dualii ilidividdai ilicollic Tax It	ctuiii — ° -		(33)	DNI Ose (		lot write or staple in this spa	.ce.	
For the year Jan. 1-Dec. 31, 2010, or other tax year beginning			, 2010, ending , 2		OMB No. 1545-0074			
Your first name and initial	Last name				Your social security number			
If a joint return, spouse's first name and initial	nitial Last name			Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.					You <b>must</b> enter your SSN(s) above.			
City, town or post office, state, and ZIP code. If you	have a foreign addr	ess, see	instructions.					

Please					
Print	If a joir	nt return, spouse's first name and initial Last name	Spous	e's social security nu	umber
or Turno	Home	address (number and street). If you have a P.O. box, see instructions. Apt. no.		You must enter	_
Туре				your SSN(s) above.	
	City, to	own or post office, state, and ZIP code. If you have a foreign address, see instructions.			
		)			
Note: Be sure to fill	every li	ne indicated above. Failure to do so may delay processing of your return.			
Filing Status	1	Single 4 Head of household (with qu	ualifying	person). (See instruction	 ons.) If
rilling Status	2	Married filing jointly (even if only one had income) the qualifying person is a c	hild but i	not your dependent, er	nter this
Check only one	3	Married filing separately. Enter spouse's SSN above child's name here. ▶			
oox.		and full name here. ► 5 Qualifying widow(er) with	n depen	dent child	
Exemptions	6a	☐ Yourself. If someone can claim you as a dependent, do not check box 6a	}	Boxes checked on 6a and 6b	
Exciliptions	b	☐ Spouse	<u></u> J	No. of children	
	С	Dependents: (2) Dependent's (3) Dependent's (4) ✓ if child under aggregation of the control of		on 6c who: • lived with you	
	(1) First	name Last name social security number relationship to you (see page 15)		<ul> <li>did not live with</li> </ul>	
				you due to divorce or separation	
f more than four dependents, see				(see instructions)	
nstructions and				Dependents on 6c not entered above	
check here ▶□				Add numbers on	
	d	Total number of exemptions claimed		lines above 🕨	Ш
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7		
	8a	Taxable interest. Attach Schedule B if required	8a		
A++	b	Tax-exempt interest. Do not include on line 8a 8b			
Attach Form(s) W-2GU here. Also	9a	Ordinary dividends. Attach Schedule B if required	9a		
attach Forms	b	Qualified dividends			
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes	10		
1099-R (copy-B)	11	Alimony received	11		
(сору-ы)	12	Business income or (loss). Attach Schedule C or C-EZ	12		
f vou did not	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13		
f you did not get a W-2,	14	Other gains or (losses). Attach Form 4797	14		
see page 20.	15a	IRA distributions . 15a b Taxable amount	15b		
	16a	Pensions and annuities 16a b Taxable amount	16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
	18	Farm income or (loss). Attach Schedule F	18		
	19	Unemployment compensation	19		
	20a	Social security benefits 20a b Taxable amount	20b		
	21	Other income. List type and amount	21		
	22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>	22		
Adjusted	23	Educator expenses			
Gross	24	Certain business expenses of reservists, performing artists, and			
Income		fee-basis government officials. Attach Form 2106 or 2106-EZ			
	25	Health savings account deduction. Attach Form 8889 . 25			
	26	Moving expenses. Attach Form 3903	_		
	27	One-half of self-employment tax. Attach Schedule SE . 27	_		
	28	Self-employed SEP, SIMPLE, and qualified plans 28			
	29	Self-employed health insurance deduction			
	30	Penalty on early withdrawal of savings			
	31a	Alimony paid <b>b</b> Recipient's SSN ► 31a  IRA deduction			
	32 33	IRA deduction			
	33 34	Tuition and fees. Attach Form 8917			
	34 35	Domestic production activities deduction. Attach Form 8903 35			
	36	Add lines 23 through 31a and 32 through 35	36		
	37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b>	37		+
			1 01	<u> </u>	

Form 1040 (2010	)					Page ₄
Tax and	38	Amount from line 37 (adjusted gross income)	<u></u>	38		
Standard	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Deduction for -		if: Spouse was born before January 2, 1946, ☐ Blind. checked ▶ 3	9a	_		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	▶ 39b			
People who	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions	s)	40		
check any box on line	41	Subtract line 40 from line 38		41		
39a, 39b, or	42	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d		42		
who can be claimed as a	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43		
dependent,	44	Tax (see instructions). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form	4972.	44		
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251		45		
All others:	46	Add lines 44 and 45		46		
Single or	47	Foreign tax credit. Attach Form 1116 if required 47				
Married filing	48	Credit for child and dependent care expenses. Attach Form 2441 48				
seperately, \$5,700	49	Education credits from Form 8863, line 23 49				
Married Filing	50	Retirement savings contributions credit. Attach Form 8880 50				
Jointly or Qualifying	51	Child tax credit (see instructions)				
widow(er), \$11,400	52	Residential energy credits. Attach Form 5695				
Head of	53	Other credits from Form: a 3800 b 8801 c 53				
Household, \$8,400	54	Add lines 47 through 53. These are your <b>total credits</b>		54		
ψ0,400	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55		
Other *	<b>k</b> 56	Self-employment tax. Attach Schedule SE		56	See Below	
Other	k 57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919			See Below	
Taxes '	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	000 000	
	59	a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16		59		
	60	Add lines 55 through 59. This is your <b>total tax</b>		60		
Payments	61	Federal income tax withheld from Forms W-2 and 1099 61				
1 dyllicitis	62	2010 estimated tax payments and amount applied from 2009 return 62				
	63	Making work pay credit. Attach Schedule M 63				
If you have a	64a	Earned income credit (EIC)				
qualifying	b	Nontaxable combat pay election 64b				
child, attach Schedule EIC.	65	Additional child tax credit. Attach Form 8812 65				
	66	American opportunity credit from Form 8863, line 14 66				
	67	First-time homebuyer credit from Form 5405, line 10 67				
	68	Amount paid with request for extension to file 68				
4	<b>k</b> 69	Excess social security and tier 1 RRTA tax withheld * 69 See Below		_		
·	70	Credit for federal tax on fuels. Attach Form 4136				
	71	Credits from Form: <b>a</b> 2439 <b>b</b> 8839 <b>c</b> 8801 <b>d</b> 8885 <b>71</b>				
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	▶	72		
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you ov	verpaid	73		
Horana	74 Amount of line 73 you want refunded to you.					
	• •	Ambant of this 70 year mant fortal act to your	,	74		
	75	Amount of line 73 you want applied to your 2011 estimated tax ▶   75	1			
Amount	76	Amount you owe. Subtract line 72 from line 60. Please make check payable to Treasurer of	Guam. ▶	76		
You Owe	77	Estimated tax penalty (see instructions)				
Third Dark		o you want to allow another person to discuss this return with the DRT (see instructions)	? \( \tag{Ye}	s. Comp	lete below.	☐ No
Third Party				•		
Designee		· .	sonal identif nber (PIN)	fication	•	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statem	` '	the best o	of my knowledge and	belief.
Here		by are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of			,	
Joint return?	Yo	ur signature Date Your occupation		Daytin	ne phone number	
See page 12.						
Keep a copy for your	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation				
records.	,					
Doid	Pri	nt/Type preparer's name		PTIN		
Paid		Check	∟ if nployed			
Preparer	———	m's name Firm's		1		
Use Only		m's address Phone		i		