

5. **Adjusted Gross Income** (From line 5, page 1) (01) 02 00

6. **STANDARD DEDUCTION:** If you checked Box 1 in Part 1 enter \$3,000, Box 2 enter \$2,000, Box 3 enter \$2,600, Box 4 enter \$2,000. If you checked Box 5 and your spouse claimed itemized deductions enter zero. If your spouse did not itemize enter \$1,500 (02) 00

7. Total itemized deductions (Schedule A Individual, Part I, line 16)..... (03) 00

8. Standard or itemized deductions (Enter the larger of line 6 or 7)..... (04) 00

9. Total additional deductions (Schedule A Individual, Part II, line 8) (05) 00

10. Total deductions (Add lines 8 and 9)..... (06) 00

11. **PERSONAL EXEMPTION:** If you checked Box 1 enter \$3,000, Box 2 enter \$1,300, Box 3 enter \$3,000, Box 4 enter \$1,300, Box 5 enter \$1,500 .. (07) 00

12. **EXEMPTION FOR DEPENDENTS (See instructions)**

A) Non university: **Category (N)** (10) _____ x \$1,300 (11) 00

B) University student: **Category (U)** (14) _____ x \$1,600 (15) 00

C) Disabled, blind or age 65 or older: **Category (I)** (18) _____ x \$1,300 (19) 00

D) **Total Exemption for Dependents** (Add lines 12A, 12B and 12C)..... (20) 00

13. **Total Deductions and Exemptions** (Add lines 10, 11 and 12D)..... (21) 00

14. **NET TAXABLE INCOME** (Subtract line 13 from line 5. If line 13 is larger than line 5, enter zero)..... (30) 00

15. **TAX AS PER:** (01) 1 Tax Table 2 Special tax on capital gains 3 Nonresident alien..... (02) 00

16. Gradual Adjustment Amount (Schedule P Individual, line 7)..... (03) 03 00

17. Excess of Alternate Basic Tax over Regular Tax (Schedule O Individual, line 6)..... (04) 00

18. Tax on eligible interest and interest from financial institutions subject to withholding (Schedule F Individual, Part I, line 5A and 5B).. (05) 00

19. Special tax on corporate dividends and partnerships distributions subject to withholding (Schedule F Individual, Part II, line 2A)..... (06) 00

20. Tax on dividends from Capital Investment or Tourism Fund (Submit Schedule Q1)..... (07) 00

21. Total tax determined (Add lines 15 through 20)..... (08) 00

22. Recapture of investment credit claimed in excess (Schedule B Individual, Part I, line 3)..... (09) 00

23. Tax credits (Schedule B Individual, Part II, line 11)..... (10) 00

24. **TAX LIABILITY** (Add lines 21 and 22 and subtract line 23. If it is less than zero, enter zero)..... (11) 00

25. **TAX WITHHELD OR PAID:**

A) Tax withheld on wages (Add lines 1A and 1C of Part 2)..... (12) 00

B) Tax withheld on annuities and pensions (Schedule H Individual, Part II, line 13) (13) 00

C) Other payments and withholdings (Schedule B Individual, Part III, line 12)..... (14) 00

D) Total Tax Withheld or Paid (Add lines 25A through 25C)..... (15) 00

26. **AMOUNT OF TAX DUE** (If line 24 is larger than line 25D, enter the difference here, otherwise, enter on line 31)..... (16) 00

27. **Less:** Amount paid with automatic extension of time..... (17) 00

28. **BALANCE OF TAX DUE** (If line 26 is larger than line 27, enter the difference here, otherwise, enter on line 31)..... (18) 00

29. **Less:** Amount paid

(a) **With Return**..... (19) 00

(b) **Through Electronic Transfer** (Transaction No. _____) (20) 00

(c) **Interest** (21) 00

(d) **Surcharges** (22) 00

30. **BALANCE OF TAX DUE** (Subtract lines 29(a) and 29(b) from line 28)..... (23) 00

31. **Amount overpaid** (Subtract lines 25D and 27 from line 24. Indicate distribution on line A or B) (24) 00

A) To be credited to estimated tax for 2000 (25) 00

B) **TO BE REFUNDED**..... (40) 00

55	Head of Household	(01)	First Name, Initial	Last Name	Second Last Name	Date of Birth	Relationship	Category	Social Security Number	
								J		
								(N) (U) (I)		
								See instructions		
(02)										
(03)										
(04)										
(05)										
(06)										
(07)										
(08)										
(09)										

I hereby declare under penalty of perjury that this return (including the statements, schedules and other documents attached) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. I also declare that I have provided more than 50% of the support for all dependents claimed. The declaration of the person who prepares this return (except the taxpayer) is with respect to the information available to him/her, and this information has been verified.

