Form 482.0 Rev. Feb 19 13

LONG FORM

Liquidator						Reviewer						
R	G	RO	V1	V2	P1	P2	N	D1	D2	E	A	M

RETURN WITH CHECK (PLEASE ATTACH CHECK HERE)

2012 COMMONWEALTH OF PUERTO RICO **2012**
DEPARTMENT OF THE TREASURY
INDIVIDUAL INCOME TAX RETURN
FOR CALENDAR YEAR 2012 OR TAXABLE YEAR BEGINNING ON
_____, _____ AND ENDING ON _____, _____

Serial Number

AMENDED RETURN

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

TAXPAYER SPOUSE

Receipt Stamp

Taxpayer's Name | Initial | Last Name | Second Last Name

Taxpayer's Social Security Number

Postal Address

Zip Code

Date of Birth (Day Month Year) | Sex M F

Spouse's Social Security Number

"Place Label here".

Spouse's First Name and Initial | Last Name | Second Last Name

Spouse's Date of Birth (Day Month Year) | Sex M F

Home Address (Town or Urbanization, Number, Street)

Zip Code

Home Telephone ( ) -

Work Telephone ( ) -

E-Mail Address

CHANGE OF ADDRESS: Yes No

2013 RETURN: SPANISH ENGLISH

Questionnaire

YES NO

A. United States Citizen?
B. Resident of Puerto Rico at the end of the year?
C. Other excluded or tax exempt income?
(Submit Schedule IE Individual)
D. Resident individual investor?
(Submit Schedule F1 Individual)

E. **HIGHEST SOURCE OF INCOME:**
1. Government, Municipalities or Public Corporations Employee
2. Federal Government Employee
3. Private Business Employee
4. Retired/Pensioner
5. Self-Employed (Indicate principal industry or business)
6. Other _____

Your occupation _____ Spouse's occupation _____

F. **FILING STATUS AT THE END OF THE TAXABLE YEAR:**
1. Married
(Fill in here if you choose the optional computation and go to Schedule CO Individual)
2. Individual taxpayer
(Fill in and submit spouse's name and social security number if you are:
Married with a complete separation of property prenuptial agreement
Married not living with spouse)
3. Married filing separately
(Submit spouse's name and social security number above)

GOVERNMENT CONTRACT:
Taxpayer Spouse

Refund

GO TO PAGE 2 TO DETERMINE YOUR REFUND OR PAYMENT.

1. **AMOUNT OVERPAID** (Part 3, line 27. Indicate distribution on lines A, B, C and D) 01	(01)		00
A) To be credited to estimated tax for 2013	(02)		00
B) Contribution to the San Juan Bay Estuary Special Fund	(03)		00
C) Contribution to the Special Fund for the University of Puerto Rico	(04)		00
D) **TO BE REFUNDED (If you want your refund to be deposited directly into an account, complete the Deposit Part)**	(05)		00

Payment

2. AMOUNT OF TAX DUE (Part 3, line 27)	(06)		00
3. **Less:** Amount paid **(a) With Return or Electronic Transfer through a Certified Program**	(07)		00
(b) Interest	(08)	00	
(c) Surcharges _____ **and Penalties** _____	(09)	00	
4. **BALANCE OF TAX DUE** (Subtract line 3(a) from line 2)	(10)		00

Deposit

AUTHORIZATION FOR DIRECT DEPOSIT OF REFUND

Type of account Checking Savings

Routing/transit number ☐☐☐☐☐☐☐☐☐

Your account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account in the name of: _____ **and** _____
(Print complete name as it appears on your account. If married and filing jointly, include your spouse's name)

I hereby declare under penalty of perjury that I have examined the information included in this return, schedules and other documents attached to it, and it is true, correct and complete. The declaration of the person that prepares this return (except the taxpayer) is based on the information available, and this information has been verified.

Taxpayer's Signature	Date	Spouse's Signature	Date
✓		✓	

04 Specialist's Name (Print) | Name of the Firm or Business

Specialist's Signature ✓ | Date | Self - employed Specialist (fill in here) | Registration Number

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

Retention Period: Ten (10) years

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**

	A-Income Tax Withheld	B-Wages,Commissions, Allowances and Tips
ATTACH ALL YOUR WITHHOLDING STATEMENTS (Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable).	00	00
	00	00
	00	00
	00	00
Total of withholding statements with this return 02	00	00

		Income Tax Withheld		Federal Wages
C- **Federal Government Wages** (See instructions)	(01)	00	(02)	00

