

LONG FORM		<input type="checkbox"/> RETURN WITH CHECK (PLEASE ATTACH CHECK HERE)		Serial Number			
Liquidator Reviewer		2001 COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY 2001		RETURN : <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED			
R M RO V1 V2 P1 P2 N D E A G		INDIVIDUAL INCOME TAX RETURN FOR CALENDAR YEAR 2001 OR TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____		<input type="checkbox"/> DECEASED DURING THE YEAR			
First Name Initial Last Name Second Last Name		Social Security Number		Payment Stamp			
Postal Address		Date of Birth Sex <input type="checkbox"/> M <input type="checkbox"/> F					
		Day Month Year Spouse's Social Security Number					
Zip Code		Spouse's Date of Birth					
"Place Label here".		Day Month Year					
Spouse's First Name and Initial Last Name Second Last Name		Home Telephone () -		Receipt Number: _____ Amount: _____			
Home Address (Town or Urbanization, Number, Street)		Office Telephone () -					
		CHANGE OF ADDRESS <input type="checkbox"/> Yes <input type="checkbox"/> No					
Part 1		FILING STATUS AT THE END OF THE TAXABLE YEAR:		GOVERNMENT CONTRACT <input type="checkbox"/> TAXPAYER <input type="checkbox"/> SPOUSE 2002 RETURN <input type="checkbox"/> SPANISH <input type="checkbox"/> ENGLISH			
		A. <input type="checkbox"/> YES <input type="checkbox"/> NO United States Citizen?				1) <input type="checkbox"/> Married living with spouse and filing jointly	
		B. <input type="checkbox"/> YES <input type="checkbox"/> NO Resident of Puerto Rico at the end of the year?				2) <input type="checkbox"/> Married not living with spouse (Not head of household) (Indicate spouse's name and social security number)	
		C. <input type="checkbox"/> YES <input type="checkbox"/> NO Tax exempt income from Lottery of Puerto Rico?				3) <input type="checkbox"/> Head of household	
		D. <input type="checkbox"/> YES <input type="checkbox"/> NO Income from racetrack winnings in Puerto Rico?				4) <input type="checkbox"/> Single	
		E. <input type="checkbox"/> YES <input type="checkbox"/> NO Other exempt income? (Submit Schedule)				5) <input type="checkbox"/> Married filing separately (Indicate spouse's name and social security number)	
F. <input type="checkbox"/> YES <input type="checkbox"/> NO Obligation to make payments to ASUME ?		HIGHEST SOURCE OF INCOME:		2002 RETURN <input type="checkbox"/> SPANISH <input type="checkbox"/> ENGLISH			
G. <input type="checkbox"/> Government, Municipalities and Public Corporations Employee		J. <input type="checkbox"/> Retired/Pensioner					
H. <input type="checkbox"/> Federal Government Employee		K. <input type="checkbox"/> Self-Employed (Indicate principal industry or business)					
I. <input type="checkbox"/> Private Business Employee		Your occupation _____ Spouse's occupation _____					
Part 2		Receipt Stamp		1. Wages, Commissions, Allowances and Tips 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) <input type="checkbox"/>			
		A-Income Tax Withheld				B-Wages, Commissions, Allowances and Tips	
		Income Tax Withheld				Federal Wages	
C-Federal Government Wages (See instructions)..... (01)		(02)		(03)			
2. Other Income (or Losses):		(04)		(05)			
A) Interest income (Schedule F Individual, Part I, line 9)		(06)		(07)			
B) Distributable share on special partnerships profits (Submit Schedule F Individual and Schedule R)		(08)		(09)			
C) Distributable share on special partnerships losses (Submit Schedule R)		(10)		(11)			
D) Dividends from corporations and distributions from partnerships subject to withholding (Schedule F Individual, Part II, line 1A)..		(12)		(13)			
E) Dividends from corporations and distributions from partnerships not subject to withholding (Schedule F Individual, Part II, line 1B)..		(14)		(15)			
F) Distributable share on profits from Subchapter N corporations of individuals (Submit Schedule F Individual)		(16)		(17)			
G) Miscellaneous income (Submit Schedule F Individual).....		(18)		(19)			
H) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1)		(20)		(21)			
I) Income from annuities and pensions (Schedule H Individual, Part II, line 12)		(22)		(23)			
J) Alimony received (Payer's social security No. _____)(12)		(24)		(25)			
K) Gain (or loss) from industry or business (Submit Schedule K Individual)		(26)		(27)			
L) Gain (or loss) from farming (Submit Schedule L Individual)		(28)		(29)			
M) Gain (or loss) from professions and commissions (Submit Schedule M Individual).....		(30)		(31)			
N) Gain (or loss) from rental business (Submit Schedule N Individual).....		(32)		(33)			
O) Gain (or loss) from sale or exchange of capital assets and Qualified pension plans (Submit Schedule D Individual).....		(34)		(35)			
P) Net long-term capital gain on Investment Funds (Submit Schedule Q1)		(36)		(37)			
3. Total Gross Income (Add lines 1B, 1C and 2A through 2P).....		(38)		(39)			
4. Alimony Paid (Recipient's social security No. _____)(21)		(40)		(41)			
5. Adjusted Gross Income (Subtract line 4 from line 3).....		(42)		(43)			

