E 1040		artment of Revenue and Taxation Iam Individual Income Ta	ax R	eturn	202	3	OMB No. 1545	-0074	DRT Use Only	y—Do	not write	e or sta	ple in this space.
For the year Jan.	For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20				See separate instructions.			
Your first name	Your first name and middle initial Last name Y							You	r socia	l secu	urity number		
If joint return, spouse's first name and middle initial Last name								Spor	use's s	ocial	security number		
Home address (number and street). If you have a P.O. box, see instructions.									IN	/P	OF	RTANT	
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code								PLEASE PROVIDE CURRENT					
Foreign country name				Foreign province/state/county Fo				Foreig	eign postal code MAILING AD				
Filing Status Check only one box.	L If y	 Single Head of household (HOH) Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS) f you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: 											
Digital Assets	exch	t any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, xchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)											
Standard Deduction		Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien											
Age/Blindness	You:	Were born before January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was bor	n befc	ore January 2	2, 195	59 [ls	blind
Dependents												1	ies for (see instructions):
If more	(1) Fi	(1) First name Last name			number 1			ou (Month/Year)) Child f	ax credit	Credit	t for other dependents
than four dependents,	-								/				
see instructions									/		=		
and check here									/				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instruc	tions)						1a		
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2									1b		
W-2 here. Also	с	Tip income not reported on line 1a (see instructions)								. [1c		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								.	1d		
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26 .								·	1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							·	1f			
lf you did not get a Form	g	9				• •		• •		·	1g		
W-2, see	h	Other earned income (see instructions)						·	1h				
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	1 i			-			
	z	Add lines 1a through 1h	· ·		· · · ·	.		• •	· · ·	· -	1z		
Attach Sch. B if required.	2a	· -	2a				axable interest			•	2b		
	3a		3a 4a				rdinary divider axable amoun				3b 4b		
Standard	4a 5a		4a 5a				axable amoun				40 5b		
• Single or	5a 6a		6a				axable amount				6b		
Married filing	c	···· , ··· ,		method	check here				[.	0.0		
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)								5 [7		
 Married filing jointly or 	ad filing									_ F	8		
Qualifying surviving spouse,	9 Additional income information schedule 1, interformation in the row interformation in the row interformation in the row interformation in the row interformation interformation in the row interformation interformatinterformatintereformation interformation interformation interform								.	9			
\$27,700	10	Adjustments to income from Schedule 1, line 26 10								10			
 Head of household, 	11												
\$20,800	12												
If you checked any box under	13	-									13		
Standard Deduction,	14	Add lines 12 and 13									14	·	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our t	axable incom	е.			15		
For Disclosure.	Privacy	y Act, and Paperwork Reduction Act N	otice.	see separa	te instruction	ıs.		Cat. N	lo. 11320B			F	orm 1040 (2023)

Please ensure that the following is attached if applicable:

- Attach Form(s) W-2 / W-2GU / W-2G (COPY B)
- Attach Form(s) 1099's (Copy B)
- Attach a copy of Form SSA-1099 (if taxes were withheld)
- If you did not receive a W-2 / W-2GU, please refer to instructions https://www.irs.gov/taxtopics/tc154

Form 1040 (2023)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 8814	4 2 4972	3		16			
Credits	17	Amount from Schedule 2, lin	e3					17			
	18	Add lines 16 and 17						18			
	19	Child tax credit or credit for			19						
	20	Amount from Schedule 3, lin	e8				[20			
	21	Add lines 19 and 20					[21			
	22 Subtract line 21 from line 18. If zero or less, enter -0										
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .		[23			
	24	Add lines 22 and 23. This is	your total tax				[24			
Payments	25	Federal income tax withheld									
,	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	с	Other forms (see instructions)									
	d	Add lines 25a through 25c		25d							
	26	2023 estimated tax payment				t t	26				
If you have a L qualifying child,	27	Earned income credit (EIC)		••		27					
attach Sch. EIC.	28	Additional child tax credit fror			28						
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .									
	31	Amount from Schedule 3, line 15									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T	[33							
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid									
lioidiid	35a	Amount of line 34 you want	35a								
Direct deposit?	b	Routing number									
See instructions.	d	Account number									
	36	Amount of line 34 you want a	applied to your	2024 estimate	dtax	36					
Amount	37	Subtract line 33 from line 24									
You Owe	0.	For details on how to pay, go to https://pay.guam.gov or see instructions						37			
	38	Estimated tax penalty (see instructions)									
Third Party	Do	Do you want to allow another person to discuss this return with the DRT? See									
Designee		structions							No		
•		signee's		Phone			onal identific	cation			
	nar			no.			per (PIN)				
Sign		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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here											
	TOL	ar signature		Dale	rour occupation		FIIOR	e Numbe	1		
Joint return?											
See instructions.	Spo	ouse's signature. If a joint return, k	ooth must sign.	Date Spouse's occupation		ion	Phone	one Number			
Keep a copy for your records.											
,											
		one no.	Dreneroute etc.	Email address		Data	יאדס	<u> </u>	Chaols if:		
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Preparer									Self-employed		
Use Only		n's name		ne no.							
		n's address	Firm's	EIN	4040						
Go to www irs ac	v/Form	1040 for instructions and the late	st information						Form 1040 (2023)		