2. **Other Income (or Losses):**

A) Total distributions from qualified retirement plans (Schedule D Individual, Part IV, line 27)	(03)	00
B) Gain (or loss) from sale or exchange of capital assets (Schedule D Individual, Part V, line 36 or 37, as applicable)	(04)	00
C) Interest (Schedule F Individual, Part I, line 5)	(05)	00
D) Dividends from corporations (Schedule F Individual, Part II, line 4)	(06)	00
E) Distributions from Governmental Plans (Schedule F Individual, Part III, line 3)	(07)	00
F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Schedule F Individual, Part IV, line 2)	(08)	00
G) Miscellaneous income (Schedule F Individual, Part VII, line 6)	(09)	00
H) Income from annuities and pensions (Schedule H Individual, Part II, line 12)	(10)	00
I) Gain (or loss) from industry or business (Schedule K Individual, Part II, line 10)	(11)	00
J) Gain (or loss) from farming (Schedule L Individual, Part II, line 12)	(12)	00
K) Gain (or loss) from professions and commissions (Schedule M Individual, Part II, line 6)	(13)	00
L) Gain (or loss) from rental business (Schedule N Individual, Part II, line 7)	(14)	00
M) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1)	(15)	00
N) Net long-term capital gain on Investment Funds (Submit Schedule Q1)	(16)	00
O) Distributable share on profits from partnerships, special partnerships and corporations of individuals (Submit Schedule R Individual)	(17)	00
P) Alimony received (Payer's social security No. _____) (18)	(19)	00
3. **Total Income** (Add lines 1B, 1C and 2A through 2P)	(20)	00
4. **Alimony Paid** (Recipient's social security No. _____)(21) (Judgment No. _____)(22)	(23)	00
5. **Adjusted Gross Income** (Subtract line 4 from line 3)	(25)	00

Part 2

6. Total Deductions (Schedule A Individual, Part I, line 11) 03	(01)	00
7. **SPECIAL DEDUCTION FOR CERTAIN INDIVIDUALS** (See instructions)	(02)	00
8. Personal Exemption (Married - $7,000; Individual Taxpayer - $3,500; Married filing separately - $3,500)	(03)	00
9. Exemption for Dependents (Complete Schedule A1 Ind., see instructions): A) (04) _____ x $2,500 ..... (06) 00		
Joint custody or married filing separately ➡ B) (05) _____ x $1,250 ..... (07) 00		
Total Exemption for Dependents (Add lines 9A and 9B)	(08)	00
10. Additional Personal Exemption for Veterans ($1,500 per veteran. If both spouses are veterans, $3,000)	(09)	00
11. Total Deductions and Exemptions (Add lines 6 through 10)	(10)	00
12. **NET TAXABLE INCOME** (Subtract line 11 from line 5. If line 11 is larger than line 5, enter zero)	(11)	00

Part 3

13. **TAX:** (21) ⬭ **1 Tax Table** ⬭ **2 Preferential rates (Schedule A2 Individual)** ⬭ **3 Nonresident alien** ⬭ **4 Schedule B4 Individual**	(22)	00
14. Gradual Adjustment Amount (Determine this adjustment if the amount indicated on line 12 or Schedule A2 Ind., line 10 is larger than $200,000) (Schedule P Ind., line 7)	(23)	00
15. **REGULAR TAX BEFORE THE CREDIT** (Add lines 13 and 14)	(24)	00
16. Credit for taxes paid to foreign countries, the United States, its territories and possessions (Submit Schedule C Individual) (See instructions)	(25)	00
17. **NET REGULAR TAX** (Subtract line 16 from line 15)	(26)	00
18. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 8) (See instructions)	(27)	00
19. **TOTAL TAX DETERMINED** (Add lines 17 and 18 or enter the amount from Schedule CO Individual, line 22, as applicable)	(28)	00
20. Recapture of credit claimed in excess (Schedule B Individual, Part I, line 3)	(29)	00
21. Tax credits (Schedule B Individual, Part II, line 22)	(30)	00
22. **TAX LIABILITY** (Add lines 19 and 20 and subtract line 21. If it is less than zero, enter zero)	(31)	00
23. **TAX WITHHELD, PAID AND REIMBURSABLE CREDITS:**		
A) Tax withheld on wages (Add lines 1A and 1C of Part 1 or lines 1A and 2A of Schedule CO Individual) ..... (32) 00		
B) Tax withheld on annuities and pensions (Schedule H Individual, Part II, line 13) ..... (33) 00		
C) Other payments and withholdings (Schedule B Individual, Part III, line 20) ..... (34) 00		
D) Employment Credit (See instructions) ..... (35) 00		
E) Credit for persons age 65 or older (See instructions) ..... (36) 00		
F) Compensatory credit for low income pensioners (See instructions) ..... (37) 00		
G) Credit for the payment of additional duties on luxury vehicles under Act 42-2005 (See instructions) (Taxpayer: _____ (38); Spouse:_____ (39)) ..... (40) 00		
H) American Opportunity Tax Credit (Submit Schedule B2 Individual) ..... (41) 00		
I) Returning Heroes and Wounded Warriors work opportunity tax credit (Submit Schedule B4 Individual) ..... (42) 00		
J) Amount paid with automatic extension of time ..... (43) 00		
K) Total Tax Withheld, Paid and Reimbursable Credits (Add lines 23A through 23J)	(44)	00
24. **AMOUNT OF TAX DUE** (If line 23K is smaller than line 22, enter the difference here, otherwise, enter on line 26)	(45)	00
25. **Addition to the Tax for Failure to Pay Estimated Tax** (Schedule T Individual, Part II, line 21)	(46)	00
26. **Less: Excess of Tax Withheld, Paid and Reimbursable Credits**	(47)	00
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	(50)	00

