

LONG FORM		<input type="checkbox"/> RETURN WITH CHECK (PLEASE ATTACH CHECK HERE)	Serial Number
Liquidator	Reviewer	2004	2004
		COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY	
		INDIVIDUAL INCOME TAX RETURN	
		FOR CALENDAR YEAR 2004 OR TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____	RETURN: <input type="checkbox"/> AMENDED <input type="checkbox"/> DECEASED DURING THE YEAR

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) Zip Code 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: _____
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Part 1	YES NO A. <input type="radio"/> <input type="radio"/> United States Citizen? B. <input type="radio"/> <input type="radio"/> Resident of Puerto Rico at the end of the year? C. <input type="radio"/> <input type="radio"/> Tax exempt income from Lottery of Puerto Rico? D. <input type="radio"/> <input type="radio"/> Income from racetrack winnings in Puerto Rico? E. <input type="radio"/> <input type="radio"/> Other exempt income? (Submit Schedule) F. <input type="radio"/> <input type="radio"/> Obligation to make payments to ASUME?	FILING STATUS AT THE END OF THE TAXABLE YEAR: 1. <input type="radio"/> Married living with spouse and filing jointly 2. <input type="radio"/> Married not living with spouse (Not head of household) (Indicate spouse's name and social security number) 3. <input type="radio"/> Head of household (Not for married person) 4. <input type="radio"/> Single 5. <input type="radio"/> Married filing separately (Indicate spouse's name and social security number)
	HIGHEST SOURCE OF INCOME: G. <input type="radio"/> Government, Municipalities and Public Corporations Employee H. <input type="radio"/> Federal Government Employee I. <input type="radio"/> Private Business Employee Your occupation _____	J. <input type="radio"/> Retired/Pensioner K. <input type="radio"/> Self-Employed (Indicate principal industry or business) Spouse's occupation _____

Receipt Stamp 00 ATTACH ALL YOUR WITHHOLDING STATEMENTS (FORMS 499R-2/W-2PR, 499R-2C/W-2CPR or W-2, as applicable). 01 Total (Number of withholding statements with this return)	1. Wages, Commissions, Allowances and Tips A-Income Tax Withheld <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;"></td><td style="width:20%; text-align: right;">00</td></tr> <tr><td></td><td style="text-align: right;">00</td></tr> <tr><td></td><td style="text-align: right;">00</td></tr> <tr><td></td><td style="text-align: right;">00</td></tr> <tr><td></td><td style="text-align: right;">00</td></tr> </table>		00		00		00		00		00	B-Wages, Commissions, Allowances and Tips <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;"></td><td style="width:20%; text-align: right;">00</td></tr> <tr><td></td><td style="text-align: right;">00</td></tr> <tr><td></td><td style="text-align: right;">00</td></tr> <tr><td></td><td style="text-align: right;">00</td></tr> <tr><td></td><td style="text-align: right;">00</td></tr> </table>		00		00		00		00		00
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Part 2	2. Other Income (or Losses): A) Interest income (Schedule F Individual, Part I, line 10) B) Distributable share on special partnerships profits (Submit Schedule F Individual and Schedule R) C) Distributable share on special partnerships losses (Submit Schedule R) D) Dividends from corporations and distributions from partnerships subject to withholding (Schedule F Individual, Part II, line 1A) E) Dividends from corporations and distributions from partnerships not subject to withholding (Schedule F Individual, Part II, line 3B) F) Distributable share on profits from Subchapter N corporations of individuals (Submit Schedule F Individual) G) Distributions from the Retirement Saving Accounts Program (Schedule F Individual, Part V, line 1A) H) Miscellaneous income (Submit Schedule F Individual) I) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Submit Schedule F Individual) J) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1) K) Income from annuities and pensions (Schedule H Individual, Part II, line 12) L) Alimony received (Payer's social security No. _____)(14) M) Gain (or loss) from industry or business (Submit Schedule K Individual) N) Gain (or loss) from farming (Submit Schedule L Individual) O) Gain (or loss) from professions and commissions (Submit Schedule M Individual) P) Gain (or loss) from rental business (Submit Schedule N Individual) Q) Gain (or loss) from sale or exchange of capital assets and Qualified plans (Submit Schedule D Individual) R) Net long-term capital gain on Investment Funds (Submit Schedule Q1) 3. Total Gross Income (Add lines 1B, 1C and 2A through 2R) 4. Alimony Paid (Recipient's social security No. _____)(23) 5. Adjusted Gross Income (Subtract line 4 from line 3)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"></td><td style="width:75%;"></td><td style="width:20%; text-align: right;">00</td></tr> <tr><td>(03)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(04)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(05)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(06)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(07)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(08)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(09)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(10)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(11)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(12)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(13)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(15)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(16)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(17)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(18)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(19)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(20)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(21)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(22)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(24)</td><td></td><td style="text-align: right;">00</td></tr> <tr><td>(30)</td><td></td><td style="text-align: right;">00</td></tr> </table>			00	(03)		00	(04)		00	(05)		00	(06)		00	(07)		00	(08)		00	(09)		00	(10)		00	(11)		00	(12)		00	(13)		00	(15)		00	(16)		00	(17)		00	(18)		00	(19)		00	(20)		00	(21)		00	(22)		00	(24)		00	(30)		00
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Schedule A Individual