<p style="text-align: center;">Note to taxpayer:</p> <p>If you paid a Specialist to prepare your return, he (she) must sign and write his/her registration number in the space provided.</p>		Date	Taxpayer's signature	
		Date	Spouse's signature	
Specialist's signature	Registration No.	Date	Self - employed (Check here) <input type="checkbox"/>	Specialist's Social Security Number
04 Specialist's name (Print)	Business or Firm's name			Employer's Identification Number
Address			Zip Code	

Schedule A Individual
Rev. 05.99



ITEMIZED AND ADDITIONAL DEDUCTIONS

19__

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

Taxpayer's name

Social Security Number

Part I Itemized Deductions (You must submit evidence to claim these deductions. See instructions)

1. Home mortgage interest:

10

Name of entity to whom payment was made	Mortgage	Loan Number	Amount	
Principal residence:	First			00 (01)
	Second			00 (02)
Second residence:	First			00 (03)
	Second			00 (04)
Loan origination fees (See instructions)				00 (05)
Loan discounts (See instructions)				00 (06)

Total home mortgage interest paid (07) 00

2. License plates for automobiles used for personal purposes (See instructions)

Plate Number	Date of Payment	Amount \$
_____	_____	_____
_____	_____	_____

Total automobile license plates paid (08) 00

- 3. Child care expenses (See instructions. \$600 for one child; \$1,200 for two or more children) (09) 00
- 4. Rent paid (Landlord's social security No. _____) (10) (11) 00
- 5. Property tax on principal residence (12) 00
- 6. Casualty loss on your principal residence (See instructions) (13) 00
- 7. Medical expenses (Schedule J Individual, line 4) (14) 00
- 8. Charitable contributions (Schedule J Individual, line 8) (15) 00
- 9. Loss of personal property as a result of certain casualties (See instructions) (16) 00
- 10. Windmills expenses (17) 00
- 11. Orthopedic equipment expenses for handicapped persons:
 Check: (18) Taxpayer (19) Wife (20) Others (21) 00
- 12. Dependent's education expenses..... (22) 00
- 13. Solar equipment expenses..... (23) 00
- 14. Interest paid on students loans at university level (See instructions)..... (24) 00
- 15. Contributions to the Fund for Services Against Remediable Catastrophic Diseases
 (See instructions)..... (25) 00
- 16. **Total itemized deductions** (Add lines 1 through 15 and transfer to Part 3, line 7 of the return) (30) 00

Part II Additional Deductions (You must submit evidence to claim these deductions. See instructions)

- 1. Contributions to governmental pension or retirement systems (31) 00
- 2. Contributions to an Individual Retirement Account (Do not exceed from \$3,000 or \$6,000 if married) (32) 00
- 3. Deduction when both spouses work (33) 00
- 4. Deduction for Veterans (34) 00
- 5. Ordinary and necessary expenses (Schedule I Individual, line 8) (35) 00
- 6. Automobile loan interest (Do not exceed from \$1,200):
 Bank _____ Loan Number _____ (36) 00
- 7. Young people who work (See instructions) (37) 00
- 8. **Total additional deductions** (Add lines 1 through 7 and transfer to Part 3, line 9 of the return) (40) 00



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

19__

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

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

Part I Recapture of Investment Credit Claimed in Excess

1. Total investment credit claimed in excess 20 (01)	00							
<table border="1" style="width:100%"> <tr> <td style="width:50%; text-align:center">Column A</td> <td style="width:50%; text-align:center">Column B</td> </tr> <tr> <td style="text-align:center">Name of entity:</td> <td style="text-align:center">Name of entity:</td> </tr> <tr> <td style="text-align:center">Employer's identification number:</td> <td style="text-align:center">Employer's identification number:</td> </tr> </table>	Column A	Column B	Name of entity:	Name of entity:	Employer's identification number:	Employer's identification number:		
Column A	Column B							
Name of entity:	Name of entity:							
Employer's identification number:	Employer's identification number:							
TOURISM INVESTMENT CREDIT 1 <input type="checkbox"/> (04)	1 <input type="checkbox"/> (05)							
SOLID WASTE DISPOSAL INVESTMENT CREDIT 2 <input type="checkbox"/>	2 <input type="checkbox"/>							
AGRICULTURAL DEVELOPMENT INVESTMENT CREDIT 3 <input type="checkbox"/>	3 <input type="checkbox"/>							
OTHER INVESTMENT FUNDS CREDIT 4 <input type="checkbox"/>	4 <input type="checkbox"/>							
2. Recapture of investment credit claimed in excess paid in previous year (07)	00							
3. Recapture of investment credit claimed in excess paid this year (Transfer to Part 4, line 22 of the return. See instructions) (08)	00							
4. Excess of credit due to next year, if applicable (Subtract line 3 from line 1. See instructions) (10)	00							