Schedule A Individual (Long Form)
Rev. Feb 19 13

DEDUCTIONS APPLICABLE TO INDIVIDUAL TAXPAYERS

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

2012

Taxpayer's name | Social Security Number

Part I Deductions Applicable to Individual Taxpayers (See instructions)

10

1. Home mortgage interest

Name of entity to which payment was made	Mortgage	Loan Number	Employer Identification Number	Amount		
Principal residence:	First		(01)		00	(05)
	Second		(02)		00	(06)
Second residence:	First		(03)		00	(07)
	Second		(04)		00	(08)

Loan Origination Fees (Points) Paid Directly by Borrower (See instructions) 00 (09)
Loan Discounts (Points) Paid Directly by Borrower (See instructions) 00 (10)
a) Total home mortgage interest paid 00 (11)
b) Limit (Multiply the sum of Part 1, line 5 of the return and line 1, Part III of Schedule IE Individual by 30% and enter here) 00 (12)
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
7. Contributions to individual retirement accounts (Do not exceed from $5,000 or $10,000 if married):

Financial inst.	Account No.	Employer Ident. No.	Contribution	
	(20)	(23)	(26)	◯ 1 Taxpayer ◯ 2 Spouse
	(21)	(24)	(27)	◯ 1 Taxpayer ◯ 2 Spouse
	(22)	(25)	(28)	◯ 1 Taxpayer ◯ 2 Spouse

Total contributions to individual retirement accounts ..... (29) 00

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

Institution _____ Account No. _____ (34) Employer Ident. No. _____ (36) Contribution _____
Annual Deductible (30) _____ Type of coverage: (32) ◯ 1 Individual ◯ 2 Individual and age 55 or older ◯ 3 Family ◯ 4 Family and age 55 or older Effective date (37)_____

Institution _____ Account No. _____ (35) Employer Ident. No. _____ (38) Contribution _____
Annual Deductible (31) _____ Type of coverage: (33) ◯ 1 Individual ◯ 2 Individual and age 55 or older ◯ 3 Family ◯ 4 Family and age 55 or older Effective date (39)_____

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):

Financial Inst.	Loan No.	Employer Ident. No.	Amount
	(42)	(44)	
	(43)	(45)	

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

	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)
(01)					
	Financial Institution	Account Number		Employer Identification Number	00
(02)					
	Financial Institution	Account Number		Employer Identification Number	00
(03)					
	Financial Institution	Account Number		Employer Identification Number	00
(10)	**Total contributions** (Add lines (01) through (03) and transfer to Part I, line 9 of this Schedule)				00

Retention Period: Ten (10) years

Taxpayer's name	Social Security Number

Part III Medical Expenses and Charitable Contributions

46

Name of person or institution to whom payment was made	Employer Identificación Number	(A) Medical Expenses	(B) Other Contributions	(C) Conservation Easement and Museological Institutions	(D) Contributions to Municipalities
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
1. Total Columns A, B, C and D ..... (01)		00	(04) 00	(07) 00	(10) 00
2. Multiply the adjusted gross income (Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) by 6% and enter here (See instructions) ..... (02)		00			
3. Allowable deduction for medical expenses (Subtract line 2 from line 1. Enter here and in Part I, line 3 of this Schedule or on Schedule CO Individual, line 7C) ..... (03)		00			
4. Multiply the adjusted gross income (Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) by 50% and enter here (See instructions) ..... (05)			00		
5. Deduction for other contributions (Enter the smaller of lines 1B and 4) ..... (06)			00		
6. Multiply the adjusted gross income (Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) by 30% and enter here (See instructions) ..... (08)				00	
7. Deduction for contributions to Conservation Easements and Museological Institutions (Enter the smaller of lines 1C and 6) .. (09)				00	
8. Total allowable deductions for contributions (Add lines 1D, 5 and 7. Enter here and in Part I, line 4 of this Schedule or on Schedule CO Individual, line 7D) ..... (11)					00

Retention Period: Ten (10) years

Schedule A1 Individual
Rev. Feb 19 13

DEPENDENTS

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

2012

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)	⬭							
(02)	⬭							
(03)	⬭							
(04)	⬭							
(05)	⬭							
(06)	⬭							
(07)	⬭							
(08)	⬭							
(09)	⬭							
(10)	⬭							

* See instructions.

