

LONG FORM

RETURN WITH CHECK (PLEASE ATTACH CHECK HERE)

Serial Number

Liquidator

Reviewer

2005

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF THE TREASURY

2005

INDIVIDUAL INCOME TAX RETURN

FOR CALENDAR YEAR 2005 OR TAXABLE YEAR BEGINNING ON _____
AND ENDING ON _____

AMENDED RETURN

DECEASED DURING THE YEAR: ____/____/____
Day Month Year

R	M	RO	V1	V2	P1	P2	N	D	E	A	G
First Name				Initial		Last Name				Second Last Name	
Postal Address											
Zip Code											
"Place label here"											
Spouse's First Name and Initial				Last Name		Second Last Name					
Home Address (Town or Urbanization, Number, Street)											
E-Mail Address											

Social Security Number		
Date of Birth		Sex
Day	Month	Year
		<input type="radio"/> M
		<input type="radio"/> F
Spouse's Social Security Number		
Spouse's Date of Birth		
Day	Month	Year
Home Telephone		
Office Telephone		
CHANGE OF ADDRESS		
<input type="radio"/> Yes <input type="radio"/> No		

Payment Stamp	
Receipt Number:	Amount:

Part 1

YES NO

A. United States Citizen?

B. Resident of Puerto Rico at the end of the year?

C. Tax exempt income from Lottery of Puerto Rico?

D. Income from racetrack winnings in Puerto Rico?

E. Other exempt income? (Submit Schedule)

F. Obligation to make payments to ASUME?

FILING STATUS AT THE END OF THE TAXABLE YEAR:

1. Married living with spouse and filing jointly

2. Married not living with spouse (Not head of household)
(Indicate spouse's name and social security number)

3. Head of household (Not for married persons)

4. Single

5. Married filing separately (Indicate spouse's name and social security number)

HIGHEST SOURCE OF INCOME:

G. Government, Municipalities and Public Corporations Employee

H. Federal Government Employee

I. Private Business Employee

Your occupation _____

J. Retired/Pensioner

K. Self-Employed (Indicate principal industry or business)

Spouse's occupation _____

GOVERNMENT CONTRACT

TAXPAYER SPOUSE

2006 RETURN

SPANISH ENGLISH

Receipt Stamp

<p>1. Wages, Commissions, Allowances and Tips</p> <p>00 ATTACH ALL YOUR WITHHOLDING STATEMENTS (Forms 499R-2/W-2PR, 499R-2C/W-2CPR or W-2, as applicable).</p> <p>01 Total (Number of withholding statements with this return) <input type="text"/></p>	<p>A-Income Tax Withheld</p> <table border="1"> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> </table> <p>Income Tax Withheld</p> <table border="1"> <tr><td> </td><td>00</td></tr> </table>		00		00		00		00		00		00		00	<p>B-Wages, Commissions, Allowances and Tips</p> <table border="1"> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> <tr><td> </td><td>00</td></tr> </table> <p>Federal Wages</p> <table border="1"> <tr><td> </td><td>00</td></tr> </table>		00		00		00		00		00		00		00
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Part 2

c-Federal Government Wages (See instructions) (01) 00

2. Other Income (or Losses):

A) Interest income (Schedule F Individual, Part I, line 10) (03) 00

B) Distributable share on special partnerships profits (Submit Schedule F Individual and Schedule R) (04) 00

C) Distributable share on special partnerships losses (Submit Schedule R) (05) 00

D) Dividends from corporations and distributions from partnerships subject to withholding (Schedule F Individual, Part II, line 1A) (06) 00

E) Dividends from corporations and distributions from partnerships not subject to withholding (Schedule F Individual, Part II, line 3B) (07) 00

F) Distributable share on profits from corporations of individuals (Submit Schedule F Individual) (08) 00

G) Distributions from the Retirement Saving Accounts Program (Schedule F Individual, Part V, line 1A) (09) 00

H) Miscellaneous income (Submit Schedule F Individual) (10) 00

I) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Submit Schedule F Individual) (11) 00

J) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1) (12) 00

K) Income from annuities and pensions (Schedule H Individual, Part II, line 12) (13) 00

L) Alimony received (Payer's social security No. _____)(14) (15) 00

M) Gain (or loss) from industry or business (Submit Schedule K Individual) (16) 00

N) Gain (or loss) from farming (Submit Schedule L Individual) (17) 00

O) Gain (or loss) from professions and commissions (Submit Schedule M Individual) (18) 00

P) Gain (or loss) from rental business (Submit Schedule N Individual) (19) 00

Q) Gain (or loss) from sale or exchange of capital assets and Qualified plans (Submit Schedule D Individual) (20) 00

R) Net long-term capital gain on Investment Funds (Submit Schedule Q1) (21) 00

3. Total Gross Income (Add lines 1B, 1C and 2A through 2R) (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) (30) 00

Schedule A Individual

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ITEMIZED AND ADDITIONAL DEDUCTIONS

2005

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Itemized Deductions (See instructions)