Part 3	5. Adjusted Gross Income (From line 5, page 1)(01)	00	
	6. STANDARD DEDUCTION: If you checked box 1 in Part 1 enter \$3,000, box 2 enter \$2,000, box 3 enter \$2,600, box 4 enter \$2,000. If you checked box 5 and your spouse claimed itemized deductions enter zero. If your spouse did not itemize enter \$1,500 (02)		00
	7. Total itemized deductions (Schedule A Individual, Part I, line 16).....(03)	00	
	8. Standard or itemized deductions (Enter the larger of line 6 or 7).....(04)	00	
	9. Total additional deductions (Schedule A Individual, Part II, line 9)(05)	00	
	10. Total deductions (Add lines 8 and 9).....(06)	00	
	11. PERSONAL EXEMPTION: If you checked box 1 enter \$3,000, box 2 enter \$1,300, box 3 enter \$3,000, box 4 enter \$1,300, box 5 enter \$1,500 .. (07)	00	
	12. EXEMPTION FOR DEPENDENTS (Complete Schedule A1 Individual, see instructions)		
	A) Non university: Category (N) (10) _____ x \$1,300 (11)	00	
	B) University student: Category (U) (14) _____ x \$1,600 (15)	00	
C) Disabled, blind or age 65 or older: Category (I) (18) _____ x \$1,300 (19)	00		
D) Total Exemption for Dependents (Add lines 12A, 12B and 12C).....(20)	00		
13. Total Deductions and Exemptions (Add lines 10, 11 and 12D).....(21)	00		
14. NET TAXABLE INCOME (Subtract line 13 from line 5. If line 13 is larger than line 5, enter zero).....(30)	00		
Part 4	15. TAX AS PER: (01) <input type="checkbox"/> 1 Tax Table <input type="checkbox"/> 2 Special tax on capital gains <input type="checkbox"/> 3 Nonresident alien.....(02)	00	
	16. Gradual Adjustment Amount (Schedule P Individual, line 7).....(03)	00	
	17. Excess of Alternate Basic Tax over Regular Tax (Schedule O Individual, line 6).....(04)	00	
	18. Tax on eligible interest and interest from financial institutions subject to withholding (Schedule F Individual, Part I, line 5A and 5B).....(05)	00	
	19. Special tax on corporate dividends and partnerships distributions subject to withholding (Schedule F Individual, Part II, line 2A).....(06)	00	
	20. Tax on dividends from Capital Investment or Tourism Fund (Submit Schedule Q1).....(07)	00	
	21. Tax on IRA distributions of income from sources within Puerto Rico (Schedule F Individual, Part V, line 3D)(08)	00	
	22. Special tax on net income from Film or Infrastructure Projects, and from businesses with tax exemption decree under Act 135 of 1997 (Schedule K Individual, Part II, line 10 or Schedule N Individual, Part II, line 8)(09)	00	
	23. TOTAL TAX DETERMINED (Add lines 15 through 22).....(10)	00	
	24. Recapture of investment credit claimed in excess (Schedule B Individual, Part I, line 3).....(11)	00	
	25. Tax credits (Schedule B Individual, Part II, line 13).....(12)	00	
	26. TAX LIABILITY (Add lines 23 and 24 and subtract line 25. If it is less than zero, enter zero).....(13)	00	
	27. TAX WITHHELD OR PAID:		
	A) Tax withheld on wages (Add lines 1A and 1C of Part 2).....(14)	00	
	B) Tax withheld on annuities and pensions (Schedule H Individual, Part II, line 13)(15)	00	
	C) Other payments and withholdings (Schedule B Individual, Part III, line 13).....(16)	00	
	D) Total Tax Withheld or Paid (Add lines 27A through 27C).....(17)	00	
	28. AMOUNT OF TAX DUE (If line 26 is larger than line 27D, enter the difference here, otherwise, enter on line 33).....(18)	00	
	29. Less: Amount paid with automatic extension of time.....(19)	00	
	30. BALANCE OF TAX DUE (If line 28 is larger than line 29, enter the difference here, otherwise, enter on line 33).....(20)	00	
	31. Less: Amount paid (a) With Return(21)	00	
	(b) Through Electronic Transfer (Transaction No. _____)(22)	00	
	(c) Interest(23)	00	
	(d) Surcharges and Penalties(24)	00	
	32. BALANCE OF TAX DUE (Subtract lines 31(a) and 31(b) from line 30).....(25)	00	
33. Amount overpaid (Subtract lines 27D and 29 from line 26. Indicate distribution on line A or B)(26)	00		
A) To be credited to estimated tax for 2002(27)	00		
B) TO BE REFUNDED (If you want your refund to be deposited directly in an account, complete Part 5)(40)	00		

Part 5	AUTHORIZATION FOR THE DIRECT DEPOSIT OF THE REFUND	
	Route/Transit number	Type of account:
	Account number	Account number
	Account in the name of: _____ and _____ (Complete name in print letter as it appears on your account. If married and filing jointly, include your spouse name)	
I hereby declare under the 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.		

NOTE TO TAXPAYER If you paid a Specialist to prepare your return, he (she) must sign and write his (her) registration number in the space provided.		Date	Taxpayer's signature ✓
		Date	Spouse's signature ✓
04 Specialist's Name (Print letter)		Specialist's Signature	Name of the Firm or Business
Address		Date	Specialist's Social Security Number
		Register Number	Employer's Identification Number
		Self - employed (Check here) <input type="checkbox"/>	
Zip Code			

Schedule A Individual

Rev. 05.01

ITEMIZED AND ADDITIONAL
DEDUCTIONS

200__

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

Taxpayer's name _____

Social Security Number _____

Part I **Itemized Deductions** (See instructions)

1. Home mortgage interest:

10

Name of entity to which payment was made	Mortgage	Employer's Identification No.	Loan Number	Amount	
Principal residence:					
(01) _____	First	(05) _____	(09) _____	00	(13)
(02) _____	Second	(06) _____	(10) _____	00	(14)
Second residence:					
(03) _____	First	(07) _____	(11) _____	00	(15)
(04) _____	Second	(08) _____	(12) _____	00	(16)
Loan Origination Fees (Points) Paid Directly by Borrower (See instructions)				00	(17)
Loan Discounts (Points) Paid Directly by Borrower (See instructions)				00	(18)

Total home mortgage interest paid(19) _____ 00

2. License plates paid for automobiles used for personal purposes (See instructions)(20) _____ 00

3. Child care expenses (See instructions. \$800 for one child; \$1,600 for two or more children)(21) _____ 00

4. Rent paid (Landlord's social security No. _____) (22)(23) _____ 00

5. Property tax on principal residence(24) _____ 00

6. Casualty loss on your principal residence (See instructions)(25) _____ 00

7. Medical expenses (Schedule J Individual, line 4)(26) _____ 00

8. Charitable contributions (Schedule J Individual, line 10)(27) _____ 00

9. Loss of personal property as a result of certain casualties (See instructions)(28) _____ 00

10. Windmills expenses(29) _____ 00

11. Orthopedic equipment expenses for handicapped persons:

Check: (30) ☐ **1** Taxpayer ☐ **2** Wife ☐ **3** Others(31) _____ 00

12. Dependent's education expenses.....(32) _____ 00

13. Solar equipment expenses.....(33) _____ 00

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

Financial Inst.	Employer's Ident. No.	Loan No.	Amount
(34) _____	(36) _____	(38) _____	(40) _____
(35) _____	(37) _____	(39) _____	(41) _____

