

**Please  
Print  
or  
Type.**

Your first name and initial	Last name		Your social security number
If a joint return, spouse's first name and initial	Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 17.		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 address, see page 17.			

Note: Be sure to fill in every line indicated above. Failure to do so may delay processing of your return.

**Filing status**

Check only one box.

- 1  Single
- 2  Married filing jointly (even if only one had income)
- 3  Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4  Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5  Qualifying widow(er) with dependent child (see page 19)

**Exemptions**

6a  **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.

b  **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) if qualifying child for child tax credit (see page 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than six dependents, see page 20.

Boxes checked on 6a and 6b  
No. of children on 6c who:  
• lived with you  
• did not live with you due to divorce or separation (see page 21)  
Dependents on 6c not entered above  
Add numbers on lines above ▶

d Total number of exemptions claimed.

**Income**

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld. (copy-B)

If you did not get a W-2, see page 24.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7
8a	Taxable interest. Attach Schedule B if required.	8a
b	Tax-exempt interest. Do not include on line 8a.	8b
9a	Ordinary dividends. Attach Schedule B if required.	9a
b	Qualified dividends (see page 25).	9b
10	Capital gain distributions (see page 25).	10
11a	IRA distributions.	11a
11b	Taxable amount (see page 25).	11b
12a	Pensions and annuities.	12a
12b	Taxable amount (see page 26).	12b
13	Unemployment compensation in excess of \$2,400 per recipient and Alaska Permanent Fund dividends (see page 28).	13
14a	Social security benefits.	14a
14b	Taxable amount (see page 28).	14b
15	Add lines 7 through 14b (far right column). This is your <b>total income.</b> ▶	15

**Adjusted gross income**

16	Educator expenses (see page 30).	16
17	IRA deduction (see page 30).	17
18	Student loan interest deduction (see page 32).	18
19	Tuition and fees deduction. Attach Form 8917.	19
20	Add lines 16 through 19. These are your <b>total adjustments.</b>	20
21	Subtract line 20 from line 15. This is your <b>adjusted gross income.</b> ▶	21

<b>Tax, credits, and payments</b>	<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22
	<b>23a</b>	Check if: <input type="checkbox"/> <b>You</b> were born before January 2, 1945, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes checked</b> <input type="checkbox"/> <b>23a</b>	
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, see page 34 and check here <input type="checkbox"/> <b>23b</b>	
	<b>24a</b>	Enter your <b>standard deduction</b> (see left margin).	24a
	<b>b</b>	If you are increasing your standard deduction by certain real estate taxes or new motor vehicle taxes, attach Schedule L and check here (see page 34) <input type="checkbox"/> <b>24b</b>	
	<b>25</b>	Subtract line 24a from line 22. If line 24a is more than line 22, enter -0-.	25
	<b>26</b>	<b>Exemptions.</b> If line 22 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 34.	26
	<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	27
	<b>28</b>	<b>Tax, including any alternative minimum tax</b> (see page 35).	28
	<b>29</b>	Credit for child and dependent care expenses. Attach Form 2441.	29
	<b>30</b>	Credit for the elderly or the disabled. Attach Schedule R.	30
	<b>31</b>	Education credits from Form 8863, line 29.	31
	<b>32</b>	Retirement savings contributions credit. Attach Form 8880.	32
	<b>33</b>	Child tax credit (see page 38).	33
	<b>34</b>	Add lines 29 through 33. These are your <b>total credits</b> .	34
	<b>35</b>	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-.	35
	<b>36</b>	Advance earned income credit payments from Form(s) W-2, box 9.	36
	<b>37</b>	Add lines 35 and 36. This is your <b>total tax</b> .	37
	<b>38</b>	Federal income tax withheld from Forms W-2 and 1099.	38
	<b>39</b>	2009 estimated tax payments and amount applied from 2008 return.	39
	<b>40</b>	Making work pay and government retiree credits. Attach Schedule M.	40
	<b>41a</b>	<b>Earned income credit (EIC).</b>	41a
	<b>b</b>	Nontaxable combat pay election.	41b
	<b>42</b>	Additional child tax credit. Attach Form 8812.	42
	<b>43</b>	Refundable education credit from Form 8863, line 16.	43
	<b>44</b>	Add lines 38, 39, 40, 41a, 42, and 43. These are your <b>total payments</b> .	44
	<b>45</b>	If line 44 is more than line 37, subtract line 37 from line 44. This is the amount you <b>overpaid</b> .	45
	<b>46a</b>	Amount of line 45 you want <b>refunded to you</b> .	46a

<b>Refund</b>	<b>47</b>	Amount of line 45 you want <b>applied to your 2010 estimated tax</b> .	47
	<b>48</b>	<b>Amount you owe.</b> Subtract line 44 from line 37. <b>Please make check payable to Treasurer of Guam.</b>	48
	<b>49</b>	Estimated tax penalty (see page 66).	49

<b>Third party designee</b>	Do you want to allow another person to discuss this return with DRT (see page 67)? <input type="checkbox"/> <b>Yes.</b> Complete the following. <input type="checkbox"/> <b>No</b>			
	<table style="width:100%;"> <tr> <td style="width:40%;">Designee's name <input type="text"/></td> <td style="width:20%;">Phone no. <input type="text"/></td> <td style="width:40%;">Personal identification number (PIN) <input type="text"/></td> </tr> </table>	Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>		

<b>Sign here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Joint return? See page 17. Keep a copy for your records.	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>	Daytime phone number <input type="text"/>
	Spouse's signature. If a joint return, <b>both</b> must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	<input type="text"/>

<b>Paid preparer's use only</b>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
	Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	EIN <input type="text"/>	Phone no. <input type="text"/>	