

If you choose the optional computation of tax for married individuals living together and filing a joint return, do not complete Parts 1 and 2, neither lines 13 through 18 of Part 3, and go to Schedule CO Individual.

Part 1

1. Wages, Commissions, Allowances and Tips

ATTACH ALL YOUR WITHHOLDING STATEMENTS (Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable).

A-Income Tax Withheld

B-Wages, Commissions, Allowances and Tips

Table with 2 columns: Description, Amount. Rows for A-Income Tax Withheld.

Table with 2 columns: Description, Amount. Rows for B-Wages, Commissions, Allowances and Tips.

Total of withholding statements with this return 02 [] (01) [] 00

Income Tax Withheld

Federal Wages

Table with 2 columns: Description, Amount. Row for Income Tax Withheld.

Table with 2 columns: Description, Amount. Row for Federal Wages.

C- Federal Government Wages (See instructions) (02) [] 00

2. Other Income (or Losses):

Table with 2 columns: Description, Amount. Rows for A) Total distributions from qualified retirement plans through P) Alimony received.

3. Total Income (Add lines 1B, 1C and 2A through 2P) (22) [] 00

4. Alimony Paid (Recipient's social security No. (23) (Judgment No. (24) (25) [] 00

5. Adjusted Gross Income (Subtract line 4 from line 3) (26) [] 00

Part 2

6. Total Deductions (Schedule A Individual, Part I, line 11) (01) [] 00

7. SPECIAL DEDUCTION FOR CERTAIN INDIVIDUALS (Up to a maximum of \$2,350. See instructions) (02) [] 00

8. Personal Exemption (Married - \$7,000; Individual Taxpayer - \$3,500; Married filing separately - \$3,500) (03) [] 00

9. Exemption for Dependents (Complete Schedule A1 Ind., see instructions): A) (04) [] x \$2,500 (06) [] 00 Joint custody or married filing separately -> B) (05) [] x \$1,250 (07) [] 00

Total Exemption for Dependents (Add lines 9A and 9B) (08) [] 00

10. Additional Personal Exemption for Veterans (\$1,500 per veteran. If both spouses are veterans, \$3,000) (09) [] 00

11. Total Deductions and Exemptions (Add lines 6 through 10) (10) [] 00

12. NET TAXABLE INCOME (Subtract line 11 from line 5. If line 11 is larger than line 5, enter zero) (11) [] 00

Part 3

13. TAX: (21) 1 Tax Table 2 Preferential rates (Schedule A2 Individual) 3 Nonresident alien (22) [] 00

14. Gradual Adjustment Amount (Determine adjustment if the amount indicated on line 12 or Schedule A2 Ind., line 10 is larger than \$500,000) (Schedule P Ind., line 7) (23) [] 00

15. REGULAR TAX BEFORE THE CREDIT (Add lines 13 and 14) (24) [] 00

16. Credit for taxes paid to foreign countries, the United States, its territories and possessions (Submit Schedule C Individual) (See instructions) (25) [] 00

17. NET REGULAR TAX (Subtract line 16 from line 15) (26) [] 00

18. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 7) (See instructions) (27) [] 00

19. TOTAL TAX DETERMINED (Add lines 17 and 18 or enter the amount from Schedule CO Individual, line 22, as applicable) (28) [] 00

20. Recapture of credit claimed in excess (Schedule B Individual, Part I, line 3) (29) [] 00

21. Tax credits (Schedule B Individual, Part II, line 22) (30) [] 00

22. TAX LIABILITY (Add lines 19 and 20 and subtract line 21. If it is less than zero, enter zero) (31) [] 00

23. TAX WITHHELD, PAID AND REIMBURSABLE CREDITS:

A) Tax withheld on wages (Add lines 1A and 1C of Part 1 or lines 1A and 2A of Schedule CO Individual) (32) [] 00

B) Other payments and withholdings (Schedule B Individual, Part III, line 20) (33) [] 00

C) American Opportunity Tax Credit (Submit Schedule B2 Individual) (Does not apply to married filing separately) (34) [] 00

D) Amount paid with automatic extension of time (35) [] 00

E) Total Tax Withheld, Paid and Reimbursable Credits (Add lines 23A through 23D) (36) [] 00

24. AMOUNT OF TAX DUE (If line 23E is smaller than line 22, enter the difference here, otherwise, enter on line 25) (37) [] 00

25. Excess of Tax Withheld, Paid and Reimbursable Credits (38) [] 00

26. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Individual, Part II, line 21) (39) [] 00

27. Special tax to self-employed individuals from the conduct of a trade or business (See instructions) (40) [] 00

28. BALANCE: • If line 25 is larger than the sum of lines 24, 26 and 27, you have an overpayment. Enter the difference here and on line 1 of page 1. • If line 25 is smaller than the sum of lines 24, 26 and 27, you have a balance of tax due. Enter the difference here and on line 2 of page 1. • If the difference between line 25 and the sum of lines 24, 26 and 27 is equal to zero, enter zero here and sign your return on page 1. (50) [] 00

THE AMOUNT SHOWN ON LINE 28 SHALL BE TRANSFERRED TO THE CORRESPONDING LINE OF PAGE 1.

Schedule A Individual

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DEDUCTIONS APPLICABLE TO INDIVIDUAL TAXPAYERS

Taxable year beginning on _____, _____ and ending on _____, _____

2014

Taxpayer's name

Social Security Number

Part I Deductions Applicable to Individual Taxpayers (See instructions)

1. Home mortgage interest (10)
Name of entity to which payment was made
Mortgage
Loan Number
Employer Identification Number
Amount
Principal residence: First (01) 00 (05)
Second (02) 00 (06)
Second residence: First (03) 00 (07)
Second (04) 00 (08)
Loan Origination Fees (Points) Paid Directly by Borrower (See instructions) 00 (09)
Loan Discounts (Points) Paid Directly by Borrower (See instructions) 00 (10)
a) Total home mortgage interest paid 00 (11)
b) Limit (Multiply the sum of Part 1, line 5 of the return and line 1, Part III of Schedule IE Individual by 30% and enter here) 00 (12)
c) Allowable deduction for mortgage interest (Enter the smaller of lines 1(a), 1(b) or \$35,000. If the total interest does not exceed 30% of the income for any of the 3 previous years, fill in here 1) (13)(See instructions) (14) 00
2. Casualty loss on your principal residence (See instructions) (15) 00
3. Medical expenses (Part III, line 3) (16) 00
4. Charitable contributions (Part III, line 8) (17) 00
5. Loss of personal property as a result of certain casualties (See instructions) (18) 00
6. Contributions to governmental pension or retirement systems (19) 00
7. Contributions to individual retirement accounts (Do not exceed from \$5,000 or \$10,000 if married):
Financial inst. Account No. Employer Ident. No. Contribution
(20) (23) (26) 1 Taxpayer 2 Spouse
(21) (24) (27) 1 Taxpayer 2 Spouse
(22) (25) (28) 1 Taxpayer 2 Spouse
Total contributions to individual retirement accounts (29) 00
8. Contributions to health savings accounts with a high annual deductible medical plan (See instructions):
Institution Account No. Employer Ident. No. Contribution
Annual Deductible (30) Type of coverage: (32) 1 Individual 2 Individual and age 55 or older Effective date
3 Family 4 Family and age 55 or older (37)
Institution Account No. Employer Ident. No. Contribution
Annual Deductible (31) Type of coverage: (33) 1 Individual 2 Individual and age 55 or older Effective date
3 Family 4 Family and age 55 or older (39)
Total contributions (Add the smaller amount between the contribution and the annual deductible of each account) (40) 00
9. Educational Contribution Account (Part II, line (10)) (See instructions) (41) 00
10. Interest paid on students loans at university level (See instructions):
Financial Inst. Loan No. Employer Ident. No. Amount
(42) (44)
(43) (45)
Total interest paid on students loans (46) 00
11. Total deductions applicable to individual taxpayers (Add lines 1 through 10 and transfer to Part 2, line 6 of the return) (50) 00

Part II Beneficiaries of Educational Contribution Accounts (See instructions)

57

(01) Name, Initial Last Name Second Last Name Date of Birth (Day/Month/Year) Relationship Social Security Number Contributed Amount (Not to exceed from \$500 each)
Financial Institution Account Number Employer Identification Number
(02) Name, Initial Last Name Second Last Name Date of Birth (Day/Month/Year) Relationship Social Security Number Contributed Amount (Not to exceed from \$500 each)
Financial Institution Account Number Employer Identification Number
(03) Name, Initial Last Name Second Last Name Date of Birth (Day/Month/Year) Relationship Social Security Number Contributed Amount (Not to exceed from \$500 each)
Financial Institution Account Number Employer Identification Number
(10) Total contributions (Add lines (01) through (03) and transfer to Part I, line 9 of this Schedule) 00

Taxpayer's name	Social Security Number
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Part III	Medical expenses and Charitable Contributions	46
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Name of person or institution to whom payment was made	Employer Identification Number	Nature of Organization	(A) Medical Expenses	(B) Other Contributions	(C) Conservation Easement and Museological Institutions	(D) Contributions to Municipalities
	(01)	(15)	00	(32) 00	(49) 00	00
	(02)	(16)	00	(33) 00	(50) 00	00
	(03)	(17)	00	(34) 00	(51) 00	00
	(04)	(18)	00	(35) 00	(52) 00	00
	(05)	(19)	00	(36) 00	(53) 00	00
	(06)	(20)	00	(37) 00	(54) 00	00
	(07)	(21)	00	(38) 00	(55) 00	00
	(08)	(22)	00	(39) 00	(56) 00	00
	(09)	(23)	00	(40) 00	(57) 00	00
	(10)	(24)	00	(41) 00	(58) 00	00
	(11)	(25)	00	(42) 00	(59) 00	00
	(12)	(26)	00	(43) 00	(60) 00	00
	(13)	(27)	00	(44) 00	(61) 00	00
	(14)	(28)	00	(45) 00	(62) 00	00
1. Total Columns A, B, C and D	(29)		00	(46) 00	(63) 00	(66) 00
2. Multiply the adjusted gross income (Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) by 6% and enter here (See instructions)	(30)		00			
3. Allowable deduction for medical expenses (Subtract line 2 from line 1. Enter here and in Part I, line 3 of this Schedule or on Schedule CO Individual, line 7C)	(31)		00			
4. Multiply the adjusted gross income (Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) by 50% and enter here (See instructions)	(47)			00		
5. Deduction for other contributions (Enter the smaller of lines 1B and 4)	(48)			00		
6. Multiply the adjusted gross income (Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) by 30% and enter here (See instructions)	(64)				00	
7. Deduction for contributions to Conservation Easements and Museological Institutions (Enter the smaller of lines 1C and 6) ...	(65)				00	
8. Total allowable deductions for contributions (Add lines 1D, 5 and 7. Enter here and in Part I, line 4 of this Schedule or on Schedule CO Individual, line 7D)	(70)					00

Schedule A1 Individual

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DEPENDENTS

2014

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name

Social Security Number

Part I **Dependent's Information** (See instructions)

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IMPORTANT INFORMATION

- Do not include the spouse on this schedule. A married individual who lives with his/her spouse for tax purposes, should not include the spouse as part of the dependents.
- Submit this Schedule with your return in order to consider the exemption for dependents.
- Fill in the oval for joint custody if the dependent is subject to this condition. The exemption will be \$1,250 for each taxpayer.

	First Name, Initial	Last Name	Second Last Name	Joint Custody	Date of Birth Day / Month / Year	Relationship	Category * (N)(U)(I)	Social Security Number
(01)				<input type="radio"/>				
(02)				<input type="radio"/>				
(03)				<input type="radio"/>				
(04)				<input type="radio"/>				
(05)				<input type="radio"/>				
(06)				<input type="radio"/>				
(07)				<input type="radio"/>				
(08)				<input type="radio"/>				
(09)				<input type="radio"/>				
(10)				<input type="radio"/>				

* See instructions.

