ATS Test Scenario 1
Taxpayer: Tara Black
SSN: 400-00-1032

Test Scenario 1 includes the following forms:

- Form 1040
- Form W-2(2)
- Schedule 2
- Schedule 3
- Schedule H
- Form 5695

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 , 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
Tara	Black	400 00 1032
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. ☐
17 Lexington Drive		

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	**Presidential Election Campaign**
Cincinnati	OH	45223	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

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				
(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.

Attach Sch. B if required.

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 29			**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**	**b** Taxable interest	**2b**
3a	Qualified dividends	**3a**	**b** Ordinary dividends	**3b**
c	Check if your child's dividends are included in **1** ☐ Line 3a		**2** ☐ Line 3b	
4a	IRA distributions	**4a**	**b** Taxable amount	**4b**
c	Check if (see instructions) **1** ☐ Rollover		**2** ☐ QCD **3** ☐	
5a	Pensions and annuities	**5a**	**b** Taxable amount	**5b**
c	Check if (see instructions) **1** ☐ Rollover		**2** ☐ PSO **3** ☐	
6a	Social security benefits	**6a**	**b** Taxable amount	**6b**
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**
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**

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	
Standard deduction for— • Single or Married filing separately, $15,000 • Married filing jointly or Qualifying surviving spouse, $30,000 • Head of household, $22,500 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13
	14	Add lines 12e and 13	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

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):		
If you have a qualifying child, you may need to attach Sch. EIC.	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	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27a, 28, 29, 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

	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
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 | 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		

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

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	

	a Employee's social security number 400-00-1032	OMB No. 1545-0029	Safe, accurate, FAST! Use IRS e-file — Visit the IRS website at www.irs.gov/efile.

b Employer identification number (EIN) 00-0000007	**1** Wages, tips, other compensation 22,970	**2** Federal income tax withheld 1,073
c Employer's name, address, and ZIP code The Green Ladies 14 Forest Lane Atlanta, GA 30033	**3** Social security wages 22,970	**4** Social security tax withheld 1,424
	5 Medicare wages and tips 22,970	**6** Medicare tax withheld 333
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial — Last name — Suff. Tara Black 17 Lexington Drive Cincinnati, OH 45223	**11** Nonqualified plans	**12a** See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
		12d Code
f Employee's address and ZIP code		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
GA	00-0000008	22,970	320			

Form W-2 Wage and Tax Statement 2025

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

	a Employee's social security number 400-00-1032	OMB No. 1545-0029	**Safe, accurate, FAST! Use** IRS e-file Visit the IRS website at **www.irs.gov/efile.**
b Employer identification number (EIN) 00-0000007		**1** Wages, tips, other compensation 19,500	**2** Federal income tax withheld 1,640
c Employer's name, address, and ZIP code C&R 1121 W Fourth Street Cincinnati, OH 45223		**3** Social security wages 19,500 **5** Medicare wages and tips 19,500 **7** Social security tips	**4** Social security tax withheld 1,209 **6** Medicare tax withheld 283 **8** Allocated tips
d Control number		**9**	**10** Dependent care benefits
e Employee's first name and initial Last name Suff. Tara Black 17 Lexington Drive Cincinnati, OH 45223 **f** Employee's address and ZIP code		**11** Nonqualified plans **13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ **14** Other	**12a** See instructions for box 12 Code **12b** Code **12c** Code **12d** Code

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
GA	00-0000008	19,500	416			

Form W-2 Wage and Tax Statement 2025 Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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: Tara Black

Your social security number: 400-00-1032

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Part I Tax

1	Additions to tax:			
a	Excess advance premium tax credit repayment. Attach Form 8962	1a		
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)	1b		
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)	1c		
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d		
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	1e		
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	1f		
y	Other additions to tax (see instructions): _____	1y		
z	Add lines 1a through 1y			1z
2	Alternative minimum tax. Attach Form 6251			2
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			3

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): **1** ☐ 4361 **2** ☐ 4029 **3** ☐ _____			4
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6			7
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8
9	Household employment taxes. Attach Schedule H			9
10	Reserved for future use			10
11	Additional Medicare Tax. Attach Form 8959			11
12	Net investment income tax. Attach Form 8960			12
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15
16	Recapture of low-income housing credit. Attach Form 8611			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 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

