

## Department of Revenue and Taxation

## **Economic Impact Payment for Non-filers (EIP-NF)**

Do not file this form if:

- You have already filed a 2018 and/or 2019 Guam income tax return.
- Your 2019 gross income exceeded \$12,200 (\$24,400 for a married couple) or other reasons require you to file a 2019 Guam income tax return.
- You were married at the end of 2019 and are not submitting information here with your spouse.

- You w	ere not a U.S. citize	n or U.S. <sub>I</sub>	<u>permane</u> n	t res	sident in 201	9					
I. Filing Stat	tus		Single			N	Married	filing joi	ntly		
	(If there is one adu	It on this f	orm, select	Sing	ıle. If there ar	e two ad	ults, selec	t Married	fiing jointly.		
II. Personal	Info										
a. Your first name and middle initial				Last Name			Your social security number				
											1
b. If joint return, spouse's first name and middle initia					Last Name				Spouse's social security number		
	, , , ,	.6 .									<u> </u> 
c. Home address (	(number and street).	If you hav	⁄е а Р.О. В	ox, e	enter P.O. bo	k only if r	no mail is	delivered	l to your hom	e	Apt. no
d City town or r	oost office, state, an	d 7IP cod	a If you k	121/0	a foreign ac	ldracc a	lso comi	nlete snac	es helow		
d. City, town or p	oost office, state, an	u zii cou	e. II you i	iave	a loreigh ac	iui ess, a	130 COTT	nete spac	es below.		
e. Foreign country name				eign	ign province/state/country Foreign p				postal code		
f. Someone can claim: You as a depen											
	eone else claimed you	i on their t	ax return y	you ı	will not be eli	gible for	the Econo	отіс Ітра	ct Payment		
III. Depende	ents					Social 9	Security n	umher			
First Name		Middle Initial	Last Na	me		or Adoption Taxpaver			Pate of Birth Month/Year)	Relationship to you	
a.									/		
b.									/		
c.									/		
d.									/		
e.									/		
f.									/		
For addition	al dependents, includ	e a statem	ent showin	ig red	quired inform	ation		•		•	
IV. Indicate	the following										
a. You	ı (and/or your spou	se if appli	cable) rec	eive	Social Secur	ity, Railr	oad Ret	irement, (	or SSDI bene	fits.	
	You (and/or your spouse if applicable) receive veterans disability compensation, a pension, or survivor benefits from										
	Department of Vet ir (and your spouse			م ام	wal daas nat	roquiro	vou to f	ilo a Cuar	m incomo to	, roturn	for 2010 and
c		п аррпса	bie) ilicon	ie ie	ever does no	. require	you to i	ile a Guai	ii iiicoiiie tax	retuiii	101 2016 allu
	GROSS INCOM	I <b>E</b> here		\$	6						
	ncludes all income y		in the fo		•	ods, pro	perty, ar	nd service	s that is not o	exempt	from tax.
- 3	nder penalties of pe elief, they are true,				ave examine	d this Ell	P-NF fori	m, and to	the best of n	ny know	ledge and
Your Signatu	ure						Date				
Spouse's Signature. If a joint return, both must sign							Date				_
				<u> </u>							_
Phone no.:					Email addr	ess:					