<b>1040</b>		nent of Revenue and Taxatior		(99) ax Return	2015	OMB No	. 1545-0074	DRT Us	e Only—	Do not write or staple in this	space.
For the year Jan. 1–Dec. 31, 2015, or other tax year beginning					, 2015, ending , 20			0	See separate instructions.		
Your first name and initial			Last name			Your social security number					
If a joint return, spouse	's first na	me and initial	Last name	Last name				Spo	use's social security numb	er	
Mailing address (number	er and str	eet). If you have a P.O. box, s	see instructions.					Apt. no.		Make sure the SSN(s) ab on line 6c are corre	
City, town or post office, s	state, and	ZIP code. If you have a foreign a	ddress, also com	plete spaces below (see	instructions).		I			IMPORTAN	Γ
Foreign country name Foreign province/state/county Foreign postal co								ostal code		Please Provide Curr Mailing Address	
Filing Status	1 2	<ul> <li>Single</li> <li>Married filing jointly</li> </ul>	(even if only	one had income)	4					son). (See instructions.) If r dependent, enter this chil	
Check only one	3	Married filing separat									
box.		full name here.	epende	nt child							
Examptions	6a	<b>Yourself.</b> If someo	. )	Boxes checked on							
Exemptions	b									6a and 6b No. of children on	
	с	Dependents:		(2) Dependent's	(3) Dependen		√ if child			6c who:	
	(1) First	-	soc soc	cial security number	relationship to	you qua	lifying for c (see instr		edit	<ul> <li>lived with you</li> <li>did not live with</li> </ul>	
	<u></u>						<u> </u>			you due to divorce or separation	
If more than four									_	(see instructions)	
dependents, see									_	Dependents on 6c not entered above	
instructions and check here ►									_		
	d	Total number of exemp	tions claimed							Add numbers on lines above ►	
Income	7	Wages, salaries, tips, et	c. Attach Forr	n(s) W-2/W-2GU					7		
meome	8a	Taxable interest. Attacl	n Schedule B	if required					8a		
	b	Tax-exempt interest. D	o not include	on line 8a	<b>8b</b>						
	9a	Ordinary dividends. Att	ach Schedule	B if required .					9a		
Attach Form(s)	b	Qualified dividends .			<b>9b</b>						
W-2/W-2GU here. Also attach Forms	10	Taxable refunds, credits, or offsets of state and local income taxes									
W-2G, 1099-R and	11	Alimony received									
SSA-1099.	12	Business income or (loss). Attach Schedule C or C-EZ									
	13	Capital gain or (loss). A		-	-	ck here 🕨			13		
(COPY B)	14	Other gains or (losses).		4797					14		
$(\mathbf{COLL}\mathbf{D})$	15a	IRA distributions .	15a			ble amoun			15b		
	16a	Pensions and annuities	16a		·		t		16b		
If you did not	17	Rental real estate, royal	· •						17		
get a W-2, see instructions.	18 19	Farm income or (loss).							18 19		
	19 20a	Unemployment compension Social security benefits	20a				••• t		20b		
	20a 21	Other income. List type			<u> </u>				200		
	21	Combine the amounts in the			gh 21. This is your				22		
	23	Educator expenses .			23						
Adjusted	24	Certain business expenses									
Gross		basis government officials.	· · · · · · · · · · · · · · · · · · ·	1 0 /	24						
Income	25	Health savings account	deduction. At	ttach Form 8889 .	25						
	26	Moving expenses. Attac	ch Form 3903		26						
	27	Deductible part of self-em	ployment tax. A	yment tax. Attach Schedule SE							
	28	Self-employed SEP, SI	MPLE, and qu	alified plans .	28						
	29	Self-employed health in									
	30	Penalty on early withdra									
	<b>31</b> a	Alimony paid <b>b</b> Recip						_			
	32	IRA deduction									
	33	Student loan interest de									
	34	Tuition and fees. Attach									
	35	Domestic production activ							26		
	36       Add lines 23 through 35								36		
	37	Subtract fille 30 from fil	10 22. THIS IS	your aujusteu gro	ss meome .		• •		37	1	

Form 1040 (2015)					Page 2						
	38	Amount from line 37 (adjusted gross income)	38								
Torrond	39a	Check ( You were born before January 2, 1951, Blind. ) Total boxes									
Tax and		if:									
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 for	41	Subtract line 40 from line 38	41		<u> </u>						
People who	42	<b>Exemptions.</b> If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42								
check any box	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43								
on line 39a or 39b <b>or</b> who can	44	<b>Tax</b> (see instructions). Check if any from: $\mathbf{a} \square$ Form(s) 8814 $\mathbf{b} \square$ Form 4972 $\mathbf{c} \square$	44								
be claimed as a dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	45								
instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46								
• All others:	40 47	Add lines 44, 45, and 46	47								
Single or Married filing	48	Foreign tax credit. Attach Form 1116 if required									
separately, \$6,300	49		1								
Married filing			-								
jointly or	50		-								
Qualifying widow(er),	51 52	Retirement savings contributions credit. Attach Form 8880     51       Children - Machine Look - Look - State - Look - Lo	-								
\$12,600	52	Child tax credit. Attach Schedule 8812, if required	-								
Head of household,	53	Residential energy credits. Attach Form 569553Other credits from Form:a3800b54	-								
\$9,250	54										
	55	Add lines 48 through 54. These are your <b>total credits</b>	55								
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	SEE DELOW	_						
	57		57	SEE BELOW	<u> </u>						
Other	58	Unreported social security and Medicare tax from Form: $\mathbf{a} = 4137$ $\mathbf{b} = 8919$ . *	58	SEE BELOW	-						
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59								
	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: $\mathbf{a}$ Form 8959 $\mathbf{b}$ Form 8960 $\mathbf{c}$ Instructions;enter code(s)	62								
	63	Add lines 56 through 62. This is your <b>total tax</b>	63								
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64	-								
If you have a	65	2015 estimated tax payments and amount applied from 2014 return 65	. !								
If you have a qualifying	<u>66</u> a	Earned income credit (EIC)									
child, attach	b	Nontaxable combat pay election 66b									
Schedule EIC.	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									
	74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	74	l							
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75		_						
	76a	Amount of line 75 you want refunded to you.	76a		$\perp$						
		Your refund will be mailed to the address provided.									
	77	Amount of line 75 you want applied to your 2016 estimated tax ► 77		1							
Amount	78	Amount you owe. Please make check payable to TREASURER OF GUAM	78		<u> </u>						
You Owe	79	Estimated tax penalty (see instructions)									
Third Party			you want to allow another person to discuss this return with the DRT (see instructions)? Yes. Complete below. No								
Designee	De: nar	ignee's Phone Personal identification number (PIN) ►									
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my k	nowledg	e and belief, they are true.	correct,						
Here		a complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Dur signature Date Your occupation Date Date									
Joint return? See	Yo										
instructions. Keep											
a copy for your	Spo	buse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	1								
records.			—								
Paid	Pri	nt/Type preparer's name Preparer's signature Date	Check	if PTIN							
Preparer				self-employed							
Use Only	Fir	m's name 🔸	Firm's	Firm's EIN ►							
Use Only	Fire	m'e address •	Phone								