1 U4U	Gua	am Individual Income Tax F	Return 🛎 🖤 🛮 🖊		DRT Use	Only—Do n	ot write c	r staple in this space.			
		the year Jan. 1-Dec. 31, 2007, or other tax year beq		7, ending	,	20 ` <u>`</u>					
	You	our first name and initial Last name						social security numb	ber		
PLEASE PRINT	If a	joint return, spouse's first name and initial	Last name				Spous	e's social security n	umbei		
OR TYPE.		Home address (number and street). If you have a P.O. box, see page 12. Application of the page 12.						ou must enter our SSN(s) above.	. 🔺		
	City	City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.									
Note: Be sure to fil	l every	line indicated above. Failure to do so m	nay delay processing o	of your i	eturn.						
Filing Status	1 L 2 [☐ Single☐ Married filing jointly (even if only one						g person). (See page t not your dependent			
Check only	з [Married filing separately. Enter spou		t	his child's name	e here. ►					
one box.		and full name here. ▶		5 📙 (Qualifying wido	w(er) with	depen	dent child (see pag	je 14)		
Exemptions	6a	Yourself. If someone can claim you	ou as a dependent, d	o not c	heck box 6a]	Boxes checked on 6a and 6b -			
	b	Spouse				/ .	<u></u> ∫	No. of children			
	С	Dependents:	(2) Dependent's	'.	3) Dependent's relationship to	(4) ✓ if qua child for chi		on 6c who: ● lived with you _			
		(1) First name Last name	social security numb	er	you	credit (see pa		• did not live with			
16			ii					you due to divorce or separation			
If more than four dependents, see								(see page 16)			
page 15.								Dependents on 6c not entered above _			
								Add numbers on			
	d	Total number of exemptions claimed						lines above ▶ L			
Income	7	Wages, salaries, tips, etc. Attach Forn					7				
moome	8a	Taxable interest. Attach Schedule B if	•	 ob			8a				
Attach Copy B	b	Tax-exempt interest. Do not include		8b			9a				
Form(s) W-2 here, Also	9a	Ordinary dividends. Attach Schedule E		 9b			Ja				
attach Forms	b 10	Qualified dividends (see page 15)									
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20) Alimony received									
1099-R	11 12	Alimony received	11								
	13	Capital gain or (loss). Attach Schedule	13								
If you did not	14	Other gains or (losses). Attach Form 4	·				14				
get a W-2,	15a	IRA distributions 15a	1 1		amount (see p		15b				
see page 19.	16a	Pensions and annuities 16a			amount (see p	,	16b				
	10a 17	Rental real estate, royalties, partnershi			, ,		17				
	18	Farm income or (loss). Attach Schedu	•			dule L	18				
	19	Unemployment compensation					19				
	20a	Social security benefits . 20a		 Taxahle	amount (see p	ane 24)	20b				
	21	Other income. List type and amount (s			` '	,	21				
	22	Add the amounts in the far right column					22				
	23	Educator expenses (see page 26) .		23							
Adjusted	24	Certain business expenses of reservists, p									
Gross		fee-basis government officials. Attach Fo	•	24							
Income	25	Health savings account deduction. Att		25							
	26	Moving expenses. Attach Form 3903		26							
	27	One-half of self-employment tax. Attac	h Schedule SE	27							
	28	Self-employed SEP, SIMPLE, and qua	llified plans	28							
	29	Self-employed health insurance deduc	ction (see page 26)	29							
	30	Penalty on early withdrawal of savings	s	30							
	31a	Alimony paid b Recipient's SSN ▶		31a							
	32	IRA deduction (see page 27)		32							
	33	Student loan interest deduction (see p		33							
	34	Tuition and fees deduction. Attach Fo		34							
	35	Domestic production activities deduction	. Attach Form 8903	35							
	36	Add lines 23 through 31a and 32 through	•				36				
	37	Subtract line 36 from line 22. This is y	our adjusted gross i	ncome		▶	37				

Department of Revenue and Taxation

Form 1040 (2007)			Page 2						
