



**2025 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2025**

Prepared for	KATHRIN M DOMBAUGH RAYAS	
Tax Summary	Gross Income.....	\$0
	Adjusted Gross Income.....	\$0
	Total Deductions.....	\$15750
	Total Taxable Income.....	\$0
	Total Tax.....	\$0
	Total Payments.....	\$0
	Refund Amount.....	\$0
	Amount You Owe.....	\$0
Make check payable to		
Mailing Address	Department of the Treasury Internal Revenue Service Austin, TX 73301-0002	

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

If you have a balance due being paid by check or are paper filing the return, mail it to the address indicated.

Sign and date Form. Assemble what you need to mail. Attach any schedules and forms behind Form 1040 in order of the Attachment Sequence Number shown in the upper right corner of the schedule or form.

If there are supporting statements, arrange them in the same order as the schedules or forms they support and attach them last. Do not attach correspondence or other items unless required to do so.

Attach a copy of each W-2, W-2G, and 2439 to the front of Form 1040. Also attach Form(s) 1099-R or 1099-G if tax was withheld.

Pay balance due on your taxes Make your check or money order for payable to the United States Treasury. Do not send cash and do not forget to sign it. Write your Social Security number(s) and daytime phone number on your check or money order (U.S. funds only).



**2025 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2025**

USPS postmark dates are based on when your return or payment is processed at a USPS facility-not when you drop it in the mail. Mailing on the due date may result in a late filing.

2026 INCOME TAX ESTIMATOR/PLANNER

KATHRIN M DOMBAUGH RAYAS
653-32-0799

Keep for Your Records

	Current 2025	Adjustments 2026	Estimated 2026
TAX COMPUTATION (BEFORE CREDITS):			
Taxable income	0	-350	0
Tax			
Schedule 2 - Taxes			
Additions to Tax			
Alternative minimum tax			
Tax rate	10.0%		10.0%
CREDITS:			
Child and other dependents tax credit			
Schedule 3 - Nonrefundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits			
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
Total other taxes			
PAYMENTS:			
Federal income tax withheld			
Estimated payments			
Earned income credit			
Additional child tax credit			
Schedule 3 - Refundable Credits and Payments			
American opportunity credit			
ACA premium tax credit			
Other payments			
Total payments			
AMOUNT DUE / REFUND:			
Amount overpaid			
Overpayment applied to next year			
Refund			
Amount due			

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2025 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2025 tax return prepared using the actual 2025 tax forms issued by the Internal Revenue Service and your actual 2025 source documents.

ADDITIONAL DISCLOSURES:

Standard deduction limits increased to \$32,200 for MFJ and QSS filers
 \$24,150 for head of household (HOH) filers \$16,100 single
 # The State and local tax deduction is limited to \$10,000 (\$5,000 MFS)

2025 TWO YEAR COMPARISON

KATHRIN M DOMBAUGH RAYAS
653-32-0799

Keep for Your Records
Difference

	2025	2024	
Filing status	Single		
INCOME:			
Wages, salaries, tips, etc.			
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income			
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reservists, performing artists, etc			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction ...			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:			
DEDUCTIONS:			
Standard deduction or Itemized deductions	15,750		15,750
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	452		452
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
Schedule 1-A Additional deductions			
Qualified tips deduction			
Qualified overtime compensation deduction			
Qualified passenger vehicle loan interest deduction			
Enhanced deduction for seniors			
TAXABLE INCOME:			