Rev. 05.04



ITEMIZED AND ADDITIONAL DEDUCTIONS

2004

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Itemized Deductions (See instructions)

Table with 5 main columns: Description, Mortgage, Loan Number, Employer's Identification No., and Amount. Includes rows for home mortgage interest (Principal and Second residence), license plates, child care, elderly care, rent, property tax, medical expenses, charitable contributions, student loans, and other deductions. Total itemized deductions are calculated at the bottom.

Part II Additional Deductions (See instructions)

Table with 4 main columns: Description, Financial inst., Account No., and Amount. Includes rows for contributions to Individual Retirement Accounts, governmental pension, veterans deduction, ordinary expenses, automobile loan interest, educational accounts, and computer acquisition. Total additional deductions are calculated at the bottom.

Schedule A1 Individual

Rev. 05.04



**DEPENDENTS AND BENEFICIARIES
OF EDUCATIONAL CONTRIBUTION ACCOUNTS**

2004

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 a dependent entitles you the head of household filing status, do not claim him/her as a 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

Rev. 05.04



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

2004

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

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

Part II

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

Table with 2 columns: Description of tax credit and amount. Rows include Credit for taxes paid to the United States, Credit for investment Act No. 362 of 1999, Credit for investment in Capital Investment Fund, etc.

Part III		Other Payments and Withholdings	
1. Estimated tax payments for 2004	(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. Tax withheld on IRA distributions under Section 1169A (Form 480.7)	(54)		00
15. Prepaid tax on IRA distributions under Section 1169A (Form 480.7)	(55)		00
16. Tax withheld at source on qualified pension plans distributions (Form 480.6B)	(56)		00
17. Tax withheld on distributions and transfers from the Retirement Saving Accounts Program (Form 480.6B)	(57)		00
18. Other payments and withholdings not included on the preceding lines (Submit detail)	(58)		00
19. Total other payments and withholdings (Add lines 1 through 18. Transfer to page 2, Part 4, line 32C 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

Rev. 05.04



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

2004

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. 05.04



DEPRECIATION

2004

Taxable year beginning on _____ and ending on _____

Taxpayer's name	Social Security or Employer's Identification Number
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1. Type of property (in the 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.
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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
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Schedule CH Individual

Rev. 05.04



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

2004

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 compromise myself not to claim an exemption for dependents for
Name of parent releasing claim to exemption

the taxable year 2004 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 compromise myself not to claim an exemption for dependents for
Name of parent releasing claim to exemption

the 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. 05.04



CAPITAL ASSETS GAINS AND LOSSES

2004

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 Subchapter N 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	Check 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)
	<input type="checkbox"/>			(16) 00	00	00	00	00
	<input type="checkbox"/>			(17) 00	00	00	00	00
	<input type="checkbox"/>			(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 Subchapter N 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

Part III Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Other Properties - Section 1014(a) and 1014(g)(1))											
Description and Location of Property	Check 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)
	<input type="checkbox"/>			(41)	00		00		00	00	00
	<input type="checkbox"/>			(42)	00		00		00	00	00
	<input type="checkbox"/>			(43)	00		00		00	00	00
21. Net long-term capital gain (or loss)									(44)	00	(52) 00
22. Distributable share on net long-term capital gain (or loss) from Estates or Trusts									(45)	00	(53) 00
23. Distributable share on net long-term capital gain (or loss) from Special Partnerships									(46)	00	(54) 00
24. Distributable share on net long-term capital gain (or loss) from Subchapter N Corporations of Individuals									(47)	00	(55) 00
25. Distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations									(48)	00	(56) 00
26. Net long-term capital gain (or loss) attributable to direct investment an not through a Capital Investment Fund (Submit detail)									(49)	00	(57) 00
27. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)									(50)	00	(58) 00
28. Net long-term capital gain (or loss) from other properties (Add lines 21 through 27)									(51)	00	(60) 00

