



If you choose the optional computation of tax for married individuals living together and filing a joint return, do not complete Parts 1 and 2, neither lines 13 through 18 of Part 3, and go to Schedule CO Individual.

Part 1

1. Wages, Commissions, Allowances and Tips

ATTACH ALL YOUR WITHHOLDING STATEMENTS (Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable).

A-Income Tax Withheld

B-Wages, Commissions, Allowances and Tips

Table with 2 columns: Description, Amount. Rows for A-Income Tax Withheld.

Table with 2 columns: Description, Amount. Rows for B-Wages, Commissions, Allowances and Tips.

Total of withholding statements with this return 02

Table with 2 columns: Description, Amount. Row for Total of withholding statements with this return.

Table with 2 columns: Description, Amount. Row for Total of withholding statements with this return.

Income Tax Withheld

Federal Wages

Table with 2 columns: Description, Amount. Row for Income Tax Withheld.

Table with 2 columns: Description, Amount. Row for Federal Wages.

C- Federal Government Wages (See instructions)

Table with 2 columns: Description, Amount. Row for C- Federal Government Wages.

Table with 2 columns: Description, Amount. Row for C- Federal Government Wages.

2. Other Income (or Losses):

Table with 2 columns: Description, Amount. Rows for Other Income (or Losses) items A through P.

3. Total Income (Add lines 1B, 1C and 2A through 2P)

4. Alimony Paid (Recipient's social security No. )(21) (Judgment No. )(22)

5. Adjusted Gross Income (Subtract line 4 from line 3)

Part 2

6. Total Deductions (Schedule A Individual, Part I, line 11) 03

7. SPECIAL DEDUCTION FOR CERTAIN INDIVIDUALS (See instructions)

8. Personal Exemption (Married - \$7,000; Individual Taxpayer - \$3,500; Married filing separately - \$3,500)

9. Exemption for Dependents (Complete Schedule A1 Ind., see instructions): A) (04) x \$2,500 (06) Joint custody -> B) (05) x \$1,250 (07)

Total Exemption for Dependents (Add lines 9A and 9B)

10. Additional Personal Exemption for Veterans (\$1,500 per veteran. If both spouses are veterans, \$3,000)

11. Total Deductions and Exemptions (Add lines 6 through 10)

12. NET TAXABLE INCOME (Subtract line 11 from line 5. If line 11 is larger than line 5, enter zero)

Part 3

13. TAX: (21) 1 Tax Table 2 Preferential rates (Schedule A2 Individual) 3 Nonresident alien

14. Gradual Adjustment Amount (Determine this adjustment if the amount indicated on line 12 or Schedule A2 Ind., line 7 is larger than \$100,000) (Schedule P Ind., line 7)

15. REGULAR TAX BEFORE THE CREDIT (Add lines 13 and 14)

16. Credit for taxes paid to foreign countries, the United States, its territories and possessions (Submit Schedule C Individual) (See instructions)

17. NET REGULAR TAX (Subtract line 16 from line 15)

18. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 8) (See instructions)

19. TOTAL TAX DETERMINED (Add lines 17 and 18 or enter the amount from Schedule CO Individual, line 22, as applicable)

20. Recapture of credit claimed in excess (Schedule B Individual, Part I, line 3)

21. Tax credits (Schedule B Individual, Part II, line 23)

22. TAX LIABILITY (Add lines 19 and 20 and subtract line 21. If it is less than zero, enter zero)

23. TAX WITHHELD, PAID AND REIMBURSABLE CREDITS:

Table with 2 columns: Description, Amount. Rows for Tax Withheld, Paid and Reimbursable Credits items A through J.

24. AMOUNT OF TAX DUE (If line 23J is smaller than line 22, enter the difference here, otherwise, enter on line 26)

25. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Individual, Part II, line 21)

26. Less: Excess of Tax Withheld, Paid and Reimbursable Credits

27. BALANCE:

- If line 26 is larger than the sum of lines 24 and 25, you have an overpayment. Enter the difference here and on line 1 of page 1.
• If line 26 is smaller than the sum of lines 24 and 25, you have a balance of tax due. Enter the difference here and on line 2 of page 1.
• If the difference between line 26 and the sum of lines 24 and 25 is equal to zero, enter zero here and sign your return on page 1

Schedule A Individual

Rev. Mar 9 12

(Long Form)



DEDUCTIONS APPLICABLE TO INDIVIDUAL TAXPAYERS

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

2011

Taxpayer's name

Social Security Number

Part I Deductions Applicable to Individual Taxpayers (See instructions)

1. Home mortgage interest

Table with 5 columns: Name of entity to which payment was made, Mortgage, Loan Number, Employer Identification Number, Amount. Rows include Principal residence (First, Second) and Second residence (First, Second).

Summary rows for home mortgage interest: Loan Origination Fees, Loan Discounts, Total home mortgage interest paid, Limit.

c) Allowable deduction for mortgage interest (Enter the smaller of lines 1(a) and 1(b). If the total interest does not exceed 30% of the income for any of the 3 previous years, fill in here 1) (13)(See instructions) (14) 00

2. Casualty loss on your principal residence (See instructions) (15) 00

3. Medical expenses (Part III, line 3) (16) 00

4. Charitable contributions (Part III, line 8) (17) 00

5. Loss of personal property as a result of certain casualties (See instructions) (18) 00

6. Contributions to governmental pension or retirement systems (19) 00

Table for contributions to individual retirement accounts with columns: Financial inst., Account No., Employer Ident. No., Contribution. Includes radio button options for Taxpayer or Spouse.

Total contributions to individual retirement accounts (29) 00

8. Contributions to health savings accounts with a high annual deductible medical plan (See instructions):

Table for health savings accounts with columns: Institution, Account No., Employer Ident. No., Contribution, Annual Deductible, Type of coverage, Effective date.

Total contributions (Add the smaller amount between the contribution and the annual deductible of each account) .... (40) 00

9. Educational Contribution Account (Part II, line (10)) (See instructions) (41) 00

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

Table for student loan interest with columns: Financial Inst., Loan No., Employer Ident. No., Amount.

Total interest paid on students loans (46) 00

11. Total deductions applicable to individual taxpayers (Add lines 1 through 10 and transfer to Part 2, line 6 of the Long Form) (50) 00

Part II Beneficiaries of Educational Contribution Accounts (See instructions)

57

Table for beneficiaries of educational contribution accounts with columns: Name, Date of Birth, Relationship, Social Security Number, Financial Institution, Account Number, Employer Identification Number, Contributed Amount.

(10) Total contributions (Add lines (01) through (03) and transfer to Part I, line 9 of this Schedule) 00



**Schedule A1 Individual**

Rev. Mar 9 12

**DEPENDENTS****2011**

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's name

Social Security Number

**Part I** **Dependent's Information** (See instructions)

55

**IMPORTANT INFORMATION**

- Do not include the spouse on this schedule. A married individual who lives with his/her spouse for tax purposes, should not include the spouse as part of the dependents.
- Submit this Schedule with your return in order to consider the exemption for dependents.
- Fill in the oval for joint custody if the dependent is subject to this condition. The exemption will be \$1,250 for each taxpayer.

	Joint Custody	First Name, Initial	Last Name	Second Last Name	Relationship	Category * (N)(U)(I)	Date of Birth Day / Month / Year	Social Security Number
(01)	<input type="radio"/>							
(02)	<input type="radio"/>							
(03)	<input type="radio"/>							
(04)	<input type="radio"/>							
(05)	<input type="radio"/>							
(06)	<input type="radio"/>							
(07)	<input type="radio"/>							
(08)	<input type="radio"/>							
(09)	<input type="radio"/>							
(10)	<input type="radio"/>							

\* See instructions.

Retention Period: Ten (10) years

**Schedule A2 Individual**

Rev. Mar 9 12



**TAX ON INCOME SUBJECT TO PREFERENTIAL RATES**

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name \_\_\_\_\_

Fill in one: (01)

1 Taxpayer     2 Spouse     3 Both

Social Security Number \_\_\_\_\_

	22		Column A	Column B	Column C	Column D	Column E
	Taxed at Regular Rates	Taxed at 20%	Taxed at 17%	Taxed at 10%	Taxed at _____%		
<b>1. Adjusted Gross Income</b>	(02)	00					
<b>2. Income subject to preferential rates:</b>							
a) Net long-term capital gain (See instructions) .....	(03)	00		(21)	00	(29)	00
b) Interest paid or credited on deposits in accounts from certain financial institutions (Schedule F, Ind., Part I, line 4, Column B) (17%) .....	(04)	00	(18)	00			
c) Interest paid or credited on deposits in accounts from certain financial institutions (Schedule F, Ind., Part I, line 4, Column C) (10%) .....	(05)	00		(22)	00		
d) Interest from distributions of IRA to Governmental Pensioners (10%) (Schedule F Individual, Part I, line 4, Column E) .....	(06)	00		(23)	00		
e) Non-exempt eligible interest paid or credited on bonds, notes, other obligations or mortgage loans (Schedule F Individual, Part I, line 4, Column A) .....	(07)	00		(24)	00		
f) Eligible distribution of dividends (Schedule F Individual, Part II, line 3, Column A) .....	(08)	00		(25)	00	(30)	00
g) Income paid by sport teams of international associations or federations (Schedule F Individual) .....	(09)	00	(14)	00			
h) Total distributions from qualified retirement plans (Schedule D Individual) .....	(10)	00	(15)	00	(26)	00	
i) Others .....	(11)	00	(16)	00	(19)	00	(31)
j) <b>Total (Add lines 2a through 2i of Columns B through E)</b> .....			(17)	00	(20)	00	(35)
<b>3. Total income subject to preferential rates (Add line 2j of Columns B through E) (If this line is less than \$20,000, enter 100% on line 5A and zero on lines 5B through 5E, and enter the total of line 6a on line 6b)</b> .....	(12)	00					
<b>4. Income subject to regular tax (Subtract line 3 from line 1)</b> .....	(13)	00					
<b>5. Proportion of income according to each tax rate (Column A - Divide line 4 by line 1; Columns B through E - Divide line 2j by line 1) (Round to the nearest whole number)</b> .....	(01)	%	(10)	%	(15)	%	(20)
	(25)	%					
<b>6. Deductions and Exemptions:</b>							
a) Deductions applicable to individual taxpayers (Schedule A Individual, Part I, line 11) \$ _____							
b) Allowed deduction (Multiply line 6a by line 5 for each Column) .....	(02)	00	(11)	00	(16)	00	(21)
c) Special deduction for certain individuals (Line 7, Part 2 of the return) .....	(03)	00					
d) Personal exemption (Line 8, Part 2 of the return) .....	(04)	00					
e) Exemption for dependents (Line 9, Part 2 of the return) .....	(05)	00					
f) Additional personal exemption for veterans (Line 10, Part 2 of the return) .....	(06)	00					
g) Total deductions and exemptions (Add lines 6b through 6f of all Columns) .....	(07)	00	(12)	00	(17)	00	(22)
7. Net taxable income (Column A - Subtract line 6g from line 4; Columns B through E - Subtract line 6g from line 2j) .....	(08)	00	(13)	00	(18)	00	(23)
8. Tax according to the corresponding rate (See instructions) .....	(09)	00	(14)	00	(19)	00	(24)
9. Total of regular tax and tax at preferential rates (Add line 8 of Columns A through E) .....							(30)
10. Net income subject to regular tax (Line 12, Part 2 of the return) .....							(31)
11. Tax over line 10 according to regular tax rates (See instructions) .....							(32)
12. Tax determined (Enter the smaller between line 9 and line 11. Transfer to page 2, Part 3, line 13 of the return or line 15, Column B or C of Schedule CO Individual and fill in ( ) "Preferential rates" if you chose the amount on line 9, or ( ) "Tax Table" if you chose the amount on line 11) .....							(35)