Retention Period: Ten (10) years

Schedule A2 Individual

Rev. Feb 19 13

TAX ON INCOME SUBJECT TO PREFERENTIAL RATES

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

2012

Taxpayer's name

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

Social Security Number

22	Column A Taxed at Regular Rates	Column B Taxed at 20%	Column C Taxed at 17%	Column D Taxed at 10%	Column E Taxed at _____%
1. **Adjusted Gross Income**	(02) 00				
2. Add: Alimony paid (Part 1, line 4 of the return or line 5, Columns B or C of Schedule CO Individual)	(03) 00				
3. Adjusted Gross Income before the deduction for alimony paid (Add lines 1 and 2)	(04) 00				
4. **Income subject to preferential rates:**					
a) Net long-term capital gain (See instructions)	(05) 00			(23) 00	(31) 00
b) Interest on deposits in accounts from certain financial institutions (Schedule F. Ind., Part I, line 4, Column B) (17%)	(06) 00		(20) 00		
c) Interest on deposits in accounts from certain financial institutions (Schedule F. Ind., Part I, line 4, Column C) (10%)	(07) 00			(24) 00	
d) Interest from distributions of IRA to Governmental Pensioners (Schedule F Individual, Part I, line 4, Column E) (10%)	(08) 00			(25) 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)	(09) 00			(26) 00	
f) Eligible distribution of dividends (Schedule F Individual, Part II, line 3, Column A)	(10) 00			(27) 00	(32) 00
g) Income paid by sport teams of international associations or federations (Schedule F Individual)	(11) 00	(16) 00			
h) Total distributions from qualified retirement plans (Schedule D Individual)	(12) 00	(17) 00		(28) 00	
i) Others	(13) 00	(18) 00	(21) 00	(29) 00	(33) 00
j) **Total (Add lines 4a through 4i of Columns B through E)**		(19) 00	(22) 00	(30) 00	(40) 00
5. **Total income subject to preferential rates (Add line 4j of Columns B through E)** (If this line is less than $20,000, enter 100% on line 7A and zero on lines 7B through 7E, and enter the total of line 8a on line 8b)	(14) 00				
6. **Income subject to regular tax (Subtract line 5 from line 3)**	(15) 00				
7. **Proportion of income according to each tax rate (Column A - Divide line 6 by line 3; Columns B through E - Divide line 4j by line 3)** (Round to the nearest whole number) 23	(01) %	(11) %	(17) %	(23) %	(29) %
8. **Deductions and Exemptions:**					
a) Deductions applicable to individual taxpayers (See instructions) $_____					
b) Allowed deduction (Multiply line 8a by line 7 for each Column)	(02) 00	(12) 00	(18) 00	(24) 00	(30) 00
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 8b through 8f of all Columns)	(07) 00	(13) 00	(19) 00	(25) 00	(31) 00
9. Deduction for alimony paid (Part 1, line 4 of the return or line 5, Column B or C of Schedule CO Individual. See instructions)	(08) 00	(14) 00	(20) 00	(26) 00	(32) 00
10. Net taxable income (Column A – Subtract line 8g and 9 from line 6; Columns B through E – Subtract lines 8g and 9 from line 4j)	(09) 00	(15) 00	(21) 00	(27) 00	(33) 00
11. Tax according to the corresponding rate (See instructions)	(10) 00	(16) 00	(22) 00	(28) 00	(34) 00
12. **Total of regular tax and tax at preferential rates (Add line 11 of Columns A through E)**					(35) 00
13. Net income subject to regular tax (Line 12, Part 2 of the return or line 14, Column B or C of Schedule CO Individual)					(36) 00
14. Tax over line 13 according to regular tax rates (See instructions)					(37) 00
15. Tax determined (Enter the smaller between line 12 and line 14. 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 12, or (◯) "Tax Table" if you chose the amount on line 14)					(40) 00

