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 06/15 , 2025, ending 06/15 , 20 25 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased / / Spouse / /

☐ Other

Your first name and middle initial	Last name	Your social security number
Jordan	Tester	123 45 6789
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. ☐
123 Test Avenue	Test data	

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**
New York	CA	10001	
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:
☐ 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	Jordan			
(2) Last name	Tester			
(3) SSN	1 2 3 4 5 6 7 8 9			
(4) Relationship	Test data			
(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.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	125.00
b	Household employee wages not reported on Form(s) W-2			1b	125.00
c	Tip income not reported on line 1a (see instructions)			1c	125.00
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	125.00
e	Taxable dependent care benefits from Form 2441, line 26			1e	125.00
f	Employer-provided adoption benefits from Form 8839, line 31			1f	125.00
g	Wages from Form 8919, line 6			1g	125.00
h	Other earned income (see instructions). Enter type and amount: 125.00			1h	125.00
i	Nontaxable combat pay election (see instructions)	1i	125.00		
z	Add lines 1a through 1h			1z	1000.00
2a	Tax-exempt interest	2a	125.00	b Taxable interest 2b	125.00
3a	Qualified dividends	3a	125.00	b Ordinary dividends 3b	125.00
c	Check if your child's dividends are included in 1 ☒ Line 3a 2 ☐ Line 3b				
4a	IRA distributions	4a	125.00	b Taxable amount 4b	125.00
c	Check if (see instructions) 1 ☒ Rollover 2 ☐ QCD 3 ☐				
5a	Pensions and annuities	5a	125.00	b Taxable amount 5b	125.00
c	Check if (see instructions) 1 ☒ Rollover 2 ☐ PSO 3 ☐				
6a	Social security benefits	6a	125.00	b Taxable amount 6b	125.00
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			7a	125.00
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			8	125.00
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	1875.00
10	Adjustments to income from Schedule 1, line 26			10	125.00
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	1750.00

Tax and Credits

	11b	Amount from line 11a (adjusted gross income)	11b	1750.00
	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		
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.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	15750.00
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	125.00
	b	Additional deductions from Schedule 1-A, line 38	13b	125.00
	14	Add lines 12e, 13a, and 13b	14	16000.00
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	0.00
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	125.00
	17	Amount from Schedule 2, line 3	17	125.00
	18	Add lines 16 and 17	18	250.00
	19	Child tax credit or credit for other dependents from Schedule 8812	19	125.00
	20	Amount from Schedule 3, line 8	20	125.00
	21	Add lines 19 and 20	21	250.00
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.00
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	125.00
	24	Add lines 22 and 23. This is your **total tax**	24	125.00

Payments and Refundable Credits

	25	Federal income tax withheld from:				
	a	Form(s) W-2	25a	125.00		
	b	Form(s) 1099	25b	125.00		
	c	Other forms (see instructions)	25c	125.00		
	d	Add lines 25a through 25c			25d	375.00
	26	2025 estimated tax payments and amount applied from 2024 return			26	125.00
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): 1 2 3 4 5 6 7 8 9				
	27a	Earned income credit (EIC)	27a	125.00		
	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	125.00		
	29	American opportunity credit from Form 8863, line 8	29	125.00		
	30	Refundable adoption credit from Form 8839, line 13	30	125.00		
	31	Amount from Schedule 3, line 15	31	125.00		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32	625.00
	33	Add lines 25d, 26, and 32. These are your **total payments**			33	1125.00

Refund

	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1000.00
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	875.00
Direct deposit? See instructions.	b	Routing number 1 2 3 4 5 6 7 8 9 **c** Type: ☒ Checking ☐ Savings		
	d	Account number T E S T 0 0 1		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** 36 125.00		

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	0.00
	38	Estimated tax penalty (see instructions) 38 125.00		

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.)
	06/15/2025	Test data	1 2 3 4 5 6
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.)

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

Phone no. 2025550100 Email address qa.form.testing@example.com

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	