

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 _____, 2025, See separate instructions.

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

Your first name and middle initial: **RAMSEY D** Last name: **ROBINSON** Your social security number: [REDACTED]

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. [REDACTED] Apt. no. [REDACTED] 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. **SAN FRANCISCO** State: **CA** ZIP code: **94109** 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/country: _____ Foreign postal code: _____

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

Dependents (see instructions)	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 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes	(a) <input type="checkbox"/> Yes	(a) <input type="checkbox"/> Yes	(a) <input type="checkbox"/> Yes	(a) <input type="checkbox"/> Yes	(a) <input type="checkbox"/> Yes	(a) <input type="checkbox"/> Yes	
	(b) <input type="checkbox"/> And in the U.S.	(b) <input type="checkbox"/> And in the U.S.	(b) <input type="checkbox"/> And in the U.S.	(b) <input type="checkbox"/> And in the U.S.	(b) <input type="checkbox"/> And in the U.S.	(b) <input type="checkbox"/> And in the U.S.	(b) <input type="checkbox"/> And in the U.S.	
(6) Check if <input type="checkbox"/>	<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
	<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	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	72,533
	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	0
	f Employer-provided adoption benefits from Form 8839, line 31	1f	0
	g Wages from Form 8919, line 6	1g	0
	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	72,533
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.	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	2 <input type="checkbox"/> Line 3b	
	4a IRA distributions	4a	
	c Check if (see instructions) 1 <input type="checkbox"/> Rollover	2 <input type="checkbox"/> QCD 3 <input type="checkbox"/>	
	5a Pensions and annuities	5a	
	c Check if (see instructions) 1 <input type="checkbox"/> Rollover	2 <input type="checkbox"/> PSO 3 <input type="checkbox"/>	
	6a Social security benefits	6a	
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	6b	
	d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here <input type="checkbox"/>		
	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 Additional income from Schedule 1, line 10	8	0
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	72,533
	10 Adjustments to income from Schedule 1, line 26	10	0
	11a Subtract line 10 from line 9. This is your adjusted gross income	11a	72,533

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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Tax and Credits

11b Amount from line 11a (adjusted gross income) **11b** **72,533**

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** **15,750**

13a Qualified business income deduction from Form 8995 or Form 8995-A **13a** **0**

b Additional deductions from Schedule 1-A, line 38 **13b** **0**

14 Add lines 12e, 13a, and 13b **14** **15,750**

15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** **15** **56,783**

16 **Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 **3** **16** **7,405**

17 Amount from Schedule 2, line 3 **17** **0**

18 Add lines 16 and 17 **18** **7,405**

19 Child tax credit or credit for other dependents from Schedule 8812 **19** **0**

20 Amount from Schedule 3, line 8 **20** **0**

21 Add lines 19 and 20 **21** **0**

22 Subtract line 21 from line 18. If zero or less, enter -0- **22** **7,405**

23 Other taxes, including self-employment tax, from Schedule 2, line 21 **23** **0**

24 Add lines 22 and 23. This is your **total tax** **24** **7,405**

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** **7,446**

b Form(s) 1099 **25b** **0**

c Other forms (see instructions) **25c** **0**

d Add lines 25a through 25c **25d** **7,446**

26 2025 estimated tax payments and amount applied from 2024 return **26** **0**

If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____

27a Earned income credit (EIC) **27a** **0**

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** **0**

29 American opportunity credit from Form 8863, line 8 **29** **0**

30 Refundable adoption credit from Form 8839, line 13 **30** **0**

31 Amount from Schedule 3, line 15 **31** **0**

32 Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** **32** **0**

33 Add lines 25d, 26, and 32. These are your **total payments** **33** **7,446**

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** **41**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here **35a** **41**

Direct deposit? See instructions. **b** Routing number [redacted] **c** Type: Checking Savings

d Account number [redacted]

36 Amount of line 34 you want **applied to your 2026 estimated tax** **36** **0**

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**

38 Estimated tax penalty (see instructions) **38** **0**

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) [redacted]

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 **SOCIAL WORKER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [redacted]

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.) [redacted]

Phone no. _____ Email address [redacted]

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 _____