Retention Period: Ten (10) years

Schedule A2 Individual

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TAX ON INCOME SUBJECT TO PREFERENTIAL RATES

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Fill in one: (01)

1 Taxpayer 2 Spouse 3 Both

Social Security Number _____

	Column A		Column B		Column C		Column D		Column E		Column F	
	Taxed at Regular Rates		Taxed at 20%		Taxed at 17%		Taxed at 15%		Taxed at 10%		Taxed at _____%	
22 1. Adjusted Gross Income	(02)	00										
2. Add: Alimony paid (Part 1, line 4 of the return or line 5, Columns B or C of Schedule CO Individual)	(03)	00										
3. Adjusted Gross Income before the deduction for alimony paid (Add lines 1 and 2)	(04)	00										
4. Income subject to preferential rates:												
a) Net long-term capital gain (See instructions)	(05)	00					(26)	00	(31)	00	(40)	00
b) Interest on deposits in accounts from certain financial institutions (Schedule F Individual, Part I, line 4, Column B) (17%)	(06)	00			(22)	00						
c) Interest on deposits in accounts from certain financial institutions (Schedule F Individual, Part I, line 4, Column C) (10%)	(07)	00							(32)	00		
d) Interest from distributions of IRA to Governmental Pensioners (Schedule F Individual, Part I, line 4, Column E) (10%)	(08)	00							(33)	00		
e) Non-exempt eligible interest paid or credited on bonds, notes, other obligations or mortgage loans (Schedule F Individual, Part I, line 4, Column A)	(09)	00							(34)	00		
f) Eligible distribution of dividends (Schedule F Individual, Part II, line 3, Column A (10%) and/or Column B (15%))	(10)	00					(27)	00	(35)	00	(41)	00
g) Income paid by sport teams of international associations or federations (Schedule F Individual)	(11)	00	(17)	00								
h) Total distributions from qualified retirement plans (Schedule D Individual)	(12)	00	(18)	00					(36)	00		
i) Others	(13)	00	(19)	00	(23)	00	(28)	00	(37)	00	(42)	00
j) Total (Add lines 4a through 4i of Columns B through F)			(20)	00	(24)	00	(29)	00	(38)	00	(43)	00
5. Total income subject to preferential rates (Add line 4j of Columns B through F) (If this line is less than \$20,000, enter 100% on line 7A and zero on lines 7B through 7F, and enter the total of line 8a on line 8b)	(14)	00										
6. Income subject to regular tax (Subtract line 5 from line 3)	(15)	00										
7. Proportion of income according to each tax rate (Column A - Divide line 6 by line 3; Columns B through F - Divide line 4j by line 3) (Round to the nearest whole number)	(16)	%	(21)	%	(25)	%	(30)	%	(39)	%	(50)	%

8. Deductions and Exemptions:

23

a) Deductions applicable to individual taxpayers (See instructions)

\$ _____

b) Allowed deduction (Multiply line 8a by line 7 for each Column)

c) Special deduction for certain individuals (Line 7, Part 2 of the return)

d) Personal exemption (Line 8, Part 2 of the return)

e) Exemption for dependents (Line 9, Part 2 of the return)

f) Additional personal exemption for veterans (Line 10, Part 2 of the return)

g) Total deductions and exemptions (Add lines 8b through 8f of all Columns)

9. Deduction for alimony paid (Part 1, line 4 of the return or line 5, Column B or C of Schedule CO Individual. See instructions)

10. Net taxable income (Column A – Subtract line 8g and 9 from line 6; Columns B through F – Subtract lines 8g and 9 from line 4j)

11. Tax according to the corresponding rate (See instructions)

12. Total of regular tax and tax at preferential rates (Add line 11 of Columns A through F)

13. Net income subject to regular tax (Line 12, Part 2 of the return or line 14, Column B or C of Schedule CO Individual)

14. Tax over line 13 according to regular tax rates (See instructions)

15. Tax determined (Enter the smaller between line 12 and line 14. Transfer to page 2, Part 3, line 13 of the return or line 15, Column B or C of Schedule CO Individual and fill in () "Preferential rates" if you chose the amount on line 12, or () "Tax Table" if you chose the amount on line 14)

	Column A	Column B	Column C	Column D	Column E	Column F
	Taxed at Regular Rates	Taxed at 20%	Taxed at 17%	Taxed at 15%	Taxed at 10%	Taxed at _____%
(01)	00	(10) 00	(15) 00	(20) 00	(25) 00	(30) 00
(02)	00					
(03)	00					
(04)	00					
(05)	00					
(06)	00	(11) 00	(16) 00	(21) 00	(26) 00	(31) 00
(07)	00	(12) 00	(17) 00	(22) 00	(27) 00	(32) 00
(08)	00	(13) 00	(18) 00	(23) 00	(28) 00	(33) 00
(09)	00	(14) 00	(19) 00	(24) 00	(29) 00	(34) 00
						(35) 00
						(36) 00
						(37) 00
						(40) 00

Retention Period: Ten (10) years

Schedule B Individual

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RECAPTURE OF CREDITS CLAIMED IN EXCESS, TAX CREDITS, AND OTHER PAYMENTS AND WITHHOLDINGS

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Recapture of Credits Claimed in Excess

Table with 3 columns: Column A, Column B, Column C. Rows include Name of entity, Employer identification No., Credit for (Tourism Development, Solid Waste Disposal, etc.), and Total credit claimed in excess.

Part II Tax Credits (Do not include estimated tax payments. Include such payments in Part III of this Schedule)

Table with 2 columns: Description of tax credit, Amount. Rows include Credit for (11), Credit for investment in film industry development, Credit attributable to losses, etc., up to Carryforward credits.

Part III		Other Payments and Withholdings	
1. Estimated tax payments for 2014	(40)		00
2. Tax paid in excess in prior years credited to estimated tax	(41)		00
3. Tax withheld to nonresidents (Form 480.6C)	(42)		00
4. Tax withheld on interests (Form 480.6B, 480.7 and/or 480.7B)	(43)		00
5. Dividends from corporations (Form 480.6B)	(44)		00
6. Dividends from Capital Investment or Tourism Funds (Submit Schedule Q1)	(45)		00
7. Services rendered by individuals (Form 480.6B)	(46)		00
8. Payments for judicial or extrajudicial indemnification (Form 480.6B)	(47)		00
9. Tax withheld on distributable share of net profits to stockholders of corporations of individuals (Form 480.60 CI) on:			
(a) Interest income subject to preferential rate (Line 9, Part III of Form 480.60 CI)	(48)	00	
(b) Eligible distribution of dividends from corporations (Line 8, Part III of Form 480.60 CI)	(49)	00	
(c) Other items (See instructions)	(50)	00	(51) 00
10. Tax withheld on distributable share of net profits to partners of special partnerships (Form 480.60 SE) on:			
(a) Interest income subject to preferential rate (Line 9, Part III of Form 480.60 SE)	(52)	00	
(b) Eligible distribution of dividends from corporations (Line 8, Part III of Form 480.60 SE)	(53)	00	
(c) Other items (See instructions)	(54)	00	(55) 00
11. Tax withheld on distributable share of net profits to partners of partnerships (Form 480.60 S) on:			
(a) Interest income subject to preferential rate (Line 9, Part III of Form 480.60 S)	(56)	00	
(b) Eligible distribution of dividends from corporations (Line 8, Part III of Form 480.60 S)	(57)	00	
(c) Other items (See instructions)	(58)	00	(59) 00
12. Tax withheld on distributable share of net profits to trustees of revocable trusts or grantor trusts (Form 480.60 F) on:			
(a) Interest income subject to preferential rate (Line 1E, Part III of Form 480.60 F)	(60)	00	
(b) Eligible distribution of dividends from corporations (Line 1G, Part III of Form 480.60 F)	(61)	00	
(c) Other items (See instructions)	(62)	00	(63) 00
13. Tax withheld on IRA or Educational Contribution Accounts distributions of income from sources within Puerto Rico (Form 480.7 and/or 480.7B)	(64)		00
14. Tax withheld on IRA distributions to Governmental pensioners (Form 480.7)	(65)		00
15. Tax withheld at source on qualified pension plans distributions (Form 480.7C)	(66)		00
16. Tax withheld at source on pension plan distributions received as an annuity or periodic payments (Form 480.7C)	(67)		00
17. Tax withheld on distributions and transfers from Governmental Plans (Form 480.7C)	(68)		00
18. Income tax withheld on income from Major League Baseball teams and the U.S. National Basketball Association	(69)		00
19. Other payments and withholdings not included on the preceding lines (Submit detail)	(70)		00
20. Total other payments and withholdings (Add lines 1 through 19. Transfer to page 2, Part 3, line 23B of the return)	(71)		00

Part IV		Breakdown of the Purchase of Tax Credits	
Fill in the oval corresponding to the act (or acts) under which you acquired the credit and enter the amount:			
<input type="radio"/> Tourism Development	(72)		00
<input type="radio"/> Solid Waste Disposal	(73)		00
<input type="radio"/> Capital Investment Fund	(74)		00
<input type="radio"/> Theatrical District of Santurce	(75)		00
<input type="radio"/> Film Industry Development	(76)		00
<input type="radio"/> Housing Infrastructure	(77)		00
<input type="radio"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	(78)		00
<input type="radio"/> Conservation Easement	(79)		00
<input type="radio"/> Revitalization of Urban Centers	(80)		00
<input type="radio"/> Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico	(81)		00
<input type="radio"/> Economic Incentives (Research and Development)	(82)		00
<input type="radio"/> Economic Incentives (Strategic Projects)	(83)		00
<input type="radio"/> Economic Incentives (Industrial Investment)	(84)		00
<input type="radio"/> Green Energy Incentives (Research and Development)	(85)		00
<input type="radio"/> Other:	(86)		00
Total credit for the purchase of tax credits (Same as Part II, line 5)	(87)		00

Schedule B2 Individual

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**AMERICAN OPPORTUNITY TAX CREDIT
(American Recovery and Reinvestment Act of 2009)**

2014

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name

Social Security Number

Part I Determination of Credit

21

(A) Student's Name	(B) Student's Social Security Number	(C) Eligible Educational Expenses (Do not exceed \$4,000 per student)	(D) Enter the smaller of the amount in Column (C) or \$2,000	(E) Enter the difference between Columns (C) and (D) (Column C - Column D)	(F) Multiply the amount in Column (E) by 25% (Column E x .25)	(G) Add the amount of Columns (D) and (F) (Column D + Column F)	(H) Multiply the amount in Column (G) by 40% (Column G x .40)	
	(01)	(06)	00 (11)	00 (16)	00 (21)	00 (26)	00 (31)	
	(02)	(07)	00 (12)	00 (17)	00 (22)	00 (27)	00 (32)	
	(03)	(08)	00 (13)	00 (18)	00 (23)	00 (28)	00 (33)	
	(04)	(09)	00 (14)	00 (19)	00 (24)	00 (29)	00 (34)	
	(05)	(10)	00 (15)	00 (20)	00 (25)	00 (30)	00 (35)	
1. Total credit for eligible students (Enter the total of Column (H)). If you are an individual taxpayer and your adjusted gross income exceeds \$80,000 or \$160,000 if you are married, go to Part II. Otherwise, transfer this amount to page 2, Part 3, line 23C of the return							(36)	00

Part II Credit Limitation

1. Total credit (Enter total of Part I, line 1)	(37)	00	
2. Enter \$180,000 if married or \$90,000 if you are an individual taxpayer	(38)	00	
3. Adjusted gross income (Enter the amount of Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual)	(39)	00	
4. Subtract line 3 from line 2. If the result is zero ("0") or less, do not continue; you can not claim this credit	(40)	00	
5. Enter \$20,000 if married or \$10,000 if you are an individual taxpayer	(41)	00	
6. If line 4 is equal or more than line 5, enter the amount from line 1 on line 7. If line 4 is less than line 5, divide line 4 by line 5. Enter the result rounded to two decimal places	(42)	X .	00
7. Multiply line 1 by line 6. This is the amount of credit that can be claimed. Transfer to page 2, Part 3, line 23C of the return	(43)		00