2025 TWO YEAR COMPARISON

KATHRIN M DOMBAUGH RAYAS
653-32-0799

Keep for Your Records

	2025	2024	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	_____	_____	_____
Tax calculation method	TABLE	_____	_____
Schedule 2 - Taxes			
Additions to Tax	_____	_____	_____
Alternative minimum tax	_____	_____	_____
Total taxes	_____	_____	_____
Tax rate	10%	%	_____
CREDITS:			
Child and other dependents tax credit	_____	_____	_____
Schedule 3 - Non-Refundable Credits			
Foreign tax credit	_____	_____	_____
Child care credit	_____	_____	_____
Education credit	_____	_____	_____
Retirement savings contribution credit	_____	_____	_____
Other credits	_____	_____	_____
Total credits	_____	_____	_____
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax	_____	_____	_____
Additional tax on IRAs	_____	_____	_____
Other taxes	_____	_____	_____
TOTAL TAXES:	_____	_____	_____
PAYMENTS:			
Federal income tax withheld	_____	_____	_____
Estimated payments made	_____	_____	_____
Earned income credit	_____	_____	_____
Refundable child tax credit or additional child tax credit	_____	_____	_____
American opportunity credit	_____	_____	_____
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit	_____	_____	_____
Qualified sick and family leave credit	_____	_____	_____
Other payments	_____	_____	_____
Total payments	_____	_____	_____
AMOUNT DUE / REFUND:			
Amount overpaid	_____	_____	_____
Overpayment applied to next year	_____	_____	_____
Refund	_____	_____	_____
Amount due	_____	_____	_____
Penalty	_____	_____	_____

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

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: **KATHRIN M** Last name: **DOMBAUGH RAYAS** Your social security number: **653-32-0799**

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. **PO Box 496** 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. **Miami** State: **TX** ZIP code: **79059** 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/county Foreign postal code

Filing Status Single Head of household (HOH) Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) Married filing separately (MFS). Enter spouse's SSN above and full name here: 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 instr.):	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	NIVELY MONSERR			
(2) Last name	DOMBAUGH RAYAS			
(3) SSN	758-44-7318			
(4) Relationship	DAUGHTER			
(5) Check if lived with you more than half of 2025	(a) <input checked="" type="checkbox"/> Yes (b) <input checked="" type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<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
(7) Credits	<input checked="" 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	1b	1c	1d	1e	1f	1g	1h	1i	1z	2a	2b	3a	3b	4a	4b	5a	5b	6a	6b	7a	8	9	10	11a
1a Total amount from Form(s) W-2, box 1 (see instructions)																									
b Household employee wages not reported on Form(s) W-2																									
c Tip income not reported on line 1a (see instructions)																									
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)																									
e Taxable dependent care benefits from Form 2441, line 26																									
f Employer-provided adoption benefits from Form 8839, line 31																									
g Wages from Form 8919, line 6																									
h Other earned income (see instructions). Enter type and amount:																									
i Nontaxable combat pay election (see instructions)																									
z Add lines 1a through 1h																									
2a Tax-exempt interest																									
2b Taxable interest																									
3a Qualified dividends																									
3b Ordinary dividends																									
c Check if your child's dividends are included in 1 <input type="checkbox"/> Line 3a																									
4a IRA distributions																									
4b Taxable amount																									
c Check if (see instructions) 1 <input type="checkbox"/> Rollover																									
5a Pensions and annuities																									
5b Taxable amount																									
c Check if (see instructions) 1 <input type="checkbox"/> Rollover																									
6a Social security benefits																									
6b Taxable amount																									
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																									
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																									
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income																									
10 Adjustments to income from Schedule 1, line 26																									
11a Subtract line 10 from line 9. This is your adjusted gross income																									

Tax and Credits

11b Amount from line 11a (adjusted gross income)
12a Someone can claim You as a dependent
12b Spouse itemizes on a separate return
12c You were a dual-status alien
12d You: Were born before January 2, 1961 Are blind
Spouse: Was born before January 2, 1961 Is blind
12e Standard deduction or itemized deductions (from Schedule A)
13a Qualified business income deduction from Form 8995 or Form 8995-A
13b Additional deductions from Schedule 1-A, line 38
14 Add lines 12e, 13a, and 13b
15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income.
16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3
17 Amount from Schedule 2, line 3
18 Add lines 16 and 17.
19 Child tax credit or credit for other dependents from Schedule 8812
20 Amount from Schedule 3, line 8
21 Add lines 19 and 20
22 Subtract line 21 from line 18. If zero or less, enter -0-
23 Other taxes, including self-employment tax, from Schedule 2, line 21
24 Add lines 22 and 23. This is your total tax.

Table with 2 columns: Line number, Amount. Row 11b: 11,750. Row 12e: 15,750. Row 14: 15,750. Row 15: 0. Row 16: 0. Row 18: 0. Row 22: 0. Row 24: 0.

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
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
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.