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

1. Credit for taxes paid to the United States, its possessions and foreign countries (Schedule C Individual, Part IV, line 7) (11)	00	
2. Credit for: <input type="checkbox"/> Section 4(a) of Act 8 of 1987 and/or <input type="checkbox"/> Section 3(b) of Act 135 of 1997..... (12)	00	
3. Credit for investment in Capital Investment, Tourism or other funds, or direct investments (Submit Schedule Q) (13)	00	
4. Credit attributable to losses in Capital Investment, Tourism or other funds (Submit Schedule Q and Q1) (14)	00	
5. Credit for Contributions to the Educational Foundation for Free Selection of Schools (15)	00	
6. Credit for payments of Membership Certificates by Ordinary and Extraordinary Members of Employees-Owned Special Corporations (See instructions) (16)	00	
7. Credit for the purchase of tax credits (Submit detail) (17)	00	
8. Credits carried from previous years (Submit detail) (18)	00	
9. Total Tax Credits (Add lines 1 through 8) (19)	00	
10. Total tax determined (Part 4, line 21 of the return) (20)	00	
11. Credit to be claimed (The smaller of line 9 or 10. Transfer to page 2, Part 4, line 23 of the return) (21)	00	
12. Carryforward credits (Subtract line 11 from line 9. Submit detail) (30)	00	

Part III Other Payments and Withholdings

1. Estimated tax payments for 1999 (31)	00	
2. Tax paid in excess in prior years credited to estimated tax (32)	00	
3. Tax withheld to nonresidents (Form 480.6C) (33)	00	
4. Tax withheld on eligible interest and interest from financial institutions (Schedule F Individual, Part I, line 7) (34)	00	
5. Tax withheld on dividends from corporations or distributions from partnerships (Schedule F Individual, Part II, line 3A)..... (35)	00	
6. Dividends from Capital Investment or Tourism Funds (Submit Schedule Q1) (36)	00	
7. Services rendered by individuals (Form 480.6B) (37)	00	
8. Payments for judicial or extrajudicial indemnification (Form 480.6B)..... (38)	00	
9. Tax withheld on distributable share of net profits to stockholders of corporations of individuals (Form 480.6CI)..... (39)	00	
10. Tax withheld on distributable share of net profits to partners of special partnerships (Form 480.6SE) (40)	00	
11. Other payments and withholdings not included on the preceding lines (Submit detail) (41)	00	
12. Total other payments and withholdings (Add lines 1 through 11. Transfer to page 2, Part 4, line 25C of the return) (50)	00	

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

Name of place to which taxes were paid:

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

1. Adjusted gross income from sources outside of Puerto Rico (See instructions).....			00
2. Optional standard or itemized deductions and additional deductions (Part 3, line 10 of the return).....		00	
3. Adjusted gross income from sources outside of Puerto Rico (Same as line 1).....		00	
4. Adjusted gross income from all sources (Part 2, line 5 of the return).....		00	
5. Divide line 3 by line 4.....		%	
6. Multiply line 2 by line 5.....			00
7. NET INCOME FROM SOURCES OUTSIDE OF PUERTO RICO (Subtract line 6 from line 1).....			00

Part II Determination of Net Income from All Sources

1. Adjusted gross income from all sources (Part 2, line 5 of the return).....			00
2. Optional standard or itemized deductions and additional deductions (Part 3, line 10 of the return).....			00
3. NET INCOME FROM ALL SOURCES (Subtract line 2 from line 1).....			00

Part III Taxes Paid or Accrued to the United States, its Possessions and Foreign Countries

1. Credit claimed for taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	
2. (a) Date paid or accrued	(b) Taxes paid or accrued during the year

Part IV Determination of Credit

1. Net income from sources outside of Puerto Rico (Part I, line 7)			00
2. Net income from all sources (Part II, line 3)			00
3. Taxes to be paid in Puerto Rico (Part 4, lines 15,16 and 17 of the return)			00
4. Divide line 1 by line 2		%	
5. CREDIT (Multiply line 3 by line 4)			00
6. Taxes paid to the United States, its possessions and foreign countries (Part III, line 2(b))			00
7. CREDIT TO BE CLAIMED (Enter here and on Schedule B Individual, Part II, line 1, the smaller of line 5 or 6)			00

LIMITATION: THE CREDIT SHALL NOT EXCEED THE AMOUNT OF TAXES PAID TO THE UNITED STATES, ITS POSSESSIONS AND FOREIGN COUNTRIES.

