Department of the Treasury—Internal Revenue Service (99)

Guam Individual Income Tax Return

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Form **1040** (2021)

Cat. No. 11320B

Filing Status Check only	_	Single Married filing jointly uchecked the MFS box, enter the n	_	_		• .		_		` ,	_		widow(er) (QW)		
one box.	-	on is a child but not your dependent	-	our spo	buse.	ii you c	Heck	ted the HOH 0	יו עע	v box, enter the	e Criliu :	5 Hallie	if the qualifying		
Your first name	our first name and middle initial				Last name								Your social security number		
If joint return, sp	ouse's	first name and middle initial	Last nar	ne							Spouse	's social	security number		
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.	Check	here if y	ection Campaign ou, or your		
City, town, or post office. If you have a foreign address, also com				mplete spaces below. State					ZIP	code	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change				
Foreign country	name		F	oreign p	provinc	e/state/	count	ry .	Fore	eign postal code	your ta	x or refu			
At any time dur	ing 20	21, did you receive, sell, exchange,	or other	rwise d	ispose	e of any	/ fina	ıncial interest i	in an	y virtual currer	ncy?		es 🗌 No		
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•					a dependent							
Age/Blindness	You:	Were born before January 2, 1	957	Are b	olind	Spo	use	: Was bor	rn be	efore January 2	, 1957		s blind		
Dependents If more than four		instructions): rst name Last name	(2) Social seconumber				y (3) Relationship		nip	(4) Date of Birth (Month/Year) Ch		qualifies fo	or (see instructions): Credit for other dependents		
										/					
dependents, see instructions										/					
and check here ▶ □										/					
										/	L	-			
										/	L	_			
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2						/	1				
Attach	2a		2a		•	ĺ	b Ta	axable interes	t		21				
Sch. B if	3a	· —	3a	b Ordinary divide						31					
required.	4a	IRA distributions	4a					axable amoun			41)			
	5a	Pensions and annuities	5a				b Ta	axable amoun	t.		51)			
Standard	6a	Social security benefits	6a				b Ta	axable amoun	t.		61	ס			
Deduction for— Single or	7	Capital gain or (loss). Attach Sched	dule D if	require	ed. I f r	ot requ	iired,	, check here		▶ 🗆] 7				
Married filing	8	Other income from Schedule 1, lin	e 10 .								8				
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is y	our to	tal inco	ome)	9	1			
Married filing jointly or	10	Adjustments to income from Schedule 1, line 26									10				
Qualifying widow(er),	11	Subtract line 10 from line 9. This is							i)	1	1			
\$25,100 F	12a	Standard deduction or itemized		•			,	12			_				
Head of household,	b	,													
\$18,800	C											c			
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A										3			
Standard Deduction,	14 15	Add lines 12c and 13													
see instructions.	13	5 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0													

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	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 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 o	ther depender	nts from Schedule	8812 .		. 19		
	20	Amount from Schedule 3, line	8					. 20		
	21	Add lines 19 and 20								
	22	Subtract line 21 from line 18. If								
	23	Other taxes, including self-emp								
	24	Add lines 22 and 23. This is yo								
	25	Federal income tax withheld fr								
		Form(s) W-2				25a				
	a	()								
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c		05.4		
	d	Add lines 25a through 25c .								
If you have a	26	2021 estimated tax payments	•	•				. 26		
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC) .				27a				
		Check here if you were boy January 2, 2004, and you								
		taxpayers who are at least age								
	b	Nontaxable combat pay election		1 1						
	c	Prior year (2019) earned incom								
	28	Refundable child tax credit or a			Schodulo 9912	28				
	29					29				
		American opportunity credit from								
	30	Recovery rebate credit. See in				30				
	31	Amount from Schedule 3, line				31		D 00		
	32	Add lines 27a and 28 through								
	33	Add lines 25d, 26, and 32. The								
Refund	34	If line 33 is more than line 24, s				•				
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here D 35a								
Direct deposit? See instructions.	►b	Routing number			▶ c Type:	Checking	Savi Savi	ngs		
oce mondonone.	►d	Account number								
	36	Amount of line 34 you want ap				36				
Amount	37	Amount you owe. Subtract lin				ee instructi	ons .	▶ 37		
You Owe	38	Estimated tax penalty (see inst	tructions) .		<u> ►</u>	38				
Third Party		you want to allow another p	erson to disc							
Designee	ins	tructions				► <u></u> Y	es. Comp	lete below.	□ No	
		signee's		Phone				identification		
		ne 🕨	A. I. Is a constant of the con	no. ►		ada la a anada at	number (I			
Sign		der penalties of perjury, I declare tha ef, they are true, correct, and comple								
Here		ır signature		Date	Your occupation				nt you an Identity	
	, 101	ir signature		Date	rour occupation				IN, enter it here	
Joint return?								(see inst.) ▶		
See instructions.	Spo	ouse's signature. If a joint return, bo t	th must sign.	Date	Spouse's occupati	on		If the IRS se	nt your spouse an	
Keep a copy for	,			Ic		-	entity Protection PIN, enter it here			
your records.								(see inst.) ▶		
-		one no.		Email address						
Paid	Pre	parer's name	Preparer's signati	ure		Date	PT	IN	Check if:	
									Self-employed	
Prenarer										
Preparer	Firr	n's name ▶				1		Phone no.		
Preparer Use Only		n's name ▶ n's address ▶						Phone no.		