \$197,300	\$	× 24% (0.24)	\$	\$ 7,153.00	\$
Over \$197,300 but not over \$250,525	\$	× 32% (0.32)	\$	\$ 22,937.00	\$
Over \$250,525 but not over \$626,350	\$	× 35% (0.35)	\$	\$ 30,452.75	\$
Over \$626,350	\$	× 37% (0.37)	\$	\$ 42,979.75	\$

Section B—Use if your filing status is **Married filing jointly** or **Qualifying surviving spouse**. Complete the row below that applies to you.

Taxable income. If line 15 is—	(a) Enter the amount from line 15.	(b) Multiplication amount.	(c) Multiply (a) by (b).	(d) Subtraction amount.	Tax. Subtract (d) from (c). Enter the result here and on the entry space on line 16.
At least \$100,000 but not over \$206,700	\$	× 22% (0.22)	\$	\$ 10,172.00	\$
Over \$206,700 but not over \$394,600	\$	× 24% (0.24)	\$	\$ 14,306.00	\$
Over \$394,600 but not over \$501,050	\$	× 32% (0.32)	\$	\$ 45,874.00	\$
Over \$501,050 but not over \$751,600	\$	× 35% (0.35)	\$	\$ 60,905.50	\$
Over \$751,600	\$	× 37% (0.37)	\$	\$ 75,937.50	\$

Section C—Use if your filing status is **Married filing separately**. Complete the row below that applies to you.

Taxable income. If line 15 is—	(a) Enter the amount from line 15.	(b) Multiplication amount.	(c) Multiply (a) by (b).	(d) Subtraction amount.	Tax. Subtract (d) from (c). Enter the result here and on the entry space on line 16.
At least \$100,000 but not over \$103,350	\$	× 22% (0.22)	\$	\$ 5,086.00	\$
Over \$103,350 but not over \$197,300	\$	× 24% (0.24)	\$	\$ 7,153.00	\$
Over \$197,300 but not over \$250,525	\$	× 32% (0.32)	\$	\$ 22,937.00	\$
Over \$250,525 but not over \$375,800	\$	× 35% (0.35)	\$	\$ 30,452.75	\$
Over \$375,800	\$	× 37% (0.37)	\$	\$ 37,968.75	\$

Section D—Use if your filing status is **Head of household**. Complete the row below that applies to you.

Taxable income. If line 15 is—	(a) Enter the amount from line 15.	(b) Multiplication amount.	(c) Multiply (a) by (b).	(d) Subtraction amount.	Tax. Subtract (d) from (c). Enter the result here and on the entry space on line 16.
At least \$100,000 but not over \$103,350	\$	× 22% (0.22)	\$	\$ 6,825.00	\$
Over \$103,350 but not over \$197,300	\$	× 24% (0.24)	\$	\$ 8,892.00	\$
Over \$197,300 but not over \$250,500	\$	× 32% (0.32)	\$	\$ 24,676.00	\$
Over \$250,500 but not over \$626,350	\$	× 35% (0.35)	\$	\$ 32,191.00	\$
Over \$626,350	\$	× 37% (0.37)	\$	\$ 44,718.00	\$