Schedule D Individual

Rev. 05.99



CAPITAL GAINS OR LOSSES

19__

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

Taxpayer's name

Social Security Number

Description of Property	(A) Date Acquired	(B) Date Sold	(C) Sales Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
-------------------------	-------------------------	---------------------	--------------------	-----------------------	-------------------------	---------------------

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Part I Short-Term Capital Assets Gains and Losses (Held 6 months or less)

				00	00	00	00
				00	00	00	00
				00	00	00	00
1. Net short-term capital gain (or loss)						(01)	00
2. Net short-term capital gain from investment funds (Submit Schedule Q1)						(02)	00
3. Distributable share on net short-term capital gain (or loss) from Estates or Trusts						(03)	00
4. Distributable share on net short-term capital gain (or loss) from Special Partnerships						(04)	00
5. Distributable share on net short-term capital gain (or loss) from Subchapter N Corporations of Individuals						(05)	00
6. Distributable share on net short-term capital gain (or loss) from Employees-Owned Special Corporations						(06)	00
7. Net short-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)						(07)	00
8. Net capital loss carryover (Submit schedule)						(08)	00
9. Net short-term capital gain (or loss) (Add lines 1 through 8)						(10)	00

Part II Long-Term Capital Assets Gains and Losses (Held more than 6 months)

				00	00	00	00
				00	00	00	00
				00	00	00	00
10. Net long-term capital gain (or loss)						(11)	00
11. Distributable share on net long-term capital gain (or loss) from Estates or Trusts						(12)	00
12. Distributable share on net long-term capital gain (or loss) from Special Partnerships.....						(13)	00
13. Distributable share on net long-term capital gain (or loss) from Subchapter N Corporations of Individuals.....						(14)	00
14. Distributable share on net long-term capital gain (or loss) from Employees-Owned Special Corporations						(15)	00
15. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)						(16)	00
16. Lump-Sum distributions from pension plans qualified by the Department of the Treasury						(17)	00
17. Net long-term capital gain (or loss) (Add lines 10 through 16)						(20)	00

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

18. Net capital gain (or loss) (Add lines 9 and 17)						(21)	00
19. If line 18 is more than zero, enter here and in Part 2, line 2 O of the return. If line 18 includes long-term capital gains, see instructions						(24)	00
20. If line 18 is a net loss, enter here and in Part 2, line 2 O of the return the smaller of the following amounts :							
a) The net loss on line 18, or							
b) \$1,000.....						(30)	00

Schedule D2 Individual

Rev. 05.99



SPECIAL TAX ON NET LONG TERM CAPITAL GAINS

19__

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

Taxpayer's name

Social Security Number

Part I Computation of Special Tax on Net Long-term Capital Gains

56

1. Adjusted Gross Income (Part 2, line 5 of the return)	(01)		00
2. Less:			
(a) Excess of net long-term capital gain over the net short-term capital loss (See instructions)	(02)		00
(b) Excess of net long-term capital gain over the net short-term capital loss attributable to the investments in Tourism Development and Capital Investment Funds (Part 2, line 2P of the return)	(03)		00
(c) Excess of net long-term capital gain over the net short-term capital loss attributable to the sale of shares from an eligible corporation or partnership (See instructions)	(04)		00
(d) Total (Add lines 2(a) through 2(c)).....	(05)		00
3. Adjusted Gross Income (Subtract line 2(d) from line 1)	(06)		00
Note: Calculate your deductions for charitable contributions and medical expenses again (if any) based on your adjusted gross income from line 3 of this schedule. Do not change any of the amounts already entered on other schedules.			
4. Deductions and exemptions:			
(a) Enter the larger of standard or itemized deductions (Calculate again, if necessary. See instructions)	(07)		00
(b) Total additional deductions (Part 3, line 9 of the return)	(08)		00
(c) Personal exemption (Part 3, line 11 of the return)	(09)		00
(d) Total exemption for dependents (Part 3, line 12D of the return)	(10)		00
(e) Total deductions and exemptions (Add lines 4(a) through 4(d))	(11)		00
5. Net Taxable Income (Subtract line 4(e) from line 3. If it is less than zero, enter zero)	(12)		00
6. Determine the tax upon your income shown on line 5 according to tax tables and enter here	(13)		00
7. Multiply line 2(a) by 20%	(14)		00
8. Multiply line 2(b) by 10%	(15)		00
9. Multiply line 2(c) by 7%	(16)		00
10. Total tax under the alternate method (Add lines 6 through 9)	(17)		00

