

040 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 Spouse Other

Your first name and middle initial LEOPOLDO Last name NARANJO Your social security number

If joint return, spouse's first name and middle initial BRIGIT I Last name HENDRIX-NARANJO 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 CA ZIP code 95827 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status 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

Table with 5 columns: Dependents, Dependent 1, Dependent 2, Dependent 3, Dependent 4. Rows include First name, Last name, SSN, Relationship, and Check if lived with you more than half of 2025.

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 section table with rows 1a through 11a. Includes sub-rows for interest, dividends, IRA distributions, pensions, and capital gains. Total income is 140,733 and adjusted gross income is 138,501.

Tax and Credits

11b Amount from line 11a (adjusted gross income) 11b 138,501

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 31,500

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 31,500

15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income 15 107,001

16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972

3

17 Amount from Schedule 2, line 3 17

18 Add lines 16 and 17 18 13,168

19 Child tax credit or credit for other dependents from Schedule 8812 19

20 Amount from Schedule 3, line 8 20 3

21 Add lines 19 and 20 21 3

22 Subtract line 21 from line 18. If zero or less, enter -0- 22 13,165

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 13,165

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 instr.

Payments and Refundable Credits

25 Federal income tax withheld from:

a Form(s) W-2 25a 6,717

b Form(s) 1099 25b 6,720

c Other forms (see instructions) 25c

d Add lines 25a through 25c 25d 13,437

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 13,437

If you have a qualifying child, you may need to attach Sch. EIC.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 272

35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 272

Direct deposit? See instructions.

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: MARK A. STOCKDALE Phone no.: 916-384-0331 Personal identification number (PIN):

Sign Here

Under penalties of perjury, I declare that I prepared 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: [Signature] Date: [Date] Your occupation: ELIGIBILITY SPECIALIST

Spouse's signature. If a joint return, both must sign. Date: [Date] Spouse's occupation: RETIRED

Phone no. [Redacted] Email address: [Redacted]

Paid Preparer's name: MARK A. STOCKDALE Preparer's signature: MARK A. STOCKDALE Date: 04/06/26 PTIN: [Redacted] Check if: Self-employed

Use Only Firm's name: DUMARS & ASSOCIATES, PC. Phone no.: [Redacted] Firm's address: [Redacted] Firm's EIN: 41-2386824