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 Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
JULIE A	DANKOVICH	*** ** 4252
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. ☐
2540 MAGUIRE AVE NE		

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	**Presidential Election Campaign**
GRAND RAPIDS	MI	49525	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: _____
☐ 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):
☐ 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: _____

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	38,000.
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 31			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions). Enter type and amount: _____			1h	0.
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	38,000.
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	0.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	38,000.
10	Adjustments to income from Schedule 1, line 26			10	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	38,000.

nount from line 11a (adjusted gross income)	11b	38,000.
omeone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
] Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
You: ☐ Were born before January 2, 1961 ☐ Are blind		
Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction or itemized deductions (from Schedule A)	12e	15,750.
Qualified business income deduction from Form 8995 or Form 8995-A	13a	
Additional deductions from Schedule 1-A, line 38	13b	
Add lines 12e, 13a, and 13b	14	15,750.
Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	22,250.
Tax (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	2,435.
Amount from Schedule 2, line 3	17	525.
8 Add lines 16 and 17	18	2,960.
9 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	2,960.
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	2,960.

25	Federal income tax withheld from:			
a	Form(s) W-2	25a	2,521.	
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c			25d 2,521.
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):			
a hild, ed to . 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	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 2,521.

fund 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	
rect deposit? e instructions. b	Routing number * * * * * X X X X **c** Type: ☐ Checking ☐ Savings		
d	Account number * * * * * * * * * * * * * X X X X		
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	439.
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 Terrence Lee Cross | Phone no. (616)826-0699 | 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 EXECUTIVE DIRECTOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Joint return? See instructions. Keep a copy for your records. 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 julie.dankovich@designedfuture.com		

Paid Preparer Use Only

Preparer's name Terrence Lee Cross	Preparer's signature	Date 03/15/2026	PTIN *****6117	Check if: ☒ Self-employed
Firm's name TERRY CROSS			Phone no. (616)826-0699	
Firm's address 2127 SHILOH HILLS DR SE GRAND RAPIDS MI 49546			Firm's EIN **-***6839	

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

1040, 1040-SR, or 1040-NR

ICH

Your social security number

***-**-4252

ax:

nce premium tax credit repayment. Attach Form 8962	1a	525.	
of new clean vehicle credit(s) transferred to a registered dealer dule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form	1b		
nt of previously owned clean vehicle credit(s) transferred to a d dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and e A (Form 8936)	1c		
ure of net EPE from Form 4255, line 2a, column (l)	1d		
sive payments (EPs) on gross EPE from Form 4255. Check applicable nd enter amount. See instructions. ☐ Line 1a (ii) ☐ Line 1c ☐ Line 1d (iv) ☐ Line 2a	1e		
% EP from Form 4255. Check applicable box and enter amount. See ructions. ☐ Line 1a (ii) ☐ Line 1c) ☐ Line 1d (iv) ☐ Line 2a	1f		
ther additions to tax (see instructions): _____	1y		
dd lines 1a through 1y	1z		525.
Alternative minimum tax. Attach Form 6251	2		
Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3		525.

t II Other Taxes

Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐ _____	4		
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)

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **73**

Your social security number

***-**-4252

f your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Monthly Contribution Amount

er your tax family size. See instructions			1	1
r your modified AGI. See instructions	2a	38,000.		
our dependents' modified AGI. See instructions	2b			
e. Add the amounts on lines 2a and 2b. See instructions			3	38,000.
ine. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the for the federal poverty table used. **a** ☐ Alaska **b** ☐ Hawaii **c** ☒ Other 48 states and DC			4	15,060.
me as a percentage of federal poverty line (see instructions)			5	252 %
iture use				
re. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0408
ution amount. Multiply line 3 by to nearest whole dollar amount	8a	1,550.	8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b 129.

ium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

cating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
kip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.
ontinue to line 10.
nstructions to determine if you can use line 11 or must complete lines 12 through 23.
Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24.
Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

n	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
Totals	12,296.	10,121.	1,550.	8,571.	8,571.	9,096.
ly tion	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly PTC allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
nuary						
ebruary						
March						
April						
May						
June						
July						
August						
September						
October						
November						
3 December						

24	Total PTC. Enter the amount from line 11, column (e), or add lines 12 through 23, column (e), and enter the total here	24	8,571.
25	Advance payment of PTC. Enter the amount from line 11, column (f), or add lines 12 through 23, column (f), and enter the total here	25	9,096.
26	Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	525.
28	Repayment limitation (see instructions)	28	975.
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	525.