Total interest paid on students loans at university level(42) _____ 00

15. Contributions to the Fund for Services Against Remediable Catastrophic Diseases

(See instructions).....(43) _____ 00

16. **Total itemized deductions** (Add lines 1 through 15 and transfer to Part 3, line 7 of the return)(44) _____ 00**Part II** **Additional Deductions** (See instructions)

1. Contributions to governmental pension or retirement systems(45) _____ 00

2. Contributions to an Individual Retirement Account (Do not exceed from \$3,000 or \$6,000 if married):

Financial Inst.	Employer's Ident. No.	Account No.	Amount
(46) _____	(48) _____	(50) _____	(52) _____
(47) _____	(49) _____	(51) _____	(53) _____

Total contributions paid to an Individual Retirement Account(54) _____ 00

3. Deduction when both spouses work(55) _____ 00

4. Deduction for Veterans(56) _____ 00

5. Ordinary and necessary expenses (Schedule I Individual, line 8)(57) _____ 00

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

Bank (58) _____ Loan Number (59) _____(60) _____ 00

7. Young people who work (See instructions)(61) _____ 00

8. Educational Contribution Account (Schedule A1 Individual, Part II, line (10)) (See instructions)(62) _____ 00

9. **Total additional deductions** (Add lines 1 through 8 and transfer to Part 3, line 9 of the return)(63) _____ 00



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

200__

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

Taxpayer's name

Social Security Number

Part I **Recapture of Investment Credit Claimed in Excess**

1. Total investment credit claimed in excess	20	(01)		00																																								
<table><tr><td>Name of entity:</td><td>Column A</td><td>Column B</td><td></td><td></td></tr><tr><td>Employer's identification number:</td><td></td><td></td><td></td><td></td></tr><tr><td>TOURISM INVESTMENT CREDIT</td><td>1 <input type="checkbox"/></td><td>1 <input type="checkbox"/></td><td>(04)</td><td>(05)</td></tr><tr><td>SOLID WASTE DISPOSAL INVESTMENT CREDIT</td><td>2 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td></td><td></td></tr><tr><td>AGRICULTURAL DEVELOPMENT INVESTMENT CREDIT</td><td>3 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td></td><td></td></tr><tr><td>THEATRICAL BUSINESS INVESTMENT CREDIT</td><td>4 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td><td></td><td></td></tr><tr><td>OTHER INVESTMENT FUNDS OR OTHER LAWS CREDIT</td><td>5 <input type="checkbox"/></td><td>5 <input type="checkbox"/></td><td></td><td></td></tr><tr><td>(Specify: _____)</td><td></td><td></td><td></td><td></td></tr></table>					Name of entity:	Column A	Column B			Employer's identification number:					TOURISM INVESTMENT CREDIT	1 <input type="checkbox"/>	1 <input type="checkbox"/>	(04)	(05)	SOLID WASTE DISPOSAL INVESTMENT CREDIT	2 <input type="checkbox"/>	2 <input type="checkbox"/>			AGRICULTURAL DEVELOPMENT INVESTMENT CREDIT	3 <input type="checkbox"/>	3 <input type="checkbox"/>			THEATRICAL BUSINESS INVESTMENT CREDIT	4 <input type="checkbox"/>	4 <input type="checkbox"/>			OTHER INVESTMENT FUNDS OR OTHER LAWS CREDIT	5 <input type="checkbox"/>	5 <input type="checkbox"/>			(Specify: _____)				
Name of entity:	Column A	Column B																																										
Employer's identification number:																																												
TOURISM INVESTMENT CREDIT	1 <input type="checkbox"/>	1 <input type="checkbox"/>	(04)	(05)																																								
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THEATRICAL BUSINESS INVESTMENT CREDIT	4 <input type="checkbox"/>	4 <input type="checkbox"/>																																										
OTHER INVESTMENT FUNDS OR OTHER LAWS CREDIT	5 <input type="checkbox"/>	5 <input type="checkbox"/>																																										
(Specify: _____)																																												
2. Recapture of investment credit claimed in excess paid in previous year		(07)		00																																								
3. Recapture of investment credit claimed in excess paid this year																																												
(Transfer to Part 4, line 24 of the return. See instructions)		(08)		00																																								
4. Excess of credit due to next year, if applicable (Subtract line 3 from line 1. See instructions)		(10)		00																																								

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

1. Credit for taxes paid to the United States, its possessions and foreign countries				00
(Schedule C Individual, Part IV, line 7)		(11)		
2. Credit for: (12) <input type="checkbox"/> 1 Section 4(a) of Act 8 of 1987 and/or <input type="checkbox"/> 2 Section 3(b) of Act 135 of 1997		(13)		00
3. Credit for investment Act No. 362 of 1999: (14) <input type="checkbox"/> 1 Film Project and/or <input type="checkbox"/> 2 Infrastructure Project		(15)		00
4. Credit for investment in Capital Investment, Tourism or other funds, or direct investments				
(Submit Schedule Q)		(16)		00
5. Credit attributable to losses in Capital Investment, Tourism or other funds (Submit Schedule Q and Q1)		(17)		00
6. Credit for Contributions to the Educational Foundation for Free Selection of Schools		(18)		00
7. Credit for payments of Membership Certificates by Ordinary and Extraordinary				
Members of Employees-Owned Special Corporations (See instructions)		(19)		00
8. Credit for the purchase of tax credits (Submit detail)		(20)		00
9. Credits carried from previous years (Submit detail)		(21)		00
10. Other credits not included on the preceding lines (Submit detail) (See instructions)		(22)		00
11. Total Tax Credits (Add lines 1 through 10)		(23)		00
12. Total tax determined (Part 4, line 23 of the return)		(24)		00
13. Credit to be claimed (The smaller of line 11 or 12. Transfer to page 2, Part 4, line 25				
of the return)		(25)		00
14. Carryforward credits (Subtract line 13 from line 11. Submit detail)		(30)		00