Retention Period: Ten (10) years

Schedule B Individual
Rev. Feb 19 13

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

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

2012

Taxpayer's name

Social Security Number

Part I Recapture of Credits Claimed in Excess

20

	Column A	Column B	Column C
Name of entity:			
Employer identification No:	(01)	(03)	(05)
Credit for:	(02)	(04)	(06)
Tourism Development	1 ⬭	1 ⬭	1 ⬭
Solid Waste Disposal	2 ⬭	2 ⬭	2 ⬭
Capital Investment Fund	3 ⬭	3 ⬭	3 ⬭
Theatrical District of Santurce	4 ⬭	4 ⬭	4 ⬭
Film Industry Development	5 ⬭	5 ⬭	5 ⬭
Housing Infrastructure	6 ⬭	6 ⬭	6 ⬭
Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	7 ⬭	7 ⬭	7 ⬭
Acquisition of an Exempt Business in the Process of Closing its Operations in Puerto Rico	8 ⬭	8 ⬭	8 ⬭
Conservation Easement	9 ⬭	9 ⬭	9 ⬭
Economic Incentives (Research and Development)	10 ⬭	10 ⬭	10 ⬭
Economic Incentives (Strategic Projects)	11 ⬭	11 ⬭	11 ⬭
Economic Incentives (Industrial Investment)	12 ⬭	12 ⬭	12 ⬭
Green Energy Incentives (Research and Development)	13 ⬭	13 ⬭	13 ⬭
Other: _____	14 ⬭	14 ⬭	14 ⬭

1. Total credit claimed in excess	(07)		00
2. **Recapture of credit claimed in excess paid in previous year, if applicable**	(08)		00
3. **Recapture of credit claimed in excess paid this year** (Transfer to Part 3, line 20 of the return. See instructions)	(09)		00
4. Excess of credit due to next year, if applicable (Subtract lines 2 and 3 from line 1. See instructions)	(10)		00

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

1. Credit for: (11) ⬭ 1 Section 4(a) of Act 8 of 1987 and/or ⬭ 2 Section 3(b) of Act 135-1997 (See instructions)	(12)		00
2. Credit for investment in film industry development: (13) ⬭ 1 Film Project and/or ⬭ 2 Infrastructure Project (See instructions)	(14)		00
3. Credit attributable to losses or for investment in Capital Investment Fund, Tourism or other funds, or direct investments (Submit Schedule Q and Q1) (See instructions)	(15)		00
4. Credit for payments of Membership Certificates by Ordinary and Extraordinary Members of Employees-Owned Special Corporations (See instructions)	(16)		00
5. Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(17)		00
6. Credit for investment in housing infrastructure (See instructions)	(18)		00
7. Credit for investment in the construction or rehabilitation of rental housing projects for low or moderate income families (See inst.)	(19)		00
8. Credit for construction investment in urban centers (See instructions)	(20)		00
9. Credit for merchants affected by urban centers revitalization (See instructions)	(21)		00
10. Credit to investors who acquire an exempt business that is in the process of closing its operations in Puerto Rico (See instructions)	(22)		00
11. Credit for purchases of products manufactured in Puerto Rico and Puerto Rican agricultural products (Submit Schedule B1 Individual)	(23)		00
12. Credit for contributions to Santa Catalina's Palace Patronage (See instructions)	(24)		00
13. Credit for the establishment of an eligible conservation easement or donation of eligible land (See instructions)	(25)		00
14. Exemption for persons that operate as bookseller (See instructions)	(26)		00
15. Credit for investment Act 73-2008 (See instructions)	(27)		00
16. Credit for investment Act 83-2010 (See instructions)	(28)		00
17. Credit for alternate basic tax from previous taxable years (See instructions)	(29)		00
18. Credits carried from previous years (Submit detail)	(30)		00
19. Other credits not included on the preceding lines (Submit detail) (See instructions)	(31)		00
20. Total Tax Credits (Add lines 1 through 19)	(32)		00
21. Total tax determined (Part 3, line 19 of the return) (⬭ 1 Schedule B4 Individual. See instructions)	(33)		00
22. **Credit to be claimed** (The smaller of line 20 or 21. Transfer to page 2, Part 3, line 21 of the return)	(34)		00
23. Carryforward credits (Submit detail)	(35)		00

Retention Period: Ten (10) years

Part III Other Payments and Withholdings

1. Estimated tax payments for 2012	(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 interests (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): ⬭ 10% ⬭ 5% ⬭ 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 480.60 CI)	(49)		00
11. Tax withheld on distributable share of net profits to partners of special partnerships (Form 480.60 SE)	(50)		00
12. Tax withheld on distributable share of net profits to partners of partnerships (Form 480.60 S)	(51)		00
13. Tax withheld on distributable share of net profits to trustees of revocable trusts or grantor trusts (Form 480.60 F)	(52)		00
14. Tax withheld on IRA or Educational Contribution Accounts distributions of income from sources within Puerto Rico (Form 480.7 and/or 480.7B)	(53)		00
15. Tax withheld on IRA distributions to Governmental pensioners (Form 480.7)	(54)		00
16. Tax withheld at source on qualified pension plans distributions (Form 480.7C)	(55)		00
17. Tax withheld on distributions and transfers from Governmental Plans (Form 480.7C)	(56)		00
18. Income tax withheld on income from Major League Baseball teams and the U.S. National Basketball Association	(57)		00
19. Other payments and withholdings not included on the preceding lines (Submit detail)	(58)		00
20. **Total other payments and withholdings** (Add lines 1 through 19. Transfer to page 2, Part 3, line 23C of the return)	(59)		00