Schedule B Individual

Rev. Mar 9 12



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

2011

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Social Security Number

Part I Recapture of Credits Claimed in Excess

Table with 3 columns: Column A, Column B, Column C. Rows include Name of entity, Employer 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 credit and Amount. Rows include Credit for (11) Section 4(a) of Act 8 of 1987, Credit for investment in film industry development, Credit attributable to losses or for investment in Capital Investment Fund, etc.

<b>Part III</b>		<b>Other Payments and Withholdings</b>	
1. Estimated tax payments for 2011 .....	(40)		00
2. Tax paid in excess in prior years credited to estimated tax .....	(41)		00
3. Tax withheld to nonresidents (Form 480.6C) .....	(42)		00
4. Tax withheld on interest (Schedule F Individual, Part I, line 7) .....	(43)		00
5. Dividends from corporations (Schedule F Individual, Part II, line 5) .....	(44)		00
6. Dividends from corporations operating under Act No. 8 of 1987 (Form 480.6B): <input type="radio"/> 10% <input type="radio"/> 5% <input type="radio"/> 2% .....	(45)		00
7. Dividends from Capital Investment or Tourism Funds (Submit Schedule Q1) .....	(46)		00
8. Services rendered by individuals (Form 480.6B) .....	(47)		00
9. Payments for judicial or extrajudicial indemnification (Form 480.6B) .....	(48)		00
10. Tax withheld on distributable share of net profits to stockholders of corporations of individuals (Form 480.6 CI) .....	(49)		00
11. Tax withheld on distributable share of net profits to partners of special partnerships (Form 480.6 SE) .....	(50)		00
12. Tax withheld on distributable share of net profits to partners of partnerships (Form 480.6 S) .....	(51)		00
13. 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
14. Tax withheld on IRA distributions to Governmental pensioners (Form 480.7) .....	(53)		00
15. Tax withheld at source on qualified pension plans distributions (Form 480.7C) .....	(54)		00
16. Tax withheld on distributions and transfers from Governmental Plans (Form 480.7C) .....	(55)		00
17. Other payments and withholdings not included on the preceding lines (Submit detail) .....	(56)		00
<b>18. Total other payments and withholdings</b> (Add lines 1 through 17. Transfer to page 2, Part 3, line 23C of the return) .....	(57)		

<b>Part IV</b>		<b>Breakdown of the Purchase of Tax Credits</b>	
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 .....	(58)		00
<input type="radio"/> Solid Waste Disposal .....	(59)		00
<input type="radio"/> Capital Investment Fund .....	(60)		00
<input type="radio"/> Theatrical District of Santurce .....	(61)		00
<input type="radio"/> Film Industry Development .....	(62)		00
<input type="radio"/> Housing Infrastructure .....	(63)		00
<input type="radio"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families .....	(64)		00
<input type="radio"/> Conservation Easement .....	(65)		00
<input type="radio"/> Revitalization of Urban Centers .....	(66)		00
<input type="radio"/> Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico .....	(67)		00
<input type="radio"/> Economic Incentives (Research and Development) .....	(68)		00
<input type="radio"/> Economic Incentives (Strategic Projects) .....	(69)		00
<input type="radio"/> Economic Incentives (Industrial Investment) .....	(70)		00
<input type="radio"/> Green Energy Incentives (Research and Development) .....	(71)		00
<input type="radio"/> Other: .....	(72)		00
<b>Total credit for the purchase of tax credits</b> (Same as Part II, line 5) .....	(74)		00

**Schedule B2 Individual**  
(Long Form)

Rev. Mar 9 12



**AMERICAN OPPORTUNITY TAX CREDIT**  
(American Recovery and Reinvestment Act of 2009)

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Social Security Number

**Part I Determination of Credit**

21

(A) Student's Name	(B) Student's Social Security Number	(C) Qualified Educational Expenses (Do not exceed \$4,000 per student)	(D) Enter the smaller of the amount in Column (C) or \$2,000	(E) Enter the difference between Columns (C) and (D) (Column C - Column D)	(F) Multiply the amount in Column (E) by 25% (Column E x .25)	(G) Add the amount of Columns (D) and (F) (Column D + Column F)	(H) Multiply the amount in Column (G) by 40% (Column G x .40)
	(01)	(06)	00 (11)	00 (16)	00 (21)	00 (26)	00 (31)
	(02)	(07)	00 (12)	00 (17)	00 (22)	00 (27)	00 (32)
	(03)	(08)	00 (13)	00 (18)	00 (23)	00 (28)	00 (33)
	(04)	(09)	00 (14)	00 (19)	00 (24)	00 (29)	00 (34)
	(05)	(10)	00 (15)	00 (20)	00 (25)	00 (30)	00 (35)

1. Total credit for eligible students (Enter the total of Column (H)). If you are an individual taxpayer or married filing a separate return and your adjusted gross income exceeds \$80,000 or \$160,000 if you are married, go to Part II. Otherwise, transfer this amount to page 2, Part 3, line 23H of the return ..... (36) 00

**Part II Credit Limitation**

1. Total credit (Enter total of Part I, line 1) .....	(37)	00	
2. Enter \$180,000 if married or \$90,000 if you are an individual taxpayer or married filing separate return .....	(38)	00	
3. Adjusted gross income (Enter the amount of Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) .....	(39)	00	
4. Subtract line 3 from line 2. If the result is zero ("0") or less, <b>do not continue; you can not claim this credit</b> .....	(40)	00	
5. Enter \$20,000 if married or \$10,000 if you are an individual taxpayer or married filing separate return .....	(41)	00	
6. If line 4 is equal or more than line 5, enter the amount from line 1 on line 7. If line 4 is less than line 5, divide line 4 by line 5. Enter the result rounded to two decimal places .....	(42)	X .	00
7. Multiply line 1 by line 6. This is the amount of credit that can be claimed. Transfer to page 2, Part 3, line 23H of the return .....	(43)		00

**Schedule B3 Individual**

Rev. Mar 9 12



**EMPLOYEE RETENTION CREDIT  
(Hire Incentives to Restore Employment Act)**

**2011**

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_ de \_\_\_\_\_

Taxpayer's name

Social Security Number

**Part I Detail of Credit per Employee**

**38**

	(A) Retained Worker No. 1	(B) Retained Worker No. 2	(C) Retained Worker No. 3	(D) Retained Worker No. 4	(E) Retained Worker No. 5
1. Employee's social security number ..... (01)	(10)	(19)	(28)	(38)	
2. Employee's first day of employment ..... (02)	____/____/2010 Day / Month (11)	____/____/2010 Day / Month (20)	____/____/2010 Day / Month (29)	____/____/2010 Day / Month (39)	
3. Total wages for the first 26 consecutive weeks of employment ..... (03)	00 (12)	00 (21)	00 (30)	00 (40)	00
4. Multiply line 3 by 80% ..... (04)	00 (13)	00 (22)	00 (31)	00 (41)	00
5. Total wages for the second 26 consecutive weeks of employment. If line 4 is larger than this line, do not continue. The employee is not a retained worker and is not eligible for the credit ..... (05)	00 (14)	00 (23)	00 (32)	00 (42)	00
6. Add lines 3 and 5 ..... (06)	00 (15)	00 (24)	00 (33)	00 (43)	00
7. Multiply line 6 by 6.2% ..... (07)	00 (16)	00 (25)	00 (34)	00 (44)	00
8. Maximum credit ..... (08)	1,000 (17)	1,000 (26)	1,000 (35)	1,000 (45)	1,000
9. Enter the smaller of lines 7 or 8 ..... (09)	00 (18)	00 (27)	00 (36)	00 (46)	00
10. Add line 9 of Columns A through E ..... (47)					00

**Part II Total Credit for Retained Workers**

**39**

1. Enter line 10 of all Schedules B3 Individual included ..... (01)	00
2. Enter the total number of employees for whom you are claiming a credit on line 1 ..... (02)	
3. Employee retention credit from flow-through entities (See instructions. Submit the corresponding Informative Returns) ..... (03)	00
4. Total employee retention credit (Add lines 1 and 3. Transfer to Schedule B Individual, Part II, line 18) ..... (10)	00

