## 1040-SR Department of the Treasury-Internal Revenue Service Guam Tax Return for Seniors

2024

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jan.	1–Dec	c. 31, 2024, or other tax year beginning			, 2024, end	ding			, 20	See	separate	instructions.
Your first nam	e and	I middle initial	Las	st name						You	r social s	ecurity number
If joint return,	spous	se's first name and middle initial	Las	st name						Spo	use's socia	al security number
Mailing addres	ss (nu	mber and street). If you have a P.O.	box	, see instrud	ctions.				Apt. no.	1		RTANT
City, town, or p	oost o	ffice. If you have a foreign address, al	lso c	omplete spa	aces below.	Sta	ate	ZIP	code	P		PROVIDE
Foreign count	ry nar	me		Foreign pr	ovince/state	/cou	nty	Foreiç	gn postal code	M		RRENT ADDRESS.
Filing Status								rately (MFS)				
Check only one box.												
		If treating a nonresident alien obox and enter their name (see	or d	lual-status tructions	s alien spo and attach	ouse o sta	as a U.S. ratement if re	resid equir	lent for the ed):	entir	e tax ye	ar, check the
Digital Assets	pro	any time during 2024, did y perty or services); or (b) se a financial interest in a dig	ell, (	exchang	e, or oth	erw	ise dispos	se of	f a digital a	asse	et neu	QUIRED
Standard Deduction		meone can claim: ☐ You Spouse itemizes on a sepa	arat	e return	or you w	ere	a dual-sta	atus	alien	nde	nt	
	Age	e/Blindness { You: Spouse:		Were bo Was bor	rn before n before	Jar Jar	nuary 2, 1 nuary 2, 19	960 960	☐ Are☐ Is bl		d	
Dependents (see instructions)	5 : (1) F	First name Last name		<b>(2)</b> Soci	al security nui	nber	(3) Relationsh you	ip to	(4) Check the b Child tax c		1	(see instructions): or other dependents
If more than four												
dependents, see instructions and												
check here												
Income	1a	Total amount from Form(	s) V	V-2, box	1 (see ir	ıstrı	uctions) .			. [	1a	
Attach Form(s)	b	Household employee wa	ges	not rep	orted on	For	m(s) W-2			.	1b	
W-2GU here. Also attach	С	Tip income not reported on line 1a (see instructions)							.	1c		
Forms W-2G and 1099-R	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							s)	1d		
if tax was withheld.	a Layabla dapandant cara banatite tram Form '1/1/11 lina'			1, line 26	26			1e				
If you did not get a Form		Employer-provided adoption benefits from Form 8839, line 29							. [	1f		
W-2, see instructions.	g	Wages from Form 8919, line 6									1g	
	h	Other earned income (see	e in	struction	ns)					. [	1h	
	i	Nontaxable combat pay	eled	ction (se	e instruct	tion	s) . <b>1</b>	i				
	Z	Add lines 1a through 1h								. [	1z	
Attach	2a	Tax-exempt interest .	2	2a			<b>b</b> Taxable	e int	erest .		2b	
Schedule B if required.	За	Qualified dividends	3	Ba			<b>b</b> Ordina	ry di	ividends		3b	
	4a	IRA distributions	4	la			<b>b</b> Taxable	e an	nount .	. [	4b	
	5a	Pensions and annuities	5	Ба			<b>b</b> Taxable	e an	nount .	. [	5b	
	6a	Social security benefits .	6	ба			<b>b</b> Taxable	e an	nount .		6b	
	С	If you elect to use the instructions)		•					` -			

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	7	Capital gain or (loss). Attach Schedule D if required. If not required,		
		check here	7	
	8	Additional income from Schedule 1, line 10	8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9	
	10	Adjustments to income from Schedule 1, line 26	10	
Otom doud	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	
Standard Deduction	12	Standard deduction or itemized deductions (from Schedule A)	12	
See Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
Deduction Chart on the last page	14	Add lines 12 and 13	14	
of this form.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	15	
Tax and	16	Tax (see instructions). Check if any from:		
Credits		<b>1</b> □ Form(s) 8814 <b>2</b> □ Form(s) 4972 <b>3</b> □	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	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 <b>total tax</b>	24	
Payments	25	Federal income tax withheld from:		
If you have a qualifying child, attach Sch. EIC.	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) 27		
	28	Additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, 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

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

32

33

Form 1040-SR (2024) Page 3 Refund If line 33 is more than line 24, subtract line 24 from line 33. This is the 34 amount you overpaid . . . . . . . . . . . . . . 34 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Direct deposit? **b** Routing number **c** Type: ☐ Checking ☐ Savings See instructions. **d** Account number 36 Amount of line 34 you want applied to your 2025 estimated tax . . . . . . . . . . . . . . . . . . 36 Amount 37 Subtract line 33 from line 24. This is the **amount you owe**. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions 37 Estimated tax penalty (see instructions) . . . . . **Third Party** Do you want to allow another person to discuss this return with the IRS? See **Designee** No instructions . . . . . . . Yes. Complete below. Phone Designee's Personal identification name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best Sign of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all Here information of which preparer has any knowledge. Your signature Date Your occupation Phone Number Joint return? See instructions. Spouse's signature. If a joint return, both must sign. Spouse's occupation Phone Number Keep a copy for your records.

Email address

Date

PTIN

Phone no.

Firm's EIN

Preparer's signature

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

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□ Self-employed

Check if:

## 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)

Phone no.

Firm's name

Firm's address

Paid

**Preparer** 

**Use Only** 

Preparer's name

- 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

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## Standard Deduction Chart\*

IF your filing status is	AND the number of boxes checked is	THEN your standard deduction is
Single	1	\$16,550
Sirigle	2	18,500
	1	\$30,750
Married	2	32,300
filing jointly	3	33,850
	4	35,400
Qualifying	1	\$30,750
surviving spouse	2	32,300
Head of	1	\$23,850
household	2	25,800
	1	\$16,150
Married filing	2	17,700
separately**	3	19,250
	4	20,800

<sup>\*</sup>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.

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<sup>\*\*</sup>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.