1. Home mortgage interest:
Name of entity to which payment was made
Mortgage Loan Number Employer Identification No. 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)
Total home mortgage interest paid (11) 00
2. License plates paid for automobiles used for personal purposes (See instructions) (12) 00
3. Child care expenses (See instructions. \$1,200 for one child; \$2,400 for two or more children) (13) 00
4. Expenses incurred in the care of elderly persons (See instructions) (14) 00
5. Rent paid (Landlord's social security No. _____) (15) (16) 00
6. Property tax on principal residence (17) 00
7. Casualty loss on your principal residence (See instructions) (18) 00
8. Medical expenses (Schedule J Individual, line 4) (19) 00
9. Charitable contributions (Schedule J Individual, line 11) (20) 00
10. Loss of personal property as a result of certain casualties (See instructions) (21) 00
11. Windmills expenses (22) 00
12. Expenses incurred in the purchase of technological assistance equipment for handicapped persons, specialized treatment or chronic disease:
Fill in: (23) 1 Taxpayer 2 Wife 3 Others (24) 00
13. Dependent's education expenses (25) 00
14. Solar equipment expenses (26) 00
15. Interest paid on students loans at university level (See instructions):
Financial inst. Loan No. Employer Ident. No. Amount
(27) (28) (29) (30)
Total interest paid on students loans at university level (31) 00
16. Contributions to the Fund for Services against Remediable Catastrophic Diseases (See instructions) (32) 00
17. Total itemized deductions (Add lines 1 through 16 and transfer to Part 3, line 7 of the return) (35) 00

Part II Additional Deductions (See instructions)

1. Contributions to an Individual Retirement Account (Do not exceed from \$5,000 or \$10,000 if married):
Financial inst. Account No. Employer Ident. No. Amount
(36) (37) (38) (39) (40) (41)
Total contributions paid to Individual Retirement Accounts (42) 00
2. Contributions to governmental pension or retirement systems (43) 00
3. Deduction when both spouses work (See instructions) (44) 00
4. Deduction for Veterans (See instructions) (45) 00
5. Ordinary and necessary expenses (Schedule I Individual, line 8) (46) 00
6. Automobile loan interest (Do not exceed from \$1,200): Bank
Loan No. Employer Identification No. (47) (48) 00
7. Young people who work (See instructions) (49) 00
8. Educational Contribution Account (Schedule A1 Individual, Part II, line (10)) (See instructions) (50) 00
9. Acquisition and installation of a personal computer used by dependents (See instructions) (51) 00
10. Total additional deductions (Add lines 1 through 9 and transfer to Part 3, line 9 of the return) (55) 00

Schedule A1 Individual

Rev. 05.05



**DEPENDENTS AND BENEFICIARIES
OF EDUCATIONAL CONTRIBUTION ACCOUNTS**

2005

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

Taxpayer's name

Social Security Number

Part I Dependents Information (See instructions)

55

IMPORTANT INFORMATION PART I

- Do not include the spouse on this schedule. A married individual who lives with his spouse is not a head of household for tax purposes, therefore, you should not include the wife's name in the box for head of household (line 01).
- If you claim the head of household filing status, include the dependent who entitles you to claim such status on the Head of Household line (01), but do not claim the exemption for this dependent.
- In order to consider the exemption for dependents you must include this schedule with your return.

Head of Household (01)	First Name, Initial	Last Name	Second Last Name	Relationship	Category J	Date of Birth	Social Security Number
	NOT THE TAXPAYER / NOT THE SPOUSE						
	First Name, Initial	Last Name	Second Last Name	Relationship	Category* (N)(U)(I)	Date of Birth Day / Month / Year	Social Security Number
(02)							
(03)							
(04)							
(05)							
(06)							
(07)							
(08)							
(09)							
(10)							

Part II Beneficiaries of Educational Contribution Accounts (See instructions)

57

IMPORTANT INFORMATION PART II

- These beneficiaries must not be considered to determine the exemption for dependents. However, if any of these beneficiaries qualifies as your dependent, you must include him/her in Part I of this Schedule.

	Name, Initial	Last Name	Second Last Name	Date of Birth Day / Month / Year	Relationship	Social Security Number	Contributed Amount
(01)							00
(02)							00
(03)							00
(04)							00
(05)							00
(10)	Total contributions (Add lines (01) through (05) and transfer to Schedule A Individual, Part II, line 8 of the Long Form)						00

*See instructions.

Schedule B Individual

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

2005

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I

Recapture of Investment Credit and Conservation Easement Claimed in Excess

20

Column A

Column B

Column C

Name of entity:

Employer identification No:

Credit for:

Table with 3 columns (A, B, C) and 11 rows of credit categories with radio button options.

Summary table with 4 rows and 2 columns (description, amount).

Part II

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

Main table for tax credits with 24 rows and 2 columns (description, amount).