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

Your social security number: 400-00-1032

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2
3	Education credits from Form 8863, line 19			3
4	Retirement savings contributions credit. Attach Form 8880			4
5a	Residential clean energy credit from Form 5695, line 15			5a
b	Energy efficient home improvement credit from Form 5695, line 32			5b
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
m	Credit for previously owned clean vehicles. Attach Form 8936	6m		
z	Other nonrefundable credits. List type and amount: _____ _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z			7
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9
10	Amount paid with request for extension to file (see instructions)			10
11	Excess social security and tier 1 RRTA tax withheld			11
12	Credit for federal tax on fuels. Attach Form 4136			12
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b		
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other refundable credits (see instructions): _____ _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z			14
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15

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SCHEDULE H (Form 1040)

Department of the Treasury
Internal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041.

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

OMB No. 1545-0074

2025

Attachment Sequence No. **44**

Name of employer

Tara Black

Social security number

400-00-1032

Employer identification number

0 0 0 0 0 0 0 2 9

Calendar year taxpayers having no household employees in 2025 don't have to complete this form for 2025.

A Did you pay **any one** household employee cash wages of $2,800 or more in 2025? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

☑ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

B Did you withhold federal income tax during 2025 for any household employee?

☐ **Yes.** Skip line C and go to line 7.
☐ **No.** Go to line C.

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2024 or 2025 to **all** household employees? (**Don't** count cash wages paid in 2024 or 2025 to your spouse, your child under age 21, or your parent.)

☐ **No. Stop.** Don't file this schedule.
☐ **Yes.** Skip lines 1–9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	3,100	
2	Social security tax. Multiply line 1 by 12.4% (0.124)			2
3	Total cash wages subject to Medicare tax	3	3,100	
4	Medicare tax. Multiply line 3 by 2.9% (0.029)			4
5	Total cash wages subject to Additional Medicare Tax withholding	5	0	
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)			6 0
7	Federal income tax withheld, if any			7 0
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7			8

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2024 or 2025 to **all** household employees? (**Don't** count cash wages paid in 2024 or 2025 to your spouse, your child under age 21, or your parent.)

☑ **No. Stop.** Include the amount from line 8 above on Schedule 2 (Form 1040), line 9. If you're not required to file Form 1040, see the line 9 instructions.

☐ **Yes.** Go to line 10.

DRAFT — DO NOT FILE

Part II Federal Unemployment (FUTA) Tax

			Yes	No
10	Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "**No**"	10		
11	Did you pay all state unemployment contributions for 2025 by April 15, 2026? Fiscal year filers, see instructions	11		
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12		

Next: If you checked the "**Yes**" box on **all** the lines above, complete Section A.
If you checked the "**No**" box on **any** of the lines above, skip Section A and complete Section B.

Section A

13	Name of the state where you paid unemployment contributions		
14	Contributions paid to your state unemployment fund	14	
15	Total cash wages subject to FUTA tax	15	
16	**FUTA tax.** Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16	

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period From	(c) To	(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund

18	Totals	18	
19	Add columns (g) and (h) of line 18	19	
20	Total cash wages subject to FUTA tax (see the line 15 instructions)	20	
21	Multiply line 20 by 6.0% (0.06)	21	
22	Multiply line 20 by 5.4% (0.054)	22	
23	Enter the **smaller** of line 19 or line 22. (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) ☐	23	
24	**FUTA tax.** Subtract line 23 from line 21. Enter the result here and go to line 25	24	

Part III Total Household Employment Taxes

25	Enter the amount from line 8. If you checked the "**Yes**" box on line C of page 1, enter -0-	25	
26	Add line 16 (or line 24) and line 25	26	

27 Are you required to file Form 1040?

☐ **Yes. Stop.** Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. **Don't** complete Part IV below.
☐ **No.** You may have to complete Part IV. See instructions for details.