**Schedule C Individual**

Rev. Mar 9 12



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

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Social Security Number

Taxpayer  Spouse  Both

Computed for the alternate basic tax

Resident of:  Puerto Rico  United States  Other (Indicate possession, territory or country) \_\_\_\_\_

Citizen of:  United States  Other (Indicate) \_\_\_\_\_

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

30

	Foreign Country, Territory or Possession of the United States			United States (See instructions)	Total (See instructions)
	A	B	C		
Name of the country, territory or possession .....					
<b>1. Gross income subject to tax from sources of the country, territory or possession:</b>					
a) Interest .....	00	00	00	00	00
b) Dividends .....	00	00	00	00	00
c) Rental income .....	00	00	00	00	00
d) Capital gain .....	00	00	00	00	00
e) Fiduciary income .....	00	00	00	00	00
f) Wages .....	00	00	00	00	00
g) Professions, industry or business .....	00	00	00	00	00
h) Others .....	00	00	00	00	00
i) Total gross income subject to tax ..... (01)	00 (06)	00 (09)	00 (12)	00 (15)	00
<b>2. Deductions and losses:</b>					
a) Expenses directly related to the income on line 1(i) ..... (02)	00 (07)	00 (10)	00 (13)	00 (16)	00
b) Losses from foreign sources ..... (03)	00 (08)	00 (11)	00 (14)	00 (17)	00
c) Pro rata share of other deductions:					
(i) Other expenses and deductions not related to a category of income ..... (04)	00				
(ii) Gross income subject to tax from all sources (See instructions) ..... (05)	00				
(iii) Percentage of gross income subject to tax from sources of the country, territory or possession (Divide line 1(i) by line 2(c)(ii). Enter the result rounded to two decimal places) .....	%	%	%	%	%
(iv) Multiply line 2(c)(i) by line 2(c)(iii) .....	00	00	00	00	00
d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(iv)) .....	00	00	00	00	00
<b>3. Net income from sources of the country, territory or possession (Subtract line 2(d) from line 1(i)) .....</b>	00	00	00	00	00

<b>Part II</b>		<b>Taxes Paid to the United States, its Possessions and Foreign Countries</b>					
Credit for taxes: <input type="radio"/> Paid <input type="radio"/> Accrued		Foreign Country, Territory or Possession of the United States			United States (See instructions)	Total (See instructions)	
		A	B	C			
Name of the country, territory or possession .....							
1. Taxes paid or accrued during the year ..... (18)		00	(19) 00	(20) 00	(21) 00	(22) 00	
2. Date paid or accrued .....							
<b>Part III</b>		<b>Determination of Credit</b>					
1. Net income from sources of the country, territory or possession: (Part I, line 3) .....		00	00	00	00	00	
2. Net income from all sources (See instructions) ..... (23)	00						
3. Limitation (Divide line 1 by line 2. Enter the result rounded to two decimal places) .....		%	%	%	%	%	
4. Taxes to be paid in Puerto Rico (See instructions) ..... (24)	00						
5. Limitation by country, territory or possession:							
a) Multiply line 4 by line 3 .....		00	00	00	00	(25) 00	
b) Enter the smaller of line 5(a) or Part II, line 1 .....		00	00	00	00		
6. Total limitation:							
a) Add line 5(b) from Columns A, B, C and United States .....	(26)						00
b) Enter the smaller of the Total Column, line 5(a) or line 6(a). Transfer to Part 3, line 16 of the return .....	(30)						00

**Schedule CH Individual**

Rev. Feb 13 12



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

**2011**

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's name \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

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taxable year 2011 for (enter the name(s) of child (children)):

	Joint Custody	Name, Initial	Last Name	Second Last Name	Social Security Number
(01)	<input type="radio"/>				
(02)	<input type="radio"/>				
(03)	<input type="radio"/>				
(04)	<input type="radio"/>				
(05)	<input type="radio"/>				
(06)	<input type="radio"/>				
(07)	<input type="radio"/>				
(08)	<input type="radio"/>				
(09)	<input type="radio"/>				
(10)	<input type="radio"/>				

\_\_\_\_\_  
Signature of parent releasing claim to exemption

(11) \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

Retention Period: Ten (10) years

Schedule CO Individual

Rev. Mar 9 12



(Long Form)

OPTIONAL COMPUTATION OF TAX

2011

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Social Security Number

Use this Schedule only if you choose the optional computation of tax for married individuals living together and filing a joint return.

1. Wages, Commissions, Allowances and Tips ATTACH ALL YOUR WITHHOLDING STATEMENTS

(Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable).

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Wages, Commissions, Allowances and Tips

A - Income Tax Withheld

B - TAXPAYER

C - SPOUSE

Total of withholding statements with this schedule

Total (01) (02) (03) (04) (05) (06) (07) (08) (09) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)

2. Federal Government Wages (See instructions) (02) (03) (04) (05) (06) (07) (08) (09) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)

3. Other Income (or Losses):

- A) Total distributions from qualified retirement plans (Schedule D Individual, Part IV, line 27) (05) (06) (07) (08) (09) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
B) Gain (or loss) from sale or exchange of capital assets (Schedule D Individual, Part V, line 36 or 37, as applicable) (50% of the total to each spouse) (06) (07) (08) (09) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
C) Interest (Schedule F Individual, Part I, line 5) (50% of the total to each spouse) (07) (08) (09) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
D) Dividends from corporations (Schedule F Individual, Part II, line 4) (50% of the total to each spouse) (08) (09) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
E) Distributions from Governmental Plans (Schedule F Individual, Part III, line 3) (09) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Schedule F Ind., Part IV, line 2) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
G) Miscellaneous income (Schedule F Ind., Part VII, line 6) (50% of the total to each spouse or as applicable. See inst.) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
H) Income from annuities and pensions (Schedule H Individual, Part II, line 12) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
I) Gain (or loss) from industry or business (Schedule K Individual, Part II, line 10) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
J) Gain (or loss) from farming (Schedule L Individual, Part II, line 12) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
K) Gain (or loss) from professions and commissions (Schedule M Individual, Part II, line 6) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
L) Gain (or loss) from rental business (Schedule N Individual, Part II, line 7) (50% of the total to each spouse) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
M) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1) (50% of the total to each spouse) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
N) Net long-term capital gain on Investment Funds (Submit Schedule Q1) (50% of the total to each spouse) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
O) Distributable share on profits from partnerships, special partnerships and corporations of individuals (Submit Schedule R Individual) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)
P) Alimony received (Payer's social security No. \_\_\_\_\_) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)

4. Total Income (Add lines 1, 2 and 3A through 3P, of Columns B and C, respectively) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)

5. Alimony Paid (Recipient's social security No. \_\_\_\_\_) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)

6. Adjusted Gross Income (Subtract line 5 from line 4, of Columns B and C, respectively) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)

7. DEDUCTIONS ALLOCATED IN HALF (50%) OF THE TOTAL (See instructions)

17

A) Home mortgage Interest

Table with columns: Name of entity to which payment was made, Mortgage, Loan Number, Employer Ident. No., Amount. Rows include First residence (First/Second), Second residence (First/Second), Loan Origination Fees, Loan Discounts, Total home mortgage interest paid, Limit, Allowable deduction for mortgage interest, Casualty loss, Medical expenses, Charitable contributions, Loss of personal property, Total deductions allocated in half (50%) of the total, and Enter 50% of the total of line 7F in Columns B and C.

B - TAXPAYER

C - SPOUSE

8. DEDUCTIONS INDIVIDUALLY ALLOCATED (See instructions):

18

B - TAXPAYER

C - SPOUSE

- A) Contributions to governmental pension or retirement systems ..... (01)
- B) Contributions to individual retirement accounts (Do not exceed from \$5,000 each):
  - Financial inst. Account No. Employer Ident. No. Contribution
  - \_\_\_\_\_ (02) \_\_\_\_\_ (05) \_\_\_\_\_
  - \_\_\_\_\_ (03) \_\_\_\_\_ (06) \_\_\_\_\_
  - \_\_\_\_\_ (04) \_\_\_\_\_ (07) \_\_\_\_\_

	00	(38)	00

Total contributions to individual retirement accounts (Distribute the amount as it corresponds to the taxpayer and spouse) ..... (08)

	00	(39)	00
--	----	------	----

C) Contributions to health savings accounts with a high annual deductible medical plan (See instructions):

- Institution Account No. Employer Ident. No. Contribution
- \_\_\_\_\_ (11) \_\_\_\_\_ (15) \_\_\_\_\_
- Annual deductible (09) \_\_\_\_\_ Type of (12)  1 Individual  2 Individual and age 55 or older coverage:  3 Family  4 Family and age 55 or older (16) Effective date \_\_\_\_\_


- Institution Account No. Employer Ident. No. Contribution
- \_\_\_\_\_ (13) \_\_\_\_\_ (17) \_\_\_\_\_


- Annual deductible (10) \_\_\_\_\_ Type of (14)  1 Individual  2 Individual and age 55 or older coverage:  3 Family  4 Family and age 55 or older (18) Effective date \_\_\_\_\_


Total contributions (Add the smaller amount between the contribution and the annual deductible of each account. Distribute the amount as it corresponds to the taxpayer and spouse) ..... (19)

	00	(40)	00
--	----	------	----

D) Educational Contribution Account (Complete line 23) (See instructions) ..... (20)

	00	(41)	00
--	----	------	----

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

- Financial inst. Loan No. Employer Ident. No. Amount
- \_\_\_\_\_ (21) \_\_\_\_\_ (23) \_\_\_\_\_
- \_\_\_\_\_ (22) \_\_\_\_\_ (24) \_\_\_\_\_


Total interest paid on students loans ..... (25)

	00	(42)	00
--	----	------	----

F) Total deductions individually allocated (Add lines 8A through 8E, Columns B and C, respectively) ..... (26)