Part II Computation of Regular Tax over Net Taxable Income as per Return

11. Net taxable income (Part 3, line 14 of the return)	(18)		00
12. Tax on the amount on line 11 according to tax tables	(19)		00
13. Determined tax (Enter here and on page 2, Part 4, line 15 of the return, the smaller of line 10 or 12 and check(X) Special tax on capital gains)	(20)		00

Schedule D1 Individual

Rev. 05.99



SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

19__

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

Taxpayer's name

Social Security Number

Part I Computation of Gain

- 1. Date in which the old residence was sold (day, month, year)
2. Were funds from an Individual Retirement Account (IRA) used to acquire the old residence?
3. Have you bought or built a new residence?
4. Selling price of the old residence
5. Expenses of sale
6. Total realized
7. Adjusted basis of residence sold
8. Gain realized on sale
9. If you haven't replaced your residence, do you plan to do so during the replacement period?

Part II One-Time Exclusion for Taxpayers Age 60 or Older (See instructions)

- 10. Who was age 60 or older on the date of sale?
11. Did the person who was age 60 or older own and use the property sold as his or her principal residence for a total of at least 3 years
12. If line 11 is "Yes", do you elect to take the once in a lifetime exclusion from the gain on the sale?
13. At the time of sale, who owned the residence?
14. Exclusion: Enter the smaller of line 8 or \$50,000 (\$25,000 if married filing separate returns)

Part III Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Residence

- 15. Recognized gain. If line 14 is zero, enter here the amount of line 8. Otherwise, subtract line 14 from line 8 and enter here
16. Fixing - up expenses of the old residence
17. Add lines 14 and 16
18. Adjusted sales price
19. (a) Enter date you moved into new residence (b) Cost of new residence
20. Subtract line 19(b) from line 18
21. Taxable gain
22. Gain to be postponed
23. Adjusted basis of new residence

Schedule G Individual

Rev. 05.99



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

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

19__

Taxpayer's name

Social Security Number

Part I Questionnaire

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

Part II Computation of Gain

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

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

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

Schedule F Individual

Rev. 05.99



OTHER INCOME

19__

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

Taxpayer's name

Social Security Number

Part I Interest 31		Column A	Column B	Column C	Column D			
Payer's name	Account Number	Elegible interest subject to withholding	Interest subject to withholding from financial institutions	Interest not subject to withholding from financial institutions	Other interest			
		00	00	00	00			
		00	00	00	00			
		00	00	00	00			
		00	00	00	00			
		00	00	00	00			
		00	00	00	00			
		00	00	00	00			
		00	00	00	00			
		00	00	00	00			
1. Subtotal of interest..... (01)		00	(05)	00	(10)	00	(14)	00
2. Less: Interest exclusion (See instructions).....			(06)	00	(11)	00		
3. Total interest (02)		00	(07)	00	(12)	00	(15)	00
4. Add line 3, Columns C and D.....							(16)	00
5. 17% tax of line 3, Columns A and B (Enter in Part 4, line 18 of the return)..... (03)		00	(08)	00				
6. Tax withheld (Submit Form 480.6B)..... (04)		00	(09)	00				
7. Total tax withheld (Add line 6, Columns A and B. Enter on Schedule B Individual, Part III, line 4)..... (13)						00		
8. Option to pay taxes from interest in Column A and/or B as ordinary income (Enter here the amount from line 3, Columns A and/or B)..... (17)								00
9. Total interest (Add lines 4 and 8. Transfer to Part 2, line 2A of the return)..... (20)								00

Part II Corporate Dividends and Partnerships Distributions 34			
Payer's name and address	Account Number	Column A	Column B
		Subject to withholding	Not subject to withholding
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
Less: Exempt amount from dividends distributed under Act No. 26 of 1978			(
1. Total distributed amount (Transfer the total of Column B to Part 2, line 2E of the return)..... (01)		00	(04)
2. Special tax: 10% of Column A (Enter in Part 4, line 19 of the return)..... (02)		00	
3. Tax withheld (Submit Form 480.6B. Enter on Schedule B Individual, Part III, line 5)..... (03)		00	

NOTE: If you elected to include the distribution indicated in Column A as ordinary income, do not consider line 2 and transfer the total of line 1, Column A to Part 2, line 2D of the return.

