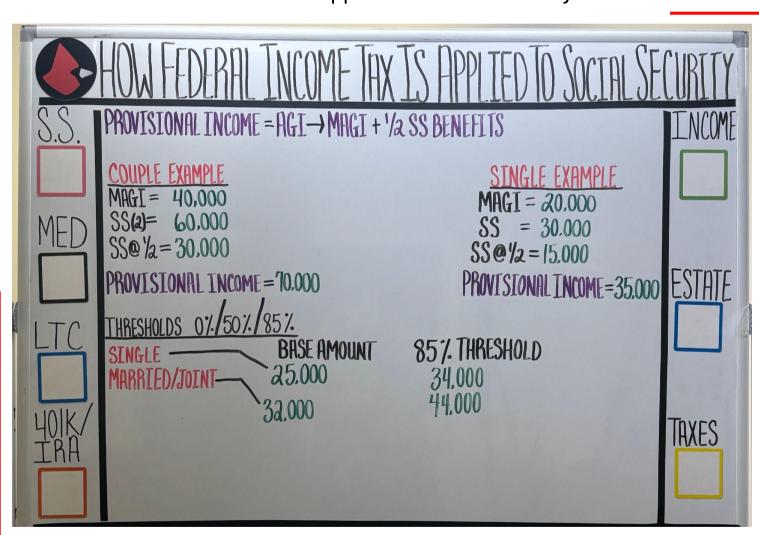


CARDINAL ADVISORS

How Federal Income Tax is Applied to Social Security

Hans and Tom discuss Social Security in the video titled "How Federal Income Tax is Applied to Social Security"



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Information provided is not intended as tax or legal advice and should not be relied on as such. You are encouraged to seek tax or legal advice from an independent professional.

Nov. 2025

្ទី 1040	OE	BBA Tax Forecast		2025	OMB No. 15	45-0074	IRS Use Only-	-Do not write or	staple in this spa	ce.	
For the year Jan. 1–De	c. 31, 202	5, or other tax year beginning	·	ending			See separate instructions.				
Your first name and	middle in	itial	Last name		Your social security number						
Dependents If more than four dependents, see instructions and check here		Last hams				001-01-0001					
If joint return, spous	e's first na	ime and middle initial	Last name				Spouse's social security number				
							001-01-0002				
Home address (num	nber and s	treet). If you have a P.O. box, see insti	ructions.		Apt. no.		Presiden	tial Electio	n Campaigi	n	
								e if you, or	•		
City, town, or post of	office. If yo	ou have a foreign address, also complete sp	paces below.	State	ZIP Code			iling jointly, is fund. Ch			
							Ü	will not cha	U		
Foreign country nan	ne		Foreign province/sta	ite/county	Foreign posta	l code	your tax o	r refund.			
								You	Spous	e e	
						-f	-1-1 (11011)				
Filing Status		ingle			Head	of Housen	old (HOH)				
•	x M	arried filing jointly									
one box	N	larried filing separately (MFS)					ving Spous				
	•		me of spouse.	If you checked the	HOH or QSS	box, enter	the child's i	name if the	qualifying		
		• •	ual atatus alian anausa	an a II C regident	for the entire	tovvoor	abook the be	v and anta			
		•	•		ioi ine enine	e lax year, i	CHECK THE DO	x and ente	1		
Digital		and name (eee menachene and a									
-								Yes	No		
	excitati	ge, girt, or otherwise dispose of a digital	a asset (or a illiancial lift	erest iii a digitai asse	st): (See mstru	ictions.)					
Standard	Someo	ne can claim: You as a depe	ndent Your spo	ouse as a dependent							
		Spouse itemizes on a separate return	n or you were a dual-stat	us alien							
Deddollon											
Age / Blindness	You:	X Were born before January 2, 196	Are blind	Spouse:	X Was bor	rn before Ja	nuary 2, 1961		Is blind		
Dependents			(2) Social security	(3) Relation	onship	(4) Chec	k the box if qu	ualifies for (s	ee instruction	s):	
-			number	to yo	•		1				
	(1) Firs	t name Last name				Child	Child tax credit Credit for other depen				
•											
										_	
Incomo	1 a	Total amount from Form(s) W-2, box	1 (see instructions)				1a		0		
	b	Household employee wages not repo	rted on Form(s) W-2				1b				
	С	Tip income not reported on line 1a (se	,				<u>1c</u>				
		Medicaid waiver payments not report		instructions)			1d				
	_	·					1e 1f				
			nom Form 6659, line 29				1g				
		Other earned income (see instruction	s)				1h				
get a Form W-2,	i	Nontaxable combat pay election (see	instructions)		1i		0				
	z	Add lines 1a through 1h					1z		0		
				b Taxable in			<u>2b</u>		0		
		- <u>-</u>		b Ordinary d			3b		40,000		
Deduction for	5 a	Pensions and annuities 5	,	b Taxable ab Taxable a			4b 5b		40,000		
Single or married	6 a	Social security benefits 6		_			6b		28,100		
filing separately	С	If you elect to use the lump-sum elect	, , , , , , , , , , , , , , , , , , ,			[
\$15,750	7	Capital gain or (loss). Attach Schedu	le D if required. If not red	quired, check here			. 7				
 Married filing 	8	Other income from Schedule 1, line 1					8		0		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, an	•				9		68,100		
surviving spouse	10	Adjustments to income from Schedule					<u>10</u>		68 100		
\$31,500 • Head of house	11 12	Subtract line 10 from line 9. This is your standard deduction or itemized de					11		68,100 34,700		
\$23,625	13a	Qualified business income deduction	,	*			13a		04,700		
If you checked any	13b	Additional OBBBA 'below-the-line'					13b		12,000		
Standard Deduction	14	Add lines 12, 13a, and 13b					14		46,700		
box, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less, enter -0	nıs is your taxable i i	ncome		15		21,400		