	00	(43)	00
--	----	------	----

9. Special Deduction for Certain Individuals (See instructions) ..... (27)

	00	(44)	00
--	----	------	----

10. PERSONAL EXEMPTION ..... (28)

	3,500	(45)	3,500
--	-------	------	-------

11. EXEMPTION FOR DEPENDENTS (Complete Schedule A1 Individual, see instructions)

- A) (29) \_\_\_\_\_ X \$2,500 ..... (31) \_\_\_\_\_ 00
- B) (30) \_\_\_\_\_ X \$1,250 (Joint custody) ..... (32) \_\_\_\_\_ 00
- C) Total exemption for dependents (Add lines 11A and 11B) ..... (33) \_\_\_\_\_ 00
- D) Enter 50% of the total of line 11C in Columns B and C ..... (34) \_\_\_\_\_ 00

		(46)	00

12. Additional Personal Exemption for Veterans (See instructions) ..... (35)

	00	(47)	00
--	----	------	----

13. Total Deductions and Exemptions (Add lines 7G, 8F, 9, 10, 11D and 12, Columns B and C, respectively) ..... (36)

	00	(48)	00
--	----	------	----

14. NET TAXABLE INCOME (Subtract line 13 from line 6. If line 13 is larger than line 6, enter zero) ..... (37)

	00	(49)	00
--	----	------	----

15. TAX: (01)  1 Tax Table  2 Preferential rates (Schedule A2 Individual)  3 Nonresident alien

19

	00	(09)	00
--	----	------	----

16. Gradual Adjustment Amount (Determine this adjustment if the amount indicated on line 14, Column B or C, or on Schedule A2 Individual, line 7 is larger than \$100,000) (Schedule P Individual, line 7) ..... (03)

	00	(10)	00
--	----	------	----

17. REGULAR TAX BEFORE THE CREDIT (Add lines 15 and 16, Columns B and C, respectively) ..... (04)

	00	(11)	00
--	----	------	----

18. Credit for taxes paid to foreign countries, the United States, its territories and possessions (Submit Schedule C Individual) (See instructions) ..... (05)

	00	(12)	00
--	----	------	----

19. NET REGULAR TAX (Subtract line 18 from line 17) ..... (06)

	00	(13)	00
--	----	------	----

20. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 8) (See instructions) ..... (07)

	00	(14)	00
--	----	------	----

21. Tax Determined Individually (Add lines 19 and 20, Columns B and C, respectively) ..... (08)

	00	(15)	00
--	----	------	----

22. TOTAL TAX DETERMINED (Add the amounts of Columns B and C of line 21 and transfer to Part 3, line 19 of the Long Form) ..... (16)

			00
--	--	--	----

Continue in Part 3, line 19 of the Long Form.

23. BENEFICIARIES OF EDUCATIONAL CONTRIBUTION ACCOUNTS (See instructions)

57

(01)	Name, Initial Last Name Second Last Name	Date of Birth (Day/Month/Year)	Relationship	Social Security Number	Contributed Amount (Not to exceed from \$500 each)
	Financial institution	Account Number		Employer Identification Number	00
(02)	Name, Initial Last Name Second Last Name	Date of Birth (Day/Month/Year)	Relationship	Social Security Number	Contributed Amount (Not to exceed from \$500 each)
	Financial institution	Account Number		Employer Identification Number	00
(03)	Name, Initial Last Name Second Last Name	Date of Birth (Day/Month/Year)	Relationship	Social Security Number	Contributed Amount (Not to exceed from \$500 each)
	Financial institution	Account Number		Employer Identification Number	00
(10)	Total contributions (Add lines (01) through (03) and transfer to line 8D, Column B or C, as applicable) ..... 00				

**Schedule D Individual**

Rev. Mar 9 12



**CAPITAL ASSETS GAINS AND LOSSES,  
TOTAL DISTRIBUTIONS FROM QUALIFIED PENSION PLANS  
AND VARIABLE ANNUITY CONTRACTS**

**2011**

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 (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(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 (Submit Schedule D1 and/or G Individual) .....					(05)	00
3. Distributable share on net short-term capital gain (or loss) from Estates or Trusts .....					(06)	00
4. Distributable share on net short-term capital gain (or loss) from Partnerships (Submit Form 480.6 S) .....					(07)	00
5. Distributable share on net short-term capital gain (or loss) from Special Partnerships (Submit Form 480.6 SE) .....					(08)	00
6. Distributable share on net short-term capital gain (or loss) from Corporations of Individuals (Submit Form 480.6 CI) .....					(09)	00
7. Net short-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net short-term capital gain (or loss) from Employees - Owned Special Corporations (Submit detail. See instructions) .....					(10)	00
8. Net capital loss carryover (Submit schedule) .....					(11)	00
9. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions) .....					(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)**

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss (Act 132-2010 and Act 216-2011. See inst.)	(G) Gain or Loss
	0		(16)	(19) 00	00	00	(22) 00	(25) 00
	0		(17)	(20) 00	00	00	(23) 00	(26) 00
	0		(18)	(21) 00	00	00	(24) 00	(27) 00
11. Net long-term capital gain (or loss) .....							(28)	00
12. Net long-term capital gain (or loss) on sale of your principal residence and/or sole proprietorship business (Submit Schedule D1 and/or G Individual) .....							(29)	00
13. Distributable share on net long-term capital gain (or loss) from Estates or Trusts .....							(30)	00
14. Distributable share on net short-term capital gain (or loss) from Partnerships (Submit Form 480.6 S) .....							(31)	00
15. Distributable share on net long-term capital gain (or loss) from Special Partnerships (Submit Form 480.6 SE) .....							(32)	00
16. Distributable share on net long-term capital gain (or loss) from Corporations of Individuals (Submit Form 480.6 CI) .....							(33)	00
17. Lump-sum distributions from variable annuity contracts - Taxpayer (See instructions) .....							(34)	00
18. Lump-sum distributions from variable annuity contracts - Spouse (See instructions) .....							(35)	00
19. Net long-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations (Submit detail. See instructions) .....							(36)	00
20. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions) .....							(37)	00
21. Net long-term capital gain (or loss) (Add lines 11 through 20) .....							(38)	00

**Part III Long-Term Capital Assets Gains and Losses (Held more than 6 months) Realized under Special Legislation**

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	0			(39) 00	00	00	00
22. Net long-term capital gain (or loss) under Act: _____ (Decree No. _____) .....							(40) 00

Part IV Total Distributions from Qualified Pension Plans								
Description	Fill in if you Prepaid	Distribution Date (Day/Month/Year)	(A) Total Distribution		(B) Basis	(C) Taxable Amount		
23. Taxable at 20% - Taxpayer .....	<input type="checkbox"/>		(41)	00		00	(45) 00	
24. Taxable at 20% - Spouse .....	<input type="checkbox"/>		(42)	00		00	(46) 00	
25. Taxable at 10% - Taxpayer .....	<input type="checkbox"/>		(43)	00		00	(47) 00	
26. Taxable at 10% - Spouse .....	<input type="checkbox"/>		(44)	00		00	(48) 00	
27. Total distributions from qualified pension plans (Total of Column C. Transfer this amount to Part 1, line 2A of the return or to line 3A, Columns B and C of Schedule CO Individual, as applicable) .....							(50)	00

Part V Net Capital Gains or Losses for Determination of the Adjusted Gross Income <span style="float: right;">53</span>						
Gains or Losses	Column A		Column B		Column C	
	Short-Term		Long-Term		Under Special Legislation	
28. Enter the gains determined on lines 10, 21 and 22 in the corresponding Column .....	(01)	00		00		00
29. Enter the losses determined on lines 10, 21 and 22 in the corresponding Column .....	(02)	00	(03)	00	(05)	00
30. If <b>any</b> of Columns B and C reflect a loss on line 29, apply the total to the gain in the other Column (See instructions) .....				00		00
31. Subtract line 30 from line 28. If any Column reflected a loss on line 29, enter zero here				00		00
32. Apply the loss from line 29, Column A proportionally to the gains in Columns B and C (See instructions) .....				00		00
33. Subtract line 32 from line 31 .....			(04)	00	(06)	00
34. Add the total of Columns B and C, line 33. However, if line 28 does not reflect <b>any</b> gain in Columns B and C, you must enter the total amount of line 29, Columns A, B and C ...					(07)	00
35. Net capital gain (or loss) (Add line 28, Column A and line 34) .....					(08)	00
36. If line 35 is more than zero, enter here and in Part 1, line 2B of the return or on line 3B of Schedule CO Individual, as applicable. If line 35 includes long-term capital gains, see instructions .....					(09)	00
37. If line 35 is a net loss, enter here and in Part 1, line 2B of the return or on line 3B of Schedule CO Individual, as applicable, the smaller of the following amounts: a) The net loss on line 35, b) (1,000), or c) (5,000) if the loss was generated in the sale of qualified property between January 1 and December 31, 2011. (See instructions) .....					(10)	00

Schedule D1 Individual

Rev. Mar 9 12



SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

2011

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Social Security Number

Part I Computation of Gain

42

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

Part II Once in a Lifetime Exemption 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 exemption from the gain on the sale?
14. Exemption: Enter the smaller of line 8 or \$150,000 (\$300,000 if married that choose the optional computation of tax)

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

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

**Schedule E**

Rev. Mar 9 12



**DEPRECIATION**

**2011**

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's name				Social Security or Employer Identification Number	
1. Type of property (in case of a building, specify the material used in the construction).	2. Date acquired.	3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$30,000 per vehicle.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year. <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">37</span>

<b>(a) Current Depreciation</b>					
			00	00	00
			00	00	00
			00	00	00
Total				00	00

<b>(b) Flexible Depreciation</b>					
			00	00	00
			00	00	00
			00	00	00
Total				00	00

<b>(c) Accelerated Depreciation</b>					
			00	00	00
			00	00	00
			00	00	00
Total				00	00

<b>(d) Amortization (i.e. Goodwill)</b>					
			00	00	00
			00	00	00
			00	00	00
Total				00	00