Part III **Other Payments and Withholdings**

1. Estimated tax payments for 2001	(31)		00
2. Tax paid in excess in prior years credited to estimated tax	(32)		00
3. Tax withheld to nonresidents (Form 480.6C)	(33)		00
4. Tax withheld on eligible interest and interest from financial institutions (Schedule F Individual, Part I, line 7)	(34)		00
5. Tax withheld on dividends from corporations or distributions from partnerships (Schedule F Individual, Part II, line 3A)	(35)		00
6. Dividends from Capital Investment or Tourism Funds (Submit Schedule Q1)	(36)		00
7. Services rendered by individuals (Form 480.6B)	(37)		00
8. Payments for judicial or extrajudicial indemnification (Form 480.6B).....	(38)		00
9. Tax withheld on distributable share of net profits to stockholders of corporations of individuals (Form 480.6CI)	(39)		00
10. Tax withheld on distributable share of net profits to partners of special partnerships (Form 480.6 SE)	(40)		00
11. Tax withheld on IRA distributions of income from sources within Puerto Rico (Form 480.7)	(41)		00
12. Other payments and withholdings not included on the preceding lines (Submit detail)	(42)		00
13. Total other payments and withholdings (Add lines 1 through 12. Transfer to page 2,			
Part 4, line 27C of the return)	(50)		00

Schedule A 1 Individual

Rev. 05.01

**DEPENDENTS AND BENEFICIARIES
OF EDUCATIONAL CONTRIBUTION
ACCOUNTS****200**__

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

Taxpayer's name _____

Social Security Number _____

Part I**Dependents Information** (See instructions)**55**

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

IMPORTANT INFORMATION PART I**Do not include the spouse in 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 on 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.****Part II****Beneficiaries of Educational Contribution Accounts** (See instructions)**57**

	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 Part 3, line 7H of the Short Form or to Schedule A Individual, Part II, line 8 of the Long Form)						00

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.**

Schedule CH Individual

Rev. 05.01

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

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

200__

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

the taxable year 200__ for (enter the name(s) of child(children)):

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

Signature of parent releasing claim 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 not to claim an exemption for dependents for
Name of parent releasing claim exemption

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

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

Signature of parent releasing claim exemption_____
Social Security Number_____
Date

Schedule C Individual

Rev. 05.01

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

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

200 ____

Taxpayer's name

Social Security Number

Name of place to which taxes were paid

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

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

Part II Determination of Net Income from All Sources

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

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

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

Part IV Determination of Credit**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. 05.01

**DEPRECIATION****200__**

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

Taxpayer's name _____

Social Security or Employer's Identification Number _____

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 \$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
			00	00		00
Total				00		00

(b) Flexible Depreciation

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

(c) Accelerated Depreciation

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

(d) Improvements Amortization

			00	00		00
			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 (d) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies)..... (10)

00

Schedule D Individual

Rev. 05.01



CAPITAL GAINS AND LOSSES

200__

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

Taxpayer's name

Social Security Number

Description and Location of Property	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
Part I Short-Term Capital Assets Gains and Losses (Held 6 months or less)						
			(01)	00	00	00
			(02)	00	00	00
			(03)	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. Net short-term capital gain (or loss) (Add lines 1 through 9)			(15)			00
Part II Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Property located in PR - Section 1014(b))						
			(16)	00	00	00
			(17)	00	00	00
			(18)	00	00	00
11. Net long-term capital gain (or loss)			(19)			00
12. Net long-term capital gain on sale of your principal residence and/or sole proprietorship business			(20)			00
13. Distributable share on net long-term capital gain (or loss) from Estates or Trusts			(21)			00
14. Distributable share on net long-term capital gain (or loss) from Special Partnerships			(22)			00
15. Distributable share on net long-term capital gain (or loss) from Subchapter N Corporations of Individuals			(23)			00
16. Distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations			(24)			00
17. Net long-term capital gain (or loss) attributable to direct investment an not through a Capital Investment Fund (Submit detail)			(25)			00
18. Net long-term capital gain (or loss) from property located in P.R. (Add lines 11 through 17)			(30)			00
Part III Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Other Properties - Section 1014(a))						
			(31)	00	00	00
			(32)	00	00	00
			(33)	00	00	00
19. Net long-term capital gain (or loss)			(34)			00
20. Net long-term capital gain on sale of your principal residence and/or sole proprietorship business			(35)			00
21. Distributable share on net long-term capital gain (or loss) from Estates or Trusts			(36)			00
22. Distributable share on net long-term capital gain (or loss) from Special Partnerships			(37)			00
23. Distributable share on net long-term capital gain (or loss) from Subchapter N Corporations of Individuals			(38)			00
24. Distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations			(39)			00
25. Net long-term capital gain (or loss) attributable to direct investment an not through a Capital Investment Fund (Submit detail)			(40)			00
26. Net long-term capital gain (or loss) from other properties (Add lines 19 through 25)			(45)			00

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Part IV Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Shares from eligible Corporation or Partnership - Section 1014(c))

		(46)	00		00		00		00
		(47)	00		00		00		00
		(48)	00		00		00		00
27. Net long-term capital gain (or loss)	(49)								00
28. Distributable share on net long-term capital gain (or loss) from Estates or Trusts	(50)								00
29. Distributable share on net long-term capital gain (or loss) from Special Partnerships	(51)								00
30. Distributable share on net long-term capital gain (or loss) from Subchapter N Corporations of Individuals	(52)								00
31. Distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations	(53)								00
32. Net long-term capital gain (or loss) attributable to direct investment an not through a Capital Investment Fund (Submit detail)	(54)								00
33. Net long-term capital gain (or loss) of shares from eligible Corporation or Partnership (Add lines 27 through 32) ..	(60)								00

