

L A B E L H E R E	Your first name and initial	Last name	
	If a joint return, spouse's first name and initial	Last name	Your social security number
	Home address (number and street). If you have a P.O. box, see page 18.	Apt. no.	Spouse's social security number
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.		▲ You must enter your SSN(s) above. ▲

Please print or type.

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.

<p>1 <input type="checkbox"/> Single</p> <p>2 <input type="checkbox"/> Married filing jointly (even if only one had income)</p> <p>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶</p>	<p>4 <input type="checkbox"/> Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶</p> <p>5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 20)</p>
--	--

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) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed. 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 22)
 Dependents on 6c not entered above:
 Add numbers on lines above ▶

Income

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

	7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
	8a Taxable interest. Attach Schedule 1 if required.	8a	
	b Tax-exempt interest. Do not include on line 8a.	8b	
	9a Ordinary dividends. Attach Schedule 1 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, Alaska Permanent Fund dividends, and jury duty pay.	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 total income .	15	

Adjusted gross income

	16 Penalty on early withdrawal of savings (see page 28).	16	
	17 IRA deduction (see page 28).	17	
	18 Student loan interest deduction (see page 31).	18	
	19 Jury duty pay you gave your employer (see page 31).	19	
	20 Add lines 16 through 19. These are your total adjustments .	20	
	21 Subtract line 20 from line 15. This is your adjusted gross income .	21	

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	
	23a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind } checked ▶ 23a <input style="width:40px; height:20px;" type="text"/>		
	b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 23b <input type="checkbox"/>		
	24	Enter your standard deduction (see left margin).	24	
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	
	26	If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 32. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d.	26	
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. ▶ 27	27	
	28	Tax , including any alternative minimum tax (see page 32).	28	
	29	Credit for child and dependent care expenses. Attach Schedule 2.	29	
	30	Credit for the elderly or the disabled. Attach Schedule 3.	30	
	31	Education credits. Attach Form 8863.	31	
	32	Retirement savings contributions credit. Attach Form 8880.	32	
	33	Child tax credit (see page 37). Attach Form 8901 if required.	33	
	34	Add lines 29 through 33. These are your total credits .	34	
	35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-.	35	
	36	Advance earned income credit payments from Form(s) W-2, box 9.	36	
	37	Add lines 35 and 36. This is your total tax .	▶ 37	
	38	Federal income tax withheld from Forms W-2 and 1099.	38	
	39	2006 estimated tax payments and amount applied from 2005 return.	39	
	40a	Earned income credit (EIC).	40a	
	b	Nontaxable combat pay election. 40b		
	41	Additional child tax credit. Attach Form 8812.	41	
	42	Credit for federal telephone excise tax paid. Attach Form 8913 if required.	42	
	43	Add lines 38, 39, 40a, 41, and 42. These are your total payments .	▶ 43	
Refund	44	If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid .	44	
	45a	Amount of line 44 you want refunded to you .	▶ 45a	

Standard Deduction for—

- People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.
- All others:
 - Single or Married filing separately, \$5,150
 - Married filing jointly or Qualifying widow(er), \$10,300
 - Head of household, \$7,550

If you have a qualifying child, attach Schedule EIC.

	46	Amount of line 44 you want applied to your 2007 estimated tax .	46	
Amount you owe	47	Amount you owe. Subtract line 43 from line 37. Please make check payable to Treasurer of Guam. ▶ 47		
	48	Estimated tax penalty (see page 54).	48	

Third party designee Do you want to allow another person to discuss this return with the DRT (see page 55)? **Yes.** Complete the following. **No**

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶ <input style="width:40px; height:20px;" type="text"/>
-------------------	-----------------	--

Sign here 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.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

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