Part IV Breakdown of the Purchase of Tax Credits

Fill in the oval corresponding to the act (or acts) under which you acquired the credit and enter the amount:

⬭ Tourism Development	(60)		00
⬭ Solid Waste Disposal	(61)		00
⬭ Capital Investment Fund	(62)		00
⬭ Theatrical District of Santurce	(63)		00
⬭ Film Industry Development	(64)		00
⬭ Housing Infrastructure	(65)		00
⬭ Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	(66)		00
⬭ Conservation Easement	(67)		00
⬭ Revitalization of Urban Centers	(68)		00
⬭ Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico	(69)		00
⬭ Economic Incentives (Research and Development)	(70)		00
⬭ Economic Incentives (Strategic Projects)	(71)		00
⬭ Economic Incentives (Industrial Investment)	(72)		00
⬭ Green Energy Incentives (Research and Development)	(73)		00
⬭ Other: _____	(74)		00
Total credit for the purchase of tax credits (Same as Part II, line 5)	(75)		00

Schedule B2 Individual (Long Form)
Rev. Feb 19 13

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

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

2012

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) 00
	(02)	(07) 00	(12) 00	(17) 00	(22) 00	(27) 00	(32) 00
	(03)	(08) 00	(13) 00	(18) 00	(23) 00	(28) 00	(33) 00
	(04)	(09) 00	(14) 00	(19) 00	(24) 00	(29) 00	(34) 00
	(05)	(10) 00	(15) 00	(20) 00	(25) 00	(30) 00	(35) 00

1. Total credit for eligible students (Enter the total of Column (H)). If you are an individual taxpayer 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 ..... (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, **do not continue; you can not claim this credit** ..... (40) 00
5. Enter $20,000 if married or $10,000 if you are an individual taxpayer ..... (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

Retention Period: Ten (10) years

Schedule C Individual
Rev. Feb 19 13

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

2012

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

Taxpayer's name

Social Security Number

(01) ⬭ **1** Taxpayer ⬭ **2** Spouse ⬭ **3** Both

(02) Computed for the: ⬭ **1** Regular tax ⬭ **2** 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					
1. Gross income subject to tax from sources of the country, territory or possession:					
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 ..... (03)	00 (12)	00 (19)	00 (26)	00 (33)	00
2. Deductions and losses:					
a) Expenses directly related to the income on line 1(i) ..... (04)	00 (13)	00 (20)	00 (27)	00 (34)	00
b) Losses from foreign sources ..... (05)	00 (14)	00 (21)	00 (28)	00 (35)	00
c) Pro rata share of other deductions:					
(i) Other expenses and deductions not related to a category of income ..... (06) 00					
(ii) Gross income subject to tax from all sources (See instructions) ..... (07) 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) ..... (08)	% (15)	% (22)	% (29)	% (36)	%
(iv) Multiply line 2(c)(i) by line 2(c)(iii) ..... (09)	00 (16)	00 (23)	00 (30)	00 (37)	00
d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(iv)) ..... (10)	00 (17)	00 (24)	00 (31)	00 (38)	00
3. Net income from sources of the country, territory or possession (Subtract line 2(d) from line 1(i)) ..... (11)	00 (18)	00 (25)	00 (32)	00 (39)	00

Retention Period: Ten (10) years

Part II Taxes Paid to the United States, its Possessions and Foreing Countries 33

Credit for taxes: ⬭ Paid ⬭ 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 ..... (01)	00 (08)	00 (13)	00 (18)	00 (23)	00
2. Date paid or accrued					

Part III Determination of Credit

1. Net income from sources of the country, territory or possession: (Part I, line 3) ..... (02)	00 (09)	00 (14)	00 (19)	00 (24)	00
2. Net income from all sources (See instructions) ..... (03) 00					
3. Limitation (Divide line 1 by line 2. Enter the result rounded to two decimal places) ..... (04)	% (10)	% (15)	% (20)	% (25)	%
4. Taxes to be paid in Puerto Rico (See instructions) ..... (05) 00					
5. Limitation by country, territory or possession: a) Multiply line 4 by line 3 ..... (06)	00 (11)	00 (16)	00 (21)	00 (26)	00
b) Enter the smaller of line 5(a) or Part II, line 1 ..... (07)	00 (12)	00 (17)	00 (22)	00	
6. Total limitation: a) Add line 5(b) from Columns A, B, C and United States ..... (27)					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 ..... (28)					00

Retention Period: Ten (10) years

Schedule CH Individual

Rev. Feb 19 13

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

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

2012

Taxpayer's name

Social Security Number

Fill in the joint custody oval if the dependent is subject to this condition. 47

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

taxable year 2012 for (enter the name(s) of child (children)):

	Joint Custody	Name, Initial	Last Name	Second Last Name	Social Security Number
(01)	⬭				
(02)	⬭				
(03)	⬭				
(04)	⬭				
(05)	⬭				
(06)	⬭				
(07)	⬭				
(08)	⬭				
(09)	⬭				
(10)	⬭				

_____ Signature of parent releasing claim to exemption

(11)_____ Social Security Number

_____ Date

Retention Period: Ten (10) years

Schedule CO Individual (Long Form)

Rev. Feb 19 13

OPTIONAL COMPUTATION OF TAX

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

2012

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.