Part V Lump - Sum Distributions from Qualified Pensions Plans

34. Lump-Sum distributions from pension plans qualified by the Department of the Treasury	(61)								00
---	------	--	--	--	--	--	--	--	----

Part VI Net Capital Gains or Losses and Lump - Sum Distributions from Qualified Pension Plans for Determination of the Adjusted Gross Income

Gains or Losses	Column A	Column B	Column C	Column D
	Short - Term	Prop. Located in P.R.	Other Properties	Shares Elig. Corp./ Part.
35. Enter the gains determined on lines 10, 18, 26 and 33 in the corresponding Column.....	00	00	00	00
36. Enter the losses determined on lines 10, 18, 26 and 33 in the corresponding Column.....	00	00	00	00
37. If one of Columns B, C or D reflects a loss on line 36, apply such loss proportionally to the gains (See instructions).....		00	00	00
38. If two of Columns B, C or D reflect a loss on line 36, add them and apply the total to the gain of the other Column.....		00	00	00
39. Totalize Columns B, C and D. If any Column reflects a loss on line 36, enter zero here		00	00	00
40. Apply the loss from line 36, Column A proportionally to the gains in Columns B, C and D (See instructions).....		00	00	00
41. Totalize Columns B, C and D. If any of these Columns reflect a loss on line 36, enter zero here		00	00	00
42. Add the total of Columns B, C and D, line 41. Notwithstanding, if line 35 does not reflect any gain in Columns B, C and D, you must enter the total amount of line 36, Columns A, B, C and D				00
43. Net capital gain (or loss) (Add line 35, Column A and line 42).....				(62) 00
44. If line 43 is more than zero, enter here and in Part 2, line 2 O of the return the sum of lines 34 and 43. If line 43 includes long - term capital gains, see instructions				(63) 00
45. If line 43 is a net loss, enter here and in Part 2, line 2 O of the return, line 34 plus the smaller of the following amounts: a) The net loss on line 43, or b) 1,000.....				(65) 00

Schedule D1 Individual

Rev.05.01

**SALE OR EXCHANGE OF PRINCIPAL RESIDENCE****200**__

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? ☐ Yes ☐ No
If the answer is "Yes", enter here and in Part V of Schedule F Individual the amount of the withdrawn contributions 00
3. Have you bought or built a new residence? Bought: ☐ Yes ☐ No Built: ☐ Yes ☐ No
If you bought or built, enter date / /
4. Selling price of the old residence (Do not include personal property items sold with your residence) 00
5. Expenses of sale (Include sales commissions, advertising, legal fees, etc.) 00
6. Total realized (Subtract line 5 from line 4) 00
7. Adjusted basis of residence sold (See instructions) 00
8. Gain realized on sale (Subtract line 7 from line 6). If it is zero or less, **enter zero** and do not complete the rest of the form. If line 3 is "Yes", continue with Part II or III, whichever applies.
If line 3 is "No", continue with line 9 00
9. If you have not replaced your residence, do you plan to do so during the replacement period? ☐ Yes ☐ No
If your answer is "Yes", see instructions.
If your answer is "No", continue with Part II or III, whichever applies.

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

10. Who was age 60 or older on the date of sale? ☐ Taxpayer ☐ Spouse ☐ Both
11. Did the person who was age 60 or older own and use the property sold as his or her principal residence for a total of at least 3 years (except for short absences) of the 5 year period ended at the time of sale? If the answer is "No", go to Part III ☐ Yes ☐ No
12. If line 11 is "Yes", do you elect to take the once in a lifetime exclusion from the gain on the sale? ☐ Yes ☐ No
13. At the time of sale, who owned the residence? ☐ Taxpayer ☐ Spouse ☐ Both
14. **Exclusion:** Enter the smaller of line 8 or \$70,000 (\$35,000 if married filing separate returns) 00

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.
■ If line 15 is zero, do not complete the rest of the form and attach the same to your return.
■ If line 15 is more than zero and line 3 is "Yes", go to line 16.
■ If line 15 is more than zero and line 9 is "No", enter the gain on Schedule D Individual, whichever applies: ☐ Short-term (Part I, line 2) ☐ Long-term - Located in P.R. (Part II, line 12) ☐ Long-term - Located outside P.R. (Part III, line 20) (01) 00
16. Fixing-up expenses of the old residence (See instructions) 00
17. Add lines 14 and 16 00
18. **Adjusted sales price** (Subtract line 17 from line 6) 00
19. (a) Enter date you moved into new residence / / (b) Cost of new residence 00
20. Subtract line 19(b) from line 18. If it is zero or less, **enter zero** 00
21. **Taxable gain.** Enter the smaller of line 15 or 20. If it is zero or less, **enter zero**.
If it is a gain, transfer to Schedule D Individual, whichever applies: ☐ Short-term (Part I, line 2) ☐ Long-term - Located in P.R. (Part II, line 12) ☐ Long-term - Located outside P.R. (Part III, line 20) (10) 00
22. Gain to be postponed (Subtract line 21 from line 15) 00
23. **Adjusted basis of new residence** (Subtract line 22 from line 19(b)) 00

Schedule G Individual

Rev. 05.01

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

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

200____

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? ☐ Yes ☐ No
Taxable Year
Amount of deferred gain 00
2. Adjusted basis of the new sole proprietorship business..... 00
3. Did you sell your sole proprietorship business during this year? ☐ Yes ☐ 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)..... / /
5. (a) Did you buy a new sole proprietorship business? ☐ Yes ☐ No (b) If you answered "Yes", enter date / /

Part II Computation of Gain

6. Selling price of the first sole proprietorship business 00
7. Expenses of sale (Include sales commissions, advertising, legal fees, etc.) 00
8. Total realized (Subtract line 7 from line 6) 00
9. Adjusted basis of the first sole proprietorship business (See instructions)..... 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 00
11. If you haven't replaced your first sole proprietorship business, do you plan to do so within the replacement period? ☐ Yes ☐ 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 44