Schedule C Individual

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CREDIT FOR TAXES PAID TO FOREIGN COUNTRIES, THE UNITED STATES, ITS TERRITORIES AND POSSESSIONS

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

(01) 1 Taxpayer 2 Spouse 3 Both

(02) Computed for the: 1 Regular tax 2 Alternate basic tax

Resident of: Puerto Rico United States Other (Indicate possession, territory or country) _____

Citizen of: United States Other (Indicate) _____

Part I Determination of Net Income from Sources Outside of Puerto Rico

30

	Foreign Country, Territory or Possession of the United States			United States (See instructions)	Total (See instructions)
	A	B	C		
Name of the country, territory or possession					
1. Gross income subject to tax from sources of the country, territory or possession:					
a) Interests	00	00	00	00	00
b) Dividends	00	00	00	00	00
c) Rental income	00	00	00	00	00
d) Capital gain	00	00	00	00	00
e) Fiduciary income	00	00	00	00	00
f) Wages	00	00	00	00	00
g) Professions, industry or business	00	00	00	00	00
h) Others	00	00	00	00	00
i) Total gross income subject to tax (03)	00 (12)	00 (19)	00 (26)	00 (33)	00
2. Deductions and losses:					
a) Expenses directly related to the income on line 1(i) (04)	00 (13)	00 (20)	00 (27)	00 (34)	00
b) Losses from foreign sources (05)	00 (14)	00 (21)	00 (28)	00 (35)	00
c) Pro rata share of other deductions:					
(i) Other expenses and deductions not related to a category of income (06)					00
(ii) Gross income subject to tax from all sources (See instructions) (07)					00
(iii) Percentage of gross income subject to tax from sources of the country, territory or possession (Divide line 1(i) by line 2(c)(ii). Enter the result rounded to two decimal places) (08)	% (15)	% (22)	% (29)	% (36)	%
(iv) Multiply line 2(c)(i) by line 2(c)(iii) (09)	00 (16)	00 (23)	00 (30)	00 (37)	00
d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(iv)) (10)	00 (17)	00 (24)	00 (31)	00 (38)	00
3. Net income from sources of the country, territory or possession (Subtract line 2(d) from line 1(i)) (11)	00 (18)	00 (25)	00 (32)	00 (39)	00

Part II		Taxes Paid to the United States, its Possessions and Foreign Countries				33					
Credit for taxes: <input type="radio"/> Paid <input type="radio"/> Accrued		Foreign Country, Territory or Possession of the United States			United States (See instructions)	Total (See instructions)					
		A	B	C							
Name of the country, territory or possession											
1. Taxes paid or accrued during the year	(01)	00	(08)	00	(13)	00	(18)	00	(23)	00	
2. Date paid or accrued											
Part III		Determination of Credit									
1. Net income from sources of the country, territory or possession: (Part I, line 3)		(02)	00	(09)	00	(14)	00	(19)	00	(24)	00
2. Net income from all sources (See instructions)		(03)									
3. Limitation (Divide line 1 by line 2. Enter the result rounded to two decimal places)		(04)	%	(10)	%	(15)	%	(20)	%	(25)	%
4. Taxes to be paid in Puerto Rico (See instructions)		(05)									
5. Limitation by country, territory or possession:											
a) Multiply line 4 by line 3		(06)	00	(11)	00	(16)	00	(21)	00	(26)	00
b) Enter the smaller of line 5(a) or Part II, line 1		(07)	00	(12)	00	(17)	00	(22)	00	00	00
6. Total limitation:											
a) Add line 5(b) from Columns A, B, C and United States		(27)									
b) Enter the smaller of the Total Column, line 5(a) or line 6(a). Transfer to Part 3, line 16 of the return		(28)									

Schedule CH Individual

Rev. Dec 15 14



**TRANSFER OF CLAIM FOR EXEMPTION FOR CHILD
(CHILDREN) OF DIVORCED OR
SEPARATED PARENTS**

2014

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name _____

Social Security Number _____

Fill in the joint custody oval if the dependent is subject to this condition.

47

I, _____, agree and promise not to claim an exemption for dependents for
Name of parent releasing claim to exemption

taxable year 2014 for (enter the name(s) of child (children)):

	Joint Custody	Name, Initial	Last Name	Second Last Name	Social Security Number
(01)	<input type="radio"/>				
(02)	<input type="radio"/>				
(03)	<input type="radio"/>				
(04)	<input type="radio"/>				
(05)	<input type="radio"/>				
(06)	<input type="radio"/>				
(07)	<input type="radio"/>				
(08)	<input type="radio"/>				
(09)	<input type="radio"/>				
(10)	<input type="radio"/>				

Signature of parent releasing claim to exemption

(11) _____
Social Security Number

Date

Retention Period: Ten (10) years

Schedule CO Individual

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OPTIONAL COMPUTATION OF TAX

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Use this Schedule only if you choose the optional computation of tax for married individuals living together and filing a joint return.

1. Wages, Commissions, Allowances and Tips ATTACH ALL YOUR WITHHOLDING STATEMENTS

(Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable).

16

Wages, Commissions, Allowances and Tips

A - Income Tax Withheld

B - TAXPAYER

C - SPOUSE

Total of withholding statements with this schedule

Total (01) (03) (27)

2. Federal Government Wages (See instructions) (02) (04) (28)

3. Other Income (or Losses):

- A) Total distributions from qualified retirement plans... B) Gain (or loss) from sale or exchange of capital assets... C) Interests... D) Dividends from corporations... E) Distributions from Governmental Plans... F) Distributions from Individual Retirement Accounts... G) Miscellaneous income... H) Income from annuities and pensions... I) Gain (or loss) from industry or business... J) Gain (or loss) from farming... K) Gain (or loss) from professions and commissions... L) Gain (or loss) from rental business... M) Dividends from Capital Investment or Tourism Fund... N) Net long-term capital gain on Investment Funds... O) Distributable share on profits from partnerships... P) Alimony received... 4. Total Income... 5. Alimony Paid... 6. Adjusted Gross Income

7. DEDUCTIONS ALLOCATED IN HALF (50%) OF THE TOTAL (See instructions)

17

A) Home mortgage Interest

Table with columns: Name of entity to which payment was made, Mortgage, Loan Number, Employer Ident. No., Amount. Rows include First residence, Second residence, Loan Origination Fees, Loan Discounts, Total home mortgage interest paid, Limit, Allowable deduction for mortgage interest, Casualty loss, Medical expenses, Charitable contributions, Loss of personal property, Total deductions allocated in half (50%) of the total, and Enter 50% of the total of line 7F.

B - TAXPAYER

C - SPOUSE

8. DEDUCTIONS INDIVIDUALLY ALLOCATED (See instructions):

18

B - TAXPAYER

C - SPOUSE

- A) Contributions to governmental pension or retirement systems (01)
- B) Contributions to individual retirement accounts (Do not exceed from \$5,000 each):
- Financial inst. Account No. Employer Ident. No. Contribution
- _____ (02) _____ (05) _____
- _____ (03) _____ (06) _____
- _____ (04) _____ (07) _____

00	(38)	00
----	------	----

Total contributions to individual retirement accounts (Distribute the amount as it corresponds to the taxpayer and spouse) (08)

00	(39)	00
----	------	----

C) Contributions to health savings accounts with a high annual deductible medical plan (See instructions):

- Institution Account No. Employer Ident. No. Contribution
- _____ (11) _____ (15) _____
- Annual deductible (09) _____ Type of (12) 1 Individual 2 Individual and age 55 or older Effective date
- coverage: 3 Family 4 Family and age 55 or older (16) _____

--	--	--

- Institution Account No. Employer Ident. No. Contribution
- _____ (13) _____ (17) _____

- Annual deductible (10) _____ Type of (14) 1 Individual 2 Individual and age 55 or older Effective date
- coverage: 3 Family 4 Family and age 55 or older (18) _____

--	--	--

Total contributions (Add the smaller amount between the contribution and the annual deductible of each account. Distribute the amount as it corresponds to the taxpayer and spouse) (19)

00	(40)	00
----	------	----

D) Educational Contribution Account (Complete line 23) (See instructions) (20)

00	(41)	00
----	------	----

E) Interest paid on students loans at university level (See instructions):

- Financial inst. Loan No. Employer Ident. No. Amount
- _____ (21) _____ (23) _____
- _____ (22) _____ (24) _____

--	--	--

Total interest paid on students loans (25)

00	(42)	00
----	------	----

F) Total deductions individually allocated (Add lines 8A through 8E, Columns B and C, respectively) (26)

00	(43)	00
----	------	----

9. Special Deduction for Certain Individuals (See instructions) (27)

00	(44)	00
----	------	----

10. PERSONAL EXEMPTION (28)

3,500	(45)	3,500
-------	------	-------

11. EXEMPTION FOR DEPENDENTS (Complete Schedule A1 Individual, see instructions)

- A) (29) _____ X \$2,500 (31) _____ 00
- B) (30) _____ X \$1,250 (Joint custody) (32) _____ 00
- C) Total exemption for dependents (Add lines 11A and 11B) (33) _____ 00
- D) Enter 50% of the total of line 11C in Columns B and C (34) _____ 00

	(46)	00
--	------	----

12. Additional Personal Exemption for Veterans (See instructions) (35)

00	(47)	00
----	------	----

13. Total Deductions and Exemptions (Add lines 7G, 8F, 9, 10, 11D and 12, Columns B and C, respectively) (36)

00	(48)	00
----	------	----

14. NET TAXABLE INCOME (Subtract line 13 from line 6. If line 13 is larger than line 6, enter zero) (37)

00	(49)	00
----	------	----

15. TAX: (01) 1 Tax Table 2 Preferential rates (Schedule A2 Individual) (02)

19

00	(09)	00
----	------	----

3 Nonresident alien

16. Gradual Adjustment Amount (Determine this adjustment if the amount indicated on line 14, Column B or C, or on Schedule A2 Individual, line 10 is larger than \$500,000) (Schedule P Individual, line 7) (03)

00	(10)	00
----	------	----

17. REGULAR TAX BEFORE THE CREDIT (Add lines 15 and 16, Columns B and C, respectively) (04)

00	(11)	00
----	------	----

18. Credit for taxes paid to foreign countries, the United States, its territories and possessions (Submit Schedule C Individual) (See instructions) (05)

00	(12)	00
----	------	----

19. NET REGULAR TAX (Subtract line 18 from line 17) (06)

00	(13)	00
----	------	----

20. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 7) (See instructions) ... (07)

00	(14)	00
----	------	----

21. Tax Determined Individually (Add lines 19 and 20, Columns B and C, respectively) (08)

00	(15)	00
----	------	----

22. TOTAL TAX DETERMINED (Add the amounts of Columns B and C of line 21 and transfer to Part 3, line 19 of the return) (16)

		00
--	--	----

Continue in Part 3, line 19 of the return.