<b>(e) Automobiles (See instructions)</b>					
			00	00	00
			00	00	00
			00	00	00
Total				00	00

<b>(f) Vehicles under lease (Form 480.7D) .....</b> (01)					00
--	--	--	--	--	----

<b>Note: Complete next line only if you are filling out Form 482.0 (Individual Income Tax Return - Long Form)</b>					
<b>TOTAL:</b> (Add total of lines (a) through (f) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies) .....					(10) 00

**Schedule F Individual**

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**OTHER INCOME**

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name \_\_\_\_\_

Fill in one: (01)

1 Taxpayer  2 Spouse  3 Both

Social Security Number \_\_\_\_\_

**Part I Interest**

**31**

Payer's name	Employer Identification Number	Account Number	Column A Eligible interest subject to withholding (10%)	Column B Interest subject to withholding from financial institutions (17%)	Column C Interest subject to withholding from financial institutions (10%)	Column D Interest not subject to withholding from financial institutions	Column E Interest from IRA distributions to Government Pensioners (10%)	Column F Other interest
	(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
	(09)		00	00	00	00	00	00
1. Subtotal of interest ..... (10)			00 (14)	00 (19)	00 (24)	00 (28)	00 (33)	00
2. Less: Expenses related to the purchase of investments (See instructions) ..... (11)			00 (15)	00 (20)	00 (25)	00 (29)	00 (34)	00
3. Less: Interest exemption (See instructions) .....			(16)	00 (21)	00 (26)	00 (30)	00	
4. <b>Total interest</b> (Subtract lines 2 and 3 from line 1, Columns A through F. Transfer the amounts from line 4, Columns A through C and E to line 2, Column A, C and D, as applicable, of Schedule A2 Individual) ..... (12)			00 (17)	00 (22)	00 (27)	00 (31)	00 (35)	00
5. Add line 4, Columns A through F and transfer to Part 1, line 2C of the return or to line 3C of Schedule CO Individual .....							(36)	00
6. Tax withheld (Submit the corresponding Informatives Returns) ..... (13)			00 (18)	00 (23)	00	(32)	00	
7. Total tax withheld (Add line 6, Columns A through C and E. Enter on Schedule B Individual, Part III, line 4) .....								00

Taxpayer's name	Social Security Number
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**Part II Corporate Dividends** 34

Payer's name	Employer Identification Number	Account Number	Column A		Column B	
			Subject to withholding	Not subject to withholding	Not subject to withholding	
	(01)			00		00
	(02)			00		00
	(03)			00		00
	(04)			00		00
	(05)			00		00
1. Dividends distributed amount .....				(06) 00	(11)	00
2. Less: Expenses related to the purchase of investments (See instructions) .....				(07) 00	(12)	00
3. Subtotal (Subtract line 2 from line 1, Columns A and B. Transfer the total of Column A to line 2(f), Columns A and D of Schedule A2 Individual) .....				(08) 00	(13)	00
4. Total (Add line 3, Columns A and B and transfer to Part 1, line 2D of the return or line 3D of Schedule CO Individual) .....				(09) 00		
5. Tax withheld (Submit Form 480.6B. Enter on Schedule B Individual, Part III, line 5) .....				(10) 00		

**Part III Distributions and Transfers from Governmental Plans** 40

Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount	Taxable Amount - Savings Account		
						(D) Distributions under \$10,000	(E) Lump-sum distributions (\$10,000 or more)	(F) Transfer under Section 1081.03
1. Taxable as ordinary income .....	○	(01)	00	00	(03) 00	(04) 00		
2. Taxable at 10% (Transfer Columns E and F to line 2(i), Columns A and D of Schedule A2 Individual) .....	○	(02)	00	00			(05) 00	(06) 00
3. Total distributions or transfers from governmental plans (Add line 1, Columns C and D and line 2, Columns E and F. Transfer to Part 1, line 2E of the return or line 3E, Column B or C of Schedule CO Individual, as applicable) .....								(07) 00
4. Tax withheld (Submit applicable Informative Returns. Enter on Schedule B Individual, Part III, line 15) .....								(08) 00

**Part IV Distributions from Individual Retirement Accounts and Educational Contribution Accounts** 41

Payer's name	Employer Identification Number	Account Number	Fill in if you Prepaid	Taxable Amount					
				Column A Total Distribution	Column B Basis (See instructions)	Column C Interest (Transfer to Part I)	Column D IRA Distributions to Government Pensioners (excluding contributions) (10%)	Column E IRA or Educational Contribution Accounts Distribution of Income from Sources Within P.R. (17%)	Column F IRA or Educational Contribution Accounts Distributions
	(09)		○	00	00	00	00	00	00
	(10)		○	00	00	00	00	00	00
	(11)		○	00	00	00	00	00	00
	(12)		○	00	00	00	00	00	00
	(13)		○	00	00	00	00	00	00
1. Subtotal (Transfer the total of Columns D and E to line 2(i), Columns A, C and D, as applicable, of Schedule A2 Individual) .....				(14) 00	(15) 00	(16) 00	(17) 00	(18) 00	00
2. Total distributions from Individual Retirement Accounts and Educational Contribution Accounts (Add the total of Columns D through F. Transfer to Part 1, line 2F of the return or line 3F, Column B or C of Schedule CO Individual, as applicable) .....									(19) 00

Taxpayer's name	Social Security Number
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**Part V Distributions from Deferred Compensation Plans (Non Qualified)**

Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount
1. Taxable as ordinary income (Transfer to Part VII, line 4 of this Schedule) .....	0		(21) 00	00	(22) 00

**Part VI Distributions from Qualified Retirement Plans (Partial or Lump - Sum Not due to Separation from Service or Plan Termination)**

Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount
1. Taxable as ordinary income (Transfer to Part VII, line 5 of this Schedule) .....	0		(23) 00	00	(24) 00
2. Tax withheld (Submit the corresponding Informative Returns. Enter on Schedule B Individual, Part III, line 15) .....				(25)	00

**Part VII Miscellaneous Income**

Payer's name	Employer Identification Number	Account Number	Column A Miscellaneous Income	Column B Judicial or Extrajudicial Indemnification	Column C Income from Prizes and Contests	Column D Income from Major League Baseball teams and the U.S. National Basketball Association
(26)			00	00	00	00
(27)			00	00	00	00
(28)			00	00	00	00
1. Amount received .....			(29) 00	(34) 00	(37) 00	(40) 00
2. Less: Expenses related to the production of these income (See instructions) .....			(30) 00	(35) 00	(38) 00	00
3. Subtotal (Subtract line 2 from line 1. Transfer the total on Column D to line 2(g), Columns A and B of Schedule A2 Individual) .....			(31) 00	(36) 00	(39) 00	(41) 00
4. Distributions from deferred compensation plans (From Part V, line 1) .....			(32) 00			
5. Distributions from qualified retirement plans (From Part VI, line 1) .....			(33) 00			
6. Total miscellaneous income (Add the total of lines 3, 4 and 5 of Column A and line 3 of Columns B through D. Transfer to Part 1, line 2G of the return or line 3G of Schedule CO Individual) .....						(42) 00

Schedule G Individual

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

2011

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Social Security Number

Part I Questionnaire

44

- 1. Did you elect to defer the gain from the sale of the first sole proprietorship business?
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 (day, month, year)
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 (Include sales commissions, advertising, legal fees, etc.)
8. Total realized (Subtract line 7 from line 6)
9. Adjusted basis of the first sole proprietorship business.
10. Gain realized on sale (Subtract line 9 from line 8).
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

- 12. Recognized gain. Enter the amount of line 10.
13. Selling price of the first sole proprietorship business (Enter the amount of line 6)
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 (Add lines 14(b) and 15)
17. Subtract line 16 from line 13. If it is zero or less, enter zero
18. Taxable gain. Enter the smaller of line 12 or 17. If it is zero or less, enter zero.
19. Postponed gain (Subtract line 18 from line 12)
20. Adjusted basis of the new sole proprietorship business (Subtract line 19 from line 16)

**Schedule H Individual**

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(Long Form)



**INCOME FROM ANNUITIES  
OR PENSIONS**

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Social Security Number

Recipient of pension (Fill in one):     1 Taxpayer     2 Spouse

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

Place where the service was performed:  1 Puerto Rico     2 United States     3 Others \_\_\_\_\_

Date on which you started to receive the pension: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

35

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

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

**Part II**    **Taxable Income** (See instructions)

7. Total amount received during the year .....	(08)		00
8. Tax exempt amount (Enter here and on Schedule IE Individual, Part II, line 8) .....	(09)		00
9. Pension income less the exempt amount (Subtract line 8 from line 7. If it is less than zero, go to line 13) .....	(10)		00
10. Cost of pension to be recovered (Same as line 6) .....	(11)		00
11. Pension income in excess of the cost to be recovered (Subtract line 10 from line 9) .....	(12)		00
12. <b>Taxable pension income</b> (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 I, line 2H of the Long Form or line 3H, Column B or C of Schedule CO Individual, as applicable) .....	(13)		00
13. Tax withheld on annuity or pension for the taxable year (Enter this amount in Part 3, line 23B of the Long Form) .....	(14)		00

**Schedule IE Individual**

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**EXCLUDED AND EXEMPT INCOME**

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name \_\_\_\_\_

Fill in one: (01)  
 1 Taxpayer  2 Spouse  
 3 Both

Social Security Number \_\_\_\_\_

**Part I Exclusions from Gross Income**

28

		Items Considered for the Home Mortgage Interest Limitation	Items subject to Alternate Basic Tax
1. Life insurance	(02)	00	
2. Donations, legacies and inheritances	(03)	00	
3. Compensation for injuries or sickness	(04)	00	
4. Benefits from federal social security for old-age and survivors	(05)	00	
5. Income derived from discharge of debts (See instructions)	(06)	00	
6. IVU Loto prizes	(07)	00	
7. Meal and travel expenses paid to Certain Volunteers up to \$1,500 under Act 261-2004	(08)	00 (62)	00
8. Child support payments	(09)	00	
9. Other exclusions	(10)	00	
10. Total (Add lines 1 through 9)	(15)	00 (65)	00