Part IV Address and Signature — Complete this part **only** if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address		Apt., room, or suite no.
City, town, or post office	State	ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature	Date

Paid Preparer Use Only

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

Form **5695**

Department of the Treasury
Internal Revenue Service

Residential Energy Credits

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form5695* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **75**

Name(s) shown on return

Tara Black

Your social security number

400 00 1032

Part I **Residential Clean Energy Credit** (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2024**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code
17 Lexington Drive		Cincinnati	OH	45223

1	Qualified solar electric property costs	**1**		
2	Qualified solar water heating property costs	**2**		
3	Qualified small wind energy property costs	**3**		
4	Qualified geothermal heat pump property costs	**4**		
5a	Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology	**5a**	☐ **Yes** ☐ **No**	
b	If you checked the "Yes" box, enter the qualified battery technology costs	**5b**		
6a	Add lines 1 through 5b	**6a**		
b	Multiply line 6a by 30% (0.30)	**6b**		
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your **main home** located in the United States? (See instructions.)	**7a**	☐ **Yes** ☐ **No**	

If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.

b Enter the complete address of the main home where you installed the fuel cell property.

Number and street	Unit no.	City or town	State	ZIP code

Caution: You can only have one main home at a time. (See instructions.)

c If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)

8	Qualified fuel cell property costs	**8**		
9	Multiply line 8 by 30% (0.30)	**9**		
10	Kilowatt capacity of property on line 8 above. If less than 0.5 kW, enter -0-. (See instructions.) . . x $1,000	**10**		
11	Enter the smaller of line 9 or line 10	**11**		
12	Credit carryforward from 2024. Enter the amount, if any, from your 2024 Form 5695, line 16	**12**		
13	Add lines 6b, 11, and 12	**13**		
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)	**14**		
15	**Residential clean energy credit.** Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a	**15**		
16	Credit carryforward to 2026. If line 15 is less than line 13, subtract line 15 from line 13	**16**		

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Name(s) shown on return. Do not enter name and social security number if shown on other side. | Your social security number

Tara Black | 400 00 1032

Part II Energy Efficient Home Improvement Credit

Section A—Qualified Energy Efficiency Improvements

17a Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.) . . . **17a** ☑ Yes ☐ No

b Are you the original user of the qualified energy efficiency improvements? . . . **17b** ☑ Yes ☐ No

c Are the components reasonably expected to remain in use for at least 5 years? . . . **17c** ☑ Yes ☐ No

If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.

d Enter the complete address of the main home where you made the qualifying improvements.

Caution: You can only have one main home at a time. (See instructions.)

17 Lexington Drive (Number and street) | (Unit no.) | Cincinnati (City or town) | OH (State) | 45223 (ZIP code)

e Were any of these improvements related to the construction of this main home? . . . **17e** ☐ Yes ☑ No

If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.

18 Insulation or air sealing material or system.

a Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.) . . **18a**

b Multiply line 18a by 30% (0.30). Enter the results. Do **not** enter more than $1,200 . . . **18b**

19 Exterior doors that meet the applicable Energy Star requirements.

a Enter the cost of the most expensive door you bought . . . **19a** 1,020

b Enter the Qualified Manufacturer Identification Number of the door.

A 1 B 2

c Multiply line 19a by 30% (0.30). Do **not** enter more than $250 . . . **19c**

d Enter the Qualified Manufacturer Identification Number(s) and cost(s) of the two next most expensive door(s) . . . **19d** 1,720

(i) A 1 B 3 $ 920

(ii) A 1 B 4 $ 800

e Enter the cost of all other qualifying exterior doors. If none, enter -0- . . . **19e** 2,740

f Add lines 19d and 19e . . . **19f**

g Multiply line 19f by 30% (0.30) . . . **19g**

h Add lines 19c and 19g. Do **not** enter more than $500 . . . **19h**

20 Windows and skylights that meet the Energy Star certification requirements.

a Enter the Qualified Manufacturer Identification Number(s) and cost(s) of the four most expensive window(s)/skylight(s) . . . **20a** 600

(i) A 1 B 5 $ 600

(ii) $

(iii) $

(iv) $

b Enter the cost of all other exterior windows and skylights. If none, enter -0-. (See instructions.) . . . **20b** 0

c Add lines 20a and 20b . . . **20c**

d Multiply line 20c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . **20d**

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Section B—Residential Energy Property Expenditures

21a Did you incur costs for qualified energy property installed on or in connection with a home located in the United States that you use as a residence? . . . . . **21a** ☑ Yes ☐ No

b Was the qualified energy property originally placed into service by you? . . . . . **21b** ☑ Yes ☐ No

If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.

c Enter the complete address of each home where you installed qualified energy property.