23. BENEFICIARIES OF EDUCATIONAL CONTRIBUTION ACCOUNTS (See instructions)

57

(01)	Name, Initial Last Name Second Last Name	Date of Birth (Day/Month/Year)	Relationship	Social Security Number	Contributed Amount (Not to exceed from \$500 each)
	Financial institution	Account Number		Employer Identification Number	00
(02)	Name, Initial Last Name Second Last Name	Date of Birth (Day/Month/Year)	Relationship	Social Security Number	Contributed Amount (Not to exceed from \$500 each)
	Financial institution	Account Number		Employer Identification Number	00
(03)	Name, Initial Last Name Second Last Name	Date of Birth (Day/Month/Year)	Relationship	Social Security Number	Contributed Amount (Not to exceed from \$500 each)
	Financial institution	Account Number		Employer Identification Number	00
(10)	Total contributions (Add lines (01) through (03) and transfer to line 8D, Column B or C, as applicable)				00

Schedule D Individual

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**CAPITAL ASSETS GAINS AND LOSSES,
TOTAL DISTRIBUTIONS FROM QUALIFIED PENSION PLANS
AND VARIABLE ANNUITY CONTRACTS**

2014

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name

Social Security Number

Part I Short-Term Capital Assets Gains and Losses (See instructions)

52

Description and Location of Property	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	(01)	(04)	(07) 00	00	00	(10) 00
	(02)	(05)	(08) 00	00	00	(11) 00
	(03)	(06)	(09) 00	00	00	(12) 00
1. Net short-term capital gain (or loss)						(13) 00
2. Net short-term capital gain on sale of your principal residence and/or sole proprietorship business (Submit Schedule D1, D3 and/or G Individual, as applicable)						(14) 00
3. Distributable share on net short-term capital gain (or loss) from Estates or Trusts (Submit Form 480.60 F)						(15) 00
4. Distributable share on net short-term capital gain (or loss) from Partnerships (Submit Form 480.60 S)						(16) 00
5. Distributable share on net short-term capital gain (or loss) from Special Partnerships (Submit Form 480.60 SE)						(17) 00
6. Distributable share on net short-term capital gain (or loss) from Corporations of Individuals (Submit Form 480.60 CI)						(18) 00
7. Net short-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net short-term capital gain (or loss) from Employees - Owned Special Corporations (Submit detail. See instructions)						(19) 00
8. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)						(20) 00
9. Net short-term capital gain (or loss) (Add lines 1 through 8)						(21) 00

Part II Long-Term Capital Assets Gains and Losses (Held more than 6 months - Transactions made before July 1, 2014. See instructions)

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss (Act 132-2010 and Act 216-2011. See inst.)	(G) Gain or Loss
	O	(22)	(25)	(28) 00	00	00	(31) 00	(34) 00
	O	(23)	(26)	(29) 00	00	00	(32) 00	(35) 00
	O	(24)	(27)	(30) 00	00	00	(33) 00	(36) 00
10. Net long-term capital gain (or loss)							(37) 00	00
11. Net long-term capital gain (or loss) on sale of your principal residence and/or sole proprietorship business (Submit Schedule D1, D3 and/or G Individual, as applicable)							(38) 00	00
12. Distributable share on net long-term capital gain (or loss) from Estates or Trusts (Submit Form 480.60 F)							(39) 00	00
13. Distributable share on net short-term capital gain (or loss) from Partnerships (Submit Form 480.60 S)							(40) 00	00
14. Distributable share on net long-term capital gain (or loss) from Special Partnerships (Submit Form 480.60 SE)							(41) 00	00
15. Distributable share on net long-term capital gain (or loss) from Corporations of Individuals (Submit Form 480.60 CI)							(42) 00	00
16. Lump-sum distributions from variable annuity contracts - Taxpayer (See instructions)							(43) 00	00
17. Lump-sum distributions from variable annuity contracts - Spouse (See instructions)							(44) 00	00
18. Net long-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations (Submit detail. See instructions)							(45) 00	00
19. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)							(46) 00	00
20. Net long-term capital gain (or loss) (Add lines 10 through 19)							(47) 00	00

Retention Period: Ten (10) years

Part III Long-Term Capital Assets Gains and Losses (Held more than 1 year - Transactions made beginning on July 1, 2014. See instructions) 53

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/ Year)	(B) Date Sold (Day/Month/ Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss (Act 132-2010 and Acts 216-2011. Seer inst.)	(G) Gain or Loss
	<input type="radio"/>	(01)	(04)	(07) 00	00	00	(10) 00	(13) 00
	<input type="radio"/>	(02)	(05)	(08) 00	00	00	(11) 00	(14) 00
	<input type="radio"/>	(03)	(06)	(09) 00	00	00	(12) 00	(15) 00
21. Net long-term capital gain (or loss)							(16)	00
22. Net long-term capital gain (or loss) on sale of your principal residence and/or sole proprietorship business (Submit Schedule D1, D3 and/or G Individual, as applicable)							(17)	00
23. Distributable share on net long-term capital gain (or loss) from Estates or Trusts (Submit Form 480.60 F)							(18)	00
24. Distributable share on net short-term capital gain (or loss) from Partnerships (Submit Form 480.60 S)							(19)	00
25. Distributable share on net long-term capital gain (or loss) from Special Partnerships (Submit Form 480.60 SE)							(20)	00
26. Distributable share on net long-term capital gain (or loss) from Corporations of Individuals (Submit Form 480.60 CI)							(21)	00
27. Lump-sum distributions from variable annuity contracts - Taxpayer (See instructions)							(22)	00
28. Lump-sum distributions from variable annuity contracts - Spouse (See instructions)							(23)	00
29. Net long-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations (Submit detail. See instructions)							(24)	00
30. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)							(25)	00
31. Net long-term capital gain (or loss) (Add lines 21 through 30)							(26)	00

Part IV Long-Term Capital Assets Gains and Losses Realized under Special Legislation (See instructions)

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss	
	<input type="radio"/>	(27)	(28)	(29) 00	00	00	00	
32. Net long-term capital gain (or loss) under Act: _____ (Decree No. _____)							(30)	00

Part V Total Distributions from Qualified Pension Plans

Description	Fill in if you Prepaid	Distribution Date (Day/Month/Year)	(A) Total Distribution	(B) Basis	(C) Taxable Amount
33. Taxable at 20% - Taxpayer	<input type="radio"/>	(31)	(35) 00	00	(39) 00
34. Taxable at 20% - Spouse	<input type="radio"/>	(32)	(36) 00	00	(40) 00
35. Taxable at 10% - Taxpayer	<input type="radio"/>	(33)	(37) 00	00	(41) 00
36. Taxable at 10% - Spouse	<input type="radio"/>	(34)	(38) 00	00	(42) 00
37. Total distributions from qualified pension plans (Total of Columns C. Transfer this amount to Part 1, line 2A of the return or line 3A, Columns B and C of Schedule CO Individual, as applicable)					(43) 00

Retention Period: Ten (10) years

Taxpayer's name	Social Security Number
-----------------	------------------------

Part VI Net Capital Gains or Losses for Determination of the Adjusted Gross Income 54

Gain or Losses	Column A	Column B	Column C	Column D
	Short-Term	Long-Term (Before July 1, 2014)	Long-Term (Beginning on July 1, 2014)	Under Special Legislation
38. Enter the gains determined on lines 9, 20, 31 and 32 in the corresponding Column (01)	00	00	00	00
39. Enter the losses determined on lines 9, 20, 31 and 32 in the corresponding Column (02)	00 (03)	00 (05)	00 (08)	00
40. If one or more of Columns B through D reflect a loss on line 39, apply the total proportionally to the gains in the other Columns (See instructions)		00	00	00
41. Subtract line 40 from line 38. If any Column reflected a loss on line 39, enter zero here		00	00	00
42. Apply the loss from line 39, Column A proportionally to the gains in Columns B through D (See instructions)		00	00	00
43. Subtract line 42 from line 41				
44. Add the total of Columns B through D, line 43. However, if line 38 does not reflect any gain in Columns B through D, you must enter the total amount of line 39, Columns A through D		00 (04)	00 (06)	00 (09)
45. Net capital gain (or loss) for the current year (Add line 38, Column A and line 44. If the result is more than zero, continue with line 46. If the result is less than zero, do not complete lines 46 and 47 and go to line 48)				00 (11)
46. Less: Net capital loss carryover (Enter in Column C the total net capital loss not used in previous years. Enter in Column D the smaller between the amount of line 46, Column C or the result of line 45 by 90%. This is the deductible amount)..... (07)			00 (12)	00
47. Net capital gain (Subtract line 46, Column D from line 45. Enter the result here and in Part 1, line 2B of the return or on line 3B of Schedule CO Individual, as applicable. If line 45 includes long-term capital gains, see instructions)				00 (13)
48. If line 45 is a net loss, enter here and in Part 1, line 2B of the return or on line 3B of Schedule CO Individual, as applicable, the smaller of the following amounts: a) the net loss indicated on line 45, or b) (\$1,000)				00 (14)
49. Capital loss available for next year (If line 45 is more than zero, subtract line 46, Column D from line 46, Column C. If line 45 is less than zero, add lines 45 and 46C less line 48)..... (15)				00

Schedule D1 Individual

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SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Computation of Gain

42

1. Date in which the old residence was sold (day, month, year) (01) / /

2. Was the residence occupied by the seller and/or his/her family for a continuous period during the last two (2) years previous to the sale? (02) 1 Yes 2 No
 If you answered "Yes", complete the rest of the form.
 If you answered "No", go to line 3 and then to Schedule D Individual, Part I, II or III, as applicable.

3. Were funds from an Individual Retirement Account (IRA) used to acquire the residence? (03) 1 Yes 2 No
 If the answer is "Yes", enter here and in Part IV of Schedule F Individual the amount of the withdrawn contributions (04) 00

4. Selling price of the residence (Do not include personal property items sold with your residence) (05) 00

5. Selling and fixing-up expenses (See instructions) (06) 00

6. Total realized (Subtract line 5 from line 4) (07) 00

7. Adjusted basis of residence sold. (08) Includes prepayment: 1 Yes 2 No (See instructions) (09) 00

8. Gain realized on sale (Subtract line 7 from line 6) (See instructions)
 If it is zero or less, enter zero.
 If it is more than zero, transfer this amount to Schedule IE Individual, Part II, line 10 (10) 00

Retention Period: Ten (10) years

Schedule E

Rev. Dec 15 14



DEPRECIATION

2014

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name	Social Security or Employer Identification Number
-----------------	---

1. Type of property (in case of a building, specify the material used in the construction).	2. Date acquired.	3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$30,000 per vehicle.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year.
---	-------------------	---	---	---	------------------------------------

37

(a) Current Depreciation					
		00		00	00
		00		00	00
		00		00	00
Total				00	00

(b) Flexible Depreciation					
		00		00	00
		00		00	00
		00		00	00
Total				00	00

(c) Accelerated Depreciation					
		00		00	00
		00		00	00
		00		00	00
Total				00	00

(d) Amortization (i.e. Goodwill)					
		00		00	00
		00		00	00
		00		00	00
Total				00	00

(e) Automobiles (See instructions)					
		00		00	00
		00		00	00
		00		00	00
Total				00	00

(f) Vehicles under lease (Form 480.7D) (Amount of vehicles _____) (01)	(02)	00
---	------	----

TOTAL: (Add total of lines (a) through (f) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies, or the corresponding line of other returns)	(10)	00
---	------	----

Schedule F Individual

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OTHER INCOME

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Fill in one: (01)

1 Taxpayer 2 Spouse 3 Both

Social Security Number _____

Part I Interests

31

Payer's name	Employer Identification Number	Account Number	Column A Eligible interest subject to withholding (10%)	Column B Interest subject to withholding from financial institutions (17%)	Column C Interest subject to withholding from financial institutions (10%)	Column D Interest not subject to withholding from financial institutions	Column E Interest from IRA distributions to Government Pensioners (10%)	Column F Other interest
	(02)		00	00	00	00	00	00
	(03)		00	00	00	00	00	00
	(04)		00	00	00	00	00	00
	(05)		00	00	00	00	00	00
	(06)		00	00	00	00	00	00
	(07)		00	00	00	00	00	00
	(08)		00	00	00	00	00	00
	(09)		00	00	00	00	00	00
1. Subtotal of interest (10)			00 (14)	00 (19)	00 (24)	00 (28)	00 (33)	00
2. Less: Expenses related to the purchase of investments (See instructions) (11)			00 (15)	00 (20)	00 (25)	00 (29)	00 (34)	00
3. Less: Interest exemption (See instructions)			00 (16)	00 (21)	00 (26)	00 (30)	00	
4. Total interest (Subtract lines 2 and 3 from line 1, Columns A through F. Transfer the amounts from line 4, Columns A through C and E to line 4, Column A, C and E, as applicable, of Schedule A2 Individual) (12)			00 (17)	00 (22)	00 (27)	00 (31)	00 (35)	00
5. Add line 4, Columns A through F and transfer to Part 1, line 2C of the return or to line 3C of Schedule CO Individual								00 (36)
6. Tax withheld (Submit the corresponding Informatives Returns) (13)			00 (18)	00 (23)	00		00 (32)	
7. Total tax withheld (Enter the sum of lines 4, 9(a), 10(a), 11(a) and 12(a) from Part III of Schedule B Individual)								00 (40)