**Part II Exemptions from Gross Income**

1. Fringe benefits paid by the employer in relation to a cafeteria plan	(16)	00	
2. Interest upon the following instruments:			
A) Obligations from the United States Government, any of its states, territories or political subdivisions	(17)	00	
B) Obligations from the Government of Puerto Rico	(18)	00	
C) Securities under Agricultural Loans Act	(19)	00 (66)	00
D) Certain Mortgages (See instructions)	(20)	00 (67)	00
E) Obligations secured or guaranteed under the Servicemembers Readjustment Act of 1944	(21)	00 (68)	00
F) Securities issued by cooperative associations up to \$5,000	(22)	00 (69)	00
G) Deposits in Puerto Rico interest bearing accounts up to \$2,000 (\$4,000 for married filing jointly) (Schedule F Individual)	(23)	00 (70)	00
H) Obligations issued by the Conservation Trust, Housing and Human Development Trust and San Juan Monuments Patronage	(24)	00	
3. Dividends received from the following organizations:			
A) Limited dividends corporations	(25)	00 (71)	00
B) Cooperative associations	(26)	00 (72)	00
C) International Insurer or Holding Company of the International Insurer	(27)	00	
4. Expenses of priests or ministers (See instructions)	(28)	00 (73)	00
5. Recapture of bad debts, prior taxes, surcharges and other items	(29)	00 (74)	00
6. Stipends received by certain physicians during the internship period (Form 499R-2/W-2PR)	(30)	00 (75)	00
7. Prizes from the Lottery of Puerto Rico and the Additional Lottery	(31)	00	
8. Income from pensions or annuities, up to the applicable limitation (Schedule H Individual, Part II, line 8)	(32)	00 (76)	00
9. Christmas Bonus, Summer Bonus and Medicine Bonus	(33)	00 (77)	00
10. Gain from the sale or exchange of principal residence by certain individuals (Schedule D1 Individual, Part II, line 14)	(34)	00	
11. Certain income related to the operation of an employees owned special corporation (See instructions)	(35)	00 (78)	00
12. Cost of living allowance (COLA) (Federal Form W-2)	(36)	00	
13. Unemployment compensation	(37)	00 (79)	00
14. Compensation received from active military service in a combat zone (Federal Form W-2)	(38)	00	
15. Income received or earned in relation to the celebration of sports games organized by international associations or federations (Schedule F Individuals)	(39)	00 (80)	00
16. Compensation received by an eligible investigator or scientist (Form 480.6D)	(40)	00	
17. Compensation received by an eligible investigator or scientist in the District under Act 214-2014	(41)	00	
18. Rents from the Historic Zone	(42)	00 (81)	00
19. Compensation to citizens and aliens nonresidents of Puerto Rico for the production of film projects	(43)	00	
20. Amounts paid by an employer as reimbursement of expenses related to trips, meals, lodging, entertainment and others	(44)	00	
21. Income from sources outside of Puerto Rico (Nonresidents or part-year residents)	(45)	00	
22. Remuneration received by employees of foreign governments or international organizations	(46)	00	
23. Income from buildings rented to the Government of Puerto Rico for public hospitals, health or convalescent homes, public schools (Contracts in force at November 22, 2010)	(47)	00	
24. Income derived by the taxpayer from the resale of personal property or services which acquisition was subject to tax under Section 3070.01 or Section 2101 of the Internal Revenue Code of 1994	(48)	00	
25. Accumulated Gain in Nonqualified Options	(49)	00	
26. Distributions of Amounts Previously Notified as Deemed Eligible Distributions under Section 1023.06(j)	(50)	00	
27. Distributions from Non Deductible Individual Retirement Accounts	(51)	00	
28. Special Compensation Paid due to a Liquidation or Close of Businesses under Article 10 of Act No. 80 of May 30, 1976	(52)	00 (82)	00
29. Distributions of Dividends and Benefits from Industrial Development Income from Exempt Businesses and in Liquidation under Act 73-2008 and Act 135-1997	(53)	00	
30. Salaries from Overtime during Emergency Situations (Form 499R-2/W-2PR)	(54)	00 (83)	00
31. Income from copyrights up to \$10,000 under Act 516-2004	(55)	00	
32. Income received by designers and translators up to \$6,000 under Act 516-2004	(56)	00	
33. Other exemptions	(57)	00	
34. Total (Add lines 1 through 33)	(60)	00 (85)	00

**Part III Total**

1. Total of items considered for the home mortgage interest limitation (Add line 10 of Part I and line 34 of Part II, first column)	(61)	00	
2. Total of items subject to alternate basic tax (Add line 10 of Part I and line 34 of Part II, second column)			00 (86)

**Schedule K Individual**

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**INDUSTRY OR BUSINESS INCOME**

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Part I Questionnaire**

65

Date operations began:

Employer Identification Number \_\_\_\_\_ Number of employees \_\_\_\_\_ Industry or Business Income (fill in one):  
 1 Taxpayer  2 Spouse Fill in here if this is your principal industry or business

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 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 78-1993  (05)  
 Act 75-1995  (06)  
 Act 14-1996  (07)  
 Act 135-1997  (08)  
 Act 362-1999  (09)  
 Act 178-2000  (10)  
 Act 73-2008  (11)  
 Act 83-2010  (12)

Merchant's Registration Number \_\_\_\_\_ Location of Industry or Business - Number, Street and City \_\_\_\_\_

Case or Concession Number \_\_\_\_\_

Industrial Code \_\_\_\_\_ Code \_\_\_\_\_ Nature of industry or business (i.e. hotel, rent of equipment, etc.) \_\_\_\_\_

Indicate if you claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable). Also, indicate if the business derived more than 80% of the total income from activities related exclusively to fishing, passenger or freight transportation or leasing in the case of vessels, passenger or freight transportation or leasing in the case of airships, or leasing of property to non related persons in the case of residential property outside of Puerto Rico.

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2 vessels	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3 airships	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4 residential property outside of Puerto Rico	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**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. Income earned through corporation of individuals, partnerships and special partnerships	(10)	00
5. Less: Operating expenses and other costs (Detail in Part III)	(11)	00
6. Net income (Subtract line 5 from the sum of lines 3 and 4)	(12)	00
7. Less: Net operating loss from previous years (Submit schedule, see instructions)	(13)	00
8. Adjusted net income	(14)	00
9. Less exempt amount: _____% of line 8 (See instructions)	(15)	00
10. Gain (or loss) (Transfer the total to page 2, Part 1, line 21 of the return or line 3 I, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 2(i) of Schedule A2 Individual, according to the tax rate applicable to the gain)	(20)	00

**Part III Operating Expenses and Other Costs**

81

<b>A. Expenses allowable against alternate basic tax:</b>		
1. Salaries, commissions and allowances to employees	(01)	00
2. Payroll expenses	(02)	00
3. Medical or hospitalization insurance	(03)	00
4. Rent paid	(04)	00
5. Property taxes	(05)	00
6. Other taxes, patents and licenses	(06)	00
7. Utilities	(07)	00
8. Depreciation and amortization (Submit Schedule E)	(08)	00
9. Federal self employment tax (See instructions)	(09)	00
10. Subtotal (Add lines 1 through 9)	(10)	00
<b>B. Other deductions:</b>		
11. Commissions to businesses	(11)	00
12. Contributions to pension plans	(12)	00
13. Contributions to deferred income plans	(13)	00
14. Interest on business debts	(14)	00
15. Repairs	(15)	00
16. Motor vehicles expenses (Mileage _____) (See instructions)	(16)	00
17. Insurance	(17)	00
18. Advertising	(18)	00
19. Travel expenses	(19)	00
20. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	(20)	00
21. Professional services	(21)	00
22. Materials and supplies	(22)	00
23. Bad debts	(23)	00
24. Other expenses (Submit detailed schedule)	(24)	00
25. Subtotal (Add lines 11 through 24)	(25)	00
26. Total (Add lines 10 and 25. Transfer to Part II, line 5 of this Schedule)	(30)	00

**Schedule L Individual**

Rev. Mar 9 12



**FARMING INCOME**

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Social Security Number

**Part I Questionnaire**

**66**

Employer Identification Number	Farming Income (fill in one): <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="radio"/>	Date operations began: Day _____ Month _____ Year _____
Merchant's Registration Number	Location of Farming Business - Number, Street and City		Fully Taxable <input type="radio"/> (01) Exemption under: Act 225-1995 <input type="radio"/> (02) Section 1033.12 of the Code <input type="radio"/> (03)
Industrial Code	Code	Nature of farming business (i.e. milk-dairy, breeding of chicken, etc.)	Number of employees

Indicate if you claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable). Also, indicate if the business derived more than 80% of the total income from activities related exclusively to fishing, passenger or freight transportation or leasing in the case of vessels, passenger or freight transportation or leasing in the case of airships, or leasing of property to non related persons in the case of residential property outside of Puerto Rico.

