1040A	-	artment of Revenue an JAM Individu		Tax Retur	n (99)	20	015		DRT Us	e Only	y—Do no	ot write or staple in th	nis space.
Your first name and initial			Last name							-	1	OMB No. 1545-0074	-
												ocial security numb	
If a joint return, spouse's	s first nan	ne and initial	Last name								Spouse	's social security numb	ber
Mailing Address (number	er and stre	eet). If you have a P.O. bo	ox, see instructions						Apt. n	0.	▲ Ma	the sure the SSN(s) at on line 6c are corre	
City, town or post office, s	tate, and Z	IP code. If you have a foreig	n address, also comp	lete spaces below (se	e instructions)			1]	IMPORTAN'	Т
Foreign country name				Foreign provinc	e/state/count	у		Foreigr	n postal co	de	Ple	ase Provide Cur Mailing Addres	rrent s
Filing	1 [Single		-		4	Head of I	nouseho	old (with	quali	fying pe	erson). (See instruction	ns.)
status	2 [Married filing j	• •	•	· · · ·							not your dependen	nt,
Check only	3	Married filing sep	arately. Enter sp	ouse's SSN abov	ve and full		enter this				-		
one box.	6	name here. ►				5	Qualityin	g widov	w(er) wit	h dep	endent c	child (see instruction	1S)
Exemptions	6a	Vourself.	If comeone o	an claim you	as a dana	ndant	do not (shook	hov 60	,		Boxes checked on	
	b	Spouse		an claim you	as a uepe	nuem	, uo not (LIICCK	001 00	1.	\langle	6a and 6b	
	c	Dependents:							(h) [/	No. of children on 6c who:	
If more than six		2		(2) Depender security n) Dependen tionship to		(4) √ : age 17 qua			 lived with you 	
dependents, see		(1) First name	Last name	security in	unioer	Tela	tionship to	you	tax credit (see inst	tructions)	• did not live	
instructions.												with you due to divorce or	
										<u>Ц</u>		separation (see instructions)	
										⊢		Dependents on	
										H		6c not entered above	
										H		above	
				1								Add numbers on lines	
	d	Total number of	exemptions	claimed.								above ►	
Income													
	7	Wages, salaries,	tips, etc. Att	ach Form(s) V	N-2/W-20	GU					7		
Attach Form(s) W-2/	0.	T	4 A 441. C -1.	1.1. D : C							0		
W-2GU here.		8a Taxable interest. Attach Schedule B if required. 8a b Tax avenut interest. Do not include on line Sa Sh						88					
Also attach	<u>9a</u>	bTax-exempt interest. Do not include on line 8a.8b9aOrdinary dividends. Attach Schedule B if required.9						9a					
Form(s) 1099-R and	b							Ju					
SSA-1099.	10	Capital gain dist	· · · · · · · · · · · · · · · · · · ·	· · · · · ·).						10		
	11a					11b	Taxabl	e amo	ount (se	ee			
		IRA distributio	ons. 11a				instruc				11b		
(COPY B)	12a	Pensions and	10			12b	Taxabl		· ·	ee	101		
(00112)		annuities.	12a				instruc	tions)			12b		
	13	Unemployment	compensation	n and Alaska	Permaner	nt Fun	d divider	nds			13		
If you did not	14a	Social security	compensation	i una i nuora		14b	Taxabl		ount (se	e	15		
get a W-2, see instructions.		benefits.	14a				instruc		· ·		14b		
	15	Add lines 7 thro	ugh 14b (far	right column)	. This is	your t	otal inco	me.	•		15		
Adjusted		51	· · .				16						
gross	<u>16</u> 17	Educator expense					16				-		
income	17								-				
	10	Student Ioan Int					10				-		
	19	Tuition and fees	. Attach Form	n 8917.			19						
	20								20				
		~	o 11										
E. D. I. T	21	Subtract line 20						. ►	•		21	E. 1010.	(2017)
r or Disclosure, Pl	TVACY A	Act, and Paperwor	K REDUCTION A	act notice, see	separate	instru	cuons.		Cat.	No. 1	1327A	Form 1040A	(2015)

Form 1	040A (2	015)				Page 2				
Tax, cr	redits,	22	Enter the amount from line 21 (adjusted gross income).		22					
,	yments	23a								
			if: (Spouse was born before January 2, 1951, Blind) checked ►	23a						
		b	If you are married filing separately and your spouse itemizes deductions,		_					
Standar Deducti			check here	23b						
—	1011 10F	24	Enter your standard deduction.		24					
 People check ar 	e who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		25					
on line	23a or	26	Exemptions. Multiply \$4,000 by the number on line 6d.		26					
23b or v be claim		27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0								
depende	ent, see		This is your taxable income.	•	27					
All oth		28	Tax, including any alternative minimum tax (see instructions). 28							
Single o		29	Excess advance premium tax credit repayment. Attach Form							
Married separate			8962. 29							
\$6,300		30	Add lines 28 and 29.		30					
Married jointly o	or	31	Credit for child and dependent care expenses. Attach Form							
Qualifyi widow(e	ing er)		2441. 31							
widow(e \$12,600		32	Credit for the elderly or the disabled. Attach							
Head of househo			Schedule R. 32							
\$9,250	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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			1				
		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 cover	rage	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							
If you h	nave	41	2015 estimated tax payments and amount applied from 2014							
a qualif	fying		return. 41							
child, at Schedul		42a	Earned income credit (EIC).42a							
EIC.		<u>b</u>	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			1				
		46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments.	•	46					
Refun	nd	47	If line 46 is more than line 39, subtract line 39 from line 46.		47					
		40	This is the amount you overpaid .		47					
		48 a	Amount of line 47 you want refunded to you.		48a					
			Your refund will be mailed to the address provided.							
			Tour refund will be maned to the address provided.							
		49	Amount of line 47 you want applied to your							
		49	Amount of line 47 you want applied to your2016 estimated tax.49							
		50	Amount you owe. Subtract line 46 from line 39. Please make check payal	ale to						
Amou	ınt	50	TREASURER OF GUAM		▶ 50					
you o	we	51	Estimated tax penalty (see instructions). 51		• 30					
				V	Committee the	following. No				
Third			you want to allow another person to discuss this return with the DRT (see instructions)?		• Complete the	Iollowing.				
design	nee	Den	ignee's Phone no. ►	Persona	l identification					
			der penalties of perjury, I declare that I have examined this return and accompanying schedules and statem		()	nowledge and belief. they				
Sign		are	true, correct, and accurately list all amounts and sources of income I received during the tax year. Declarati rmation of which the preparer has any knowledge.	on of prepa	rer (other than th	e taxpayer) is based on all				
here			ur signature Date Your occupation		Davtime nl	ione number				
Joint ret										
See instru		S n	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation							
N PPD 9 /		- ~P	Grand and Antonia and Antonia and Antonia and Antonia							
Keep a c for your 1	records.									
for your 1	records.	Pri	t/type preparer's name Preparer's signature Date			PTIN				
for your r Paid		Pri	t/type preparer's name Preparer's signature Date		Check if self-employed	PTIN				
for your 1	rer		nt/type preparer's name Preparer's signature Date			PTIN				