Taxpayer's name	Social Security Number
-----------------	------------------------

Part II Corporate Dividends 34

Payer's name	Employer Identification Number	Account Number	Column A		Column B		Column C	
			Subject to withholding (10%)	Subject to withholding (15%)	Not subject to withholding			
	(01)		00	00			00	00
	(02)		00	00			00	00
	(03)		00	00			00	00
	(04)		00	00			00	00
	(05)		00	00			00	00
1. Dividends distributed amount			00	00			00	00
2. Less: Expenses related to the purchase of investments (See instructions)			00	00			00	00
3. Subtotal (Subtract line 2 from line 1, Columns A, B and C. Transfer the total of Columns A and B to line 4(f), Column A and Column D or E, as applicable, of Schedule A2 Ind.)			00	00			00	00
4. Total (Add line 3, Columns A, B and C and transfer to Part 1, line 2D of the return or line 3D of Schedule CO Individual)			00	00			00	00
5. Tax withheld (Submit the corresponding Informative Returns. Enter the sum of lines 5, 9(b), 10(b), 11(b) and 12(b) from Part III of Schedule B Individual)			00	00			00	00

Part III Distributions and Transfers from Governmental Plans 40

Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount	Taxable Amount - Savings Account		
						(D) Distributions under \$10,000	(E) Lump-sum distributions (\$10,000 or more)	(F) Transfers under Section 1081.03
1. Taxable as ordinary income	0	(01)	00	00	00	00		
2. Taxable at 10% (Transfer the total of Columns E and F to line 4(i), Columns A and E of Schedule A2 Individual)	0	(02)	00	00			00	00
3. Total distributions or transfers from governmental plans (Add line 1, Columns C and D and line 2, Columns E and F. Transfer to Part 1, line 2E of the return or line 3E, Column B or C of Schedule CO Individual, as applicable)								
4. Tax withheld (Submit applicable Informative Returns. Enter on Schedule B Individual, Part III, line 17)								

Part IV Distributions from Individual Retirement Accounts and Educational Contribution Accounts 40

Payer's name	Employer Identification Number	Account Number	Fill in if you Prepaid	Taxable Amount					
				Column A	Column B	Column C	Column D	Column E	Column F
				Total Distribution	Basis (See instructions)	Interest (Transfer to Part I)	IRA Distributions to Government Pensioners (excluding contributions) (10%)	IRA or Educational Contribution Accounts Distributions of Income from Sources Within P.R. (17%)	IRA or Educational Contribution Accounts Distributions
			0	00	00	00	00	00	00
			0	00	00	00	00	00	00
			0	00	00	00	00	00	00
			0	00	00	00	00	00	00
			0	00	00	00	00	00	00
1. Subtotal (Transfer the total of Columns D and E to line 4(i), Columns A, C and E, as applicable, of Schedule A2 Individual)				00	00	00	00	00	00
2. Total distributions from Individual Retirement Accounts and Educational Contribution Accounts (Add the total of Columns D through F. Transfer to Part 1, line 2F of the return or line 3F, Column B or C of Schedule CO Individual, as applicable)									00

Taxpayer's name	Social Security Number
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Part V Distributions from Deferred Compensation Plans (Non Qualified)

Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount
1. Taxable as ordinary income (Transfer to Part VII, line 4 of this Schedule)	0		(21) 00	00	(22) 00

Part VI Distributions from Qualified Retirement Plans (Partial or Lump - Sum Not due to Separation from Service or Plan Termination)

Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount
1. Taxable as ordinary income (Transfer to Part VII, line 5 of this Schedule)	0		(23) 00	00	(24) 00
2. Tax withheld (Submit the corresponding Informative Returns. Enter on Schedule B Individual, Part III, line 15)					(25) 00

Part VII Miscellaneous Income

Payer's name	Employer Identification Number	Account Number	Column A Miscellaneous Income	Column B Judicial or Extrajudicial Indemnification	Column C Income from Prizes and Contests	Column D Income from Major League Baseball teams and the U.S. National Basketball Association
	(26)		00	00	00	00
	(27)		00	00	00	00
	(28)		00	00	00	00
1. Amount received			(29) 00	(34) 00	(38) 00	(41) 00
2. Less: Expenses related to the production of these income (See instructions)			(30) 00	(35) 00	(39) 00	(42) 00
3. Subtotal (Subtract line 2 from line 1. Transfer the total in Column D to line 4(g), Columns A and B of Schedule A2 Individual)			(31) 00	(36) 00	(40) 00	(42) 00
4. Distributions from deferred compensation plans (From Part V, line 1)			(32) 00			
5. Distributions from qualified retirement plans (From Part VI, line 1)			(33) 00			
6. Total miscellaneous income (Add the total of lines 3, 4 and 5 of Column A and line 3 of Columns B through D. Transfer to Part 1, line 2G of the return or line 3G of Schedule CO Individual)						(43) 00
7. Tax withheld on payments for judicial or extrajudicial indemnification (Submit Form 480.6B. Enter on Schedule B Individual, Part III, line 8).....				(37) 00		
8. Tax withheld on income from Major League Baseball teams and the U.S. National Basketball Association (Submit the corresponding Informative Returns. Enter on Schedule B Individual, Part III, line 18)						(44) 00

Schedule G Individual

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SALE OR EXCHANGE OF ALL TRADE OR BUSINESS ASSETS OF A SOLE PROPRIETORSHIP BUSINESS

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

44

- 1. Did you elect to defer the gain from the sale of the first sole proprietorship business?
Taxable Year
Amount of deferred gain
2. Adjusted basis of the new sole proprietorship business
3. Did you sell your sole proprietorship business during this year?
4. Date in which the first sole proprietorship business was sold
5. (a) Did you buy a new sole proprietorship business? (b) If you answered "Yes", enter date

Part II Computation of Gain

- 6. Selling price of the first sole proprietorship business
7. Selling expenses
8. Total realized
9. Adjusted basis of the first sole proprietorship business
10. Gain realized on sale
11. If you haven't replaced your first sole proprietorship business, do you plan to do so within the replacement period?

Part III Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Sole Proprietorship Business

- 12. Recognized gain. Enter the amount of line 10.
13. Selling price of the first sole proprietorship business
14. (a) Enter date you acquired the new sole proprietorship business (b) Cost of new sole proprietorship business
15. Purchasing commissions and expenses incurred in the new sole proprietorship business
16. Reinvested total
17. Subtract line 16 from line 13.
18. Taxable gain. Enter the smaller of line 12 or 17.
19. Postponed gain
20. Adjusted basis of the new sole proprietorship business

Schedule H Individual

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**INCOME FROM ANNUITIES
OR PENSIONS FROM QUALIFIED
OR GOVERNMENTAL PLANS**

Taxable year beginning on _____ and ending on _____

2014

Taxpayer's name

Social Security Number

Spouse's Social Security Number

Recipient of pension (Fill in one): 1 Taxpayer 2 Spouse 35
 Pension granted by (Fill in one): 1 ELA 2 Federal 3 Private Business Employer
 Place where the service was performed: 1 Puerto Rico 2 United States 3 Others _____
 Date on which you started to receive the pension: Day _____ Month _____ Year _____
 Name of the pension payer _____ and Employer identification number _____

Part I Determination of Cost to be Recovered (See instructions)

1. Cost of annuity (amount paid). If it is zero, go to Part II and enter zero on line 10	(01)	00
2. Pension received in previous years:		
Year: _____		
Amount: _____	(02)	00
3. Less:		
(a) Taxable pension received in previous years:		
Year: _____		
Amount: _____	(03)	00
(b) Tax exempt pension received in previous years:		
Year: _____		
Amount: _____	(04)	00
4. Total (Add lines 3(a) and 3(b))	(05)	00
5. Cost of pension tax exempt recovered in previous years (Subtract line 4 from line 2)	(06)	00
6. Cost of pension to be recovered (Subtract line 5 from line 1)	(07)	00

Part II Taxable Income (See instructions)

7. Total amount received during the year	(08)	00
8. Tax exempt amount (Enter here and on Schedule IE Individual, Part II, line 8. Do not exceed the amount indicated on line 7) ..	(09)	00
9. Pension income less the exempt amount (Subtract line 8 from line 7. If it is less than zero, go to line 13)	(10)	00
10. Cost of pension to be recovered (Same as line 6)	(11)	00
11. Pension income in excess of the cost to be recovered (Subtract line 10 from line 9)	(12)	00
12. Taxable pension income (Enter here the amount of line 11 or 3% of line 1, whichever is larger (but not larger than the amount of line 9). Enter this amount in Part I, line 2H of the return or line 3H, Column B or C of Schedule CO Individual, as applicable)	(13)	00
13. Tax withheld on annuity or pension for the taxable year (Enter this amount on Schedule B Individual, Part III, line 16)	(14)	00

Schedule IE Individual

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EXCLUDED AND EXEMPT INCOME

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Fill in one: (01)

Social Security Number _____

1 Taxpayer 2 Spouse

Part I Exclusions from Gross Income

28

		Items Considered for the Home Mortgage Interest Limitation	Items subject to Alternate Basic Tax
1. Life insurance(02)		00	
2. Donations, legacies and inheritances(03)		00	
3. Compensation for injuries or sickness(04)		00	
4. Benefits from federal social security for old-age and survivors(05)		00	
5. Income derived from discharge of debts (See instructions)(06)		00	
6. IVU Loto prizes(07)		00	
7. Meal and travel expenses paid to Certain Volunteers up to \$1,500 under Act 261-2004(08)		00 (62)	00
8. Child support payments.....(09)		00	
9. Amounts paid by an employer as reimbursement of expenses related to trips, meals, lodging, entertainment and others.....(10)		00	
10. Other exclusions(11)		00 (63)	00
11. Total (Add lines 1 through 10)(15)		00 (65)	00