Form 1040 (2025)									F	Page 2
Tax and	16	Tax (see instructions). Check if an	y from Form(s):	1 8814 2	4972	2 3		16	2,143	3
Tax and	17	Amount from Schedule 2, line	e 3 .					17		
Credits	18	Add lines 16 and 17						18	2,143	3
	19	Child tax credit or credit for o	ther dependents	from Schedule 881	12			19	(
	20	Amount from Schedule 3, line 8						20	(<u>)</u>
	21	Add lines 19 and 20						21	()
	22	Subtract line 21 from line 18. If z	zero or less, enter -	0				22	2,143	3
	23	Other taxes, including self-emple	oyment tax, from S	chedule 2, line 21				23	(<u>) </u>
	24	Add lines 22 and 23. This is you	r total tax					24	2,143	3
_	25	Federal income tax withheld from	m:							
Payments	а	Form(s) W-2				25a	0			
	b	Form(s) 1099				25b	0			
	С	Other forms (see instructions)				25c	0			
	d	Add lines 25a through 25c						25d	O)
If you have a	26	_ 2025 estimated tax payments ar	nd amount applied t	from 2024 return				26		
qualifying child,	27	Earned income credit (EIC)				27	0			
attach Sch EIC.	28	Additional child tax credit from S	Schedule 8812			28	0			
	29	American opportunity credit from	n Form 8863, line 8			29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15	5			31	0			
	32	Add lines 27, 28, 29, and 31. Th	ese are your total	other payments and	d refundab	le credits		32	()
	33	Add lines 25d, 26, and 32. Thes	e are your total pa	yments .				33	(<u>,</u>
	34	If line 33 is more than line 24, su	ubtract line 24 from	line 33. This is the a	mount you	overpaid		34	()
Refund	35 a	Amount of line 34 you want refu	nded to you. If Fo	rm 8888 is attached,	check here			35a	(0
Direct deposit?	b	Routing number		c i	Гуре:	Checking	Savings			
See instructions	d	Account number				· 				
	36	Amount of line 34 you want	applied to your 2	2026 estimated tax	36		0			
Amount	37	Subtract line 33 from line 24. Th	is is the amount ye	ou owe.						
You Owe		For details on how to pay, go to	www.irs.gov/Paym	ents or see instruction	ons			37	2,143	3
	38	Estimated tax penalty (see in			. 38		0		,	_
Third Party	Do you	u want to allow another person		turn with the IRS?						_
Designee	•	structions				Yes. Complete be	low		X No	
Doorginoo	Designe			Phone		Personal identifi				_
	name			no.		number (PIN)				
Sign	Under p	enalties of perjury, I declare that I have	e examined this return	n and accompa 4						
_	belief, th	ney are true, correct, and complete. De	eclaration of preparer	(other than taxpayer) is	based on al	l information of which prepa	arer has an	y knowle	edge.	
Here	Your sig	jnature		Date	Your occup	ation			ent you an identity	
Joint return?							Pro	tection	PIN, enter it here	
See instructions.							(se	e inst.)		
Кеер а сору	Spouse	's signature. If a joint return, both mus	t sign.	Date	Spouse's or	ccupation			ent you an identity	
for your records.							Pro	tection .	PIN, enter it here	
							(se	e inst.)		
	Phone r	10.		Email address						
	Prepare	er's name	Preparer's signature	•		Date	PTIN		Check if:	
Paid	F =								Self-emple	oved
Preparers	Firm'e	irm's name				I _{Dk}	one no.			
Use Only		7.10								
	Firm's address						Fir	rm's EIN		
Go to www.irs.gov/Fo	v/Form1040 for instructions and the latest information.									

