		ent of Revenue and Taxation M Individual Inc	ome T	(99) ax Return	201	6 OMB	3 No. 1545-0	0074 DRT Use	Only—[Do not write or staple in thi	is space.
For the year, lan 1_Dec	31 2016	or other tax year heginning			2016 en	dina		, 20	Se	e separate instruction	ons
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning Your first name and initial La			Last nam						Your social security number		
Tour mist name and in	ııııaı		Last Haili	ie					10	i social security fluit	ilbei
If a joint return, spous	e's first	name and initial	Last nam	ne					Spo	ouse's social security n	umber
Mailing Address (num	ber and	street). If you have a P.O. I	oox, see in	nstructions.				Apt. no.		Make sure the SSN(s) and on line 6c are co	
City, town or post office	, state, a	nd ZIP code. If you have a fore	eign addres	s, also complete space	es below (se	e instruction	ıs).			IMPORTAN	
										n. n. 11 0	
Foreign country name	•			Foreign provinc	e/state/co	unty	Fo	reign postal coc	е	Please Provide Curr Mailing Address	
	1	Single				4 Пн	lead of hous	ehold (with au	alifying	person). (See instructio	ne) If
Filing Status		~ ~	(avan if a	ما مما المما	- 0						
0111	2	Married filing jointly							ווט טענ ו	not your dependent, en	ter triis
Check only one	3	Married filing separa	-	er spouse's SSN a	bove		hild's name				
box.		and full name here.				5 _ C	lualifying w	ridow(er) with	depen	dent child	
Exemptions	6a	Yourself. If some	ne can c	laim you as a dep	endent, d	lo not che	eck box 6a	ι	. }	Boxes checked on 6a and 6b	
Exciliptions	b	Spouse							. J	No. of children	
•	С	Dependents:		(2) Dependent's		Dependent's		f child under age		on 6c who:	
	(1) First	•		social security number		nship to you		ig for child tax cre ee instructions)	dit	lived with you	
	(1) 11150	Hallie Last Hallie		1 1			(56		_	 did not live with you due to divorce 	
If more than four										or separation (see instructions)	
dependents, see								_Ц	_	Dependents on 6c	
instructions and										not entered above	
check here ▶□										Add numbers on	
	d	Total number of exem	otions cla	aimed						lines above ▶	<u> </u>
Income	7	Wages, salaries, tips,	etc. Attac	ch Form(s) W-2					7		
moonic	8a	Taxable interest. Attac	ch Sched	lule B if required					8a		
	b	Tax-exempt interest.	Do not in	nclude on line 8a		8b					
Attach Form(s)	9a	Ordinary dividends. At							9a		
W-2/W-GU here.	b	· ·				9b					
Also attach Forms W-2G, 1099-R and	10	Taxable refunds, credi							10		
SSA-1099.	11	Alimony received .							11		
		•									
	12	Business income or (lo	•					_	12		
	13	Capital gain or (loss).		·		requirea,	cneck nere	₽ □	13		
(COPY B)	14	Other gains or (losses)		Form 4/9/					14		
(COFT D)	15a	IRA distributions .	15a		_	b Taxable			15b		
	16a	Pensions and annuities	16a				e amount		16b		
	17	Rental real estate, roya	alties, pai	rtnerships, S corp	orations,	trusts, etc	. Attach S	chedule E	17		
If you did not	18	Farm income or (loss).	Attach S	Schedule F					18		
get a W-2,	19	Unemployment compe	ensation		.,,				19		
see instructions.	20a	Social security benefits	20a			b Taxable	e amount		20b		
	21	Other income. List typ	e and am	nount					21		
	22	Combine the amounts in	the far rig	ht column for lines	7 through 2	21. This is y	your total ir	ncome 🕨	22		
	23	Educator expenses				23					
Adjusted	24	Certain business expense	es of reser	vists, performing art	ists, and						
Gross		fee-basis government off				24					
Income	25	Health savings accour				25					
	26	Moving expenses. Atta				26					
	27	Deductible part of self-er				27					
	28	Self-employed SEP, S				28			1		
	29					29					
		Self-employed health i									
	30	Penalty on early withd				30					
	31a	Alimony paid b Recip				31a					
	32	IRA deduction				32					
	33	Student loan interest of				33					
	34	Tuition and fees. Attac				34					
	35	Domestic production ac				35					
	36	Add lines 23 through 3							36		
	37	Subtract line 36 from I	ine 22. Th	his is your adiuste	d gross	income		•	37		

Form 1040 (2016	6) Pr											
	38	Amount from line 37 (adjusted gross income)	38									
	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
Tax and	osa	· — · · — · ·										
Credits												
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b										
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40									
Deduction	41	Subtract line 40 from line 38	41									
for— • People who	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42									
check any												
