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Most forms and publications have a page on IRS.gov: IRS.gov/Form1040 for Form 1040; IRS.gov/Pub501 for Pub. 501; IRS.gov/W4 for Form W-4; and IRS.gov/ScheduleA for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at IRS.gov/FormsComments. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501", etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each "NTF" message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click here.

TREASURY/IRS AND OMB USE ONLY DRAFT

 $\mathsf{Form}\,\mathbf{1040}\text{-}\mathbf{SS}$

U.S. Self-Employment Tax Return
(Including the Additional Child Tax Credit for Bona Fide Residents of Puerto Rico)
U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, or Puerto Rico

2025

OMB No. 1545-0074

	nent of the Treasury Revenue Service For the	e year Jan. 1–Dec. 31, 2025, or otl	-			2025, and er	-	, 20		.		
Filed	I pursuant to section 301.9	100-2	Decease	ed MN	I / DD / YYYY		Spouse MM	1 / DD / YY	YY			
Othe	er		<u> </u>	-								
Your fi	rst name and middle initial			'	Your soc	ial security n	umber					
If a joint return, spouse's first name and middle initial Last name						Spouse's	Spouse's social security number					
Home	address (number and stree	et). If you have a P.O. box, see	instructions.						Apt. no.			
City, to	own, or post office. If you h	ave a foreign address, also co	mplete space	s below.	Commonwealt	th or territo	ry		ZIP code			
Foreigr	n country name				Foreign province	ice/state/co	ounty		Foreign pos	tal code		
Λ± 000	time during 2005	did you: (a) receive (as	- roward		or novement	for pro-), or (b) or				
		spose of a digital asset								. □ No		
Part		nd Credits (see instru			oot iii a aigitt	ui doootij	. (000 1110111101101	10.)				
1	Filing status.	id Orcaits (See mone	ictions)									
•	☐ Single				П Неа	ad of hou	sehold (HOH)					
	☐ Married filing joir	ntly			☐ Head of household (HOH)☐ Qualifying surviving spouse (QSS)							
		parately (MFS). Enter spo	use's SSN :	ahove a			ecked the HOH box, and will not complete line 2,					
	full name here:				-							
		resident alien or dual-sta			s a U.S. resid	lent for th	ne entire tax year	, check the	box and er	nter their		
	name (see instructions and attach statement if required):											
2	Qualifying children. Complete only if you are a bona fide resident of Puerto Rico and you are claiming the additional child tax											
	credit (ACTC). If more than four qualifying children, see instructions and check here											
	Qualifying child 1		•	Qualifying child 2			ualifying child 3	ualifying child 4				
	(a) First name											
	(b) Last name											
	(c) SSN											
	(d) Relationship											
3		ax from Schedule SE (F d applicable schedules			2. Attach Sch	nedule 	3					
4	Household employment taxes. Attach Schedule H (Form 1040)											
5	Additional Medicare	e Tax. Attach Form 895	9			[5					
6a	Employee social se	ecurity and Medicare ta	x on tips r	ıot								
	reported to employe	er. Attach Form 4137		6	a							
b	Uncollected employ	yee social security and	Medicare t	ax								
	on tips			61	b							
С	Uncollected employ	yee social security and	Medicare t	ax								
	on wages. Attach F	orm 8919		6	С							
d		yee social security and	Medicare t	I								
	on group-term life in											
е		dd lines 6a through 6d				_	6e					
7	Total tax. Add lines 3, 4, 5, and 6e											
8		payments and amount				-	8					
	If you made estimated tax payments with your former spouse in 2025, enter											
	their SSN (see instru											
9	·	equest for extension of				-	9					
10		credit from Part II, line				-	10					
11a		e Tax withheld. Attach F				-	11a					
b	Excess social secur			11b								
12	Total payments an	nd credits. Add lines 8 t	hrough 11	b				12				

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Part	Т	otal Tax and Credits (see instruc	tions) ((continued)								
13	If line 1	2 is more than line 7, subtract line 7 f	12. This is the amount you overpaid					13				
14a	Amoun	t of line 13 you want refunded to you	Form 8888 is attached, check here					14a				
b	Routing number c Type: C					neckin	g 🗌 Sa	vings				
d	Account number											
15	Amount of line 13 you want applied to 2026 estimated tax											
16		ne 7 is more than line 12, subtract line 12 from line 7. This is the amount you owe .										
	For det	ails on how to pay, go to www.irs.go	v/Payme	ents or see instru	ictions		<u> </u>		16			
Third Party Designee											☐ No	
		Designee's Phone name no.						Personal identification number (ation			
Sign Here Joint return? See instructions. Keep a copy for your records.		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 the taxpayer) is based on all information of which the preparer has any knowledge.										
		Your signature	Date	Daytime phone number If the IRS sentence enter it here (see instruction			re ´	t you an Identity Protection PIN,				
		Spouse's signature. If a joint return, both mus	PIN,		PIN, enter	IRS sent your spouse an Identity Protection inter it here instructions)						
Paid Preparer		Preparer's name	Prepare	r's signature		Date		PTIN		Check if	employed	
		Firm's name Phone								no.		
Use Only		Firm's address Firm							m's EIN			

Form **1040-SS** (2025)

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TREASURY/IRS AND OMB USE ONLY DRAFT

Form 1040-SS (2025) Page 3 Bona Fide Residents of Puerto Rico Claiming Additional Child Tax Credit (see instructions) Part II Do you have one or more qualifying children under age 17 with the required social security number? No. Stop. You can't claim the credit. Yes. Go to line 2. 2 Number of qualifying children under age 17 with the required social security number: x \$1,700 2 3 Enter your modified adjusted gross income Enter the amount shown below for your filing status Married filing jointly – \$400,000 • All other filing statuses - \$200,000 Is the amount on line 3 more than the amount on line 4? □ No. Leave line 5 blank. Enter the amount from line 2 on line 11, and go to line 12. Yes. Subtract line 4 from line 3. If the result isn't a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.) 5 Multiply the amount on line 5 by 5% (0.05) 6 6 7 Number of qualifying children from line 2 x \$2,200 8 Number of other dependents, including children who are not under age 17: x \$500. See instructions 8 9 10 Is the amount on line 9 more than the amount on line 6? ■ No. Stop. You can't claim the credit. 10 Enter the **smaller** of line 2 or line 10 11 11 12a Enter one-half of self-employment tax from Part I, line 3 12a Enter one-half of the Additional Medicare Tax on self-employment income 12b 12c Enter the amount, if any, of withheld social security, Medicare, and Additional Medicare taxes from Puerto Rico Form(s) 499R-2/W-2PR (attach copy of form(s)). If married filing jointly, include your spouse's amounts with yours . 13a Enter the amount reported on Part I, line 6a, if any, of employee social security and Medicare tax on tips not reported to employer from Form 4137. 13b Enter the amount reported on Part I, line 6c, if any, of uncollected employee social security and Medicare tax on wages from Form 8919 13c Enter the amounts reported on Part I, lines 6b and 6d, if any, of uncollected employee social security tax and Medicare tax on tips and group-term life 13d Enter the amount, if any, of Additional Medicare Tax on Medicare wages from 13e 13f 14 14 Enter the amount, if any, of Additional Medicare Tax withheld from Form 8959, 15 15 16 16 17 17 Enter the amount, if any, from Part I, line 11b 18 Is the amount on line 16 more than the amount on line 17? No. Stop. You can't claim the credit. 18

Additional child tax credit. Enter the smaller of line 11 or line 18 here and on Part I, line 10 .

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