Number and street	Unit no.	City or town	State	ZIP code
17 Lexington Drive		Cincinnati	OH	45223

22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)

a Enter the Qualified Manufacturer Identification Number and cost of the most expensive central air conditioner **22a** 2,100

A1B6

b Enter the cost of all other central air conditioners. If none, enter -0- . . . **22b** 400

c Add lines 22a and 22b **22c**

d Multiply line 22c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . . . **22d**

23a Enter the Qualified Manufacturer Identification Number(s) and cost(s) of the two most expensive natural gas, propane, or oil water heater(s). If none, enter -0- . **23a** 0

(i) $

(ii) $

b Enter the cost of all other natural gas, propane, or oil water heaters. If none, enter -0- **23b** 0

c Add lines 23a and 23b **23c**

d Multiply line 23c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . . . **23d**

24a Enter the Qualified Manufacturer Identification Number and cost of the most expensive natural gas, propane, or oil furnace or hot water boiler **24a**

b Enter the cost of all other natural gas, propane, or oil furnace or hot water boilers. If none, enter -0- **24b** 0

c Add lines 24a and 24b **24c**

d Multiply line 24c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . . . **24d**

25a Did you install improvements or replacements of panelboards, subpanelboards, branch circuits, or feeders (enabling property) to enable the installation and use of a separate qualified energy efficient improvement or qualified energy property (enabled property), and were both the enabling property and the enabled property installed in 2025? (See instructions if some of the property was installed in 2024.) . . . . . **25a** ☐ Yes ☑ No

If you checked the "No" box, you cannot claim the credit for enabling property. Skip lines 25b through 25e. Go to line 26. (See instructions.)

b If you checked the "Yes" box for line 25a, enter the code for the type of enabled property. (See instructions.)

Code(s) _____ _____ _____ _____ _____ _____ _____

c Enter the cost of improvements or replacement of enabling property . . . **25c**

d Enter the Qualified Manufacturer Identification Number(s) of the enabling property.

(i)

(ii)

e Multiply line 25c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . . . **25e**

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Section B—Residential Energy Property Expenditures *(continued)*

26 Home energy audits.

a Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) **26a** ☐ **Yes** ☑ **No**

If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.

b Enter the cost of the home energy audits . . . **26b**

c Multiply line 26b by 30% (0.30). Enter the results. Do **not** enter more than $150 . . . **26c**

27 Add lines 18b, 19h, 20d, 22d, 23d, 24d, 25e, and 26c . . . **27**

28 Enter the smaller of line 27 or $1,200 . . . **28**

29 Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.

a Enter the Qualified Manufacturer Identification Number and cost of the most expensive electric or natural gas heat pump . . . **29a**

☐☐☐☐■■■■■■■■■■■■■■■■

b Enter the cost of all other electric or natural gas heat pumps. If none, enter -0- **29b**

c Enter the Qualified Manufacturer Identification Number and cost of the most expensive electric or natural gas heat pump water heater . . . **29c**

☐☐☐☐■■■■■■■■■■■■■■■■

d Enter the cost of all other electric or natural gas heat pump water heaters. If none, enter -0- . . . **29d**

e Enter the Qualified Manufacturer Identification Number and cost of the most expensive biomass stove or boiler . . . **29e**

☐☐☐☐■■■■■■■■■■■■■■■■

f Enter the cost of all other biomass stoves and biomass boilers. If none, enter -0- **29f**

g Add lines 29a through 29f . . . **29g** 0

h Multiply line 29g by 30% (0.30). Enter the results. Do **not** enter more than $2,000 . . . **29h**

30 Add lines 28 and 29h . . . **30**

31 Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.) . . . **31**

32 **Energy efficient home improvement credit.** Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b . . . **32**

a If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)

b If you live in a condominium or cooperative and have a fractional share of the qualified energy efficiency improvements or residential energy property expenditures, check here ☐ . (See instructions.)

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