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2022	
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OMB No. 1545-0074

DRT Use Only—Do not write or staple in this space.

Filing Status Check only one box.	☐ F If yo		MFS box, enter	the na	Qualiane of		vivin se. If	g spouse you check	e (Q	•					•
name if the qualifying person is a child but not you Your first name and middle initial Last name						our acpen	ur dependent: Your social security nu						ımber		
If joint return, s	spous	e's first name and	d middle initial	Last n	ame						Sp	Spouse's social security numbe			number
Mailing addres	s (nur	mber and street).	If you have a P.O.	box, se	ee instru	ctions.				Apt. no.		MP	OR	ΓΑ	NT
City, town, or p	ost of	fice. If you have a	foreign address, als	so com	plete spa	aces below.	Sta	te	ZIF	o code	I		SE PR	-	DE
Foreign country name					oreign pr	ovince/state	/cour	nty	Forei	gn postal cod	de N	CURRENT MAILING ADDRESS.			ESS.
Digital Assets	proj	perty or servi	ng 2022, did y ices); or (b) se cial interest in	ell, ex	chang	je, gift, or	oth	erwise d	ispo		digita	.l _] Yes [] No)
Standard Deduction		•	zes on a sepa	ırate	return	ndent or you w orn before	ere	a dual-st	atus	alien	end e blir				
	Age	e/Blindness				n before					bling				
Dependents (see instructions):		irst name	Last name		(2) Soci	ial security nur	mber	(3) Relationsl	hip to	(4) Date of B (Month/Ye		the box	if qualifies fo		
If more than four										/					
dependents, see instructions and check here										/				븜	
Income	1a	Total amour	nt from Form(s	s) W-	2, box	1 (see ir	nstru	ictions)				1a			
Attach Form(s) W-2Gl	, b	h Household employee wages not reported on Form(s) W-2									1b				
here. Also attach Form(s)		c Tip income not reported on line 1a (see instructions)								1c					
W-2G and 1099-R if tax	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d						
was withheld.	е	Taxable dep	oendent care l	bene	fits fro	m Form 2	244 ⁻	I, line 26				1e			
I f you did not get a Form	f	Employer-p	rovided adopt	tion k	enefit	s from Fo	orm	8839, lin	e 29			1f			
W-2, see instructions.	g	Wages from	n Form 8919, I	ine 6								1g			
	h	Other earne	d income (see	e inst	ructio	ns)						1h			
	i	Nontaxable	combat pay e	electi	on (se	e instruct	tions	s)	1i						
	Z	Add lines 1a	a through 1h									1z			
Attach Schedule B	2 a	Tax-exempt	interest .	2 a			<u> </u>	o Taxab	le in	terest .		2b			
if required.	3a	Qualified div	vidends	3a			<u> </u>	o Ordina	ıry d	ividends		3b			
	4a	IRA distribu	tions	4a]	o Taxab	le ar	nount .		4b			
	5a	Pensions an	nd annuities	5a]	o Taxab	le ar	nount .		5b			
	6a	Social securi	ity benefits .	6a] i	o Taxab	le ar	nount .		6b			
	С	If you elect instructions)	to use the l	ump-	sum (election i	metl	nod, che	ck h	nere (see					
	7		n or (loss). At							•		7			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 71930F

Form **1040-SR** (2022)

- Please ensure that the following is attached if applicable:

 Attach Form(s) W-2 / W-2GU / W-2G (COPY B)

 Attach Form(s) 1099's (Copy B)

 Attach a copy of Form SSA-1099

 If you did not receive a W-2 / W-2GU, please refer to instructions https://www.irs.gov/taxtopics/tc154

Form 1040-SR	(2022)			Page 2
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	
	10	Adjustments to income from Schedule 1, line 26	10	
01	11	Subtract line 10 from line 9. This is your adjusted gross income	11	
Standard Deduction	12	Standard deduction or itemized deductions (from Schedule A)	12	
See Standard Deduction Chart	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
on the last page	14	Add lines 12 and 13	14	
of this form.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	15	
Tax and	16	16 Tax (see instructions). Check if any from:		
Credits		1 □ Form(s) 8814 2 □ Form(s) 4972 3 □	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	
	23	Other taxes from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions) 25c		
	d	Add lines 25a through 25c	25d	
If	26	2022 estimated tax payments and amount applied from 2021 return	26	
If you have a qualifying child, attach	27	Earned income credit (EIC) 27		
Sch. EIC.	28	Additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, line 8 . 29		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	

Form 1040-SR (2022)								Page 3
Refund	34	If line 33 is more tha amount you overpaid				34			
	35a	Amount of line 34 you	u want ref	unded to	you		35a		
Direct deposit?	b	Routing number			c Type: □ (Checking :	Savings		
See instructions.	d	Account number							
	36	Amount of line 34 yeestimated tax			-	36			
Amount You Owe	37	Subtract line 33 from I For details on how to p			•			37	
	38	Estimated tax penalty	(see instru	uctions) .		38			
Third Party Designee		you want to allow another structions	person to dis	cuss this ret	urn with DRT? S		. Complete	e belov	w. 🗌 No
	De nai	signee's me		Phone no.		Persor numbe	nal identific er (PIN)	cation	
Sign Here	of	der penalties of perjury, I decla my knowledge and belief, they ormation of which preparer has	are true, corre	ct, and comple					
Joint return?	Yo	ur signature	Date Your occupation			Phone	Phone Number Phone Number		
See instructions. Keep a copy for your records.	Spo	Spouse's signature. If a joint return, both must sign		Date	Spouse's occupation Pho				
	Ph	one no.		Email address					
Paid Preparer	Pre	eparer's name	Preparer's si	gnature		Date	PTIN		Check if: Self-employed
Use Only	Fire	m's name					Phon	e no.	
C3C Cilly	Fire	n's address					Firm'	s EIN	

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form **1040-SR** (2022)

Form 1040-SR (2022) Page **4**

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1

IF your filing status is	AND the number of boxes checked is	THEN your standard deduction is
Single	1	\$14,700
Sirigie	2	16,450
	1	\$27,300
Married	2	28,700
filing jointly	3	30,100
	4	31,500
Qualifying	1	\$27,300
surviving spouse	2	28,700
Head of	1	\$21,150
household	2	22,900
	1	\$14,350
Married filing	2	15,750
separately**	3	17,150
	4	18,550

^{*}Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form **1040-SR** (2022)

^{**}You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.