



 RETURN WITH CHECK (PLEASE ATTACH CHECK HERE)

SHORT FORM							2005 COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY INDIVIDUAL INCOME TAX RETURN										2005		Serial Number		
Liquidator		R	M	V1	V2	P1															
Reviewer	P2	N	D	E	A	G	FOR CALENDAR YEAR 2005 OR TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____														
Social Security Number							Spouse's Social Security Number														
<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>							<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>														
First Name Initial Last Name							Second Last Name							Sex: <input type="radio"/> M <input type="radio"/> F							
Postal Address							Taxpayer's Date of Birth														
<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>							<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>														
Zip Code							Spouse's Date of Birth														
<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>							<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>														
"Place Label here".							Day Month Year														
Spouse's First Name and Initial Last Name Second Last Name							Change of Address: <input type="radio"/> Yes <input type="radio"/> No														
Home Address (Town or Urbanization, Number, Street)							2006 Return: <input type="radio"/> Spanish <input type="radio"/> English														
<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>							Home Telephone														
<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>							<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>														
Zip Code							Office Telephone														
<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>							<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>														
E-Mail Address							<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>														
Payment Stamp							<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>														
Receipt Number:							<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>														
Amount:							<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>														

Part 1

YES NO

- a. ☐ ☐ United States Citizen?
- b. ☐ ☐ Resident of Puerto Rico at the end of the year?
- c. ☐ ☐ Tax exempt income from the Lottery of Puerto Rico?
- d. ☐ ☐ Income from racetrack winnings in Puerto Rico?
- e. ☐ ☐ Other exempt income?
- f. ☐ ☐ Obligation to make payments to ASUME?

HIGHEST SOURCE OF INCOME:

- g. ☐ Government, Municipalities and Public Corporations Employee
- h. ☐ Federal Government Employee
- i. ☐ Private Business Employee
- j. ☐ Retired/Pensioner

OCCUPATION (Enter the Code):

Taxpayer

Spouse

Receipt Stamp

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)
(Submit spouse's name and social security number)
3. ☐ Head of household
(Not married)
4. ☐ Single

Part 2

- 1. Wages, Commissions, Allowances and Tips**
ATTACH ALL YOUR WITHHOLDING STATEMENTS
 (Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2,
 as applicable).

00

Total (No. of withholding statements with this return)01.....

2. Federal Government Wages (See instructions) (01)

3. Income from Annuities and Pensions (Schedule H Individual, Part II, line 12) (03)

4. Adjusted Gross Income (Add lines 1B, 2B and 3) (10)

A-Income Tax Withheld

						0	0
						0	0
						0	0
						0	0
						0	0

Income Tax Withheld

					0	0
--	--	--	--	--	---	---

B-Wages, Commissions, Allowances and Tips

Federal Wages

Three identical empty place value charts are shown, each with a tens column and a ones column. The tens column is on the left and the ones column is on the right. Each chart has a horizontal line separating the tens and ones columns. The first chart has a small dot in the tens column and a small dot in the ones column. The second chart has a small dot in the tens column and a small dot in the ones column. The third chart has a small dot in the tens column and a small dot in the ones column.



Taxpayer's name _____

--	--	--	--	--	--	--	--	--	--

Part 34. **Adjusted Gross Income** (From line 4, page 1) 02 (01)

						0	0
--	--	--	--	--	--	---	---

5. **STANDARD DEDUCTION AND PERSONAL EXEMPTION:** If you checked box 1 in Part 1 enter \$6,150, box 2 enter \$3,400, box 3 enter \$5,730, box 4 enter \$3,400 (02)

						0	0
--	--	--	--	--	--	---	---

6. ADDITIONAL DEDUCTIONS

A. Contributions to individual retirement accounts (Do not exceed from \$5,000 or \$10,000 if married):

(03)	Employer's Identification Number	(06)	Amount	Financial institution	Account number																
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table>							0	0	_____	_____
						0	0														

(04)	Employer's Identification Number	(07)	Amount	Financial institution	Account number																
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table>							0	0	_____	_____
						0	0														

(05)	Employer's Identification Number	(08)	Amount	Financial institution	Account number																
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table>							0	0	_____	_____
						0	0														

Total contributions to individual retirement accounts (Add all the amounts reflected on line 6A)..... (09)

						0	0
--	--	--	--	--	--	---	---

B. Contributions to governmental pension or retirement systems (10)

						0	0
--	--	--	--	--	--	---	---

C. Deduction when both spouses work (See instructions) (11)

						0	0
--	--	--	--	--	--	---	---

D. Deduction for Veterans (See instructions) (12)

						0	0
--	--	--	--	--	--	---	---

E. Ordinary and necessary expenses (Schedule I Individual, Part I, line 8) (13)

						0	0
--	--	--	--	--	--	---	---

F. Automobile loan interest: (Do not exceed from \$1,200)

Bank _____ Loan Number _____

Employer's Ident. Number (14)

--	--	--	--	--	--	--	--

 (15)