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, whichever applies: ☐ Short-term (Part I, line 2) ☐ Long-term - Located in P.R. (Part II, line 12)
☐ Long-term - Located outside P.R. (Part III, line 20) (01) 00
13. Selling price of the first sole proprietorship business (Enter the amount of line 6) 00
14. (a) Enter date you acquired the new sole proprietorship business / /
(b) Cost of new sole proprietorship business 00
15. Purchasing commissions and expenses incurred in the new sole proprietorship business 00
16. Reinvested total (Add lines 14 (b) and 15) 00
17. Subtract line 16 from line 13. If it is zero or less, **enter zero** 00
18. **Taxable gain.** Enter the smaller of line 12 or 17. If line 18 is zero or less, **enter zero**.
If it is a gain, enter on Schedule D Individual, whichever applies: ☐ Short-term (Part I, line 2)
☐ Long-term - Located in P.R. (Part II, line 12) ☐ Long-term - Located outside P.R. (Part III, line 20) (10) 00
19. Postponed gain (Subtract line 18 from line 12) 00
20. **Adjusted basis of the new sole proprietorship business** (Subtract line 19 from line 16) 00

Schedule D2 Individual

Rev. 05.01

**SPECIAL TAX ON NET LONG TERM
CAPITAL GAINS****200**__

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

Taxpayer's name

Social Security Number

Part I**Computation of Special Tax on Net Long-term Capital Gains****56**

1. Adjusted Gross Income (Part 2, line 5 of the return)	(01)		00
2. Less:			
(a) Excess of net long-term capital gain attributable to property located in Puerto Rico over the net short-term capital loss (See instructions)	(02)		00
(b) Excess of net long-term capital gain attributable to other properties over the net short-term capital loss (See instructions)	(03)		00
(c) Lump-Sum distributions of qualified pension plans	(04)		00
(d) Excess of net long-term capital gain over the net short-term capital loss attributable to the investments in Tourism Development and Capital Investment Funds (Part 2, line 2P of the return)	(05)		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
(f) Total (Add lines 2(a) through 2(e)).....	(07)		00
3. Adjusted Gross Income (Subtract line 2(f) from line 1)	(08)		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)	(09)		00
(b) Total additional deductions (Part 3, line 9 of the return)	(10)		00
(c) Personal exemption (Part 3, line 11 of the return)	(11)		00
(d) Total exemption for dependents (Part 3, line 12D of the return)	(12)		00
(e) Total deductions and exemptions (Add lines 4(a) through 4(d))	(13)		00
5. Net Taxable Income (Subtract line 4(e) from line 3. If it is less than zero, enter zero)	(14)		00
6. Determine the tax upon your income shown on line 5 according to tax tables and enter here	(15)		00
7. Multiply the sum of lines 2(b) and 2(c) by 20%	(16)		00
8. Multiply the sum of lines 2(a) and 2(d) by 10%	(17)		00
9. Multiply line 2(e) by 7%	(18)		00
10. Total tax under the alternate method (Add lines 6 through 9)	(19)		00

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

11. Net taxable income (Part 3, line 14 of the return)	(20)		00
12. Tax on the amount on line 11 according to tax tables	(21)		00
13. Determined tax (Enter here and on page 2, Part 4, line 15 of the return, the smaller of line 10 or 12 and check(X) Special tax on capital gains)	(22)		00

Schedule F Individual

Rev. 05.01



OTHER INCOME

200__

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

Taxpayer's name

Social Security Number

Part I Interest 31		Column A	Column B	Column C	Column D
Payer's name	Account Number	Eligible interest subject to withholding	Interest subject to withholding from financial institutions	Interest not subject to withholding from financial institutions	Other interest
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
1. Subtotal of interest..... (01)		00	(05) 00	(10) 00	(14) 00
2. Less: Interest exclusion (See instructions).....			(06) 00	(11) 00	
3. Total interest (02)		00	(07) 00	(12) 00	(15) 00
4. Add line 3, Columns C and D.....					(16) 00
5. 17% tax of line 3, Columns A and B (Enter in Part 4, line 18 of the return)..... (03)		00	(08) 00		
6. Tax withheld (Submit Form 480.6B and/or Form 480.7).... (04)		00	(09) 00		
7. Total tax withheld (Add line 6, Columns A and B. Enter on Schedule B Individual, Part III, line 4)..... (13)				00	
8. Option to pay taxes from interest in Column A and/or B as ordinary income (Enter here the amount from line 3, Columns A and/or B)..... (17)					00
9. Total interest (Add lines 4 and 8. Transfer to Part 2, line 2A of the return)..... (20)					00

Part II Corporate Dividends and Partnerships Distributions **34**

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

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

40

Payer's name and address	Account Number	Profits	
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
Total Profits (Transfer to Part 2, line 2B of the return) (01)			00

Part IV	Profits from Subchapter N Corporations of Individuals
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[illegible]

Part V	Miscellaneous Income	Column A	Column B	Column C	Column D
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Payer's name and address	Account Number	Miscellaneous income and Judicial or Extrajudicial Indemnification	Income from Prizes and Contests	Withdrawals from IRA Account	IRA Distributions of Income from Sources Within Puerto Rico
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
1. Total		(04) 00	(05) 00	(06) 00	(07) 00
2. Total Columns A, B and C					(08) 00
3. Tax on IRA distributions of income from sources within Puerto Rico (17% tax from line 1D. Enter in Part 4, line 21 of the return).....					(09) 00
4. Tax Withheld (Enter on Schedule B Individual, Part III, line 11. Submit Form 480.7).....					(10) 00
5. Option to pay taxes from IRA distributions of income from sources within Puerto Rico as ordinary income (Enter the total amount of Column D, only if you elected to include said distributions as ordinary income)					(11) 00
6. Total miscellaneous income (Add lines 2 and 5. Transfer to Part 2, line 2G of the return).....					(20) 00

NOTE: If you elected to include the IRA distributions of income from sources within Puerto Rico as ordinary income, do not consider line 3 and enter on line 6 the sum of lines 2 and 5. Transfer the total of line 6 to Part 2, line 2G of the return.