Table with 2 columns: Line number, Amount. Row 25d: 0. Row 26: 0. Row 27a: 0. Row 28: 0. Row 29: 0. Row 30: 0. Row 31: 0. Row 32: 0. Row 33: 0.

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
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here
35a
b Routing number XXXXXXXXXXXXXXXXXXXX c Type: Checking Savings
d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
36 Amount of line 34 you want applied to your 2026 estimated tax.
36

Table with 2 columns: Line number, Amount. Row 34: 0. Row 35a: 0. Row 36: 0.

Direct deposit? See instructions.

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe.
37
38 Estimated tax penalty (see instructions)
38

Table with 2 columns: Line number, Amount. Row 37: 0. Row 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)

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 Student
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation
Phone no. 7208390545 Email address michael.dombaugh@gmail.com

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

Trump Account Election(s)

Go to www.irs.gov/Form4547 for instructions and the latest information.

If you have a child that is eligible for a Trump account, and you want to open a Trump account for that child, complete Form 4547.

- For each child that is eligible and for whom you want to open a Trump account, complete Parts I, II, and IV.
- For each child that is eligible to receive a \$1,000 Pilot Program Contribution, check the box in Part III, line 7, in order to receive the contribution.

Part I Parent/Guardian or Other Authorized Individual Information

Note: The parent/guardian or other authorized individual listed in Part I will be the responsible party for the Trump account.

First name KATHRIN	Middle name	Last name DOMBAUGH RAYAS	Social security number 653-32-0799
Home address (number and street). If you have a P.O. box, see instructions. PO Box 496		Apartment number	Date of birth 9/7/2004
City, town, or post office. If you have a foreign address, also complete spaces below. Miami	County Roberts	State TX	ZIP code 79059
Foreign country name	Foreign province/state/county	Foreign postal code	Phone no. 7208390545
			Email address michael.dombaugh

Part II Child's Information

If more than two children, see instructions.

	(i) Child 1	(ii) Child 2
1a First name	NIVELY MONSERRA	
b Middle name		
c Last name	DOMBAUGH RAYAS	
2 Social security number	758-44-7318	
3 Date of birth	7/14/2023	
4 Relationship	DAUGHTER	
5 Home Address Check here if address is same as Part I. Otherwise, complete lines 5a through 5f. If you have a foreign address, complete lines 5g, 5h, and 5i.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Number and street		
b Apartment number		
c City, town, or post office		
d County		
e State		
f ZIP code		
g Foreign country name		
h Foreign province/state/county		
i Foreign postal code		
6 Check box if you are authorized to open the Trump account for the child. See instructions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part III Pilot Program Contribution Election

For a child to qualify to receive the \$1,000 Pilot Program Contribution to their Trump account, the child must have been born in 2025-2028, must be a qualifying child of the individual opening the Trump account, must be a U.S. citizen, and must have a valid social security number. See instructions.

	(i) Child 1	(ii) Child 2
7 Check box if child qualifies for, and you want the child to receive, a Pilot Program Contribution	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Consent to Disclose Information

By completing this form, you authorize the IRS, Treasury, and their agent(s) to create and maintain a Trump account with respect to the eligible child(ren) listed on this form. You also authorize the IRS, Treasury, and their agent(s) to disclose the fact that a Trump account has been established for the eligible child(ren) listed above to any parent, guardian, or authorized individual of the eligible child who is permitted to make an election to request creation of the Trump account.

Sign Here	Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature			Date
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name			Firm's EIN
	Firm's address			Phone no.

For Paperwork Reduction Act Notice, see separate instructions.

**Credits for Qualifying Children
and Other Dependents**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment
Sequence No. **47**

Name(s) shown on return
KATHRIN M DOMBAUGH RAYAS

Your social security number
653-32-0799

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	1	
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	
4	Number of qualifying children under age 17 with the required social security no.	4	1
5	Multiply line 4 by \$2,200	5	2,200
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.	6	
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,200
9	Enter the amount shown below for your filing status. • Married filing jointly--\$400,000 • All other filing statuses--\$200,000	9	200,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	2,200
13	Enter the amount from Credit Limit Worksheet A	13	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	0

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040) 2025 Created 7/30/25