						0	0
--	--	--	--	--	--	---	---

G. Young people who work (See instructions) (16)

						0	0
--	--	--	--	--	--	---	---

H. Educational Contribution Account (Schedule A1 Individual, Part II, line (10))(See instructions) (17)

						0	0
--	--	--	--	--	--	---	---

I. Acquisition and installation of a personal computer used by dependents (See inst.) (18)

						0	0
--	--	--	--	--	--	---	---

J. **Total Additional Deductions** (Add lines 6A through 6 I) (19)

						0	0
--	--	--	--	--	--	---	---

7. **Telephone service payment for communication with military personnel in combat zone** (See instructions) .. (20)

						0	0
--	--	--	--	--	--	---	---

8. **EXEMPTION FOR DEPENDENTS** (Complete Schedule A1 Individual, see instructions)A) Non university: **Category (N)** (21)**TOTAL**

--	--

x \$1,600 (24)

						0	0
--	--	--	--	--	--	---	---

B) University student: **Category (U)** (22)

--	--

x \$1,600 (25)

						0	0
--	--	--	--	--	--	---	---

C) Disabled, blind or age 65 or older: **Category (I)** (23)

--	--

x \$1,600 (26)

						0	0
--	--	--	--	--	--	---	---

D) **Total Exemption for Dependents** (Add lines 8A through 8C)..... (27)

						0	0
--	--	--	--	--	--	---	---

9. **Total Deductions and Exemptions** (Add lines 5, 6J, 7 and 8D) (28)

						0	0
--	--	--	--	--	--	---	---

10. **NET TAXABLE INCOME** (Subtract line 9 from line 4. If line 9 is larger than line 4, enter zero) (29)

						0	0
--	--	--	--	--	--	---	---

Social Security Number



Taxpayer's name _____

Part 4

11. TAX DETERMINED (Determine your tax on the amount of line 10 using the Tax Table)	(30)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
12. Credit for Salaried Taxpayers (See instructions)	(31)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
13. Credit for Salaried Persons or Pensioners (See instructions)	(32)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
14. Credit for Contributions to the Educational Foundation for Free Selection of Schools	(33)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
15. Tax Liability (Subtract line 12, 13 or 14, whichever applies, from line 11. If it is less than zero, enter zero)	(34)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
16. TAX WITHHELD:		
A) Tax Withheld on Wages (Add lines 1A and 2A of Part 2)	(35)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
B) Tax Withheld on Annuities and Pensions (Schedule H Individual, Part II, line 13)	(36)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
C) Total Tax Withheld (Add lines 16A and 16B)	(37)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
17. AMOUNT OF TAX DUE (If line 15 is larger than line 16C, enter the difference here, otherwise, enter on line 22)	(38)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
18. Less: Amount paid with automatic extension of time	(39)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
19. Balance of Tax Due (If line 17 is larger than line 18, enter the difference here, otherwise, enter on line 22)	(40)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
20. Less: Amount paid (a) With Return or Electronic Transfer through Tax Returns Online	(41)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
(b) Other Electronic Transfers Transaction Number: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>	(42)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
(c) Interest	(43)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
(d) Surcharges _____ and Penalties _____	(44)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
21. BALANCE OF TAX DUE (Subtract line 20(a) and 20(b) from line 19)	(45)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>
22. AMOUNT TO BE REFUNDED (If you want your refund to be deposited directly into an account, complete Part 5)	(50)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> 00 </div> </div>

Part 5**AUTHORIZATION FOR DIRECT DEPOSIT OF REFUND**

Type of account:	<input type="radio"/> Checks	<input type="radio"/> Savings	Route/transit number	Your account number
Account in the name of				
(Complete name in print letter as it appears on your account. If married and filing jointly, include your spouse's name)				

OATH

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 that prepares this return (except the taxpayer) is with respect to the information received, and this information has been verified.

Taxpayer's Signature	Date	Spouse's Signature	Date
<input checked="" type="checkbox"/> 04 Specialist's Name (Print Letter)		<input checked="" type="checkbox"/> Name of the Firm or Business	
Address		Registration Number <div style="border: 1px solid black; height: 20px;"></div>	
Zip Code		Employer's Identification Number <div style="border: 1px solid black; height: 20px;"></div>	
		Self - employed Specialist (Fill in here) <input type="radio"/>	Specialist's Signature
		Date	

NOTE TO TAXPAYER

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



DEPENDENTS AND BENEFICIARIES OF EDUCATIONAL CONTRIBUTION ACCOUNTS

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

Social Security Number

Taxpayer's name _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part I: Dependents Information (See instructions)

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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.

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

* See instructions.