Part II Exemptions from Gross Income

1. Fringe benefits paid by the employer in relation to a cafeteria plan(16)		00	
2. Interest upon the following instruments:			
A) Obligations from the United States Government, any of its states, territories or political subdivisions(17)		00	
B) Obligations from the Commonwealth of Puerto Rico(18)		00	
C) Securities under Agricultural Loans Act(19)		00 (66)	00
D) Certain Mortgages (See instructions).....(20)		00 (67)	00
E) Obligations secured or guaranteed under the Servicemen's Readjustment Act of 1944(21)		00 (68)	00
F) Securities issued by cooperative associations up to \$5,000(22)		00 (69)	00
G) Deposits in Puerto Rico interest bearing accounts up to \$2,000 (\$4,000 for married filing jointly) (Schedule F Individual).....(23)		00 (70)	00
H) Obligations issued by the Conservation Trust, Housing and Human Development Trust, San Juan Monuments Patronage and "SER de Puerto Rico"(24)		00	
3. Dividends received from the following organizations:			
A) Limited dividends corporations(25)		00 (71)	00
B) Cooperative associations(26)		00 (72)	00
C) International Insurer or Holding Company of the International Insurer(27)		00	
4. Expenses of priests or ministers (See instructions)(28)		00 (73)	00
5. Recapture of bad debts, prior taxes, surcharges and other items(29)		00 (74)	00
6. Stipends received by certain physicians during the internship period (Form 499R-2/W-2PR)(30)		00 (75)	00
7. Prizes from the Lottery of Puerto Rico and the Additional Lottery(31)		00	
8. Income from pensions or annuities, up to the applicable limitation (Schedule H Individual, Part II, line 8)(32)		00 (76)	00
9. Christmas Bonus, Summer Bonus and Medicine Bonus(33)		00 (77)	00
10. Gain from the sale or exchange of principal residence by certain individuals and qualified property (Schedule D1 and/or D3 Individual)(34)		00	
11. Certain income related to the operation of an employees owned special corporation (See instructions)(35)		00 (78)	00
12. Cost of living allowance (COLA) (Federal Form W-2)(36)		00	
13. Unemployment compensation(37)		00 (79)	00
14. Compensation received from active military service in a combat zone (Federal Form W-2)(38)		00	
15. Income received or earned in relation to the celebration of sports games organized by international associations or federations(39)		00 (80)	00
16. Compensation received by an eligible researcher or scientist (Form 499R-2/W-2PR)(40)		00	
17. Compensation received by an eligible researcher or scientist in the District under Act 214-2004(41)		00	
18. Rents from the Historic Zone(42)		00 (81)	00
19. Compensation to citizens and aliens nonresidents of Puerto Rico for the production of film projects(43)		00	
20. Income from overtime worked by a Puerto Rico Police member (Form 499R-2/W-2PR)(44)		00	
21. Income from sources outside of Puerto Rico (Nonresidents or part-year residents)(45)		00	
22. Remuneration received by employees of foreign governments or international organizations(46)		00	
23. Income from buildings rented to the Government of Puerto Rico for public hospitals, health or convalescent homes, public schools (Contracts in force at November 22, 2010)(47)		00	
24. Income derived by the taxpayer from the resale of personal property or services which acquisition was subject to tax under Section 3070.01 or Section 2101 of the Internal Revenue Code of 1994(48)		00	
25. Accumulated Gain in Nonqualified Options(49)		00	
26. Distributions of Amounts Previously Notified as Deemed Eligible Distributions under Section 1023.06(j)(50)		00	
27. Distributions from Non Deductible Individual Retirement Accounts(51)		00	
28. Special Compensation Paid due to a Liquidation or Close of Businesses under Article 10 of Act No. 80 of May 30, 1976(52)		00 (82)	00
29. Distributions of Dividends or in Liquidation from Exempt Businesses(53)		00	
30. Salaries from Overtime during Emergency Situations (Form 499R-2/W-2PR)(54)		00 (83)	00
31. Income from copyrights up to \$10,000 under Act 516-2004(55)		00	
32. Income received by designers and translators up to \$6,000 under Act 516-2004(56)		00	
33. Distributable share on exempt income from flow-through entities (Forms 480.60 S, 480.60 SE, 480.60 CI, 480.60 F. See instructions)(57)		00 (84)	00
34. Income derived by young people from wages, services rendered, self-employment or new business with special agreement (Act 135-2014) (See instructions)(58)		00	
35. Other exemptions(59)		00 (85)	00
36. Total (Add lines 1 through 35)(60)		00 (86)	00

Part III Total

1. Total of items considered for the home mortgage interest limitation (Add line 11 of Part I and line 36 of Part II, first column)(61)		00	
2. Total of items subject to alternate basic tax (Add line 11 of Part I and line 36 of Part II, second column)(87)			00

Schedule K Individual

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INDUSTRY OR BUSINESS INCOME

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

65

Employer Identification Number	Industry or Business Income (fill in one): <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="radio"/>	Date operations began: Day ___ Month ___ Year ___
Merchant's Registration Number	Fill in here if during the taxable year you disposed all the assets used in your industry or business <input type="radio"/>		
Case or Concession Number	Location of Industry or Business - Number, Street and City		
Industrial Code	Code	Nature of industry or business (i.e. hotel, rent of equipment, etc.)	Number of employees

Fully Taxable (01)

Tax Incentives under:

- Act No. 26 of 1978 (02)
- Act No. 8 of 1987 (03)
- Act No. 148 of 1988 (04)
- Act 78-1993 (05)
- Act 75-1995 (06)
- Act 14-1996 (07)
- Act 135-1997 (08)
- Act 362-1999 (09)
- Act 178-2000 (10)
- Act 73-2008 (11)
- Act 83-2010 (12)
- Act 27-2011 (13)
- Act 1-2013 (14)
- Act 135-2014 (15)

Indicate if you claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable). Also, indicate if the business derived more than 80% of the total income from activities related exclusively to fishing, passenger or cargo transportation or leasing in the case of vessels, passenger or cargo transportation or leasing in the case of airships, or leasing of property to non related persons in the case of residential property outside of Puerto Rico.

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2 vessels	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3 airships	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4 residential property outside of Puerto Rico	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Part II Determination of Gain or Loss

74

1. Net sales	(01)	00
2. Cost of goods sold or direct costs of production:		
a) Beginning inventory	(02)	00
b) Plus: Purchases	(03)	00
c) Direct salaries	(04)	00
d) Other direct costs (Submit detailed schedule)	(05)	00
e) Total (Add lines 2(a) through 2(d))	(06)	00
f) Less: Ending inventory	(07)	00
g) TOTAL COST OF GOODS SOLD (Subtract line 2(f) from line 2(e))	(08)	00
3. Gross income (Subtract line 2(g) from line 1))	(09)	00
4. Less: Exempt amount under Act 135-2014 (10) <input type="radio"/> 1 Up to \$40,000 <input type="radio"/> 2 Up to \$500,000 (See instructions)	(11)	00
5. Gross income after the exemption under Act 135-2014 (Subtract line 4 from line 3, if applicable. Otherwise, enter the amount of line 3) ...	(12)	00
6. Income earned through corporation of individuals, partnerships and special partnerships	(13)	00
7. Less: Operating expenses and other costs (Detail in Part III)	(14)	00
8. Net income for the current year (Subtract line 7 from the sum of lines 5 and 6)	(15)	00
9. Less: Net operating loss from previous years (Submit schedule, see instructions)	(16)	00
10. Adjusted net income (Subtract line 9 from line 8)	(17)	00
11. Less exempt amount: _____% of line 10 or \$_____ (See instructions)	(18)	00
12. Gain (or loss) (Transfer the total to page 2, Part 1, line 21 of the return or line 31, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to the gain)	(20)	00

Part III Operating Expenses and Other Costs

81

A. Expenses allowable against alternate basic tax:		
1. Salaries, commissions and allowances to employees (See instructions)	(01)	00
2. Payroll expenses (See instructions)	(02)	00
3. Medical or hospitalization insurance	(03)	00
4. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(04)	00
5. Professional services (See instructions)	(05)	00
6. Lease, rent and royalties paid (See instructions)	(06)	00
7. Interest on business debts	(07)	00
8. Property taxes, patents and licenses	(08)	00
9. Insurances (See instructions)	(09)	00
10. Utilities	(10)	00
11. Depreciation and amortization (Submit Schedule E)	(11)	00
12. Automobile expenses (Mileage _____) (12) (See instructions)	(13)	00
13. Other motor vehicles expenses (See instructions)	(14)	00
14. Federal self employment tax (See instructions)	(15)	00
15. Direct essential costs (Submit detailed schedule. See instructions)	(16)	00
16. Subtotal (Add lines 1 through 15)	(17)	00
B. Other deductions:		
17. Commissions to businesses	(18)	00
18. Repairs	(19)	00
19. Other insurances	(20)	00
20. Advertising	(21)	00
21. Travel expenses	(22)	00
22. Meal and entertainment expenses (Total expenses \$ _____) (23) (See instructions)	(24)	00
23. Materials and supplies	(25)	00
24. Bad debts	(26)	00
25. Other expenses (Submit detailed schedule)	(27)	00
26. Subtotal (Add lines 17 through 25)	(28)	00
27. Total (Add lines 16 and 26. Transfer to Part II, line 7 of this Schedule)	(30)	00

Schedule L Individual

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FARMING INCOME

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

66

Employer Identification Number, Farming Income (fill in one): 1 Taxpayer, 2 Spouse, Date operations began: Day, Month, Year, Fully Taxable, Tax incentive under: Act 1-2013, Act 135-2014, Exemption under: Act 225-1995, Section 1033.12 of the Code

Indicate if you claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable). Also, indicate if the business derived more than 80% of the total income from activities related exclusively to fishing, passenger or cargo transportation or leasing in the case of vessels, passenger or cargo transportation or leasing in the case of airships, or leasing of property to non related persons in the case of residential property outside of Puerto Rico.

Table with 3 columns: Concept, Indicate if you claimed expenses, Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, residential property outside of Puerto Rico.

Part II Determination of Gain or Loss

73

Table with 3 columns: Description, Line number, Amount. Rows include Net sales, Other income related to farming business, Total income, Cost of goods sold or direct costs of production, Gross income, Less: Exempt amount under Act 135-2014, Gross income after the exemption, Farming income earned through corporations, Less: Operating expenses and other costs, Net income for the current year, Less: Net operating loss from previous years, Adjusted net income, Less: Exempt amount (90% of line 12), Gain (or loss).

Part III Operating Expenses and Other Costs

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Table with 3 columns: Description, Line number, Amount. Rows include A. Expenses allowable against alternate basic tax: Salaries, commissions and allowances to employees, Payroll expenses, Medical or hospitalization insurance, Contributions to qualified pension plans, Professional services, Lease, rent and royalties paid, Interest on business debts, Property taxes, patents and licenses, Insurances, Utilities, Depreciation and amortization, Automobile expenses, Other motor vehicles expenses, Federal self employment tax, Direct essential costs, Subtotal (Add lines 1 through 15), B. Other deductions: Commissions to businesses, Repairs, Other insurances, Advertising, Travel expenses, Meal and entertainment expenses, Materials and supplies, Bad debts, Other expenses, Subtotal (Add lines 17 through 25), Total (Add lines 16 and 26).

Schedule M Individual

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**PROFESSIONS AND COMMISSIONS
INCOME**

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire (You must fill out one schedule for each source of income) 67

Employer Identification Number	Income from (fill in one): <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Fill in one: <input type="radio"/> 3 Professions <input type="radio"/> 4 Commissions	Fill in here if this is your principal industry or business <input type="radio"/>	Date operations began: Day ____ Month ____ Year ____
Merchant's Registration Number	Fill in here if during the taxable year you disposed all the assets used in your industry or business <input type="radio"/>			Tax incentive under: Act 1-2013 <input type="radio"/> (01) Act 135-2014 <input type="radio"/> (02)
Industrial Code	Code	Nature of profession (i.e. lawyer, accountant, commission agent, etc.)		Number of employees

Indicate if you claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable). Also, indicate if the business derived more than 80% of the total income from activities related exclusively to fishing, passenger or cargo transportation or leasing in the case of vessels, passenger or cargo transportation or leasing in the case of airships, or leasing of property to non related persons in the case of residential property outside of Puerto Rico.

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2 vessels	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3 airships	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4 Residential property outside of Puerto Rico	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Part II Determination of Gain or Loss 75

1. Income	(01)	00
2. Less: Exempt amount under Act 135-2014 (02) <input type="radio"/> 1 Up to \$40,000 <input type="radio"/> 2 Up to \$500,000 (See instructions)	(03)	00
3. Gross income after the exemption under Act 135-2014 (Subtract line 2 from line 1, if applicable. Otherwise, enter the amount of line 1) ...	(04)	00
4. Income earned through corporations of individuals, partnerships and special partnerships	(10)	00
5. Less: Operating expenses and other costs (Detail in Part III)	(11)	00
6. Net income for the current year (Subtract line 5 from the sum of lines 3 and 4)	(12)	00
7. Less: Net operating loss from previous years (Submit schedule, see instructions)	(13)	00
8. Gain (or loss) (If it is a gain, transfer to page 2, Part 1, line 2K of the return or line 3K, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to the gain)	(20)	00

Part III Operating Expenses and Other Costs 85

A. Expenses allowable against alternate basic tax:		
1. Salaries, commissions and allowances to employees (See instructions)	(01)	00
2. Payroll expenses (See instructions)	(02)	00
3. Medical or hospitalization insurance	(03)	00
4. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(04)	00
5. Professional services (See instructions)	(05)	00
6. Lease, rent and royalties paid (See instructions)	(06)	00
7. Interest on business debts	(07)	00
8. Property taxes, patents and licenses	(08)	00
9. Insurances (See instructions)	(09)	00
10. Utilities	(10)	00
11. Depreciation and amortization (Submit Schedule E)	(11)	00
12. Automobile expenses (Mileage _____) (12) (See instructions)	(13)	00
13. Other motor vehicles expenses (See instructions)	(14)	00
14. Federal self employment tax (See instructions)	(15)	00
15. Direct essential costs (Submit detailed schedule. See instructions)	(16)	00
16. Subtotal (Add lines 1 through 15)	(17)	00
B. Other deductions:		
17. Commissions to businesses	(18)	00
18. Repairs	(19)	00
19. Other insurances	(20)	00
20. Advertising	(21)	00
21. Travel expenses	(22)	00
22. Meal and entertainment expenses (Total expenses \$ _____) (23) (See instructions)	(24)	00
23. Materials and supplies	(25)	00
24. Bad debts	(26)	00
25. Other expenses (Submit detailed schedule)	(27)	00
26. Subtotal (Add lines 17 through 25)	(28)	00
27. Total (Add lines 16 and 26. Transfer to Part II, line 5 of this Schedule)	(30)	00

Schedule N Individual

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RENTAL INCOME

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

68

Merchant's Registration Number, Rental Income (fill in one): 1 Taxpayer 2 Spouse, Fill in here if this is your principal industry or business, Code, Location of rented property - Number, Street and City, Nature of rented property (i.e. residence, apartment, etc.)