Schedule H Individual

Rev 05.99



**INCOME FROM ANNUITIES
OR PENSIONS**

19__

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

Taxpayer's name

Social Security Number

Recipient of pension (check one): 1 Taxpayer 2 Spouse

35

Date in which you began receiving the pension: Day____Month____Year____

Place where the service was performed: Puerto Rico United States Others _____

Pension granted by (check one): 1 ELA 2 Federal 3 Private Business Employer

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

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

Part II Taxable Income (See instructions)

7. Total amount received in the year.....(08)		00
8. Tax exempt amount (If you are age 60 or older, submit copy of birth certificate).....(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 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 2, line 2 I of the Long Form or in Part 2, line 3 of the Short Form).....(13)		00
13. Tax withheld on annuity or pension for the taxable year (Enter this amount in Part 4, line 25B of the Long Form or in Part 4, line 14B of the Short Form).....(14)		00

Schedule I Individual

Rev. 05.99



ORDINARY AND NECESSARY EXPENSES

19__

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

Taxpayer's name

Social Security Number

Part I Detail of Expenses (See instructions)

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Table with 8 main sections (1-8) and sub-sections (A-K). Columns include description, line number, and amount. Section 8 is highlighted in bold.

Schedule K Individual

Rev. 05.99



INDUSTRY OR BUSINESS INCOME

19__

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I

65

Employer's Identification Number, Industry or Business Income (check one), Date operations began, Case or concession number, Location of Industry or Business, Number of employees, Industrial Code, Code, Nature of industry or business, Fully Taxable, Partially Exempt options.

Part II

Determination of Gain or Loss

71

Table with 3 columns: Description, Line Number, Amount. Rows include Net sales, Cost of goods sold, Gross income, Net income, Gain (or loss).

Part III

Operating Expenses and Other Costs

81

Table with 3 columns: Description, Line Number, Amount. Rows include Salaries, Commissions, Payroll expenses, Insurance, Advertising, Depreciation, Total.

Schedule L Individual

Rev. 05.99



FARMING INCOME

19__

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

Taxpayer's name

Social Security Number

Part I

66

Farming Income (check one): Taxpayer 1 Spouse 2

Date operations began:

Day__ Month__ Year__

Employer's Identification Number Location of Farming Business - Number, Street and City

EXEMPT: Act No. 225 of 1995 (01) Section 1023(s) Code (02)

Industrial Code Code Nature of farming business (i.e. milk-dairy, breeding of chicken, etc.)

Number of employees

Part II

Determination of Gain or Loss

73

Table with 11 rows for determination of gain or loss, including Net sales, Other income, Total income, Cost of goods sold, Gross income, Net income, and Gain (or loss).

Part III

Operating Expenses and Other Costs

83

Table with 23 rows for operating expenses and other costs, including Salaries, Commissions, Payroll, Insurance, and Total.

Schedule M Individual

Rev. 05.98



**PROFESSIONS AND COMMISSIONS
INCOME**

19__

Taxable year beginning on _____ 19__ and ending on _____ 19__

Taxpayer's name

Social Security Number

Part I

67 (You should fill out one schedule for each source of income)

Income from (check one): **1** Taxpayer **2** Spouse Check one: **3** Professions **4** Commissions

Employer's Identification Number	Location of Principal Office - Number, Street and City	Date operations began: Day____ Month____ Year____
Industrial Code	Nature of profession (i.e. lawyer, accountant, commission agent, etc.)	Number of employees

Part II

Determination of Profit or Loss

75

1. Income	(01)	00
2. Less: Operating expenses and other costs (Detail in Part III)	(10)	00
3. Net income	(11)	00
4. Less: Net operating loss from previous years (Submit schedule, see instructions)	(12)	00
5. Profit (or loss) (If it is a profit, transfer to page 1, Part 2, line 2M of the return. If it is a loss, see instructions)	(20)	00

Part III

Operating Expenses and Other Costs

85

1. Salaries, commissions and allowances to employees	(01)	00
2. Commissions to other businesses	(02)	00
3. Payroll expenses	(03)	00
4. Contributions to pension plans	(04)	00
5. Contributions to deferred income plans	(05)	00
6. Medical or hospitalization insurance	(06)	00
7. Interest on business debts	(07)	00
8. Rent paid	(08)	00
9. Property taxes	(09)	00
10. Other taxes, patents and licenses	(10)	00
11. Repairs	(11)	00
12. Motor vehicles expenses	(12)	00
13. Utilities	(13)	00
14. Insurance	(14)	00
15. Advertising	(15)	00
16. Travel expenses	(16)	00
17. Meals and entertainment expenses (Total expenses) \$_____ (See instructions)	(17)	00
18. Professional services	(18)	00
19. Materials and supplies	(19)	00
20. Depreciation and amortization (Submit Schedule E Individual)	(20)	00
21. Bad debts	(21)	00
22. Other expenses (Submit detailed schedule)	(22)	00
23. Total (Transfer to Part II, line 2 of this Schedule)	(30)	00