Part III		Other Payments and Withholdings	
1. Estimated tax payments for 2005	(41)		00
2. Tax paid in excess in prior years credited to estimated tax	(42)		00
3. Tax withheld to nonresidents (Form 480.6C)	(43)		00
4. Tax withheld on interest (Schedule F Individual, Part I, line 8)	(44)		00
5. Dividends from corporations or distributions from partnerships (Schedule F Individual, Part II, line 5A)	(45)		00
6. Dividends from corporations or distributions from partnerships operating under Act No. 8 of 1987 (Form 480.6B): <input type="radio"/> 10% <input type="radio"/> 5% <input type="radio"/> 2%	(46)		00
7. Dividends from Capital Investment or Tourism Funds (Submit Schedule Q1)	(47)		00
8. Services rendered by individuals (Form 480.6B)	(48)		00
9. Payments for judicial or extrajudicial indemnification (Form 480.6B).....	(49)		00
10. Tax withheld on distributable share of net profits to stockholders of corporations of individuals (Form 480.6 CI)	(50)		00
11. Tax withheld on distributable share of net profits to partners of special partnerships (Form 480.6 SE)	(51)		00
12. Tax withheld on IRA or Educational Contribution Accounts distributions of income from sources within Puerto Rico (Form 480.7 and/or 480.7B)	(52)		00
13. Tax withheld on IRA distributions to Government pensioners (Form 480.7)	(53)		00
14. Prepaid tax on IRA distributions under Section 1169A (Form 480.7)	(54)		00
15. Tax withheld at source on qualified pension plans distributions (Form 480.6B)	(55)		00
16. Tax withheld on distributions and transfers from the Retirement Saving Accounts Program (Form 480.6B)	(56)		00
17. Other payments and withholdings not included on the preceding lines (Submit detail)	(57)		00
18. Total other payments and withholdings (Add lines 1 through 17. Transfer to page 2, Part 4, line 31C of the return)	(60)		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	(61)		00
<input type="radio"/> Solid Waste Disposal	(62)		00
<input type="radio"/> Agricultural Incentives	(63)		00
<input type="radio"/> Capital Investment Fund	(64)		00
<input type="radio"/> Theatrical District of Santurce	(65)		00
<input type="radio"/> Film Industry Development	(66)		00
<input type="radio"/> Housing Infrastructure	(67)		00
<input type="radio"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	(68)		00
<input type="radio"/> Conservation Easement	(69)		00
<input type="radio"/> Revitalization of Urban Centers	(70)		00
<input type="radio"/> Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico	(71)		00
<input type="radio"/> Other:	(72)		00
Total credit for the purchase of tax credits (Same as Part II, line 8)	(75)		00

Schedule C Individual

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

2005

Taxable year beginning on _____ and ending on _____

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, lines 8 and 9 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, lines 8 and 9 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="radio"/> Paid	<input type="radio"/> Accrued
2. (a) Date paid or accrued	(b) Taxes paid or accrued during the year	

Part IV Determination of Credit

30

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)	(01) 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)	(10) 00

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

Schedule E

Rev. 05.05



DEPRECIATION

2005

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security or Employer's 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 \$25,000 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) Improvements Depreciation

			00	00	00
			00	00	00
			00	00	00
Total				00	00

(e) Amortization (i.e. Goodwill)

			00	00	00
			00	00	00
			00	00	00
Total				00	00

Note: Complete next line only if you are filling out Form 482.0 (Individual Income Tax Return - Long Form)

TOTAL: (Add total of lines (a) through (e) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies) (10)

00

Schedule CH Individual

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RELEASE OF CLAIM TO EXEMPTION FOR CHILD (CHILDREN) OF DIVORCED OR SEPARATED PARENTS

2005

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

Name of parent claiming the exemption

Social Security Number

Part I

Release of Claim to Exemption for Dependents for Current Year (See instructions)

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

taxable year 2005 for (enter the name(s) of child (children)):

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Signature of parent releasing claim to exemption Social Security Number Date

If you choose not to claim an exemption for this (these) child (children) for future taxable years, complete Part II.

Part II

Release of Claim to Exemption for Dependents for Future Years (See instructions)

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

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

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Signature of parent releasing claim to exemption Social Security Number Date

Schedule D Individual

Rev. 05.05



CAPITAL ASSETS GAINS AND LOSSES

2005

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

Taxpayer's name

Social Security Number

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

52

Description and Location of Property	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
			(01) 00	00	00	00
			(02) 00	00	00	00
			(03) 00	00	00	00
1. Net short-term capital gain (or loss)					(04)	00
2. Net short-term capital gain on sale of your principal residence and/or sole proprietorship business					(05)	00
3. Net short-term capital gain from investment funds (Submit Schedule Q1)					(06)	00
4. Distributable share on net short-term capital gain (or loss) from Estates or Trusts					(07)	00
5. Distributable share on net short-term capital gain (or loss) from Special Partnerships					(08)	00
6. Distributable share on net short-term capital gain (or loss) from Corporations of Individuals					(09)	00
7. Distributable share on net short-term capital gain (or loss) from Employees - Owned Special Corporations					(10)	00
8. Net short-term capital gain (or loss) attributable to direct investment an not through a Capital Investment Fund (Submit detail)					(11)	00
9. Net capital loss carryover (Submit schedule)					(12)	00
10. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)					(13)	00
11. Net short-term capital gain (or loss) (Add lines 1 through 10)					(15)	00

Part II Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Property located in PR - Section 1014(b) and 1014(g)(2))

Description and Location of Property	Fill in if you reinvested or will reinvest in P.R.	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss	(G) Gain or Loss (Act No. 226 of 2004)
	0			(16) 00	00	00	00	00
	0			(17) 00	00	00	00	00
	0			(18) 00	00	00	00	00
12. Net long-term capital gain (or loss)						(19)	00	(28) 00
13. Net long-term capital gain on sale of your principal residence and/or sole proprietorship business						(20)	00	(29) 00
14. Distributable share on net long-term capital gain (or loss) from Estates or Trusts						(21)	00	(30) 00
15. Distributable share on net long-term capital gain (or loss) from Special Partnerships						(22)	00	(31) 00
16. Distributable share on net long-term capital gain (or loss) from Corporations of Individuals						(23)	00	(32) 00
17. Distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations						(24)	00	(33) 00
18. Net long-term capital gain (or loss) attributable to direct investment an not through a Capital Investment Fund (Submit detail)						(25)	00	(34) 00
19. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)						(26)	00	(35) 00
20. Net long-term capital gain (or loss) from property located in P.R. (Add lines 12 through 19)						(27)	00	(40) 00

