1040		Department of the Treasury-Internal Revenue Service Guam Individual Income Tax Return		turn	20 24 OMB No. 154		OMB No. 1545-0	0074	IRS Use O)nly—Do	y—Do not write or staple in this space.		
For the year Jan. 1–Dec. 31, 2024, or other tax year beginning				, 2024, ending				, 20 See separate instructions.					
Your first name and middle initial Last name										Yo	Your social security number		
If joint return, spouse's first name and middle initial Last name Sp							ouse's	s social sec	urity number				
Mailing address (number and street). If you have a P.O. box, see instructions. Apt.						Apt. no.		MF	PORT	ANT			
City, town, or post office. If you have a foreign address, also complete				paces below. State				ZIP c	ZIP code			ASE PRO CURREI	-
Foreign country name				Foreign province/state/county Fo				Foreig	MAILING ADDRES				
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) If 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: If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): 											
Digital Assets		ny time during 2024, did you: (a) reco	•						,.	• • •	sell,	REQU Yes	
Standard Deduction	exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No 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 Yes												
-	-	Were born before January 2, 1	960	Are bl	ind Spc	ouse	: 🔄 Was borr		ore Januar			ls bli	
Dependents		(see instructions): (2) Social security (3) Relationship									instructions): er dependents		
If more	(1) FI	(1) First name Last name number to you Child tax cre											
than four dependents,						」]		L					
see instructions	uctions									1		L	<u></u>
and check here	_									1		C	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruc	tions)					-	1a		_
	b	Household employee wages not re	eported o	n Form	(s) W-2						1b		
Attach Form(s) W-2GU here.	с	Tip income not reported on line 1a	ı (see inst	ruction	s)						1c		
Also attach	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see ir	nstru	uctions)				1d		
Forms W-2G and 1099-R if	е	Taxable dependent care benefits f	rom Form	n 2441,	line 26						1e		
tax was withheld	l. f							1f					
If you did not	g	g Wages from Form 8919, line 6					1g						
get a Form W-2, see	h	Other earned income (see instruction	ions) .								1h		
instructions.	i	Nontaxable combat pay election (s	see instru	ctions)			1 i						
	z	Add lines 1a through 1h									1z		
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest			•	2b		
if required.	3a	Qualified dividends	3a			b C	Ordinary dividen	ds .		•	3b		
Standard	4a		4a				axable amount				4b		
Deduction for-	5a		5a				axable amount				5b		
 Single or Married filing 	6a		6a				axable amount				6b		
separately,	с	If you elect to use the lump-sum e											
\$14,600Married filing	7	Capital gain or (loss). Attach Schee			-						7		
jointly or Qualifying	8	Additional income from Schedule 1, line 10								8			
surviving spouse,	9		dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9			
\$29,200 • Head of	10	Adjustments to income from Sche							10				
household, \$21,900	11									11			
• If you checked	12												
any box under <i>Standard</i>	13 Qualified business income deduction from Form 8995 or Form 8995-A							13	-				
Deduction, see instructions.	14 Add lines 12 and 13 .							14	-				
	15 Privacy	Subtract line 14 from line 11. If zer					taxable income				15	Eorm	1040 (2024)

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Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 8814	4 2 🗌	4972	3		1	6	
Credits	17	Amount from Schedule 2, line	e3						1	7	
	18	Add lines 16 and 17							1	8	
	19	Child tax credit or credit for other dependents from Schedule 8812								9	
	20	Amount from Schedule 3, line 8								0	
	21	Add lines 19 and 20							2	1	
	22	Subtract line 21 from line 18. If zero or less, enter -0-								2	
	23 Other taxes, including self-employment tax, from Schedule 2, line 21								3		
	24	Add lines 22 and 23. This is y	our total tax						2	4	
Payments	25	Federal income tax withheld									
,	а	Form(s) W-2					25a				
	b	Form(s) 1099					25b				
	с	Other forms (see instructions					25c				
	d	Add lines 25a through 25c	·						25	ōd	
	26	Ŭ									
If you have a L qualifying child,	27	2024 estimated tax payments and amount applied from 2023 return 2024 estimated tax payments and amount applied from 2023 return Earned income credit (EIC) 27									
attach Sch. EIC.	28	Additional child tax credit fron					28				
	29	American opportunity credit					29				
	30			·			30				
	31										
	32	Add lines 27, 28, 29, and 31.						redits	3	2	
	33	Add lines 25d, 26, and 32. Th									
Refund	34	If line 33 is more than line 24							3		
neruna	35a							•			
Direct deposit?	b	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									
See instructions.	d	Account number									
	36	Amount of line 34 you want a	pplied to your :	2025 estimate	dtax		36				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .									
You Owe	51	For details on how to pay, go to www.irs.gov/Payments or see instructions							3	7	
	38	Estimated tax penalty (see instructions)									
Third Party											
Designee		Do you want to allow another person to discuss this return with the IRS? See nstructions							plete belov	w. 🗌 No	
	Des	esignee's Phone Personal identific							al identificati	on	
	nar			no.				number	()		
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									, , ,		
	Υοι	ır signature	Date Your occupation					Phone Nu	umber		
Joint return?											
See instructions.	Spo	ouse's signature. If a joint return, b	Date Spouse's occupation					Phone Nu	Phone Number		
Keep a copy for											
your records.											
		Phone no. Email address									
Paid	Pre	parer's name	Preparer's signat	ure			Date	F	PTIN	Check if:	
Preparer										Self-employed	
Use Only	Firm's name Phone								Phone no).	
	Firm's address Firm's								Firm's Ell		
Go to www.irs.go	Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2024										

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) ٠
- If you did not receive a W-2 / W-2GU, please refer to instructions https://www.irs.gov/taxtopics/tc154