Part IV Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Shares from eligible Corporations or Partnerships - Section 1014(c) and 1014(g)(3))											
Description and Location of Property	Check 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)
	<input type="checkbox"/>			(61)	00		00		00	00	00
	<input type="checkbox"/>			(62)	00		00		00	00	00
	<input type="checkbox"/>			(63)	00		00		00	00	00
29. Net long-term capital gain (or loss)									(64)	00	(71) 00
30. Distributable share on net long-term capital gain (or loss) from Estates or Trusts									(65)	00	(72) 00
31. Distributable share on net long-term capital gain (or loss) from Special Partnerships									(66)	00	(73) 00
32. Distributable share on net long-term capital gain (or loss) from Subchapter N Corporations of Individuals									(67)	00	(74) 00
33. Distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations									(68)	00	(75) 00
34. Net long-term capital gain (or loss) attributable to direct investment an not through a Capital Investment Fund (Submit detail)									(69)	00	(76) 00
35. Net long-term capital gain (or loss) of shares from eligible Corporation or Partnership (Add lines 29 through 34)									(70)	00	(80) 00

Part V Long-Term Capital Assets Gains and Losses (Held more than 6 months) Realized under Special Legislation								
Description and Location of Property	(A) Date Acquired	(B) Date Sold	(C) Sale Price		(D) Adjusted Basis		(E) Selling Expenses	(F) Gain or Loss
			(81)	00		00	00	00
36. Net long-term capital gain (or loss) under Act: _____ (Decree No. _____)							(85)	00

Part VI Lump-Sum Distributions from Qualified Pension Plans and from Variable Annuity Contracts						
Type of Distribution	(A)	(B) (Comply with Act No. 226 of 2004 or only with Act No. 404 of 2004)	(C) (Comply with Act No. 226 of 2004 and with Act No. 404 of 2004)	(D) (Variable annuity contract)		
37. Lump - sum distributions from pension plans qualified by the Department of the Treasury (See instructions)	(86)	00	(87)	00	(88)	00
Check if you reinvested or will reinvest in Puerto Rico: <input type="checkbox"/>						
38. Lump-sum distributions from variable annuity contracts (See instructions)					(89)	00
39. Total lump-sum distributions from qualified pension plans and from variable annuity contracts					(90)	00

Taxpayer's name	Social Security Number
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Part VII Net Capital Gains or Losses and Distributions from Qualified Pension Plans for Determination of the Adjusted Gross Income 53

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
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
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
43. Subtract line 42 from line 41. If any Column reflected a loss on line 41, enter zero here		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
45. Subtract line 44 from line 43	⁽⁰⁴⁾	00 ⁽⁰⁶⁾	00 ⁽⁰⁸⁾	00 ⁽¹⁰⁾	00 ⁽¹²⁾	00 ⁽¹⁴⁾	00 ⁽¹⁶⁾	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. 05.04



SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

2004

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. 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 One-Time 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 \$130,000 (\$65,000 if married filing separate returns)

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

42

- 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. 05.04



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

2004

Taxable year beginning on _____ and ending on _____

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

Part II Computation of Gain

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

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

44

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

Schedule D2 Individual

Rev. 05.04



SPECIAL TAX ON NET LONG-TERM CAPITAL GAINS

2004

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, and fill in <input type="radio"/> Special tax on capital gains)	(33)			00

Schedule F Individual

Rev. 05.04



OTHER INCOME

2004

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's 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's Identification Number	Profits	
	(01)		00
	(02)		00
	(03)		00
Total Profits (Transfer to Part 2, line 2B of the return).....			(04) 00

Part IV Profits from Subchapter N Corporations of Individuals		
Payer's name	Employer's Identification Number	Profits or Losses
	(05)	00
	(06)	00
	(07)	00
Net profit		00
Less: Losses from previous years (Submit Schedule)		(00)
Total Profits (Transfer to Part 2, line 2F of the return. If it is less than zero, enter zero).....		(08) 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 or C. Enter in Part 4, line 23 of the return)			(12) 00

Taxpayer's name	Social Security Number
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Part VI Miscellaneous Income			Column A	Column B	Column C	Column D
Payer's name	Employer's Identification Number	Account Number	Miscellaneous Income	Judicial or Extrajudicial Indemnification	Income from Prizes and Contests	Income from Major League Baseball teams and the 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 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's Identification Number	Account Number	Column A	Column B	Column C	Column D
			IRA or Educational Contribution Accounts Distributions	IRA 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

Rev. 05.04



**INCOME FROM ANNUITIES
OR PENSIONS**

2004

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 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 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 32B of the Long Form)	(14)	00

Schedule I Individual

Rev. 05.04



ORDINARY AND NECESSARY EXPENSES

2004

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. Union dues, 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. 05.04



INDUSTRY OR BUSINESS INCOME

2004

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

65

Date operations began:

Day ___ Month ___ Year ___

Employer's Identification Number

Industry or Business Income (fill in one):

