

Liquidator	Reviewer	2014	COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY	2014	Serial Number	
<input type="checkbox"/> R		CREDIT FOR PERSONS AGE 65 OR OLDER AND COMPENSATORY CREDIT FOR LOW INCOME PENSIONERS RETURN				<input type="checkbox"/> AMENDED RETURN

Taxpayer's Name Initial Last Name Second Last Name Postal Address Zip Code Spouse's First Name and Initial Last Name Second Last Name Home Address (Town or Urbanization, Number, Street) Zip Code E-Mail Address	Taxpayer's Social Security Number Date of Birth Sex Day Month Year <input type="radio"/> M <input type="radio"/> F Spouse's Social Security Number Spouse's Date of Birth Sex Day Month Year <input type="radio"/> M <input type="radio"/> F Home Telephone () - Work Telephone () - CHANGE OF ADDRESS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt Stamp
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YES NO A. <input type="checkbox"/> <input type="checkbox"/> United States Citizen? B. <input type="checkbox"/> <input type="checkbox"/> Resident of Puerto Rico at the end of the year? C. <input type="checkbox"/> <input type="checkbox"/> Other excluded or tax exempt income? Indicate total \$ _____ D. HIGHEST SOURCE OF INCOME: 1. <input type="checkbox"/> Government, Municipalities or Public Corporation Employee 2. <input type="checkbox"/> Federal Government Employee 3. <input type="checkbox"/> Private Business Employee 4. <input type="checkbox"/> Retired/Pensioner	E. FILING STATUS AT THE END OF THE TAXABLE YEAR: 1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Individual taxpayer 5. <input type="checkbox"/> Social Security 6. <input type="checkbox"/> Other _____
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QUESTIONNAIRE TO DETERMINE THE AMOUNT OF CREDIT THAT YOU ARE ENTITLED TO CLAIM

Questionnaire

F. If you are an **individual taxpayer**:

1. did you receive income, **including** social security or any other excluded or tax exempt income, of **\$15,000** or less during the taxable year? 1 YES 2 NO

2. did you **only** receive income from pension for an amount that does not exceed **\$4,800 (without considering social security)** during the taxable year? 1 YES 2 NO

G. If you are **married**:

1. did **you and your spouse** receive income, **including** social security or any other excluded or tax exempt income, of **\$30,000** or less between both of you during the taxable year? 1 YES 2 NO

2. did **you only** receive income from pension for an amount that does not exceed **\$4,800 (without considering social security)** during the taxable year? 1 YES 2 NO

3. did your **spouse only** receive income from pension for an amount that does not exceed **\$4,800 (without considering social security)** during the taxable year? 1 YES 2 NO

For Internal Use

I CERTIFY THAT I HAVE NOT BEEN CLAIMED AS A DEPENDENT IN ANY INCOME TAX RETURN FOR THIS TAXABLE YEAR.

I hereby declare under penalty of perjury that this return, has been examined by me and it is true, correct and complete. The declaration of the person that prepares this return (except the taxpayer) is based on the information available, and this information has been verified.

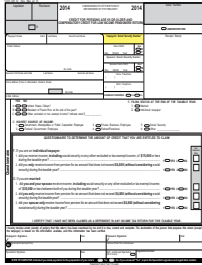
Taxpayer's Signature	Date	Spouse's Signature	Date
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Specialist's Name (Print)		Name of the Firm or Business	
Specialist's Signature	Date	Self - employed Specialist (fill in here) <input type="checkbox"/>	Registration Number

NOTE TO TAXPAYER: Indicate if you made payments for the preparation of your return: Yes No. If you answered "Yes", require the Specialist's signature and registration number.

Retention Period: Ten (10) years

FILING REQUIREMENTS

WHAT IS FORM 481.10?



Form 481.10, Credit for Persons Age 65 or Older and Compensatory Credit for Low Income Pensioners Return (Credits Return), may be used by those taxpayers, individual or married, who claim only one or both of the following credits:

- Credit for Persons Age 65 or older; and
- Compensatory Credit for Low Income Pensioners.