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2 vessels	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3 airships	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4 residential property outside of Puerto Rico	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**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. Farming income earned through corporations of individuals, partnerships and special partnerships	(12)	00
7. Less: Operating expenses and other costs (Detail in Part III)	(13)	00
8. Net income (Subtract line 7 from the sum of lines 5 and 6)	(14)	00
9. Less: Net operating loss from previous years (Submit schedule, see instructions)	(15)	00
10. Adjusted net income	(16)	00
11. Less: Exempt amount (90% of line 10)	(17)	00
12. Gain (or loss) (If it is a gain, transfer the total to page 2, Part 1, line 2J of the return or line 3J, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions)	(20)	00

**Part III Operating Expenses and Other Costs**

**83**

<b>A. Expenses allowable against alternate basic tax:</b>		
1. Salaries, commissions and allowances to employees	(01)	00
2. Payroll expenses	(02)	00
3. Medical or hospitalization insurance	(03)	00
4. Rent paid	(04)	00
5. Property taxes	(05)	00
6. Other taxes, patents and licenses	(06)	00
7. Utilities	(07)	00
8. Depreciation and amortization	(08)	00
9. Federal self employment tax (See instructions)	(09)	00
10. Subtotal (Add lines 1 through 9)	(10)	00
<b>B. Other deductions:</b>		
11. Commissions to business	(11)	00
12. Contributions to pension plans	(12)	00
13. Contributions to deferred income plans	(13)	00
14. Interest on business debts	(14)	00
15. Repairs	(15)	00
16. Motor vehicles expenses (Mileage _____) (See instructions)	(16)	00
17. Insurance	(17)	00
18. Advertising	(18)	00
19. Travel expenses	(19)	00
20. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	(20)	00
21. Professional services	(21)	00
22. Materials and supplies	(22)	00
23. Bad debts	(23)	00
24. Other expenses (Submit detailed schedule)	(24)	00
25. Subtotal (Add lines 11 through 24)	(25)	00
26. Total (Add lines 10 and 25. Transfer to Part II, line 7 of this Schedule)	(30)	00

**Schedule M Individual**

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**PROFESSIONS AND COMMISSIONS  
INCOME**

**2011**

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**

Employer Identification Number	Income from (fill in one): <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Fill in one: <input type="radio"/> 3 Professions <input type="radio"/> 4 Commissions	Fill in here if this is your principal industry or business <input type="radio"/>
Merchant's Registration 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

Indicate if you claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable). Also, indicate if the business derived more than 80% of the total income from activities related exclusively to fishing, passenger or freight transportation or leasing in the case of vessels, passenger or freight transportation or leasing in the case of airships, or leasing of property to non related persons in the case of residential property outside of Puerto Rico.

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2 vessels	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3 airships	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4 Residential property outside of Puerto Rico	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**Part II Determination of Gain or Loss** **75**

1. Income .....	(01)		00
2. Income earned through corporations of individuals, partnerships and special partnerships .....	(10)		00
3. <b>Less:</b> Operating expenses and other costs (Detail in Part III) .....	(11)		00
4. Net income (Subtract line 3 from the sum of lines 1 and 2) .....	(12)		00
5. <b>Less:</b> Net operating loss from previous years (Submit schedule, see instructions) .....	(13)		00
6. <b>Gain (or loss)</b> (If it is a gain, transfer to page 2, Part 1, line 2K of the return or line 3K, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions) .....	(20)		00

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

<b>A. Expenses allowable against alternate basic tax:</b>			
1. Salaries, commissions and allowances to employees .....	(01)		00
2. Payroll expenses .....	(02)		00
3. Medical or hospitalization insurance .....	(03)		00
4. Rent paid .....	(04)		00
5. Property taxes .....	(05)		00
6. Other taxes, patents and licenses .....	(06)		00
7. Utilities .....	(07)		00
8. Depreciation and amortization (Submit Schedule E) .....	(08)		00
9. Federal self employment tax (See instructions) .....	(09)		00
10. <b>Subtotal</b> (Add lines 1 through 9) .....		(10)	00
<b>B. Other deductions:</b>			
11. Commissions to businesses .....	(11)		00
12. Contributions to pension plans .....	(12)		00
13. Contributions to deferred income plans .....	(13)		00
14. Interest on business debts .....	(14)		00
15. Repairs .....	(15)		00
16. Motor vehicles expenses (Mileage _____) (See instructions) .....	(16)		00
17. Insurance .....	(17)		00
18. Advertising .....	(18)		00
19. Travel expenses .....	(19)		00
20. Meal and entertainment expenses (Total expenses \$ _____) (See instructions) .....	(20)		00
21. Professional services .....	(21)		00
22. Materials and supplies .....	(22)		00
23. Bad debts .....	(23)		00
24. Other expenses (Submit detailed schedule) .....	(24)		00
25. <b>Subtotal</b> (Add lines 11 through 24) .....		(25)	00
26. <b>Total</b> (Add lines 10 and 25. Transfer to Part II, line 3 of this Schedule) .....		(30)	00

**Schedule N Individual**

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**RENTAL INCOME**

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Social Security Number

**Part I Questionnaire**

68

Merchant's Registration Number	Rental Income (fill in one): <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="radio"/>	Code
Location of rented property - Number, Street and City		Fully Taxable ..... <input type="radio"/> (01) Fully Exempt (Act 132-2010) ..... <input type="radio"/> (02) Tax Incentives under: Act 52 of 1983 ..... <input type="radio"/> (03) Act 73-2008 ..... <input type="radio"/> (07) Act 8 of 1987 ..... <input type="radio"/> (04) Act 74-2010 ..... <input type="radio"/> (08) Act 78-1993 ..... <input type="radio"/> (05) Act 83-2010 ..... <input type="radio"/> (09) Act 135-1997 ..... <input type="radio"/> (06) Section 1031.02(a)(28) of the Code ..... <input type="radio"/> (10) Section 1031.02(a)(34)(F) of the Code ..... <input type="radio"/> (11)	
Nature of rented property (i.e. residence, apartment, etc.)	Property (Fill in one): <input type="radio"/> 1 Residential <input type="radio"/> 2 Commercial	Case or concession number	Number of employees

Indicate if you claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable). Also, indicate if the business derived more than 80% of the total income from activities related exclusively to fishing, passenger or freight transportation or leasing in the case of vessels, passenger or freight transportation or leasing in the case of airships, or leasing of property to non related persons in the case of residential property outside of Puerto Rico.

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2 vessels	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3 airships	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4 residential property outside of Puerto Rico	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**Part II Determination of Gain or Loss**

77

1. Income .....	(01)	00
2. <b>Less:</b> Operating expenses and other costs (Detail in Part III) .....	(10)	00
3. Net income .....	(11)	00
4. <b>Less:</b> Net operating loss from previous years (Submit schedule, see instructions) .....	(12)	00
5. Adjusted net income .....	(13)	00
6. <b>Less:</b> Exempt amount _____% of line 5 (See instructions) .....	(14)	00
7. <b>Gain (or loss)</b> (Transfer to page 2, Part 1, line 2L of the return or line 3L, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 2(i) of Schedule A2 Individual, according to the tax rate applicable to the gain) .....	(20)	00

**Part III Operating Expenses and Other Costs**

87

<b>A. Expenses allowable against alternate basic tax:</b>			
1. Salaries, commissions and allowances to employees .....	(01)	00	
2. Payroll expenses .....	(02)	00	
3. Medical or hospitalization insurance .....	(03)	00	
4. Property taxes .....	(04)	00	
5. Other taxes, patents and licenses .....	(05)	00	
6. Utilities .....	(06)	00	
7. Depreciation and amortization (Submit Schedule E) .....	(07)	00	
8. Federal self employment tax (See instructions) .....	(08)	00	
9. <b>Subtotal</b> (Add lines 1 through 8) .....			(09) 00
<b>B. Other deductions:</b>			
10. Contributions to pension plans .....	(10)	00	
11. Contributions to deferred income plans .....	(11)	00	
12. Interest on business debts .....	(12)	00	
13. Repairs .....	(13)	00	
14. Motor vehicles expenses (Mileage _____) (See instructions) .....	(14)	00	
15. Insurance .....	(15)	00	
16. Advertising .....	(16)	00	
17. Travel expenses .....	(17)	00	
18. Professional services .....	(18)	00	
19. Maintenance .....	(19)	00	
20. Other expenses (Submit detailed schedule) .....	(20)	00	
21. <b>Subtotal</b> (Add lines 10 through 20) .....			(21) 00
22. <b>Total</b> (Add lines 9 and 21. Transfer to Part II, line 2 of this Schedule) .....			(30) 00

**Schedule O Individual**

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**ALTERNATE BASIC TAX**

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name

Fill in one: (01)

- 1 Taxpayer       2 Spouse  
 3 Both

Social Security Number

**Part I Determination of Net Income Subject to Alternate Basic Tax**

91

1. Adjusted Gross Income (Part 1, line 5 of the return or line 6, Column B or C of Schedule CO Individual, as applicable) .....	(02)	00
2. Add: Other deductions from industry or business (Schedule K Individual, Part III, line 25) .....	(03)	00
3. Add: Other deductions from farming (Schedule L Individual, Part III, line 25) (See instructions) .....	(04)	00
4. Add: Other deductions from professions and commissions (Schedule M Individual, Part III, line 25) .....	(05)	00
5. Add: Other deductions from rental business (Schedule N Individual, Part III, line 21) (See instructions) .....	(06)	00
6. Add: Deductions granted under special acts not contemplated under Sections 1033.15 and 1033.16 of the Code .....	(07)	00
7. Add: Adjustment for determination of the share in the profit or loss from certain special partnerships under the percentage of completion method (Form 480.6 SE. See instructions) .....	(08)	00
8. Add: Excluded and exempt income (Schedule IE Individual, Part III, line 2) .....	(09)	00
9. Add lines 1 through 8 .....	(10)	00
10. Less: Deductions and personal exemptions (Part 2, line 11 of the return or line 13, Column B or C of Schedule CO Individual, as applicable) .....	(11)	00
11. Net Income Subject to Alternate Basic Tax (Subtract line 10 from line 9. If this line is less than \$150,000, do not continue. You are not subject to alternate basic tax) .....	(12)	00