Tax	38	Amount from line 37 (adjusted gross income)	38						
and	39a								
Credits	oou	if: Spouse was born before January 2, 1943, ☐ Blind. Checked ▶ 39a ☐							
Standard	b								
Deduction	_		40						
for—	_40	Termized deductions (norm contestant your standard deduction (see left margin).	41						
People who	41		71						
checked any box on line	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line	42						
39a or 39b or		od. II line od 16 over \$117,000, doe the workenedt on page oo							
who can be claimed as a	43	Taxable income capitact line 42 from line 41. If line 42 is find a find a 1, onto	43						
dependent,	44	Tax (see page 55). Sheek if any tax is from: a - 10111(5) 5514 b - 10111(4) 7512 c - 10111(5) 5505	44						
see page 31.	45	Alternative minimum tax (see page 50). Attach Form 0251	45						
All others:	46	Add lifes 44 and 45	46						
Single or Married filing separately, \$5,350	47	Credit for child and dependent care expenses. Attach Form 2441							
	48	Credit for the elderly or the disabled. Attach Schedule R . 48							
	49	Education credits. Attach Form 8863							
Married filing	50	Residential energy credits. Attach Form 5695							
jointly or Qualifying	51	Foreign tax credit. Attach Form 1116 if required 51							
widow(er),	52	Child tax credit (see page 39). Attach Form 8901 if required 52							
\$10,700	53	Retirement savings contributions credit. Attach Form 8880.							
Head of	54	Credits from: a Form 8396 b Form 8859 c Form 8839							
household, \$7,850	55	Other credits: a Form 3800 b Form 8801 c Form 55							
<u> </u>	56		56						
	57		57						
0.11	58	Self-employment tax. Attach Schedule SE							
Other	59	Unreported social security and Medicare tax from: a \square Form 4137 b \square Form 8919							
Taxes	60	· ·	60						
	61		61						
	62	Advance carried income credit payments from Form(s) w 2, box 5	62						
	63		63						
Daymaanda	64	Federal income tax withheld from Forms W-2 and 1099 64							
Payments	64 65	Todala moonie tax withing in only 7 and 1000							
If	65 -cc-	2007 estimated tax payments and amount applied from 2000 fetam							
If you have a qualifying	_66a	Earlied moonie credit (Elo)							
child, attach	b								
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59)							
	68	Additional child tax credit. Attach Form 8812							
	69	Amount paid with request for extension to file (see page 59)							
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 .							
	71	Refundable credit for prior year minimum tax from Form 8801, line 27							
	72		72						
Refund	73	If the 72 is there than the 60, subtract the 60 from the 72. This is the amount you overpaid	73						
	74a	Amount of line 73 you want refunded to you.	74a						
•	•								
•	•								
	75	Amount of line 73 you want applied to your 2008 estimated tax 75							
Amount	76	Amount you owe. Subtract line 72 from line 63. Please Make check payable to Treasurer of Guam.▶	76						
You Owe	77	Estimated tax penalty (see page 61)							
Third Party	Do	o you want to allow another person to discuss this return with the DRT (see page 61)? \Box Yes. Co	omplete the following. \Box No						
Designee	De	esignee's Phone Personal identificat	tion						
Designee		ame ▶ no. ▶ () number (PIN)							
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of r								
Here	bei	slief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
Joint return?	Yo	our signature Date Your occupation	Daytime phone number						
See page 13.			()						
Keep a copy	Sp	pouse's signature. If a joint return, both must sign. Date Spouse's occupation							
for your records.	7								
	Des	Date	Preparer's SSN or PTIN						
Paid		reparer's Check if self-employed	•						
Preparer's	Fire	rm's name (or EIN	1						
Use Only	you	ours if self-employed),	()						