Schedule H Individual

Rev 05.01

**INCOME FROM ANNUITIES
OR PENSIONS****200__**

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

Taxpayer's name

Social Security Number

Recipient of pension (check one):

**1** Taxpayer**2** Spouse**35**

Date in which you began receiving the pension: Day ____ Month ____ Year ____

Place where the service was performed: ☐ Puerto Rico ☐ United States ☐ Others _____Pension granted by (check one): ☐ **1** ELA ☐ **2** Federal ☐ **3** Private Business Employer**Part I Determination of Cost to be Recovered** (See instructions)

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

Part II Taxable Income (See instructions)

7. Total amount received in the year.....	(08)		00
8. Tax exempt amount (If you are age 60 or older, submit copy of birth certificate).....	(09)		00
9. Pension income less the exempt amount (Subtract line 8 from line 7. If it is less than zero, go to line 13).....	(10)		00
10. Cost to be recovered (Same as line 6).....	(11)		00
11. Pension income in excess of the cost to be recovered (Subtract line 10 from line 9).....	(12)		00
12. Taxable pension income (Enter here the amount of line 11 or 3% of line 1, whichever is larger (but not larger than the amount of line 9). Enter this amount in Part 2, line 2 I of the Long Form or in Part 2, line 3 of the Short Form).....	(13)		00
13. Tax withheld on annuity or pension for the taxable year (Enter this amount in Part 4, line 27B of the Long Form or in Part 4, line 14B of the Short Form).....	(14)		00

Schedule J Individual

Rev. 05.01

**MEDICAL EXPENSES AND
CHARITABLE CONTRIBUTIONS****200__**

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

Taxpayer's name

Social Security Number

Name and address of person or institution to whom payment was made 46	(A) Medical Expenses	(B) Other Contributions	(C) Contributions to Municipalities
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
1. Totalize Columns A, B and C (01)	00 (05)	00 (12)	00
2. Multiply medical expenses by 50% and enter here (02)	00		
3. Multiply the adjusted gross income (Part 2, line 5 of the return) by 3% and enter here (See instructions)..... (03)	00 (06)	00	
4. Allowable deduction for medical expenses (Subtract line 3A from line 2. Enter here and on Schedule A Individual, Part I, line 7) (04)	00		
5. Subtract line 3B from line 1B (07)		00	
6. Multiply line 1B by 33% (08)		00	
7. Deduction for other contributions (Enter the larger of lines 5 and 6)..... (09)		00	
8. Multiply the adjusted gross income (Part 2, line 5 of the return) by 15% and enter here (Limit, see instructions)..... (10)		00	
9. Allowable deduction for other contributions (Enter the smaller of lines 7 and 8) (11)		00	
10. Total allowable deduction for contributions (Add lines 1C and 9. Enter here and on Schedule A Individual, Part I, line 8).... (20)			00

Schedule I Individual

Rev. 05.01

**ORDINARY AND NECESSARY EXPENSES****200__**

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 in Schedule F Individual, Part V)...	(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 V. 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 or Short Form).....	(32)		00
5. Federal Government Wages (Part 2, line 1C of the Long Form or Part 2, line 2 of the Short 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 in Part 3, line 7E of the Short Form or in 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

Detail of Depreciation

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[illegible]

Schedule K Individual

Rev. 05.01

**INDUSTRY OR BUSINESS INCOME****200__**

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 (check one):

Taxpayer ☐ 1Spouse ☐ 2Check here if this is your
principal industry or
business ☐

Fully Taxable

☐ (01)

Tax Incentives under:

Act No. 26 of 1978 ☐ (02)Act No. 8 of 1987 ☐ (03)Act No. 148 of 1988 ☐ (04)Act 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)

Case or concession number _____

Location of Industry or Business - Number, Street and City _____

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 <input type="text"/> % 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 II, line 2K 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="checkbox"/> 7%; Business with exemption decree under Act 135 of 1997 <input type="checkbox"/> 10% <input type="checkbox"/> 7% <input type="checkbox"/> 4% <input type="checkbox"/> 2% <input type="checkbox"/> Other <input type="text"/> % (Multiply line 9 by the corresponding %. Transfer to page 2, Part 4, line 22 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. 05.01



FARMING INCOME

200__

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

Taxpayer's name

Social Security Number

Part I

Questionnaire

66

Farming Income (check one):

Taxpayer

☐ 1

Spouse

☐ 2

Check 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 2L 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. 05.01

**PROFESSIONS AND COMMISSIONS
INCOME****200**__

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 (check one):

Taxpayer

☐ **1**

Spouse

☐ **2**

Check one:

Professions ☐ **3**Commissions ☐ **4**

Check here if this is your principal industry or business

☐

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**

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 2M of the return. If it is a loss, see instructions)	(20)		00

Part III**Operating Expenses and Other Costs****85**

1. Salaries, commissions and allowances to employees	(01)		00
2. Commissions to 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. 05.01



RENTAL INCOME

200__

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

Taxpayer's name

Social Security Number

Part I Questionnaire **68**

Rental Income (check one):

Taxpayer ☐ 1 Spouse ☐ 2

Check 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 <input type="text"/> % 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 2N 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="checkbox"/> 10% <input type="checkbox"/> 7% <input type="checkbox"/> 4% <input type="checkbox"/> 2% <input type="checkbox"/> Other <input type="text"/> % (Multiply line 7 by the corresponding %. Transfer to page 2, Part 4, line 22 of the return)	(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. 05.01



ALTERNATE BASIC TAX

200__

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

Taxpayer's name

Social Security Number

1. Adjusted Gross Income (Enter the amount from

91

Part 2, line 5 of the return)..... (01)

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 to \$62,500, if married filing
separate return), multiply line 3 by 10%.(b) Over \$125,000 but not over \$175,000 (over \$62,500 but not over
\$87,500, if married filing separate return),
multiply line 3 by 15%.(c) Over \$175,000 (over \$87,500, if married filing separate return),
multiply line 3 by 20%.

This is your Alternate Basic Tax (Enter the corresponding amount on this line)..... (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. 05.01



GRADUAL ADJUSTMENT

200__

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. 05.01



SPECIAL PARTNERSHIP

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

200__

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

2. Basis increase:

(a) Partner's distributable share on income and profits claimed on previous year (See instructions)

(b) Contributions made during the year

(c) Special partnership's capital assets gain.....