Taxpayer's name										Social Security Number									
Part VII										53									
Net Capital Gains or Losses and Distributions from Qualified Pension Plans for Determination of the Adjusted Gross Income																			
Gains or Losses		Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H										
		Short-Term	Property Located in Puerto Rico	Property Located in Puerto Rico (Act No. 226 of 2004)	Other Properties	Other Properties (Act No. 226 of 2004)	Shares from Elig. Corp. or Part.	Shares from Elig. Corp. or Part. (Act No. 226 of 2004)	Under Special Legislation										
40. Enter the gains determined on lines 11, 20, 28, 35 and 36 in the corresponding Column ..	(01)	00	00	00	00	00	00	00	00	00									
41. Enter the losses determined on lines 11, 20, 28, 35 and 36 in the corresponding Column	(02)	00	(03) 00	(05) 00	(07) 00	(09) 00	(11) 00	(13) 00	(15) 00	00									
42. If one or more of Columns B through H reflect a loss on line 41, add them and apply the total proportionally to the gains in the other Columns (See instructions)			00	00	00	00	00	00	00	00									
43. Subtract line 42 from line 40. If any Column reflected a loss on line 41, enter zero here			00	00	00	00	00	00	00	00									
44. Apply the loss from line 41, Column A proportionally to the gains in Columns B through H. (See instructions)			00	00	00	00	00	00	00	00									
45. Subtract line 44 from line 43			(04) 00	(06) 00	(08) 00	(10) 00	(12) 00	(14) 00	(16) 00	00									
46. Add the total of Columns B through H, line 45. However, if line 40 does not reflect any gain in Columns B through H, you must enter the total amount of line 41, Columns A through H									(17)	00									
47. Net capital gain (or loss) (Add line 40, Column A and line 46)									(18)	00									
48. If line 47 is more than zero, enter here and in Part 2, line 2 Q of the return, the sum of lines 39 and 47. If line 47 includes long - term capital gains, see instructions									(19)	00									
49. If line 47 is a net loss, enter here and in Part 2, line 2 Q of the return, line 39 plus the smaller of the following amounts: a) The net loss on line 47, or b) (1,000)									(20)	00									

Schedule D1 Individual

Rev. 05.05



SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

2005

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Computation of Gain

42

- 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. Selling expenses
6. Total realized
7. Adjusted basis of residence sold
8. Gain realized on sale
9. If you have not replaced your residence, do you plan to do so during the replacement period?

Part II Once in a Lifetime Exclusion for Taxpayers Age 60 or Older (See instructions)

- 10. At the time of sale, who owned the residence?
11. Who was age 60 or older on the date of sale?
12. 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
13. If line 12 is "Yes", do you elect to take the once in a lifetime exclusion from the gain on the sale?
14. Exclusion: Enter the smaller of line 8 or \$150,000 (\$75,000 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. If it is zero or less, enter zero
21. Taxable gain. Enter the smaller of line 15 or 20. If it is zero or less, enter zero.
22. Gain to be postponed
23. Adjusted basis of new residence

Schedule G Individual

Rev. 05.05



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

2005

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? (01) 1 Yes 2 No
 Taxable Year (02)

--

 Amount of deferred gain (03)

	00
--	----
2. Adjusted basis of the new sole proprietorship business..... (04)

	00
--	----
3. Did you sell your sole proprietorship business during this year? (05) 1 Yes 2 No
 ♦ If the answer is "Yes", continue with the form.
 ♦ If the answer is "No", do not complete the rest of the form and attach the same to your return.
4. Date in which the first sole proprietorship business was sold (day, month, year) (06)

	/	/
--	---	---
5. (a) Did you buy a new sole proprietorship business? (07) 1 Yes 2 No (b) If you answered "Yes", enter date (08)

	/	/
--	---	---

Part II Computation of Gain

6. Selling price of the first sole proprietorship business (09)

	00
--	----
7. Expenses of sale (Include sales commissions, advertising, legal fees, etc.) (10)

	00
--	----
8. Total realized (Subtract line 7 from line 6) (11)

	00
--	----
9. Adjusted basis of the first sole proprietorship business (See instructions) (12)

	00
--	----
10. Gain realized on sale (Subtract line 9 from line 8). If it is zero or less, enter zero and do not complete the rest of the form. If line 5 is "Yes", continue with Part III.
 If line 5 is "No", go to line 11 (13)

	00
--	----
11. If you haven't replaced your first sole proprietorship business, do you plan to do so within the replacement period? (14) 1 Yes 2 No
 If you answered "Yes", see instructions.
 If you answered "No", continue with Part III, line 12.

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

12. Recognized gain. Enter the amount of line 10.
 ♦ If line 12 is zero, do not complete the rest of the form and attach the same to your return.
 ♦ If line 12 is more than zero and line 5 is "Yes", go to line 13.
 ♦ If line 12 is more than zero and line 11 is "No", enter the gain on Schedule D Individual, as applicable: (15) 1 Short-term (Part I, line 2) 2 Long-term - Located in P.R. (Part II, line 13) (16)

	00
--	----
13. Selling price of the first sole proprietorship business (Enter the amount of line 6) (17)

	00
--	----
14. (a) Enter date you acquired the new sole proprietorship business (18)

	/	/
--	---	---

 (b) Cost of new sole proprietorship business (19)

	00
--	----
15. Purchasing commissions and expenses incurred in the new sole proprietorship business (20)

	00
--	----
16. Reinvested total (Add lines 14 (b) and 15) (21)

	00
--	----
17. Subtract line 16 from line 13. If it is zero or less, enter zero (22)

