Filing Status Head of household (HOH) Qualifying widow(er) (QW) Married filing separately (MFS) Qualifying widow(er) (QW) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ✓ Your social security number Your social securi	1040	-S	R Department of the Guam Ta	Treasury—Internal Revo	enue Se Sei	ervice (99) niors	2	02	1	OMB No. 15	45-007	4 IRS Use Only	/—Do	not write	or stap	ole in th	nis space.
Your social security number Your social security Your Y	Filing Status		Single Head of house	ehold (HOH)		☐ Marr ☐ Qual	ied 1	g wid	ow((er) (QW)			Ŭ			, ,	,
If joint return, spouse's first name and middle initial Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Electro Campaign Spouse's social security number Apt. no. Presidential Electro Campaign Spouse's you, or your spouse of files, if you have a foreign address, also complete spaces below. State ZIP code State os to the trund. To you or your spouse of any financial interest in any virtual currency? At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Standard Deduction Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 If more of the presidential security in the presidential Electro Campaign Spouse in structions (a) Social security (b) Versign postal code Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Are blind Spouse instructions (i) First name Last name Attach Schedule B Age, a Tax-exempt interest 2a b Taxable interest 2b Attach Foreign province/state/county Foreign postal code (c) Checking a box below will	one box.	nám	e if the qualifyir		hild l	but not y					incu ti						
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. City, town, or post office. If you have a foreign address, also complete spaces below. Foreign country name Foreign province/state/county Foreign postal code At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Standard Deduction Age/Blindness You: Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Spouse: Was born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (1) First name	Your first name	e and	middle initial		Last	name							You	ur socia	al sec	urity	number
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Spaces filling, or your spouse of filling postal code Proreign country name Foreign postal code Foreign code in the function of the postal code Foreign postal code Foreign code in the function of the postal code Foreign postal code F	If joint return,	spous	e's first name and	I middle initial	Last	name							Spc	ouse's s	ocial	securi	ty number
City, town, or post office. If you have a foreign address, also complete spaces below. Foreign country name Foreign province/state/county Foreign postal code State S	Home address	(num	nber and street). If	you have a P.O. b	ox, s	ee instruc	tions.	•				Apt. no.	Pre	sidentia	l Elec	tion C	ampaign
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?	City, town, or p	ost of	ffice. If you have a	foreign address, al	so co	mplete sp	aces l	below.	Stat	te	ZIP	code	\$3	ouse if fi to go to	ling jo	ointly, fund.	want
Standard Deduction Standard Deduction Someone can claim:	Foreign counti	y nan	ne			Foreign pr	rovinc	e/state/	cour	nty	Forei	gn postal code	not	change	your	rtax c	or
Deduction Age/Blindness	•	eres	st in any virtua	al currency?			•						.)		Yes		No
Dependents (see instructions): If more than four dependents, see instructions and check here Attach Schedule B if required. Attach Schedule B of Schedule B if required. Attach Schedule B of Capital gain or (loss). Attach Schedule D if required. If not required, check here To Capital gain or (loss). Attach Schedule D if required. If not required, check here To Capital gain or (loss). Attach Schedule D if required. If not required, check here Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (2) Social security bit (2) Social security (2) Social security (3) Relationship to you (4) Date of Birth (5) If qualifies for (see instructions) check instructions; check in	Standard Deduction			zes on a sepa	ırate	e return	or y	ou w	ere	a dual-s	tatus	alien	nde	ent			
If more than four dependents, see instructions and check here ▶ ☐ Wages, salaries, tips, etc. Attach Form(s) W-2		Age	e/Blindness	You: Spouse:	□ V	Vere bo Vas boi	orn b rn be	efore efore	Jar Jan	nuary 2, uary 2, 1	1957 1957	⊓ Are □ Is bl		ıd			
dependents, see instructions and check here b	Dependents If more			Last name		(2)							.1			C v.	adit for
Attach Schedule B if required. 1 Wages, salaries, tips, etc. Attach Form(s) W-2	than four dependents, see instructions										/						
Attach Schedule B if required. 2a Tax-exempt interest . 2a b Taxable interest	and check here ▶ □											/					
Attach Schedule B if required. 2a Tax-exempt interest . 2a b Taxable interest		1	Wanes sala	ries tins etc	Δ++	ach Fo	rm(s	s) W-2)			/		1			
3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits . 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	Attach						,,,,,	s) ** 2		h Taxah	Je int	erest	•				
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount			•						1				•				
5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 Other income from Schedule 1, line 10 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 10 Adjustments to income from Schedule 1, line 26 10									1		-						
6a Social security benefits . 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		_							1					5b			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6a							1								
8 Other income from Schedule 1, line 10		7	Capital gain	or (loss). At	tach	Sched			req	uired. If	not	required,	_ _				
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ 9 10 Adjustments to income from Schedule 1, line 26		8											_	8			
10 Adjustments to income from Schedule 1, line 26																	
									_				1	10			
			•										•				