Indicate if you claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable). Also, indicate if the business derived more than 80% of the total income from activities related exclusively to fishing, passenger or cargo transportation or leasing in the case of vessels, passenger or cargo transportation or leasing in the case of airships, or leasing of property to non related persons in the case of residential property outside of Puerto Rico.

Table with 3 columns: Concept, Indicate if you claimed expenses, Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, residential property outside of Puerto Rico.

Part II Determination of Gain or Loss

77

Table with 3 columns: Description, Code, Amount. Rows include Income, Less: Exempt amount under Act 135-2014, Gross income after the exemption, Less: Operating expenses, Net income, Less: Net operating loss, Adjusted net income, Less: Exempt amount, Gain (or loss).

Part III Operating Expenses and Other Costs

87

Table with 3 columns: Description, Code, Amount. Rows include A. Expenses allowable against alternate basic tax (Salaries, Payroll, Medical, etc.) and B. Other deductions (Repairs, Insurance, Advertising, etc.).

Schedule O Individual

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ALTERNATE BASIC TAX

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Fill in one: (01)
 1 Taxpayer 2 Spouse 3 Both

Social Security Number _____

Part I Determination of Net Income Subject to Alternate Basic Tax

91

1. Adjusted Gross Income (Part 1, line 5 of the return or line 6, Column B or C of Schedule CO Individual, as applicable)	(02)	00
2. Add: Other deductions from industry or business (Schedule K Individual, Part III, line 26)	(03)	00
3. Add: Other deductions from farming (Schedule L Individual, Part III, line 26) (_____ X 10% =)	(04)	00
4. Add: Other deductions from professions and commissions (Schedule M Individual, Part III, line 26)	(05)	00
5. Add: Other deductions from rental business (Schedule N Individual, Part III, line 22) (See instructions)	(06)	00
6. Add: Deductions granted under special acts not contemplated under Sections 1033.15 and 1033.16 of the Code	(07)	00
7. Add: Adjustment for determination of the share in the profit or loss from certain special partnerships under the percentage of completion method (Form 480.60 SE. See instructions)	(08)	00
8. Add: Distributable share on the adjustments for purposes of the alternate basic tax of partnerships (Form 480.60 S, Part III, line 14)	(09)	00
9. Add: Distributable share on the adjustments for purposes of the alternate basic tax of special partnerships (Form 480.60 SE, Part III, line 14) ..	(10)	00
10. Add: Distributable share on the adjustments for purposes of the alternate basic tax of corporations of individuals (Form 480.60 CI, Part III, line 14)	(11)	00
11. Add: Distributable share on the adjustments for purposes of the alternate basic tax of revocable trusts or grantor trusts (Form 480.60 F, Part III, line 1S)	(12)	00
12. Add: Excluded and exempt income (Schedule IE Individual, Part III, line 2)	(13)	00
13. Add lines 1 through 12	(14)	00
14. Less: Deductions and personal exemptions (Part 2, line 11 of the return or line 13, Column B or C of Schedule CO Individual, as applicable)	(15)	00
15. Net Income Subject to Alternate Basic Tax (Subtract line 14 from line 13. See instructions)	(16)	00

Part II Alternate Basic Tax Computation

1. Total Regular Tax before the credit for taxes paid to foreign countries, the United States, its territories and possessions (Part 3, line 15 of the return or line 17, Column B or C of Schedule CO Individual, as applicable)	(17)	00
2. Credit for taxes paid to foreign countries, the United States, its territories and possessions (Schedule C Individual)	(18)	00
3. Net regular tax (Subtract line 2 from line 1)	(19)	00
4. Determine the Alternate Basic Tax as follows: If the Net Income Subject to Alternate Basic Tax (Line 15 of Part I) is: (a) From \$150,000 to \$200,000, multiply line 15 of Part I by 10%. (b) Over \$200,000 but not over \$300,000, multiply line 15 of Part I by 15%. (c) Over \$300,000, multiply line 15 of Part I by 24%. This is your Alternate Basic Tax (Enter the corresponding amount on this line)	(20)	00
5. Credit for taxes paid to foreign countries, the United States, its territories and possessions (See instructions)	(21)	00
6. Net alternate basic tax (Subtract line 5 from line 4)	(22)	00
7. Excess of Net Alternate Basic Tax over Net Regular Tax (Subtract line 3 from line 6. If line 3 is larger than line 6, enter zero . If line 6 is larger than line 3, enter the difference here and transfer to Part 3, line 18 of the return or line 20, Column B or C of Schedule CO Individual, as applicable)	(30)	00

Schedule P Individual

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GRADUAL ADJUSTMENT

2014

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name	Fill in one: (01) <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse <input type="radio"/> 3 Both	Social Security Number
93		
1. Net Taxable Income (Part 2, line 12 of the return, line 14, Column B or C of Schedule CO Individual, as applicable, or line 10, Column A of Schedule A2 Individual, as applicable)	(02)	00
2. Enter \$500,000	(03)	00
3. Subtract line 2 from line 1	(04)	00
4. 5% of line 3	(05)	00
5. Limit:		
(a) Enter \$8,423	(06)	00
(b) Plus: 33% of personal exemption, additional personal exemption for veterans and exemption for dependents (Lines 8, 9 and 10 from Part 2 of the return or lines 10, 11D and 12, Column B or C, of Schedule CO Individual)	(07)	00
6. Total limit (Add lines 5(a) and 5(b))	(08)	00
7. Gradual adjustment (The smaller of line 4 or 6. Enter here and in Part 3, line 14 of the return or line 16, Column B or C of Schedule CO Individual, as applicable)	(10)	00

Schedule R Individual

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PARTNERSHIPS, SPECIAL PARTNERSHIPS AND CORPORATIONS OF INDIVIDUALS

2014

Taxable year beginning on _____ and ending on _____

Taxpayer's name	Amount of Schedules R1 Individual included	Indicate who is the partner of the special partnership: (01) <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse <input type="radio"/> 3 Both	Social Security or Employer Identification No.
-----------------	--	--	--

Part I Adjusted Basis Determination of a Partner in one or more Special Partnerships or Partnerships

	Column A	Column B	Column C
Name of entity 95			
Employer identification number	(02)	(14)	(26)
1. Adjusted basis at the end of the previous taxable year	00	00	00
2. Basis increase:			
(a) Partner's distributable share on income and profits from previous year (See instructions)	00	00	00
(b) Contributions made during the year	(03) 00	(15) 00	(27) 00
(c) Partnership's capital assets gain	00	00	00
(d) Exempt income	00	00	00
(e) Farming income deduction granted by Section 1033.12 of the Code	00	00	00
(f) Other income or gains (See instructions)	00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f))	(04) 00	(16) 00	(28) 00
3. Basis decrease:			
(a) Partner's distributable share on partnership's loss claimed on previous year	00	00	00
(b) Partnership's capital assets loss	00	00	00
(c) Distributions during the year	(05) 00	(17) 00	(29) 00
(d) Credits claimed in the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) Non admissible expenses for the year	00	00	00
(g) Distributable share on losses from exempt operations during the year	00	00	00
(h) Donations (Do not apply to special partnerships)	00	00	00
(i) Partner's debts assumed and guaranteed by the partnership	00	00	00
(j) Total basis decrease (Add lines 3(a) through 3(i))	(06) 00	(18) 00	(30) 00
4. Adjusted Basis (Add lines 1 and 2(g) less line 3(j). Transfer this amount to line 6(a))	(07) 00	(19) 00	(31) 00

Part II Determination of Net Income or Loss in one or more Special Partnerships or Partnerships

5. (a) Partner's distributable share on partnership's loss for the year	(08) 00	(20) 00	(32) 00
(b) Loss carryover from previous years (See instructions)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	(09) 00	(21) 00	(33) 00
6. (a) Adjusted Basis (Part I, line 4)	00	00	00
(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner	00	00	00
(c) Partnership's current debts assumed and guaranteed by the partner	00	00	00
(d) Total partner's adjusted basis (Add lines 6(a) through 6(c))	(10) 00	(22) 00	(34) 00
7. Distributable share on partnership's net income for the year (Form 480.60 S or 480.60 SE) (See instructions)	(11) 00	(23) 00	(35) 00
8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	(12) 00	(24) 00	(36) 00
• If line 8 for all Columns is zero or more than zero, do not complete line 9 and transfer the sum of these amounts to line 10.			
• If line 8 is less than zero for any of the Columns, continue with line 9.			
9. Available losses (The smaller of lines 6(d) or 8)	(13) 00	(25) 00	(37) 00
10. Total income from this Schedule (Add the income determined on line 8, Columns A through C)			00
11. Total income from Schedule R1 Individual (Enter the amount on line 10, Part II from all Schedules R1 Individual included)		(38)	00
12. Total losses from this Schedule (Add the losses determined on line 9, Columns A through C)			00
13. Total losses from Schedule R1 Individual (Enter the amount on line 11, Part II from all Schedules R1 Individual included)		(39)	00
14. Net income or loss (Subtract lines 12 and 13 from lines 10 and 11. Transfer this amount to line 1 of Part V)		(40)	00