	00
--	----
18. **Taxable gain.** Enter the smaller of line 12 or 17. If it is zero or less, enter zero.
 If it is a gain, enter on Schedule D Individual, as applicable: (23) 1 Short-term (Part I, line 2)
 2 Long-term - Located in P.R. (Part II, line 13) (24)

	00
--	----
19. Postponed gain (Subtract line 18 from line 12) (25)

	00
--	----
20. **Adjusted basis of the new sole proprietorship business** (Subtract line 19 from line 16) (30)

	00
--	----

Schedule D2 Individual

Rev. 05.05



SPECIAL TAX ON NET LONG-TERM CAPITAL GAINS

2005

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:				
		COLUMN A	COLUMN B (Act No. 226 of 2004)	
(a) Excess of net long-term capital gain attributable to property located in Puerto Rico over the net short-term capital loss (See instructions)	(02)	00	(07) 00	
(b) Excess of net long-term capital gain attributable to other properties over the net short-term capital loss (See instructions)	(03)	00	(08) 00	
(c) Lump-sum distribution from qualified pension plans	(04)	00	(09) 00	
(d) Lump-sum distribution from qualified pension plans under Act No. 404 of 2004	(05)	00	(10) 00	
(e) Excess of net long-term capital gain attributable to the sale of shares from an eligible corporation or partnership over the net short-term capital loss (See instructions)	(06)	00	(11) 00	
(f) 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 2R of the return)	(12)			00
(g) Excess of net long-term capital gain over the net short-term capital loss, attributable to the sale of shares from a business with a decree or that benefits from special legislation (See instructions)	(13)			00
(h) Lump-sum distribution from variable annuity contracts	(14)			00
(i) Total (Add lines 2(a) through 2(e) of Columns A and B, and lines 2(f) through 2(h))	(15)			00
3. Adjusted Gross Income (Subtract line 2(i) from line 1)	(16)			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)	(17)			00
(b) Total additional deductions (Part 3, line 9 of the return)	(18)			00
(c) Personal exemption (Part 3, line 11 of the return)	(19)			00
(d) Total exemption for dependents (Part 3, line 12D of the return)	(20)			00
(e) Total deductions and exemptions (Add lines 4(a) through 4(d))	(21)			00
5. Net Taxable Income (Subtract line 4(e) from line 3. If it is less than zero, enter zero)	(22)			00
6. Determine the tax upon your income shown on line 5 according to tax tables and enter here	(23)			00
7. Multiply the sum of lines 2(b) and 2(c) Column A and 2(h) by 20%	(24)			00
8. Multiply the sum of lines 2(a) Column A, 2(b) and 2(c) Column B, 2(d) Column A and 2(f) by 10%	(25)			00
9. Multiply line 2(e) Column A by 7%	(26)			00
10. Multiply line 2(a) and 2(d) Column B by 5%	(27)			00
11. Multiply line 2(e) Column B by 3.5%	(28)			00
12. Multiply line 2(g) by the approved percent (Specify: _____%)	(29)			00
13. Total tax under the alternate method (Add lines 6 through 12)	(30)			00

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

14. Net taxable income (Part 3, line 14 of the return)	(31)			00
15. Tax on the amount on line 14 according to tax tables	(32)			00
16. Determined tax (Enter here and on page 2, Part 4, line 15 of the return, the smaller of line 13 or 15. If you chose the amount on line 13, fill in () "Special tax on capital gains", or () "Tax Table" if you chose the amount on line 15)	(33)			00

Schedule F Individual

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OTHER INCOME

2005

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	Column E	Column F
Payer's name	Employer's Identification Number	Account Number	Eligible interest subject to withholding	Interest subject to withholding from financial institutions	Interest not subject to withholding from financial institutions	Interest from IRA distributions to Government Pensioners	Interest from IRA distributions under Section 1169A	Other interest
	(01)		00	00	00	00	00	00
	(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
1. Subtotal of interest	(09)		00	(13) 00	(18) 00	(21) 00	(26) 00	(31) 00
2. Less: Interest exclusion (See instructions)				(14)	(19) 00	(22) 00	(27) 00	
3. Total interest	(10)		00	(15) 00	(20) 00	(23) 00	(28) 00	(32) 00
4. Add line 3, Columns C and F.....								(33) 00
5. Tax: Enter 17% of line 3B and 10% of lines 3A, 3D and 3E	(11)		00	(16) 00		(24) 00	(29) 00	
6. Total tax (Determine the total of line 5. Enter in Part 4, line 18 of the return)								(34) 00
7. Tax withheld (Submit Forms 480.6B, 480.6SE, 480.6CI, 480.7 and 480.7B, as applicable)	(12)		00	(17) 00		(25) 00	(30) 00	
8. Total tax withheld (Determine the total of line 7. Enter on Schedule B Individual, Part III, line 4).....								(35) 00
9. Option to pay taxes from interest in any of Columns A, B and D as ordinary income (Enter here line 3A, 3B and 3D, as applicable)								(36) 00
10. Total interest (Add lines 4 and 9. Transfer to Part 2, line 2A of the return).....								(37) 00

Part II Corporate Dividends and Partnerships Distributions 34						
Payer's name	Employer Identification Number	Account Number	Column A		Column B	
			Subject to withholding		Not subject to withholding	
	(01)			00		00
	(02)			00		00
	(03)			00		00
	(04)			00		00
	(05)			00		00
	(06)			00		00
1. Total distributed amount			(07)	00		00
2. Less: Exempt amount from dividends distributed under Act No. 26 of 1978					(00)
3. Total (Transfer the total of Column B to Part 2, line 2E of the return).....					(10)	00
4. Special tax: 10% of Column A (Enter in Part 4, line 19 of the return).....			(08)	00		
5. Tax withheld (Submit Form 480.6B. Enter on Schedule B Individual, Part III, line 5)			(09)	00		

NOTE: If you elected to include the distribution indicated in Column A as ordinary income, do not consider line 4 and transfer the total of line 1, Column A to Part 2, line 2D of the return.