WHO MUST FILE THE CREDITS RETURN?

The Credits Return may be filed by every individual who meets the following requirements:



- is an individual resident of Puerto Rico;
- is age 65 or older on the last day of the taxable year and the gross income, including Social Security benefits, does not exceed \$15,000 or \$30,000 in the case of married taxpayers;
- is not age 65 or older on the last day of the taxable year but only received income from pension of \$4,800 or less (without including social security); and
- is not claimed as a dependent in other return.



WHEN MUST THE CREDITS RETURN BE FILED?

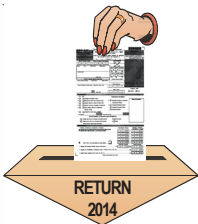


If you file on a calendar year basis, you must file your return **after July 1 and before October 15, 2015.**

WHERE MUST THE RETURN BE FILED?

The return may be filed:

- by mail sending it to the following address: DEPARTMENT OF THE TREASURY, PO BOX 50072, SAN JUAN PR 00902-6272; or
- personally at the Department of the Treasury at Intendente Alejandro Ramírez Building in Old San Juan or at the Internal Revenue Collections Office of your Municipality.



NAME, ADDRESS AND SOCIAL SECURITY NUMBER

Print with ink or type the required information in the spaces provided. **It is important that you write your and your spouse's (if applicable) social security number in the corresponding space of the return. This number is necessary to process your return.**

DATE OF BIRTH

Indicate your and your spouse's (if applicable) date of birth in the space and format provided for this purpose. **If you do not include the date of birth, your return will not be processed** because this information is necessary to determine your eligibility for the Credit for Persons age 65 or older.

AREA CODE

Please include the area code (787 or 939) in the space provided in the heading of the return to indicate the telephone number of your residence and office.

E-MAIL ADDRESS

If you have an e-mail address, include it in the space provided for this purpose.

CHANGE OF ADDRESS

If there was a change of address at the moment of filing this return in relation to a return filed for taxable year 2013 (if applicable), fill in completely the corresponding oval and write the new address clearly and legibly to notify it. This allows us to keep our records up to date and send you any notice and your payment to the correct address.

On the other hand, if you change your address at any other moment during the year, you must notify it by using Form SC 2898 (Change of Address). It is available in our website: www.hacienda.pr.gov. Also, you can obtain it at the Forms and Publications Division, Office 603 of the Department of the Treasury in Old San Juan, or you may request it by calling (787) 722-0216, option number 7 of the directory.

AMENDED RETURN

If you made any mistake when completing the information required on this return, you must amend the same. Fill in completely the oval corresponding to **Amended Return**. Such amended return must be filed within 4 years from the date the original return was filed.

QUESTIONNAIRE

Fill in completely the applicable oval to indicate if you are a United States citizen and if you were a resident of Puerto Rico at the end of the taxable year. Also, you must inform if you received excluded or exempt income during the year (Example: social security income, prizes from the Lottery of Puerto Rico or from racetrack winnings).

HIGHEST SOURCE OF INCOME

Fill in completely the applicable oval in accordance with your highest source of income.

FILING STATUS AT THE END OF THE TAXABLE YEAR

Fill in completely the oval that identifies your filing status at the end of the taxable year:

Married - This filing status is for those individuals who at the end of the year have celebrated their marriage under the provisions of the Puerto Rico Civil Code or who are treated as married under the legal system in Puerto Rico. **You must submit your spouse's name and social security number.**

If during the year your spouse died, you must file a return as individual taxpayer.

Individual Taxpayer - This filing status is for those individuals who at the end of the year:

- are not married, because they have never married, are widowed or divorced;
- are married, but before their marriage executed a prenuptial agreement expressly stipulating that the economic regime of the married couple is one of complete separation of property; or
- did not live with the spouse, and during an uninterrupted period of 12 months that includes the date of the end of the taxable year, he or she did not live in the same household as the spouse during an uninterrupted period of 183 days.