Fill in here if this is your principal industry or business

1 Taxpayer 2 Spouse

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

1. Net sales	(01)		00
2. Cost of goods sold or direct costs of production:			
a) Beginning inventory	(02)		00
b) Plus: Purchases	(03)		00
c) Direct salaries	(04)		00
d) Other direct costs	(05)		00
e) Total (Add lines 2(a) through 2(d))	(06)		00
f) Less: Ending inventory	(07)		00
g) TOTAL COST OF GOODS SOLD (Subtract line 2(f) from line 2(e))	(08)		00
3. Gross income (Subtract line 2(g) from line 1)	(09)		00
4. Less: Operating expenses and other costs (Detail in Part III)	(10)		00
5. Net income	(11)		00
6. Less: Net operating loss from previous years (Submit schedule, see instructions)	(12)		00
7. Adjusted net income	(13)		00
8. Less exempt amount: _____ % of line 7 (See instructions)	(14)		00
9. Gain (or loss) (If it is a gain determined under provisions not considered under Act No. 135 of 1997 or Act 362 of 1999, transfer the amount to page 1, Part 2, line 2M of the return. If it is a loss, see instructions)	(15)		00
10. Special Tax Rate: Net income from Film Projects or Infrastructure Projects <input type="radio"/> 7%; Business with exemption decree under Act 135 of 1997 <input type="radio"/> 10% <input type="radio"/> 7% <input type="radio"/> 4% <input type="radio"/> 2% <input type="radio"/> Other _____ % (Multiply line 9 by the corresponding %. Transfer to page 2, Part 4, line 24 of the return) (See instructions)	(20)		00

Part III Operating Expenses and Other Costs

81

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 4 of this Schedule)	(30)		00

Schedule L Individual

Rev. 05.04



FARMING INCOME

2004

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's 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

1. Net sales	(01)		00
2. Other income related to farming business	(02)		00
3. Total income (Add lines 1 and 2)	(03)		00
4. Cost of goods sold or direct costs of production:			
a) Beginning inventory	(04)		00
b) Plus: Purchases	(05)		00
c) Direct salaries	(06)		00
d) Other direct costs	(07)		00
e) Total (Add lines 4(a) through 4(d))	(08)		00
f) Less: Ending inventory	(09)		00
g) TOTAL COST OF GOODS SOLD (Subtract line 4(f) from line 4(e))	(10)		00
5. Gross income (Subtract line 4(g) from line 3)	(11)		00
6. Less: Operating expenses and other costs (Detail in Part III)	(12)		00
7. Net income	(13)		00
8. Less: Net operating loss from previous years (Submit schedule, see instructions)	(14)		00
9. Adjusted net income	(15)		00
10. Less: Exempt amount (90% of line 9)	(16)		00
11. Gain (or loss) (If it is a gain, 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

83

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 6 of this Schedule)	(30)		00

Schedule M Individual

Rev. 05.04



PROFESSIONS AND COMMISSIONS INCOME

2004

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):

1 Taxpayer 2 Spouse

Fill in one: 3 Professions 4 Commissions

Fill in here if this is your principal industry or business

0

Employer's 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

Table with 5 rows for income determination: 1. Income, 2. Less: Operating expenses, 3. Net income, 4. Less: Net operating loss from previous years, 5. Gain (or loss). Columns include description, code, and amount.

Part III Operating Expenses and Other Costs

85

Table with 23 rows for operating expenses: 1. Salaries, 2. Commissions, 3. Payroll, 4. Pension plans, 5. Deferred income plans, 6. Medical insurance, 7. Interest on debts, 8. Rent, 9. Property taxes, 10. Other taxes, 11. Repairs, 12. Motor vehicles, 13. Utilities, 14. Insurance, 15. Advertising, 16. Travel, 17. Meal and entertainment, 18. Professional services, 19. Materials, 20. Depreciation, 21. Bad debts, 22. Other expenses, 23. Total.

Schedule N Individual

Rev. 05.04



RENTAL INCOME

2004

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

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. Gain (or loss) (If it is a gain determined under provisions not considered under Act No. 135 of 1997, transfer to page 1, Part 2, line 2P of the return. If it is a loss, see instructions)	(15)	00
8. Tax on income derived from the operation of a business with exemption decree under Act 135 of 1997: <input type="radio"/> 10% <input type="radio"/> 7% <input type="radio"/> 4% <input type="radio"/> 2% <input type="radio"/> Other _____ %. (Multiply line 7 by the corresponding %.		
Transfer to page 2, Part 4, line 24 of the return) (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)	(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. 05.04



ALTERNATE BASIC TAX

2004

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. 05.04



GRADUAL ADJUSTMENT

2004

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. 05.04



SPECIAL PARTNERSHIP

2004

Taxable year beginning on _____ and ending on _____

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

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)
•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)			00 (10)
14. Loss carryforward for next year (Add lines 7 and 13 and subtract this amount from line 5(c))			00

Schedule T Individual

Rev. 05.04



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

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

2004

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
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 31 of the return) (04)	00
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