Wages, Commissions, Allowances and Tips

	A - Income Tax Withheld	B - TAXPAYER	C - SPOUSE
1. **Wages, Commissions, Allowances and Tips** 16 **ATTACH ALL YOUR WITHHOLDING STATEMENTS** (Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable).	00	00	00
	00	00	00
	00	00	00
	00	00	00
Total of withholding statements with this schedule ☐			
Total (01) / (03) / (27)	00	00	00
2. **Federal Government Wages** (See instructions) (02) / (04) / (28)	00	00	00
3. **Other Income (or Losses):**			
A) Total distributions from qualified retirement plans (Schedule D Individual, Part IV, line 27) (05) / (29)		00	00
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) / (30)		00	00
C) Interest (Schedule F Individual, Part I, line 5) (50% of the total to each spouse) (07) / (31)		00	00
D) Dividends from corporations (Schedule F Individual, Part II, line 4) (50% of the total to each spouse) (08) / (32)		00	00
E) Distributions from Governmental Plans (Schedule F Individual, Part III, line 3) (09) / (33)		00	00
F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Schedule F Ind., Part IV, line 2) (10) / (34)		00	00
G) Miscellaneous income (Schedule F Ind., Part VII, line 6) (50% of the total to each spouse or as applicable. See inst.) (11) / (35)		00	00
H) Income from annuities and pensions (Schedule H Individual, Part II, line 12) (12) / (36)		00	00
I) Gain (or loss) from industry or business (Schedule K Individual, Part II, line 10) (13) / (37)		00	00
J) Gain (or loss) from farming (Schedule L Individual, Part II, line 12) (14) / (38)		00	00
K) Gain (or loss) from professions and commissions (Schedule M Individual, Part II, line 6) (15) / (39)		00	00
L) Gain (or loss) from rental business (Schedule N Individual, Part II, line 7) (50% of the total to each spouse) (16) / (40)		00	00
M) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1) (50% of the total to each spouse) (17) / (41)		00	00
N) Net long-term capital gain on Investment Funds (Submit Schedule Q1) (50% of the total to each spouse) (18) / (42)		00	00
O) Distributable share on profits from partnerships, special partnerships and corporations of individuals (Submit Schedule R Individual) (19) / (43)		00	00
P) Alimony received (Payer's social security No. _____) (20) (21) / (44)		00	00
4. **Total Income** (Add lines 1, 2 and 3A through 3P, of Columns B and C, respectively) (22) / (45)		00	00
5. **Alimony Paid** (Recipient's social security No. _____) (23) (Judgment No. _____) (24) (25) / (46)		00	00
6. **Adjusted Gross Income** (Subtract line 5 from line 4, of Columns B and C, respectively) (26) / (47)		00	00

7. **DEDUCTIONS ALLOCATED IN HALF (50%) OF THE TOTAL** (See instructions) 17

A) Home mortgage Interest

Name of entity to which payment was made	Mortgage	Loan Number	Employer Ident. No.	Amount	
First residence:	First		(01)	(05)	00
	Second		(02)	(06)	00
Second residence:	First		(03)	(07)	00
	Second		(04)	(08)	00

Loan Origination Fees (Points) Paid Directly by Borrower (See instructions)	(09)	00
Loan Discounts (Points) Paid Directly by Borrower (See instructions)	(10)	00
1) Total home mortgage interest paid	(11)	00
2) Limit (Multiply the sum of line 6, Columns B and C of this Schedule and line 1, Part III of Schedule IE Individual by 30% and enter here)	(12)	00
3) **Allowable deduction for mortgage interest** (Enter the smaller of lines A(1) and A(2). If the total interest does not exced 30% of the income for any of the 3 previous years, fill in here ⬭ 1) (13) (See instructions)	(14)	00
B) Casualty loss on your principal residence (See instructions)	(15)	00
C) Medical expenses (Schedule A Individual, Part III, line 3)	(16)	00
D) Charitable contributions (Schedule A Individual, Part III, line 8)	(17)	00
E) Loss of personal property as a result of certain casualties (See instructions)	(18)	00
F) **Total deductions allocated in half (50%) of the total** (Add lines 7A through 7E)	(19)	00