Part III Special Partnerships Profits (SUBMIT SCHEDULE R - SEE INSTRUCTIONS) 40			
Payer's name	Employer Identification Number	Profits	
	(01)		00
	(02)		00
	(03)		00
Total Profits (Transfer to Part 2, line 2B of the return).....			(04) style="text-align: right;">00

Part IV Profits from Corporations of Individuals			
Payer's name	Employer Identification Number	Profits or Losses	
	(05)		00
	(06)		00
	(07)		00
Net profit			00
Less: Losses from previous years (Submit Schedule)			(
Total Profits (Transfer to Part 2, line 2F of the return. If it is less than zero, enter zero).....			(08) style="text-align: right;">00

Part V Distributions and Transfers from the Retirement Saving Accounts Program						
Description	Column A		Column B		Column C	
	Distributions under \$10,000		Lump-sum distributions (\$10,000 or more)		Transfers under Section 1169B	
1. Total distributed or transferred (Transfer the amount of Column A to Part 2, line 2G of the return)	(09)	00	(10)	00	(11)	00
2. Tax on distributions or transfers (10% tax of Column B and C. Enter in Part 4, line 23 of the return)					(12)	00

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

Part VI	Miscellaneous Income			Column A	Column B	Column C	Column D			
Payer's name	Employer Identification Number	Account Number	Miscellaneous Income		Judicial or Extrajudicial Indemnification	Income from Prizes and Contests	Income from Major League Baseball teams and the U.S. National Basketball Association			
	(13)			00	00	00	00			
	(14)			00	00	00	00			
	(15)			00	00	00	00			
1. Total			(16)	00	(17)	00	(18)	00	(19)	00
2. Tax on income from Major League Baseball teams and the U.S. National Basketball Association (20% of line 1D. Transfer to Part 4, line 25 of the return)							(20)	00		
3. Total miscellaneous income (Add total of Columns A, B and C. Transfer to Part 2, line 2H of the return)							(21)	00		

Part VII	Distributions from Individual Retirement Accounts and Educational Contribution Accounts										
Payer's name	Employer Identification Number	Account Number		Column A	Column B	Column C	Column D				
				IRA or Educational Contribution Accounts Distributions	IRA or Educational Contribution Account Distributions of Income from Sources Within P.R.	IRA Distributions to Government Pensioners (excluding contributions)	IRA Distributions under Section 1169A				
	(22)			00	00	00	00				
	(23)			00	00	00	00				
	(24)			00	00	00	00				
	(25)			00	00	00	00				
	(26)			00	00	00	00				
	(27)			00	00	00	00				
1. Total				(28)	00	(29)	00	(30)	00	(31)	00
2. Tax on IRA or Educational Contribution Accounts distributions of income from sources within P.R. (17% of line 1B. Enter in Part 4, line 21 of the return)							(32)	00			
3. Tax on IRA distributions to Government pensioners (10% of line 1C. Enter in Part 4, line 22 of the return)							(33)	00			
4. Tax on IRA distributions under Section 1169A (10% of line 1D. Enter in Part 4, line 23 of the return)							(34)	00			
5. Option to pay taxes from distributions of income from sources within P.R. and from distributions to Government pensioners as ordinary income (Enter total of Columns B and/or C, only if you elected to include such distributions as ordinary income)							(35)	00			
6. Total distributions from Individual Retirement Accounts and Educational Contribution Accounts (Add total of Column A and line 5. Transfer to Part 2, line 2 I of the return)							(40)	00			

Schedule H Individual

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**INCOME FROM ANNUITIES
OR PENSIONS**

2005

Taxable year beginning on _____ and ending on _____

Taxpayer's name

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: Puerto Rico United States Others _____
 Date in which you began receiving the pension: Day _____ Month _____ Year _____

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 in the year	(08)	00
8. Tax exempt amount	(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 2, line 2K of the Long Form)	(13)	00
13. Tax withheld on annuity or pension for the taxable year (Enter this amount in Part 4, line 31B of the Long Form)	(14)	00

Schedule I Individual

Rev. 05.05



ORDINARY AND NECESSARY EXPENSES

2005

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

Taxpayer's name

Social Security Number

Part I **Detail of Expenses** (See instructions)