Schedule N Individual

Rev. 05.98



RENTAL INCOME

19__

Taxable year beginning on _____ 19__ and ending on _____ 19__

Taxpayer's name

Social Security Number

Part I

68

Rental Income (check one):

1 Taxpayer

2 Spouse

Location of rented property - Number, Street and City

Fully Taxable (01)

Partially Exempt:

Act No. 78 of 1993 (02)

Act No. 52 of 1983 (03)

Act 8 of 1987 (04)

Nature of rented property (i.e. residence, apartment, etc.)

Case or concession number

Number of Employees

Part II

Determination of Profit or Loss

77

1. Income	(01)	00
2. Less: Operating expenses and other costs (Detail in Part III)	(10)	00
3. Net income	(11)	00
4. Less: Net operating loss from previous years (Submit schedule, see instructions)	(12)	00
5. Adjusted net income	(13)	00
6. Less: Exempt amount _____ % of line 5 (See instructions)	(14)	00
7. Profit (or loss) (If it is a profit, transfer to page 1, Part 2, line 2N of the return. If it is a loss, see instructions)	(20)	00

Part III

Operating Expenses and Other Costs

87

1. Salaries, commissions and allowances to employees	(01)	00
2. Payroll expenses	(02)	00
3. Contributions to pension plans	(03)	00
4. Contributions to deferred income plans	(04)	00
5. Medical or hospitalization insurance	(05)	00
6. Interest on business debts	(06)	00
7. Property taxes	(07)	00
8. Other taxes, patents and licenses	(08)	00
9. Repairs	(09)	00
10. Motor vehicles expenses	(10)	00
11. Utilities	(11)	00
12. Insurance	(12)	00
13. Advertising	(13)	00
14. Travel expenses	(14)	00
15. Professional services	(15)	00
16. Maintenance	(16)	00
17. Depreciation and amortization (Submit Schedule E Individual)	(17)	00
18. Other expenses (Submit detailed schedule)	(18)	00
19. Total (Transfer to Part II, line 2 of this Schedule)	(30)	00

Schedule O Individual

Rev. 05.99



ALTERNATE BASIC TAX

19__

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

Taxpayer's name

Social Security Number

1. Adjusted Gross Income (Enter the amount from Part 2, line 5 of the return).....00

2. Less: (a) Ordinary and necessary expenses.....00 (b) Long-term capital gain.....00 (c) Total.....00

3. Adjusted Gross Income for purposes of the Alternate Basic Tax (Subtract line 2(c) from line 1).....00

4. Regular Tax (The sum of lines 15 and 16 from Part 4 of the return, or the sum of the tax determined on line 6 of Schedule D2 Individual, if applicable, and line 16 from Part 4 of the return).....00

5. Determine the Alternate Basic Tax as follows: If the Adjusted Gross Income (line 3) is: (a) \$75,000 but not over \$125,000 (\$37,500 to \$62,500, if married filing separate return), multiply line 3 by 10%. (b) Over \$125,000 but not over \$175,000 (over \$62,500 but not over \$87,500, if married filing separate return), multiply line 3 by 15%. (c) Over \$175,000 (over \$87,500, if married filing separate return), multiply line 3 by 20%. This is your Alternate Basic Tax (Enter the corresponding amount on this line).....00

6. Excess of Alternate Basic Tax over Regular Tax (Subtract line 4 from line 5. If line 4 is larger than line 5, enter zero. If line 5 is larger than line 4, enter the difference here and transfer to Part 4, line 17 of the return).....00

Schedule P Individual

Rev. 05.99



GRADUAL ADJUSTMENT

19__

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

Taxpayer's name

Social Security Number

1. Net Taxable Income (Part 3, line 14 of the return or the net taxable income from Schedule D2 Individual, line 5).....		00
2. Enter \$75,000 (\$37,500, if married filing separate return).....		00
3. Subtract line 2 from line 1.....		00
4. 5% of line 3.....		00
5. Limit:		
(a) Enter \$6,000 (\$3,000, if married filing separate return).....		00
Plus: 33% of personal exemption and exemption for dependents		00
6. Total limit (Add lines 5(a) and 5(b)).....		00
7. Gradual adjustment (The smaller of line 4 or 6. Enter here and in Part 4, line 16 of the return).....		00

Schedule R

Rev. 05.99



SPECIAL PARTNERSHIP

19__

Taxable year beginning on _____, 19__ and ending on _____, 19__

Taxpayer's Name

Social Security or Employer's Identification No.

