

Your first name and initial	Last name	OMB No. 1545-0074
		Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Mailing Address (If you have a foreign address see instructions).		Apt. no.
▲ Make sure the SSN(s) above and on line 6c are correct.		

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).			IMPORTANT Please Provide Current Mailing Address
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing status Check only one box.	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
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Exemptions If more than six dependents, see instructions.	6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.	Boxes checked on 6a and 6b			
	b <input type="checkbox"/> Spouse				
	c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶
	(1) First name	Last name			
				<input type="checkbox"/>	
				<input type="checkbox"/>	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
d Total number of exemptions claimed.				<input type="checkbox"/>	

Income Attach Form(s) W-2/ W-2GU here. Also attach Form(s) 1099-R and SSA-1099. (COPY B)	7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7		
	8a Taxable interest. Attach Schedule B if required.	8a		
	b Tax-exempt interest. Do not include on line 8a.	8b		
	9a Ordinary dividends. Attach Schedule B if required.	9a		
	b Qualified dividends (see instructions).	9b		
	10 Capital gain distributions (see instructions).	10		
	11a IRA distributions.	11a	11b Taxable amount (see instructions).	11b
	12a Pensions and annuities.	12a	12b Taxable amount (see instructions).	12b
	13 Unemployment compensation and Alaska Permanent Fund dividends.	13		
	14a Social security benefits.	14a	14b Taxable amount (see instructions).	14b
15 Add lines 7 through 14b (far right column). This is your total income . ▶		15		

Adjusted gross income	16 Educator expenses (see instructions).	16		
	17 IRA deduction (see instructions).	17		
	18 Student loan interest deduction (see instructions).	18		
	19 Reserved for future use.	19		
	20 Add lines 16 through 19. These are your total adjustments .		20	
	21 Subtract line 20 from line 15. This is your adjusted gross income . ▶		21	

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22

23a Check **You** were born before January 2, 1953, **Blind** } **Total boxes**
if: **Spouse** was born before January 2, 1953, **Blind** } **checked** ▶ **23a**

b If you are married filing separately and your spouse itemizes deductions, check here ▶ **23b**

24 Enter your **standard deduction**. 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25

26 Exemptions. Multiply \$4,050 by the number on line 6d. 26

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.
This is your **taxable income**. ▶ 27

28 Tax, including any alternative minimum tax (see instructions). 28

29 Excess advance premium tax credit repayment. Attach Form 8962. 29

30 Add lines 28 and 29. 30

31 Credit for child and dependent care expenses. Attach Form 2441. 31

32 Credit for the elderly or the disabled. Attach Schedule R. 32

33 Education credits from Form 8863, line 19. 33

34 Retirement savings contributions credit. Attach Form 8880. 34

35 Child tax credit. Attach Schedule 8812, if required. 35

36 Add lines 31 through 35. These are your **total credits**. 36

37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-. 37

38 Health care: individual responsibility (see instructions). Full-year coverage 38

39 Add line 37 and line 38. This is your **total tax**. 39

40 Federal income tax withheld from Forms W-2 and 1099. 40

41 2017 estimated tax payments and amount applied from 2016 return. 41

42a Earned income credit (EIC). 42a

b Nontaxable combat pay election. 42b

43 Additional child tax credit. Attach Schedule 8812. 43

44 American opportunity credit from Form 8863, line 8. 44

45 Net premium tax credit. Attach Form 8962. 45

46 Add lines 40, 41, 42a, 43, 44, and 45. These are your **total payments**. ▶ 46

Deduction for—

- People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

If you have a qualifying child, attach Schedule EIC.

Refund

47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you **overpaid**. 47

48a Amount of line 47 you want **refunded to you**. ▶ 48a

▶ **b** Routing number ▶ **c** Type: Checking Savings

▶ **d** Account number

49 Amount of line 47 you want **applied to your 2018 estimated tax**. 49

Amount you owe

50 Amount you owe. Subtract line 46 from line 39. Make check payable to **TREASURER OF GUAM** ▶ 50

51 Estimated tax penalty (see instructions). 51

Third party designee

Do you want to allow another person to discuss this return with the DRT (see instructions)? **Yes**. Complete the following. **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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid preparer use only

Print/type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.