Part III	Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals			Column A	Column B	Column C
Name of entity						
Employer identification number	(41)	(54)	(67)			
1. Adjusted basis at the end of the previous taxable year	(42)	00 (55)	00 (68)			00
2. Basis increase:						
(a) Stockholder's distributable share on income and profits from previous year (See instructions)		00	00			00
(b) Contributions made during the year	(43)	00 (56)	00 (69)			00
(c) Corporation of individual's capital assets gain		00	00			00
(d) Exempt income		00	00			00
(e) Farming income deduction granted by Section 1033.12 of the Code		00	00			00
(f) Other income or gains (See instructions)		00	00			00
(g) Total basis increase (Add lines 2(a) through 2(f))	(44)	00 (57)	00 (70)			00
3. Basis decrease:						
(a) Stockholder's distributable share on corporation of individual's loss claimed on previous year		00	00			00
(b) Corporation of individual's capital assets loss		00	00			00
(c) Distributions during the year	(45)	00 (58)	00 (71)			00
(d) Credits claimed in the preceding year (See instructions)		00	00			00
(e) Withholding at source during the year		00	00			00
(f) Non admissible expenses for the year		00	00			00
(g) Distributable share on losses from exempt operations during the year		00	00			00
(h) Stockholder's debts assumed and guaranteed by the corporation of individuals		00	00			00
(i) Total basis decrease (Add lines 3(a) through 3(h))	(46)	00 (59)	00 (72)			00
4. Adjusted Basis (Add lines 1 and 2(g) less line 3(i). Transfer this amount to line 6(a))	(47)	00 (60)	00 (73)			00
Part IV	Determination of Net Income or Loss in one or more Corporations of Individuals					
5. (a) Stockholder's distributable share on corporation of individual's loss for the year	(48)	00 (61)	00 (74)			00
(b) Loss carryover from previous years (See instructions)		00	00			00
(c) Total losses (Add lines 5(a) and 5(b))	(49)	00 (62)	00 (75)			00
6. (a) Adjusted Basis (Part III, line 4)		00	00			00
(b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockholder		00	00			00
(c) Corporation of individual's current debts assumed and guaranteed by the stockholder		00	00			00
(d) Total stockholder's adjusted basis (Add lines 6(a) through 6(c))	(50)	00 (63)	00 (76)			00
7. Distributable share on corporation of individual's net income for the year (See instructions)	(51)	00 (64)	00 (77)			00
8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	(52)	00 (65)	00 (78)			00
• If line 8 for all Columns is zero or more than zero, do not complete line 9 and transfer the sum of these amounts to line 10.						
• If line 8 is less than zero for any of the Columns, continue with line 9.						
9. Available losses (The smaller of lines 6(d) or 8)	(53)	00 (66)	00 (79)			00
10. Total income from this Schedule (Add the income determined on line 8, Columns A through C)						00
11. Total income from Schedule R1 Individual (Enter the amount on line 10, Part IV from all Schedules R1 Individual included)	(80)					00
12. Total losses from this Schedule (Add the losses determined on line 9, Columns A through C)						00
13. Total losses from Schedule R1 Individual (Enter the amount on line 11, Part IV from all Schedules R1 Individual included)	(81)					00
14. Net income or loss (Subtract lines 12 and 13 from lines 10 and 11. Transfer this amount to line 2 of Part V)	(82)					00
Part V	Distributable share on Benefits from Partnerships, Special Partnerships and Corporations of Individuals					
1. Net income or loss from special partnerships or partnerships (Part II, line 14)						00
2. Net income or loss from corporations of individuals (Part IV, line 14)						00
3. Add lines 1 and 2. If the result is more than zero, transfer this amount to Form 482.0, Part 1, line 2(O) or to Schedule CO Individual, line 3(O), Column B or C, as applicable. If the result is less than zero, carryforward for future years (See instructions)	(83)					00

Schedule R1 Individual

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**PARTNERSHIPS, SPECIAL PARTNERSHIPS AND CORPORATIONS OF INDIVIDUALS
(COMPLEMENTARY)**

Taxable year beginning on _____ and ending on _____

2014

Taxpayer's name _____ of _____ Schedules R1 Individual

Indicate who is the partner of the special partnership: (01) 1 Taxpayer 2 Spouse 3 Both

Social Security or Employer Identification No. _____

Part I Adjusted Basis Determination of a Partner in one or more Special Partnerships or Partnerships

	Column A	Column B	Column C
Name of entity 96			
Employer identification number	(02)	(14)	(26)
1. Adjusted basis at the end of the previous taxable year	00	00	00
2. Basis increase:			
(a) Partner's distributable share on income and profits from previous year (See instructions)	00	00	00
(b) Contributions made during the year	(03) 00	(15) 00	(27) 00
(c) Partnership's capital assets gain	00	00	00
(d) Exempt income	00	00	00
(e) Farming income deduction granted by Section 1033.12 of the Code	00	00	00
(f) Other income or gains (See instructions)	00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f))	(04) 00	(16) 00	(28) 00
3. Basis decrease:			
(a) Partner's distributable share on partnership's loss claimed on previous year	00	00	00
(b) Partnership's capital assets loss	00	00	00
(c) Distributions during the year	(05) 00	(17) 00	(29) 00
(d) Credits claimed in the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) Non admissible expenses for the year	00	00	00
(g) Distributable share on losses from exempt operations during the year	00	00	00
(h) Donations (Do not apply to special partnerships)	00	00	00
(i) Partner's debts assumed and guaranteed by the partnership	00	00	00
(j) Total basis decrease (Add lines 3(a) through 3(i))	(06) 00	(18) 00	(30) 00
4. Adjusted Basis (Add lines 1 and 2(g) less line 3(j). Transfer this amount to line 6(a))	(07) 00	(19) 00	(31) 00

Part II Determination of Net Income or Loss in one or more Special Partnerships or Partnerships

5. (a) Partner's distributable share on partnership's loss for the year	(08) 00	(20) 00	(32) 00
(b) Loss carryover from previous years (See instructions)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	(09) 00	(21) 00	(33) 00
6. (a) Adjusted Basis (Part I, line 4)	00	00	00
(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner	00	00	00
(c) Partnership's current debts assumed and guaranteed by the partner	00	00	00
(d) Total partner's adjusted basis (Add lines 6(a) through 6(c))	(10) 00	(22) 00	(34) 00
7. Distributable share on partnership's net income for the year (Form 480.60 S or 480.60 SE) (See instructions)	(11) 00	(23) 00	(35) 00
8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	(12) 00	(24) 00	(36) 00
• If line 8 for all Columns is zero or more than zero, do not complete line 9 and transfer the sum of these amounts to line 10.			
• If line 8 is less than zero for any of the Columns, continue with line 9.			
9. Available losses (The smaller of lines 6(d) or 8)	(13) 00	(25) 00	(37) 00
10. Total income (Add the amounts determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part II, line 11)		(38)	00
11. Total losses (Add the losses determined on line 9, Columns A through C. Transfer to Schedule R Individual, Part II, line 13)		(39)	00

Part III	Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals		Column A	Column B	Column C
Name of entity					
Employer identification number					
	(40)		(53)		(66)
1.	Adjusted basis at the end of the previous taxable year	(41)	00 (54)	00 (67)	00
2.	Basis increase:				
	(a) Stockholder's distributable share on income and profits from previous year (See instructions)		00	00	00
	(b) Contributions made during the year	(42)	00 (55)	00 (68)	00
	(c) Corporation of individual's capital assets gain		00	00	00
	(d) Exempt income		00	00	00
	(e) Farming income deduction granted by Section 1033.12 of the Code		00	00	00
	(f) Other income or gains (See instructions)		00	00	00
	(g) Total basis increase (Add lines 2(a) through 2(f))	(43)	00 (56)	00 (69)	00
3.	Basis decrease:				
	(a) Stockholder's distributable share on corporation of individual's loss claimed on previous year		00	00	00
	(b) Corporation of individual's capital assets loss		00	00	00
	(c) Distributions during the year	(44)	00 (57)	00 (70)	00
	(d) Credits claimed in the preceding year (See instructions)		00	00	00
	(e) Withholding at source during the year		00	00	00
	(f) Non admissible expenses for the year		00	00	00
	(g) Distributable share on losses from exempt operations during the year		00	00	00
	(h) Stockholder's debts assumed and guaranteed by the corporation of individuals		00	00	00
	(i) Total basis decrease (Add lines 3(a) through 3(h))	(45)	00 (58)	00 (71)	00
4.	Adjusted Basis (Add lines 1 and 2(g) less line 3(i). Transfer this amount to line 6(a))	(46)	00 (59)	00 (72)	00
Part IV	Determination of Net Income or Loss in one or more Corporations of Individuals				
5.	(a) Stockholder's distributable share on corporation of individual's loss for the year	(47)	00 (60)	00 (73)	00
	(b) Loss carryover from previous years (See instructions)		00	00	00
	(c) Total losses (Add lines 5(a) and 5(b))	(48)	00 (61)	00 (74)	00
6.	(a) Adjusted Basis (Part III, line 4)		00	00	00
	(b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockholder		00	00	00
	(c) Corporation of individual's current debts assumed and guaranteed by the stockholder		00	00	00
	(d) Total stockholder's adjusted basis (Add lines 6(a) through 6(c))	(49)	00 (62)	00 (75)	00
7.	Distributable share on corporation of individual's net income for the year (See instructions)	(50)	00 (63)	00 (76)	00
8.	Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	(51)	00 (64)	00 (77)	00
	<ul style="list-style-type: none"> If line 8 for all Columns is zero or more than zero, do not complete line 9 and transfer the sum of these amounts to line 10. If line 8 is less than zero for any of the Columns, continue with line 9. 				
9.	Available losses (The smaller of lines 6(d) or 8)	(52)	00 (65)	00 (78)	00
10.	Total income (Add the amounts determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part IV, line 11)			(79)	00
11.	Total losses (Add the losses determined on line 9, Columns A through C. Transfer to Schedule R Individual, Part IV, line 13)			(80)	00

Schedule T Individual

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**ADDITION TO THE TAX FOR FAILURE TO PAY
ESTIMATED TAX IN CASE OF INDIVIDUALS**

Taxable year beginning on _____, _____ and ending on _____, _____

2014

Taxpayer's name

Social Security Number

Part I Determination of the Minimum Amount of Estimated Tax to Pay

14

1. Tax liability (Add lines 13, 14, 18 and 20 of Part 3 of the return or lines 15, 16 and 20, Columns B and C of Schedule CO Individual and line 20 of Part 3 of the return) ..	(01)	00
2. Credits and overpayments (See instructions)	(02)	00
3. Estimated tax (Subtract line 2 from line 1. If it is \$1,000 or less, do not complete this Schedule)	(03)	00
4. Line 1 multiplied by 90%. If you are a farmer who exercised the option under Section 1061.22, multiply line 1 by 66 2/3% (See instructions)	(04)	00
5. Total tax determined as it appears on the income tax return from the previous year	(05)	00
6. Enter the smaller of lines 4 and 5	(06)	00
7. Subtract line 2 from line 6 (If it is less than zero, enter zero). This is the minimum amount of estimated tax that you should have paid	(07)	00

Part II Addition to the Tax for Failure to Pay

Section A - Failure to Pay

Due date

(08)	Due date			
	(a) First Installment	(b) Second Installment	(c) Third Installment	(d) Fourth Installment
1 <input type="radio"/> CALENDAR YEAR				
2 <input type="radio"/> FISCAL YEAR (Enter the corresponding dates)	(09)	(17)	(28)	(39)
8. Amount of estimated tax per installment (See instructions)	(10)	00 (18)	00 (29)	00 (40)
9. Amount of estimated tax paid per installment (See instructions)	(11)	00 (19)	00 (30)	00 (41)
10. Payment date (See instructions)	(12)	(20)	(31)	(42)
11. Line 17 from previous column		(21)	00 (32)	00 (43)
12. Add lines 9 and 11	(13)	00 (22)	00 (33)	00 (44)
13. Subtract line 8 from line 12 (If it is less than zero, enter zero)	(14)	00 (23)	00 (34)	00 (45)
14. Failure to Pay (If line 13 is zero, subtract line 12 from line 8, otherwise, enter zero)	(15)	00 (24)	00 (35)	00 (46)
15. Add lines 14 and 16 from previous column		(25)	00 (36)	00
16. If line 15 is equal or larger than line 13, subtract line 13 from line 15 and go to line 11 of next column. Otherwise, go to line 17		(26)	00 (37)	00
17. Overpayment (If line 13 is larger than line 15, subtract line 15 from line 13, and go to line 11 of next column. Otherwise, enter zero)	(16)	00 (27)	00 (38)	00

Section B - Penalty

15

18. Multiply line 14 by 10%	(01)	00 (04)	00 (07)	00 (10)	00
19. If the date indicated on line 10 for any installment is after its due date and: <ul style="list-style-type: none"> line 18 is zero, multiply the result of line 8 less line 17 from previous column by 10%; or line 18 is more than zero, multiply the result of line 8 less line 17 from previous column by 10% and subtract the amount reflected on line 18. (See instructions) 	(02)	00 (05)	00 (08)	00 (11)	00
20. Add lines 18 and 19	(03)	00 (06)	00 (09)	00 (12)	00
21. Addition to the Tax for Failure to Pay Estimated Tax (Add the amounts from columns of line 20. Transfer to page 2, Part 3, line 26 of the return)				(20)	00