Part I	Adjusted Basis Determination of a Partner in one or more Special Partnerships			Column A	Column B	Column C
Name of entity						
Employer's identification number						
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 claimed on previous year (See instructions)		00		00	00
	(b) Contributions made during the year		00		00	00
	(c) Special partnership's capital assets gain.....		00		00	00
	(d) Exempt income		00		00	00
	(e) Farming income deduction granted by Section 1023(s) 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))		00		00	00
3.	Basis decrease:					
	(a) Partner's distributable share on partnership's loss claimed on previous year		00		00	00
	(b) Special partnership's capital assets loss		00		00	00
	(c) Distributions during the year		00		00	00
	(d) Credits claimed the preceding year (See instructions)		00		00	00
	(e) Withholding at source during the year		00		00	00
	(f) No admissible expenses for the year		00		00	00
	(g) Distributable share on losses from exempt operations during the year		00		00	00
	(h) Total basis decrease (Add lines 3(a) through 3(g))		00		00	00
4.	Adjusted Basis (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a))		00		00	00
Part II	Determination of Partner's Allowable Losses in one or more Special Partnerships					
5.	(a) Partner's distributable share on partnership's loss for the year		00		00	00
	(b) Loss carryover from previous years (See instructions)		00		00	00
	(c) Total losses (Add lines 5(a) and 5(b))		00		00	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) Total partner's adjusted basis (Add lines 6(a) and 6(b)).....		00		00	00
7.	Distributable share on partnership's net income for the year (See instructions)		00		00	00
8.	Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)		00		00	00
• If line 8 is zero or more than zero, do not complete the rest of the form (Transfer this amount to Schedule F Individual, Part III or Form 480.10 or 480.20, Part IV, line 15) • If line 8 is less than zero, continue with line 9.						
9.	Available losses (The smaller of lines 6(c) or 8)		00		00	00
10.	Total losses (Add losses determined on line 9, Columns A through C)					00
11.	Partner's net income without considering losses from special partnerships (See instructions)					00
12.	50% of line 11					00
13.	Allowable Loss (Enter the smaller of line 10 or 12. Enter this amount on Form 482, Part 2, line 2C or Form 480.10 or 480.20, Part IV, line 16)....					00
14.	Loss carryforward for next year (Add lines 7 and 13 and subtract this amount from line 5(c))					00

Formulario 480-E

Form
Rev. 05. 97



DECLARACION DE CONTRIBUCION ESTIMADA

ESTIMATED TAX DECLARATION

**PARA USO OFICIAL
FOR OFFICIAL USE**

Número de Serie
Serial Number

Número de Seguro Social o Identificación Patronal - Social Security Number or Employer Identification Number

Declaración Original
Original Declaration

Individuo
Individual

Sociedad
Partnership

Año que termina en
Taxable year ending on

DECLARACION ENMENDADA
Amended Declaration

Corporación
Corporation

Día
Day

Mes
Month

Año
Year

Nombre y dirección del contribuyente - Taxpayer's name and address

**Sello de Recibo
Receipt Stamp**

1. Total Contribución Estimada
Total Estimated Tax

00

2. Crédito Estimado Por Cantidades Retenidas
Estimated Credit for Amounts Withheld

00

3. Contribución Estimada Ajustada (Línea 1 menos línea 2)
Adjusted Estimated Tax (Subtract line 2 from line 1)

00

4. Crédito por Contribución Pagada en Exceso
Credit for Tax Paid in Excess

00

5. Contribución Estimada a Pagar (Línea 3 menos línea 4)
Estimated Tax to be Paid (Subtract line 4 from line 3)

00

6. Importe de cada Plazo
Amount of each Installment

00

7. Crédito por Contribución Pagada en Exceso No Reclamado en línea 4
Credit for Tax Paid in Excess not Claimed on line 4

00

8. Balance a Pagar:
Balance to be paid:

(a) **Primer Plazo**
First Installment

00

(b) **Segundo Plazo**
Second Installment

00

(c) **Tercer Plazo**
Third Installment

00

(d) **Cuarto Plazo**
Fourth Installment

00

JURAMENTO - OATH

Declaro bajo penalidad de perjurio que esta declaración ha sido examinada por mí y que según mi mejor información y creencia es cierta, correcta y completa.

I hereby declare under penalty of perjury that this declaration has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Firma del Contribuyente o Representante Autorizado
Taxpayer's or Duly Authorized Agent's Signature

Título - Title

Fecha - Date _____