**Part II Alternate Basic Tax Computation**

1. Regular tax for purposes of the alternate basic tax:		
(a) Tax as per table and on income subject to preferential tax rates (Line 13 of the return or line 15, Column B or C of Schedule CO Individual, as applicable) .....	(13)	00
(b) Gradual Adjustment (Line 14 of the return or line 16, Column B or C of Schedule CO Individual, as applicable) .....	(14)	00
2. Total Regular Tax (Add lines 1(a) and 1(b)) .....	(15)	00
3. Credit for taxes paid to the United States, its possessions and foreign countries (Schedule C Individual) .....	(16)	00
4. Net regular tax (Subtract line 3 from line 2) .....	(17)	00
5. Determine the Alternate Basic Tax as follows:		
If the Net Income Subject to Alternate Basic Tax (Line 11 of Part I) is:		
(a) From \$150,000 to \$250,000, multiply line 11 of Part I by 10%.		
(b) Over \$250,000 but not over \$500,000, multiply line 11 of Part I by 15%.		
(c) Over \$500,000, multiply line 11 of Part I by 20%.		
This is your Alternate Basic Tax (Enter the corresponding amount on this line) .....	(18)	00
6. Credit for taxes paid to the United States, its possessions and foreign countries (See instructions) .....	(19)	00
7. Net alternate basic tax (Subtract line 6 from line 5) .....	(20)	00
8. <b>Excess of Net Alternate Basic Tax over Net Regular Tax</b> (Subtract line 4 from line 7. If line 4 is larger than line 7, enter zero. If line 7 is larger than line 4, enter the difference here and transfer to Part 3, line 18 of the return or line 20, Column B or C of Schedule CO Individual, as applicable) .....	(30)	00

Schedule P Individual

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GRADUAL ADJUSTMENT

2011

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's name

Fill in one: (01)

- 1 Taxpayer
- 2 Spouse
- 3 Both

Social Security Number

1. Net Taxable Income (Part 2, line 12 of the return, line 14, Column B or C of Schedule CO Individual, as applicable, or line 7, Column A of Schedule A2 Individual, as applicable) .....	(02)		93	00
2. Enter \$100,000 .....	(03)			00
3. Subtract line 2 from line 1 .....	(04)			00
4. 5% of line 3 .....	(05)			00
5. Limit:				
(a) Enter \$9,440 .....	(06)			00
(b) Plus: 33% of personal exemption, additional personal exemption for veterans and exemption for dependents (Lines 8, 9 and 10 from Part 2 of the return or lines 10, 11D and 12, Column B or C, of Schedule CO Individual) .....	(07)			00
6. Total limit (Add lines 5(a) and 5(b)) .....	(08)			00
7. <b>Gradual adjustment</b> (The smaller of line 4 or 6. Enter here and in Part 3, line 14 of the return or line 16, Column B or C of Schedule CO Individual, as applicable) .....	(10)			00

**Schedule R Individual**

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**PARTNERSHIPS, SPECIAL PARTNERSHIPS OR CORPORATIONS OF INDIVIDUALS**

**2011**

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Taxpayer's name	Indicate who is the partner of the special partnership: (01) <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse <input type="radio"/> 3 Both	Social Security or Employer Identification No.
-----------------	--	--

**Part I Adjusted Basis Determination of a Partner in one or more Special Partnerships or Partnerships**

	Column A	Column B	Column C
Name of entity ..... <b>95</b>			
Employer identification number .....	(02)	(10)	(18)
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 from previous year (See instructions) .....	00	00	00
(b) Contributions made during the year .....	(03) 00	(11) 00	(19) 00
(c) Partnership's capital assets gain .....	00	00	00
(d) Exempt income .....	00	00	00
(e) Farming income deduction granted by Section 1033.12 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) Partnership's capital assets loss .....	00	00	00
(c) Distributions during the year .....	(04) 00	(12) 00	(20) 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) Donations (Do not apply to special partnerships) .....	00	00	00
(i) Total basis decrease (Add lines 3(a) through 3(h)) .....	00	00	00
4. <b>Adjusted Basis</b> (Add lines 1 and 2(g) less line 3(i). Transfer this amount to line 6(a)) .....	(05) 00	(13) 00	(21) 00

**Part II Determination of Net Income or Loss in one or more Special Partnerships or Partnerships**

5. (a) Partner's distributable share on partnership's loss for the year .....	(06) 00	(14) 00	(22) 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 .....	(07) 00	(15) 00	(23) 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 (Form 480.6 S or 480.6 SE) (See instructions) .....	(08) 00	(16) 00	(24) 00
8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7) .....	(09) 00	(17) 00	(25) 00
<ul style="list-style-type: none"> <li>• If line 8 for all Columns is zero or more than zero, do not complete the rest of the form (Transfer the sum of these amounts to line 1 of Part V).</li> <li>• If line 8 is less than zero for any of the Columns, continue with line 9.</li> </ul>			
9. Available losses (The smaller of lines 6(c) or 8) .....	00	00	00
10. Total income (Add the amounts determined on line 8, Columns A through C) .....			00
11. Total losses (Add losses determined on line 9, Columns A through C) .....			00
12. Net income or loss (Subtract line 11 from line 10. Transfer this amount to line 1 of Part V) .....			(26) 00

<b>Part III</b>	<b>Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals</b>			<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
Name of entity .....						
Employer identification number .....						
1. Adjusted basis at the end of the previous taxable year .....						
2. Basis increase:						
(a) Stockholder's distributable share on income and profits from previous year (See instructions) .....						
(b) Contributions made during the year .....						
(c) Corporation of individual's capital assets gain .....						
(d) Exempt income .....						
(e) Farming income deduction granted by Section 1033.12 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) Stockholder's distributable share on corporation of individual's loss claimed on previous year .....						
(b) Corporation of individual'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. <b>Adjusted Basis</b> (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a)) .....						
<b>Part IV</b>						
<b>Determination of Net Income or Loss in one or more Corporations of Individuals</b>						
5. (a) Stockholder's distributable share on corporation of individual'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 III, line 4) .....						
(b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockholder .....						
(c) Total stockholder's adjusted basis (Add lines 6(a) and 6(b)) .....						
7. Distributable share on corporation of individual'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 for all Columns is zero or more than zero, do not complete the rest of the form (Transfer the sum of these amounts to line 2 of Part V)						
• If line 8 is less than zero for any of the Columns, continue with line 9.						
9. Available losses (The smaller of lines 6(c) or 8) .....						
10. Total income (Add the amounts determined on line 8, Columns A through C) .....						
11. Total losses (Add losses determined on line 9, Columns A through C) .....						
12. Net income or loss (Subtract line 11 from line 10. Transfer this amount to line 1 of Part V) .....						
<b>Part V</b>						
<b>Distributable share on Benefits from Partnerships, Special Partnerships and Corporations of Individuals</b>						
1. Net income or loss from special partnerships or partnerships (Part I, line 12) .....						
2. Net income or loss from corporations of individuals (Part IV, line 12) .....						
3. Add lines 1 and 2. If the result is more than zero, transfer this amount to Form 482.0, Part 1, line 2(O) or to Schedule CO Individual, line 3(O), Column B or C, as applicable. If the result is less than zero, carryforward for future years (See instructions) .....						

**Schedule T Individual**

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

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

**2011**

Taxpayer's name

Social Security Number

**Part I Determination of the Minimum Amount of Estimated Tax to Pay**

14

1. Tax liability (Add lines 13, 14, 18 and 20 of Part 3 of the return) .....	(01)	00
2. Credits and overpayments (See instructions) .....	(02)	00
3. Estimated tax (Subtract line 2 from line 1. If it is \$1,000 or less, do not complete this Schedule) .....	(03)	00
4. Line 1 multiplied by 90%. If you are a farmer who exercised the option under Section 1061.22, multiply line 1 by 66 2/3% (See instructions) .....	(04)	00
5. Total tax determined as it appears on the income tax return from the previous year .....	(05)	00
6. Enter the smaller of lines 4 and 5 .....	(06)	00
7. Subtract line 2 from line 6 (If it is less than zero, enter zero). This is the minimum amount of estimated tax that you should have paid .....	(07)	00

**Part II Addition to the Tax for Failure to Pay**

Section A - Failure to Pay		Due date				
		(a) First Installment	(b) Second Installment	(c) Third Installment	(d) Fourth Installment	
(08)	1 <input type="radio"/> CALENDAR YEAR .....					
	2 <input type="radio"/> FISCAL YEAR (Enter the corresponding dates) .....	(09)	(17)	(28)	(39)	
8.	Amount of estimated tax per installment (See instructions) .....	(10)	00 (18)	00 (29)	00 (40)	00
9.	Amount of estimated tax paid per installment (See instructions) .....	(11)	00 (19)	00 (30)	00 (41)	00
10.	Payment date (See instructions) .....	(12)	(20)	(31)	(42)	
11.	Line 17 from previous column .....		00 (21)	00 (32)	00 (43)	00
12.	Add lines 9 and 11 .....	(13)	00 (22)	00 (33)	00 (44)	00
13.	Subtract line 8 from line 12 (If it is less than zero, enter zero) .....	(14)	00 (23)	00 (34)	00 (45)	00
14.	<b>Failure to Pay</b> (If line 13 is zero, subtract line 12 from line 8, otherwise, enter zero) .....	(15)	00 (24)	00 (35)	00 (46)	00
15.	Add lines 14 and 16 from previous column .....		(25)	00 (36)	00	
16.	If line 15 is equal or larger than line 13, subtract line 13 from line 15 and go to line 11 of next column. Otherwise, go to line 17 .....		(26)	00 (37)	00	
17.	Overpayment (If line 13 is larger than line 15, subtract line 15 from line 13, and go to line 11 of next column. Otherwise, enter zero) .....	(16)	00 (27)	00 (38)	00	
<b>Section B - Penalty</b>						
18.	Multiply line 14 by 10% .....	(47)	00 (50)	00 (53)	00 (56)	00
19.	If the date indicated on line 10 for any installment is after its due date and: • line 18 is zero, multiply the result of line 8 less line 17 from previous column by 10%; or • line 18 is more than zero, multiply the result of line 8 less line 17 from previous column by 10% and subtract the amount reflected on line 18. (See instructions) .....	(48)	00 (51)	00 (54)	00 (57)	00
20.	Add lines 18 and 19 .....	(49)	00 (52)	00 (55)	00 (58)	00
21.	Addition to the Tax for Failure to Pay Estimated Tax (Add the amounts from columns of line 20. Transfer to page 2, Part 3, line 25 of the return) .....				(60)	00

15