្ទី 1040	OE	BBA Tax Forecast		2025	OMB No. 15	45-0074	IRS Use Only—	-Do not write or	staple in this spa	ace.	
For the year Jan. 1–De	c. 31, 202	5, or other tax year beginning		ending			_	arate inst			
Your first name and	middle in	itial	Last name		Your social security number						
For the year Jan. 1–Dec. 31, 2025, or other tax year beginning Your first name and middle initial If joint return, spouse's first name and middle initial Home address (number and street). If you have a P.O. box, see in City, town, or post office. If you have a foreign address, also complete Foreign country name Filing Status Check only One box Married filing jointly One box Married filing separately (MFS) If you checked the MFS box, enter ther person is a child but not your dependent If treating a nonresident alien or their name (see instructions and their name (see instructions and check here		Lagrinaine				001-01-0001					
If joint return, spous	e's first na	me and middle initial	Last name				Spouse's social security number				
Home address (number and street). If you have a P.O. box, see institution. City, town, or post office. If you have a foreign address, also complete Foreign country name Filing Status X Single Check only Married filing jointly								-			
For the year Jan. 1–Dec. 31, 2025, or other tax year beginning Your first name and middle initial If joint return, spouse's first name and middle initial Home address (number and street). If you have a P.O. box, see instructions. City, town, or post office. If you have a foreign address, also complete spaces below Foreign country name Foreign country name name name of spearately (MFS) If treating jointly Married filing joi		ructions.		Apt. no.		President	ial Electio	n Campaig	n		
								e if you, or	•		
City, town, or post of	office. If yo	ou have a foreign address, also complete sp	paces below.	State	ZIP Code			iling jointly, is fund. Ch			
							U	will not cha			
Foreign country nan	ne		Foreign province/sta	ite/county	Foreign posta	l code	your tax or	refund.			
								You	Spous	se	
Fillion of Otto Association	V 9	inglo			L Hood	of Househ	이역 (미U미)				
•	=				neau (JI Housell	ola (HOH)				
•											
ONE DOX			_				ing Spous				
	•		me of spouse.	If you checked the	HOH or QSS	box, enter	the child's r	name if the	qualifying		
		• •	ial-etatus alien enouse	as a IIS resident	for the entire	tay year	hack the ho	v and enter			
		•	•		i loi tile elitile	iax year, c	nicok trie be	x and enter			
Digital		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>,</u>							
-								Yes	No		
	CACHAI	ge, girt, or otherwise dispose or a digite	ar asset (or a imanoral mic	crest iii a digital asse	20: (000 1113110	ottoris.)					
Standard	Someo	ne can claim: You as a depe	ndent Your spo	ouse as a dependent							
Deduction		Spouse itemizes on a separate return	n or you were a dual-stat	us alien							
Age / Blindness	You:	X Were born before January 2, 196	Are blind	Spouse:	Was bo	rn before Jar	nuary 2, 1961		Is blind		
Denendents			(O) Contain an acceptant	(2) Poleti	onobin	(4) Check	the hov if a	alifies for (se	ee instruction	Je).	
-	(see ins	structions):	(2) Social security number	(3) Relation	•	(4) Oncor	heck the box if qualifies for (see instructions):				
	(1) Firs	t name Last name		/-		Child t	ax credit	Credit for	other depende	nts	
	1										
	1 a	Total amount from Form(s) W-2 box	1 (see instructions)				1a		0		
Income	_						1b				
	С						1c				
			, , ,	instructions)			1d				
	е	Taxable dependent care benefits from	n Form 2441, line 26				<u>1e</u>				
			from Form 8839, line 29				<u>1f</u>				
	_	•					<u>1g</u> 1h				
		•	,		11		0				
		' '					1z		0		
			a	b Taxable in	nterest		2b		0		
		- <u>-</u>		b Ordinary o			3b		0		
							4b		20,000		
	6 a			b Taxable a b Taxable a			5b 6b		0 5,350		
 Single or married filing separately 	C	Social security benefits <u>6</u> If you elect to use the lump-sum elect							3,330		
\$15,750	7	Capital gain or (loss). Attach Schedu	· ·	` '		🗀	7				
Married filing	8	Other income from Schedule 1, line 1	0				8		0		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, an	d 8. This is your total in	come			9		25,350		
surviving spouse	10	Adjustments to income from Schedule					10		0		
\$31,500	11	Subtract line 10 from line 9. This is yo					11		25,350 17,750		
Head of house \$23,625	12 13a	Standard deduction or itemized de Qualified business income deduction	,	*			<u>12</u> 13a		17,750 0		
 If you checked any 	13b	Additional OBBBA 'below-the-line'					13b		6,000		
Standard Deduction	14	Add lines 12, 13a, and 13b					14		23,750		
box, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less, enter -0 T	This is your taxable in	ncome		15		1,600		