Part II: Beneficiaries of Educational Contributions Accounts (See instructions)

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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)						
(02)						
(03)						
(04)						
(05)						
(10)	Total contributions (Add lines (01) through (05) and transfer to Part 3, line 6H of the Short Form)					



2005

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

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

Social Security Number

Name of parent claiming the exemption _____

--	--	--	--	--	--	--	--	--	--

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 _____

Conservation Period: Ten (10) years

Schedule H Individual

Rev. 05.05



2005

INCOME FROM ANNUITIES OR PENSIONS

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

Social Security Number

Taxpayer's name _____

--	--	--	--	--	--	--	--	--	--

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)

								0	0
--	--	--	--	--	--	--	--	---	---

2. Pension received in previous years:

Year: _____

Amount: _____ (02)

								0	0
--	--	--	--	--	--	--	--	---	---

3. Less:

(a) Taxable pension received in previous years:

Year: _____

Amount: _____ (03)

								0	0
--	--	--	--	--	--	--	--	---	---

(b) Tax exempt pension received in previous years:

Year: _____

Amount: _____ (04)

								0	0
--	--	--	--	--	--	--	--	---	---

4. Total (Add lines 3(a) and 3(b)) (05)

								0	0
--	--	--	--	--	--	--	--	---	---

5. Cost of pension tax exempt recovered in previous years (Subtract line 4 from line 2) (06)

								0	0
--	--	--	--	--	--	--	--	---	---

6. Cost of pension to be recovered (Subtract line 5 from line 1) (07)

								0	0
--	--	--	--	--	--	--	--	---	---

Part II: Taxable Income (See instructions)

7. Total amount received in the year (08)

								0	0
--	--	--	--	--	--	--	--	---	---

8. Tax exempt amount (09)

								0	0
--	--	--	--	--	--	--	--	---	---

9. Pension income less the exempt amount (Subtract line 8 from line 7. If it is less than zero, go to line 13) (10)

								0	0
--	--	--	--	--	--	--	--	---	---

10. Cost of pension to be recovered (Same as line 6) (11)

								0	0
--	--	--	--	--	--	--	--	---	---

11. Pension income in excess of the cost to be recovered (Subtract line 10 from line 9) (12)

								0	0
--	--	--	--	--	--	--	--	---	---

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 3 of the Short Form) (13)

								0	0
--	--	--	--	--	--	--	--	---	---

13. Tax withheld on annuity or pension for the taxable year (Enter this amount in Part 4, line 16B of the Short Form) (14)

								0	0
--	--	--	--	--	--	--	--	---	---



2005

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

Taxpayer's name _____

--	--	--	--	--	--	--	--

Part I: Detail of Expenses (See instructions)

58

- [illegible]

- | | | | | | | | | | | | | |
|---|------|---|--|--|--|--|--|---|---|--|---|---|
| A. Cost and maintenance of uniforms | (11) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table> | | | | | | | | | 0 | 0 |
| | | | | | | | | 0 | 0 | | | |
| B. Dues paid to unions, college memberships and professional associations | (12) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table> | | | | | | | | | 0 | 0 |
| | | | | | | | | 0 | 0 | | | |
| C. Purchase of educational materials by teachers | (13) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table> | | | | | | | | | 0 | 0 |
| | | | | | | | | 0 | 0 | | | |
| D. Purchase of technical books related to professional or technical work | (14) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table> | | | | | | | | | 0 | 0 |
| | | | | | | | | 0 | 0 | | | |
| E. Educational and improvement expenses of your profession or occupation | (15) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table> | | | | | | | | | 0 | 0 |
| | | | | | | | | 0 | 0 | | | |
| F. Depreciation (Part II of this Schedule) | (16) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table> | | | | | | | | | 0 | 0 |
| | | | | | | | | 0 | 0 | | | |
| G. Other expenses related to your profession or occupation | (17) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table> | | | | | | | | | 0 | 0 |
| | | | | | | | | 0 | 0 | | | |

- H. Total other expenses (Add lines 2A through 2G. Enter total here) (18)
- I. Reimbursement of other expenses (19)

- J. Difference (If the amount on line 2 I exceeds the amount on line 2H, refer to Schedule I Individual of the Long Form) (20)

						0	0
--	--	--	--	--	--	---	---

K. If line 2H exceeds line 2 I, enter the excess on this line (30)

						0	0
--	--	--	--	--	--	---	---

- | | | | | | | | | | | | | |
|----|--|------|--|--|---|--|--|--|--|---|---|---|
| 3. | Total ordinary and necessary expenses (Add lines 1E and 2K. Enter the amount on this line) | (31) | | | , | | | | | . | 0 | 0 |
| 4. | Wages, Commissions, Allowances and Tips (Part 2, line 1B of the Short Form)..... | (32) | | | , | | | | | . | 0 | 0 |
| 5. | Federal Government Wages (Part 2, line 2B of the Short Form) | (33) | | | , | | | | | . | 0 | 0 |
| 6. | Total wages (Add lines 4 and 5) | (34) | | | , | | | | | . | 0 | 0 |
| 7. | Multiply line 6 by 3% and enter here | (35) | | | , | | | | | . | 0 | 0 |
| 8. | Deduction for ordinary and necessary expenses (Enter here and in Part 3, line 6E of the
Short Form the smaller of the following amounts: line 3, line 7, or up to the limit of \$1,500) | (40) | | | , | | | | | . | 0 | 0 |

Current depreciation

Total (Transfer this amount to Part I, line 2F of this Schedule)..... (10)

					0	0
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