box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43									
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44									
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45									
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46									
instructions.	47	Add lines 44, 45, and 46	47									
All others:	48	Foreign tax credit. Attach Form 1116 if required 48										
Single or												
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441										
\$6,300	50	Education credits from Form 8863, line 19										
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51										
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52										
widow(er),	53	Residential energy credits. Attach Form 5695 53										
\$12,600	54	Other credits from Form: a 3800 b 8801 c 54										
Head of household,	55	Add lines 48 through 54. These are your total credits	55									
\$9,300			55									
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	CDE DOY CALL								
	57	Self-employment tax. Attach Schedule SE	57	SEE BELOW								
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919 *	58	SEE BELOW								
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59									
Taxes	60a	Household employment taxes from Schedule H	60a									
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b									
	61	Health care: individual responsibility (see instructions) Full-year coverage	61									
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62									
	63	Add lines 56 through 62. This is your total tax	63									
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64										
	65	2016 estimated tax payments and amount applied from 2015 return 65										
If you have a	66a	Earned income credit (EIC) 66a										
qualifying	b	Nontaxable combat pay election 66b										
child, attach Schedule EIC.												
Scriedule Lic.	67	Additional child tax credit. Attach Schedule 8812										
	68	American opportunity credit from Form 8863, line 8 68										
	69	Net premium tax credit. Attach Form 8962 69										
	70	Amount paid with request for extension to file										
	71	Excess social security and tier 1 RRTA tax withheld * 71 SEE BELOW										
	72	Credit for federal tax on fuels. Attach Form 4136										
	73	Credits from Form: a 2439 b Reserved c 8885 d 73										
			7.4									
D-6	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74									
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75									
	76a	Amount of line 75 you want refunded to you.	76a									
Direct deposit?	▶ b	Routing number										
See	► d	Account number										
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax ▶ 77										
Amount	78	Amount you owe. Subtract line 74 from line 63. Make check payable to TREASURER OF GUAM	78									
You Owe	79	Estimated tax penalty (see instructions)	7.5									
				alata bala 🔽	N1 -							
Third Party		, , , , , , , , , , , , , , , , , , , ,			No							
Designee		signee's Phone Personal iden ne ► no. ► number (PIN)	tificatio	n •								
Ciara		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle	dge and l	belief, they are true, correct.	and							
Sign		sly list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor										
	Your signature Date Your occupation Daytime phone number											
Here	You											
Joint return? See	You				If the IBS cent you an Identity Protection							
Joint return? See instructions.		ouse's signature. If a joint return, both must sign. Date. Shouse's occupation	If the II	3S sent you an Identity Prote	ection							
Joint return? See instructions. Keep a copy for		ouse's signature. If a joint return, both must sign. Date Spouse's occupation	PIN, er		ection							
Joint return? See instructions.	Spo		PIN, er	nter it ee inst.)	ection							
Joint return? See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation nt/Type preparer's name Preparer's signature Date	PIN, er here (s	nter it ee inst.)	ection							
Joint return? See instructions. Keep a copy for your records. Paid	Spo		PIN, er here (s Check	nter it ee inst.)	ection							
Joint return? See instructions. Keep a copy for your records. Paid Preparer	Spo	nt/Type preparer's name	PIN, er here (s Check self-e	nter it ee inst.) k if mployed PTIN	ection							
Joint return? See instructions. Keep a copy for your records. Paid	Spo Prin		PIN, er here (s Check self-e	nter it ee inst.) k ☐ if mployed s EIN ▶	ection							