Form 1040 (2025)										Page 2			
Taur and	16	Tax (see instructions). Check if an	y from Form(s):	1 8814 2	497	2 3		. 16	10	61			
Tax and	17	Amount from Schedule 2, line	e 3 .					. 17					
Credits	18	Add lines 16 and 17						. 18	10	61			
	19	Child tax credit or credit for o	ther dependents	from Schedule 881	12			. 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 z	ero or less, enter -	0				. 22	10	<u>61</u>			
	23	Other taxes, including self-emplo	oyment tax, from So	chedule 2, line 21				. 23		0			
	24	Add lines 22 and 23. This is you	r total tax					. 24	10	<u>61</u>			
	25	Federal income tax withheld from	n:										
Payments	а	Form(s) W-2				25a	0	→ 1					
	b	Form(s) 1099				25b	0	4 !					
	С	Other forms (see instructions)				25c	0	4 !					
	d	Add lines 25a through 25c						. 25d		0			
If you have a	26	_2025 estimated tax payments ar	nd amount applied f	from 2024 return		<u> </u>		. 26					
qualifying child, attach Sch EIC.	27	_Earned income credit (EIC)				27	0	-					
allach Sch Eic.	28	Additional child tax credit from S	schedule 8812			28	0	4 !					
	29	American opportunity credit from	Form 8863, line 8			29		_					
	30	Reserved for future use				30		4 !					
	31	Amount from Schedule 3, line 15				31	0						
	32		•		d refundab	le credits				0			
	33			-	<u></u>								
5 ()	34						· —· ·	-					
Refund	35 a	Add lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here Routing number Account number C Type: Checking Account number											
Direct deposit?	b	Routing number		c 7	Гуре:	Checking	Savings	3					
See instructions	d	Account number			J ,								
	36	Amount of line 34 you want			36		0						
Amount	37	Subtract line 33 from line 24. Th	is is the amount yo	ou owe.									
You Owe		For details on how to pay, go to	www.irs.gov/Paym	ents or see instruction	ons .			37	10	61			
	38	Estimated tax penalty (see in	structions)		. 38		0						
Third Party	Do you	u want to allow another person	to discuss this re	turn with the IRS?									
Designee	See in	structions				Yes. Complete b	elow.		X No				
•	Designe	e's		Phone		Personal identif	ication	ı		\neg			
	name			no.		number (PIN)							
Sign		enalties of perjury, I declare that I have		•									
Here	bellet, th	ney are true, correct, and complete. De	ciaration of preparer	(otner tnan taxpayer) is	s based on al	ii information of which prep		•	-				
	Your sig	nature		Date	Your occup	ation			sent you an identity PIN, enter it here				
Joint return?									T IIV, CITEL IT TICLE	0 61 0 61 0 0 0 0 0 0 0			
See instructions.	0	la de la deservación de la dela dela dela dela dela dela del			-			ee inst.)					
Keep a copy	Spouse	's signature. If a joint return, both must	i sign.	Date	Spouse's o	ccupation			sent you an identity PIN, enter it here				
for your records.									I IIV, CIRCI R IICIC	_			
							(SE	ee inst.)					
	Phone n	Ю.		Email address		1							
Paid	Prepare	r's name	Preparer's signature	9		Date	PTIN		Check if:				
Preparers									Self-em	ployed			
Use Only	Firm's	irm's name Phon					one no.	no.					
Ode Only	Firm's	Firm's address Firm					rm's EIN	's EIN					
Go to www.irs.aov/Fo	orm1040 for instructions and the latest information.								Form 1040 (3	2025)			