Married filing separately - Those individuals that at the end of the taxable year are legally married and live together, must file under the married status. **You must submit you spouse's name and social security number.**

QUESTIONNAIRE TO DETERMINE THE AMOUNT OF CREDIT THAT YOU ARE ENTITLED TO CLAIM
Credit for Persons Age 65 or older

Every taxpayer who is an individual and on the last day of the taxable year is age 65 or older, whose total income (including excluded and exempt income) does not exceed \$15,000 and is not claimed as a dependent by any other taxpayer for the same taxable year, may claim a reimbursable personal compensatory credit of \$200.

In the case of married taxpayers, each one is entitled to claim this credit, provided that the aggregate income of both spouses (including excluded and exempt income) does not exceed \$30,000.

Compensatory Credit for Low Income Pensioners

Every individual with low income who is a pensioner from the Employees' Retirement System Administration of the Government of Puerto Rico and the Judiciary, the Teachers' Retirement System, the University of Puerto Rico, the Electric Power Authority, as well as those duly pensioned by the private sector, shall be entitled to claim a reimbursable compensatory personal credit of \$300.

For purposes of this credit, an individual is considered to be a low income pensioner if **his/her only source of income consists of the pension for services rendered and the amount received does not exceed \$4,800 annually**. Do not include income received from social security benefits to determine the annual income amount of \$4,800.

Line F - Single, Widowed or Divorced Taxpayers:

Line F.1. – Add all your income, including social security benefits and any other excluded or exempt income. If this amount is \$15,000 or less, answer “Yes” on this line. Otherwise, answer “No” on this line.

Line F.2. – If you only received income from pension (**without including** social security) for an amount that does not exceed \$4,800 during the taxable year, answer “Yes” on this line. Otherwise, answer “No” on this line.

If you received income subject to withholding or if your gross income, net of exemptions, is more than \$5,000, you must also complete the Individual Income Tax Return (Form 482.0). Refer to the instructions of such return to make sure if you must file the same.

Line G – Married Taxpayers:

Line G.1. – Add all your and your spouse's income, including social security benefits and any other excluded or exempt income. If this amount is \$30,000 or less, answer “Yes” on this line. Otherwise, answer “No” and go to line G.2.

Line G.2. – If you only received income from pension (**without including** social security) for an amount that does not exceed \$4,800 during the taxable year, answer “Yes” on this line. Otherwise, answer “No” on this line.

Line G.3. – If your spouse only received income from pension (**without including** social security) by an amount that does not exceed \$4,800 during the taxable year, answer “Yes” on this line. Otherwise, answer “No” on this line.

If you or your spouse received income subject to withholding or if your gross income, net of exemptions, is more than \$5,000, you must also complete the Individual Income Tax Return (Form 482.0). Refer to the instructions of such return to make sure if you must file the same.

TECHNICAL ASSISTANCE

For additional information on the technical contents of this booklet or to clarify any doubts, please call **(787) 722-0216, option number 8 of the directory**.

PAYMENTS APPLICATION

Any payment related to the claim of the credits granted through this return will be applied against any enforceable tax liability imposed by the Code. If married and one of the spouses owes taxes, the payment of the credits will be applied to any enforceable debt.

RETENTION OF PAYMENT FOR THE CONCEPT OF CHILD SUPPORT

If you have the obligation to provide child support to your children through the Child Support Administration (ASUME, for its Spanish acronym) and you owe said child support, your payment related to the claim of the credits granted through this return may be withheld. If you understand that the withholding does not apply, you will have 10 days from the date of the notification to object the same at the ASUME office nearest to your residence.

METHOD TO FILE THE RETURN

In order to protect and safeguard the wellbeing and legitimate claim of our citizens, Form 481.10 can only be filed in paper.