(d) Exempt income

(e) Farming income deduction granted by Section 1023(s) of the Code

(f) Other income or gains (See instructions).....

(g) Total basis increase (Add lines 2(a) through 2(f))

3. Basis decrease:

(a) Partner's distributable share on partnership's loss claimed on previous year

(b) Special partnership's capital assets loss

(c) Distributions during the year

(d) Credits claimed the preceding year (See instructions)

(e) Withholding at source during the year

(f) No admissible expenses for the year

(g) Distributable share on losses from exempt operations during the year

(h) Total basis decrease (Add lines 3(a) through 3(g))

4. **Adjusted Basis** (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a))**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

(b) Loss carryover from previous years (See instructions)

(c) Total losses (Add lines 5(a) and 5(b))

6. (a) Adjusted Basis (Part I, line 4)

(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner

(c) Total partner's adjusted basis (Add lines 6(a) and 6(b)).....

7. Distributable share on partnership's net income for the year (See instructions)

8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)

•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)


10. Total losses (Add losses determined on line 9, Columns A through C)

11. Partner's net income without considering losses from special partnerships (See instructions)

12. 50% of line 11

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)

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

<div>Formulario 480-E</div> <div>Form</div> <div>Rev. 05.01</div> <div></div>		<div>DECLARACION DE CONTRIBUCION ESTIMADA</div> <div>ESTIMATED TAX DECLARATION</div>		<div>PARA USO OFICIAL</div> <div>FOR OFFICIAL USE</div> <div>Número de Serie - Serial Number</div>	
<div>Número de Seguro Social o Identificación</div> <div>Patronal - Social Security or Employer's</div> <div>Identification Number</div>		<div>Año que comienza el - Taxable year beginning on</div> <div>Día / Mes / Año</div> <div>Day / Month / Year</div>		<div><input type="checkbox"/> Individuo</div> <div>Individual</div> <div><input type="checkbox"/> Corporación</div> <div>Corporation</div> <div><input type="checkbox"/> Sociedad</div> <div>Partnership</div>	
		<div>Año que termina el - Taxable year ending on</div> <div>Día / Mes / Año</div> <div>Day / Month / Year</div>		<div><input type="checkbox"/> Declaración Enmendada</div> <div>Amended Declaration</div> <div><input type="checkbox"/> Declaración Original</div> <div>Original Declaration</div>	
<div>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.</div> <div>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.</div>					
<div>Nombre y dirección del contribuyente - Taxpayer's name and address</div>				<div>Sello de Recibo</div> <div>Receipt Stamp</div>	
1. Total Contribución Estimada				00	
Total Estimated Tax					
2. Crédito Estimado por Cantidades Retenidas o Pagadas				00	
Estimated Credit for Amounts Withheld or Paid					
3. Contribución Estimada Ajustada (Línea 1 menos línea 2)				00	
Adjusted Estimated Tax (Subtract line 2 from line 1)					
4. Crédito por Contribución Pagada en Exceso				00	
Credit for Tax Paid in Excess					
5. Contribución Estimada a Pagar (Línea 3 menos línea 4)				00	
Estimated Tax to be Paid (Subtract line 4 from line 3)					
6. Importe de cada Plazo				00	
Amount of each Installment					
7. Crédito por Contribución Pagada en Exceso No Reclamado en línea 4				00	
Credit for Tax Paid in Excess not Claimed on line 4					
8. Balance a Pagar:	(a) Primer Plazo			00	
	Balance to be paid:	(b) Segundo Plazo			00
	(c) Tercer Plazo			00	
	(d) Cuarto Plazo			00	
		Fourth Installment			
<div>JURAMENTO - OATH</div>					
<div>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.</div>					
<div>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.</div>					
<div>Firma del Contribuyente o Representante Autorizado</div> <div>Taxpayer's or Duly Authorized Agent's Signature</div>				<div>Título - Title</div>	
<div>Nota: Esta declaración no se deberá enviar con la planilla. La misma deberá rendirse por separado en la Colecturía del municipio donde reside o enviarla al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501.</div> <div>Note: This declaration should not be sent with the return. The same 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.</div>					
<div>Período de Conservación: Diez (10) años - Conservation Period: Ten (10) years</div>					

INSTRUCCIONES: Complete las líneas 1 a la 11. Favor de escribir en letra de MOLDE toda la información, excepto la línea 10.									
INSTRUCTIONS: Complete lines 1 through 11. Please PRINT all information, except line 10.									
1. Marque: <input type="checkbox"/> Dirección Postal - Postal Address Check: <input type="checkbox"/> Dirección Residencial - Home Address					2. El cambio de dirección es para (Marque uno): Change of address is for (Check one): <input type="checkbox"/> Individuo - Individual <input type="checkbox"/> Negocio - Business <input type="checkbox"/> Corp. o Soc. - Corp. or Partnership				
3. Número de Seguro Social o Número de Identificación Patronal: Social Security Number or Employer's Identification Number:									
4. Nombre del Contribuyente (Deje un espacio en blanco entre cada nombre) Taxpayer's Name (Leave a blank space between names)									
5. Nombre de la persona que somete el cambio de dirección (Deje un espacio en blanco entre cada nombre) Name of the person submitting the change of address (Leave a blank space between names)									
6. Dirección Postal Postal Address Condominio o Urbanización - Condominium or Urbanization Número y Calle - Number and Street Municipio o Ciudad - Municipality or City País - Country Código Postal - Zip Code/+ 4 PO BOX RR BOX HC BOX Apt Suite									
7. Dirección Residencial Home Address Condominio o Urbanización - Condominium or Urbanization Número y Calle - Number and Street Municipio o Ciudad - Municipality or City País - Country Código Postal - Zip Code/+ 4 Apt Suite									
8. Teléfono de Residencia Home Telephone No.					9. Teléfono de Oficina Office Telephone No.				
10. Firma - Signature					11. Fecha - Date				
12. Iniciador 13. Fecha de entrada 14. Iniciales									