58

1. Meals and entertainment			
A. Total expenses incurred or paid	(01)		00
B. Reimbursed expenses (meals and entertainment)	(02)		00
C. Difference (If line 1B exceeds line 1A, enter the excess here and on Schedule F Individual, Part VI)	(03)		00
D. Difference (If line 1A exceeds line 1B, enter the excess here)	(04)		00
E. Enter 50% of line 1D (See instructions)	(05)		00
2. Other expenses			
A. Cost and maintenance of uniforms	(11)	00	
B. Dues paid to unions, college memberships and professional associations	(12)	00	
C. Purchase of educational materials by teachers	(13)	00	
D. Purchase of technical books related to professional or technical work	(14)	00	
E. Educational and improvement expenses of your profession or occupation	(15)	00	
F. Depreciation (Part II of this Schedule)	(16)	00	
G. Other expenses related to your profession or occupation	(17)	00	
H. Total other expenses (Add lines 2A through 2G. Enter total here)	(18)		00
I. Reimbursement of other expenses	(19)		00
J. Difference (If the amount on line 2I exceeds the amount on line 2H, enter the excess here and on Schedule F Individual, Part VI. Otherwise, go to line 2K)	(20)		00
K. If line 2H exceeds line 2I, enter the excess on this line	(30)		00
3. Total ordinary and necessary expenses (Add lines 1E and 2K. Enter the amount on this line)	(31)		00
4. Wages, Commissions, Allowances and Tips (Part 2, line 1B of the Long Form)	(32)		00
5. Federal Government Wages (Part 2, line 1C of the Long Form)	(33)		00
6. Total wages (Add lines 4 and 5)	(34)		00
7. Multiply line 6 by 3% and enter here	(35)		00
8. Deduction for ordinary and necessary expenses (Enter here and on Schedule A Individual, Part II, line 5 the smaller of the following amounts: line 3, line 7, or up to the limit of \$1,500 (\$750 if you are married filing separate returns))	(40)		00

Schedule K Individual

Rev. 05.05



INDUSTRY OR BUSINESS INCOME

2005

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

65

Date operations began:

Day ___ Month ___ Year ___

Employer Identification Number

Industry or Business Income (fill in one):

1 Taxpayer 2 Spouse

Fill in here if this is your principal industry or business

Fully Taxable Tax Incentives under: (01)

Case or concession number

Location of Industry or Business - Number, Street and City

Act No. 26 of 1978 (02)

Act No. 8 of 1987 (03)

Act No. 148 of 1988 (04)

Act No. 78 of 1993 (05)

Act No. 75 of 1995 (06)

Act No. 14 of 1996 (07)

Act No. 135 of 1997 (08)

Act No. 362 of 1999 (09)

Act No. 178 of 2000 (10)

Number of employees

Industrial Code

Code

Nature of industry or business (i.e. hotel, rent of equipment, etc.)

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), and Special Tax Rate.

Part III Operating Expenses and Other Costs

81

Table with 3 columns: Description, Line Number, Amount. Rows include Salaries, Commissions, Payroll expenses, Contributions to pension plans, Medical or hospitalization insurance, Interest on business debts, Rent paid, Property taxes, Other taxes, patents and licenses, Repairs, Motor vehicles expenses, Utilities, Insurance, Advertising, Travel expenses, Meal and entertainment expenses, Professional services, Materials and supplies, Depreciation and amortization, Bad debts, Other expenses, and Total.

Schedule L Individual

Rev. 05.05



FARMING INCOME

2005

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

66

Farming Income (fill in one):

1 Taxpayer 2 Spouse

Fill in here if this is your principal industry or business

Date operations began:

Day Month Year

Employer Identification Number

Location of Farming Business - Number, Street and City

EXEMPTION UNDER:

Act No. 225 of 1995 (01)

Section 1023(s) of the 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. 05.05



**PROFESSIONS AND COMMISSIONS
INCOME**

2005

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**

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

Part II Determination of Gain 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. Gain (or loss) (If it is a gain, transfer to page 1, Part 2, line 2 O 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 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. Meal 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)	(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. 05.05



RENTAL INCOME

2005

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

68

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

Fully Taxable (01)

Tax Incentives under:

Act No. 78 of 1993 (02)

Act No. 52 of 1983 (03)

Act No. 8 of 1987 (04)

Act No. 135 of 1997 (05)

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

Case or concession number

Number of employees

Part II Determination of Gain or Loss

77

Table with 3 columns: Description, Code, Amount. Rows include Income, Less: Operating expenses, Net income, Less: Net operating loss, Adjusted net income, Less: Exempt amount, Gain (or loss), Tax on income, and Transfer to page 2.

Part III Operating Expenses and Other Costs

87

Table with 3 columns: Description, Code, Amount. Rows include Salaries, Payroll expenses, Contributions to pension plans, Medical insurance, Interest on debts, Property taxes, Other taxes, Repairs, Motor vehicles, Utilities, Insurance, Advertising, Travel, Professional services, Maintenance, Depreciation, and Total.

Schedule O Individual

Rev. 05.05



ALTERNATE BASIC TAX

2005

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)	(01)	91	00
2. Less:			
(a) Ordinary and necessary expenses	(02)		00
(b) Long-term capital gain	(03)		00
(c) Total	(04)		00
3. Adjusted Gross Income for purposes of the Alternate Basic Tax (Subtract line 2(c) from line 1)	(05)		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)	(06)		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 but not over \$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)	(07)		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)	(10)		00

Schedule P Individual

Rev. 05.05



GRADUAL ADJUSTMENT

2005

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)		(01)	93	00
2. Enter \$75,000 (\$37,500, if married filing separate return)		(02)		00
3. Subtract line 2 from line 1		(03)		00
4. 5% of line 3		(04)		00
5. Limit:				
(a) Enter \$7,310 (\$3,655, if married filing separate return)		(05)		00
(b) Plus: 33% of personal exemption and exemption for dependents (Line 11 and line 12D from Part 3 of the return)		(06)		00
6. Total limit (Add lines 5(a) and 5(b))		(07)		00
7. Gradual adjustment (The smaller of line 4 or 6. Enter here and in Part 4, line 16 of the return)		(10)		00

Schedule R

Rev. 05.05



SPECIAL PARTNERSHIP

2005

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security or Employer 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 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 **95**