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Standard Deduction See Standard Deduction Chart on the last page		Standard deduction or itemized deductions (from Schedule A)	-	
of this form.	c	Add lines 12a and 12b	12c	
	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
	14	Add lines 12c and 13	14	
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	15	
	16	Tax (see instructions). Check if any from:		
		1 □ Form(s) 8814 2 □ Form 4972 3 □	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Nonrefundable 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, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax ▶	24	
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	
	26	2021 estimated tax payments and amount applied from 2020 return	26	
If you have a qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)	-	
	b	Nontaxable combat pay election . 27b		
		Prior year (2019) earned income . 27c		
	28	Refundable child tax credit or additional child tax		

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

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credit from Schedule 8812

American opportunity credit from Form 8863, line 8 $\,$.

Recovery rebate credit. See instructions

Amount from Schedule 3, line 15

Add lines 27a and 28 through 31. These are your total other payments

Add lines 25d, 26, and 32. These are your total payments ▶

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29 30

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Refund	34	If line 33 is more that amount you overpaid		subtract I		ne 33. This	is the	34			
	35a	Amount of line 34 yo check here	u want ref	funded to	you. If Form	8888 is atta	ached, . ▶ □	35a			
Direct deposit?	▶b	Routing number			▶ c Type: □	Checking	Savings				
See instructions.	►d	Account number									
	36	Amount of line 34 y estimated tax			-	36					
Amount You Owe		Amount you owe. S pay, see instructions			line 24. For o	details on h	now to	37			
	38	Estimated tax penalty	(see instru	uctions) .		38					
Third Party Designee	ins De	o you want to allow another structions	person to dis		turn with the IRS	. ► Yes	. Complet nal identifica er (PIN)		w. 🗌 No		
Sign Here	my kr	r penalties of perjury, I declare to nowledge and belief, they are tru ich preparer has any knowledge	ue, correct, an								
Joint return?		our signature		Date	Your occupation			ection P	nt you an Identity IN, enter it here		
See instructions Keep a copy for your records.	S S N	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	ition	Ident		nt your spouse an ection PIN, enter it here		
	Ph	one no.		Email address	3		'				
Paid	Pro	eparer's name	Preparer's s	ignature		Date	PTIN		Check if: Self-employed		
Preparer	Fir	m's name ▶			Phor	none no.					
Use Only	Fir	Firm's address ► Firm							n's EIN ▶		
Go to www.irs	s.gov/F	form1040SR for instructions and	the latest info	ormation.				Fc	orm 1040-SR (2021		

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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	\$14,250
Sirigie	2	15,950
	1	\$26,450
Married	2	27,800
filing jointly	3	29,150
	4	30,500
Qualifying	1	\$26,450
widow(er)	2	27,800
Head of	1	\$20,500
nousehold	2	22,200
	1	\$13,900
Married filing	2	15,250
separately**	3	16,600
	4	17,950

^{*}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** (2021)

^{**}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.