EVIDENCES OF THE RETURN

Form 481.10 must be completed in **all** its parts and must be accompanied with the following evidences of the amount of income received during tax year 2014 and that at December 31, 2014, the taxpayer and his spouse, if applicable, were 65 years old or more:

- Identification that includes the date of birth, such as a driver's license, senior citizen's photo identification or any other official document that allows to determine the applicant's date of birth.
- Income from salaries – Form 499R-2/W-2PR *Withholding Statement*
- Social Security benefits - Form SSA 1099 *Social Security Benefit Statement* (You may request it through the Internet at: www.ssa.gov or by calling 1-800-772-1213)
- Other income, such as income from professional services, interests, dividends and rents, among others – Forms 480.6A *Informative Return – Income not Subject to Withholding* or 480.6B *Informative Return – Income Subject to Withholding*
- Exempt income - Form 480.6D *Informative Return - Exempt Income and Exempt Income Subject to Alternate Basic Tax*
- Distributions from Individual Retirement Accounts (IRA) – Form 480.7 *Informative Return - Individual Retirement Account*
- Distributions from Educational Contribution Accounts – Form 480.7B *Informative Return – Educational Contribution Account*
- Distributions from retirement plans and annuities – Form 480.7C *Informative Return - Retirement Plans and Annuities*
- Any other document required by the Department of the Treasury

Returns that are not accompanied with the corresponding evidence will not be processed; therefore, the applicants will receive an evidence request notification by mail.

Form 481.10 and the evidences may be filed at:

By Mail:

Department of the Treasury
Forms 481.10
PO Box 50072
San Juan, PR 00902-6272

Personally:

- 1) Department of the Treasury at Intendente Alejandro Ramírez Building in Old San Juan, Internal Mail office located in the baseman of the building.
- 2) Internal Revenue Collections Office of your Municipality

SIGNATURE OF THE RETURN

The return will not be considered filed and will not be processed unless it is signed with ink and all necessary required documents and information are submitted. In the case of married individuals filing jointly, both spouses must sign the return.

PAYMENTS FOR THE PREPARATION OF THE RETURN

Indicate if payments were made for the preparation of the tax return, and make sure that the specialist signs the return and includes his/her specialist registration number. THE PUERTO RICO INTERNAL REVENUE CODE OF 2011, AS AMENDED, PROVIDES CIVIL AND CRIMINAL SANCTIONS TO THOSE SPECIALISTS WHO FAIL TO SUBMIT THIS INFORMATION OR WHO DO NOT MEET ANY OTHER STATUTORY REQUIREMENTS.

TAXPAYER'S SERVICE FACILITIES

In the Taxpayer Service Centers, besides **informing about the status of your refund**, other services are offered such as: Tax Return Filing Certifications, Return Copies, assistance for Cases of Inheritance and Donations, Individuals, Corporations or Partnerships and Professional Services Withholding Waivers.

Following are the postal address and telephone number of the Call and Correspondence Center and the location of each one of our Service Centers:

☞ **Call and Correspondence Center**
PO BOX 9024140
SAN JUAN PR 00902-4140
Telephone: **(787) 722-0216**

☞ **San Juan Services Center**
Intendente Ramírez Building
10 Paseo Covadonga
Office 101

☞ **Aguadilla Service Center**
Punta Borinquen Shopping Center
Bert St., East Parade St. Intersection
Malezas Abajo Ward, Ramey Base

☞ **Arecibo Service Center**
Governmental Center
372 José A. Cedeño Ave.
Building B, Office 106

☞ **Bayamón Services Center**
Road #2
2nd Floor, Gutiérrez Building

☞ **Caguas Services Center**
Goyco Street, Acosta Corner
Governmental Building, Office 507

☞ **Mayagüez Services Center**
Governmental Center
50 Nenadich Street, Office 108

☞ **Ponce Services Center**
Governmental Center
2440 Luis A. Ferré Ave., Office 410