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)	(01) 00	(02) 00	(03) 00
•If line 8 is zero or more than zero, do not complete the rest of the form (Transfer these amounts 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 482.0, Part 2, line 2C or Form 480.10 or 480.20, Part IV, line 16)			(10) 00
14. Loss carryforward for next year (Add lines 7 and 13 and subtract this amount from line 5(c))			00

Schedule T Individual

Rev. 05.05



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

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

2005

Taxpayer's name

Social Security Number

Part I Penalty for Substantial Underestimate of Tax

14

1. Tax liability (Add lines 26 and 27 of Part 4 of the return)	00
2. Credits and overpayments (See instructions)	00
3. Estimated tax (Subtract line 2 from line 1. If it is \$200 or less, do not complete this Schedule)	00
4. Line 1 multiplied by 90%. If you are a farmer who exercised the option under Section 1061, multiply line 1 by 66 2/3% (See instructions)	00
5. Estimated tax paid (Schedule B Individual, Part III, line 1)	00
6. Estimated tax declared (Form 480-E, line 5)	00
(If the taxpayer died during the year, do not complete the rest of this Part and continue with Part II or III, as applicable)	
7. Subtract lines 6 and 2 from line 4 (If it is less than zero, enter zero)	00
8. Estimated tax to be paid based on the tax information from previous year (See instructions)	00
9. Subtract line 5 from line 8 (If it is less than zero, enter zero. If it is zero, see instructions and go to Part II or III, as applicable)	00
10. If line 7 is larger than zero, subtract lines 6 and 2 from line 1, otherwise, enter zero	00
11. Multiply line 10 by 12%	00
12. Penalty for Substantial Underestimate (Enter the smaller of line 7 or 11) (01)	00

Part II Addition to the Tax for Failure to Pay - Short Method (See instructions)

Fill in here if you meet all the requirements

13. If the Estimated Tax Declaration was filed on time, enter line 6, otherwise, enter line 3 (See instructions)	00
14. Failure to pay (Subtract line 5 from line 13)	00
15. Penalty for Failure to Pay (Multiply line 14 by 18.5%) (02)	00

Part III Addition to the Tax for Failure to Pay - Ordinary Method

Section A - Failure to Pay

Due date

- CALENDAR YEAR
- FISCAL YEAR (Enter the corresponding dates)

(a) First Installment	(b) Second Installment	(c) Third Installment	(d) Fourth Installment
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16. Amount of estimated tax per installment (See instructions)	00	00	00	00
17. Amount of estimated tax paid per installment (See instructions)	00	00	00	00
18. Payment date (See instructions)		00	00	00
19. Line 25 from previous column	00	00	00	00
20. Add lines 17 and 19	00	00	00	00
21. Subtract line 16 from line 20 (If it is less than zero, enter zero)	00	00	00	00
22. Failure to Pay (If line 21 is zero, subtract line 20 from line 16, otherwise, enter zero)	00	00	00	00
23. Add lines 22 and 24 from previous column		00	00	
24. If line 23 is equal or larger than line 21, subtract line 21 from line 23 and go to line 19 of next column. Otherwise, go to line 25		00	00	
25. Overpayment (If line 21 is larger than line 23, subtract line 23 from line 21, and go to line 19 of next column. Otherwise, enter zero)	00	00	00	

Section B - Penalty

26. Multiply line 22 by 10%	00	00	00	00
27. Months or fraction thereof (except the first month), from the due date to the payment date (See instructions)				
28. Multiply line 27 by 2%				
29. Multiply line 22 by line 28	00	00	00	00
30. Add lines 26 and 29	00	00	00	00
31. Multiply line 22 by 20%	00	00	00	00
32. Enter the smaller of lines 30 and 31	00	00	00	00
33. Penalty for Failure to Pay (Add the amounts from columns of line 32) (03)				00

Part IV Addition to the Tax for Failure to Pay Estimated Tax

34. Addition to the Tax for Failure to Pay Estimated Tax (Add line 12 and line 15 or 33, whichever applies. Transfer to page 2, Part 4, line 35 of the return) (04)	00
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Formulario 480-E
 Form Rev. 05.05



R

Liquidador

Revisor

DECLARACION DE CONTRIBUCION ESTIMADA
ESTIMATED TAX DECLARATION

Año que comienza el _____ de _____ de _____ y termina el _____ de _____ de _____
 Year beginning on _____ of _____ and ending on _____ of _____

PARA USO OFICIAL
 FOR OFFICIAL USE

Número de Serie - Serial Number

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

Individuo Individual Corporación Corporation Sociedad Partnership

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

Declaración Enmendada Amended Declaration

Sello de Recibo
 Receipt Stamp

1. Total Contribución Estimada Total Estimated Tax		00
2. Crédito Estimado por Cantidades Retenidas o Pagadas Estimated Credit for Amounts Withheld or Paid		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

INFORMACION IMPORTANTE AL RENDIR ESTA DECLARACION
IMPORTANT INFORMATION WHEN FILING THIS DECLARATION

 **No deberá ser enviada con la planilla.** It should not be sent with the return.

 **Se rinde por separado en la Colecturía del Municipio donde reside o se envía al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501.** Must be filed separately at the Internal Revenue Collections Office of the Municipality where you reside or sent to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501.

 **Recuerde que si tiene la obligación de rendir una Declaración de Contribución Estimada, no podrá acogerse al beneficio de pagar el balance pendiente de pago de la contribución en dos plazos.** Remember that if you are required to file an Estimated Tax Declaration, you are not entitled to the benefit of paying the balance of tax due in two installments.