	B - TAXPAYER	C - SPOUSE
G) Enter 50% of the total of line 7F in Columns B and C (20) / (21)	00	00

Retention Period: Ten (10) years

		B - TAXPAYER		C - SPOUSE	
8. **DEDUCTIONS INDIVIDUALLY ALLOCATED** (See instructions): 18					
A) Contributions to governmental pension or retirement systems	(01)		00	(38)	00
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) _____					
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 coverage: (12) ◯ 1 Individual ◯ 2 Individual and age 55 or older ◯ 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 coverage: (14) ◯ 1 Individual ◯ 2 Individual and age 55 or older ◯ 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	00	(45) 3,500	00
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** ◯ **4 Schedule B4 Individual** 19	(02)		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 10 is larger than $200,000) (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

	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)
(01)					
	Financial institution	Account Number		Employer Identification Number	00
(02)					
	Financial institution	Account Number		Employer Identification Number	00
(03)					
	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. Feb 19 13

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

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

2012

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 sole proprietorship business (Submit Schedule 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 480.60 S)	(07)	00
5. Distributable share on net short-term capital gain (or loss) from Special Partnerships (Submit Form 480.60 SE)	(08)	00
6. Distributable share on net short-term capital gain (or loss) from Corporations of Individuals (Submit Form 480.60 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
	⬭		(16)	(19) 00	00	00	(22) 00	(25) 00
	⬭		(17)	(20) 00	00	00	(23) 00	(26) 00
	⬭		(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 sole proprietorship business (Submit Schedule 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 480.60 S)	(31)	00
15. Distributable share on net long-term capital gain (or loss) from Special Partnerships (Submit Form 480.60 SE)	(32)	00
16. Distributable share on net long-term capital gain (or loss) from Corporations of Individuals (Submit Form 480.60 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
	⬭			(39) 00	00	00	00

22. **Net long-term capital gain (or loss) under Act:** _____ (Decree No. _____)	(40)	00

Retention Period: Ten (10) years

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			(41) 00	00	(45) 00
24. Taxable at 20% - Spouse			(42) 00	00	(46) 00
25. Taxable at 10% - Taxpayer			(43) 00	00	(47) 00
26. Taxable at 10% - Spouse			(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

53

Gains or Losses	Column A Short-Term	Column B Long-Term	Column C 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 **any** 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 **any** 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, 2012. (See instructions) (10)			00

Schedule D1 Individual

Rev. Feb 19 13

SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

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

2012

Taxpayer's name

Social Security Number

Computation of Gain

42

1. Date in which the old residence was sold (day, month, year) ..... (01) / /

2. Was the residence occupied by the seller and/or his/her family for a continuous period during the last two (2) years previous to the sale? (02) ⬭ **1** Yes ⬭ **2** No
   If you answered "Yes", complete the rest of the form.
   If you answered "No", go to line 3 and then to Schedule D Individual, Part I or II, as applicable.

3. Were funds from an Individual Retirement Account (IRA) used to acquire the residence? (03) ..... ⬭ **1** Yes ⬭ **2** No
   If the answer is "Yes", enter here and in Part IV of Schedule F Individual the amount of the withdrawn contributions ..... (04) 00

4. Selling price of the residence (Do not include personal property items sold with your residence) ..... (05) 00

5. Selling and fixing-up expenses (See instructions) ..... (06) 00

6. Total realized (Subtract line 5 from line 4) ..... (07) 00

7. Adjusted basis of residence sold. (08) Includes prepayment: ⬭ **1** Yes ⬭ **2** No (See instructions) ..... (09) 00

8. Gain realized on sale (Subtract line 7 from line 6) (See instructions)
   If it is zero or less, **enter zero.**
   If it is more than zero, transfer this amount to Schedule IE Individual, Part II, line 10 ..... (10) 00

Retention Period: Ten (10) years

Schedule E
Rev. Feb 19 13

DEPRECIATION

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

2012

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. 37
(a) Current Depreciation					
		00	00		00
		00	00		00
		00	00		00
Total			00		00
(b) Flexible Depreciation					
		00	00		00
		00	00		00
		00	00		00
Total			00		00
(c) Accelerated Depreciation					
		00	00		00
		00	00		00
		00	00		00
Total			00		00
(d) Amortization (i.e. Goodwill)					
		00	00		00
		00	00		00
		00	00		00
Total			00		00
(e) Automobiles (See instructions)					
		00	00		00
		00	00		00
		00	00		00
Total			00		00

(f) Vehicles under lease (Form 480.7D) ..... (01) 00

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

TOTAL: (Add total of lines (a) through (f) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies) ..... (10) 00

Retention Period: Ten (10) years

Schedule F Individual

Rev. Feb 19 13

OTHER INCOME

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

2012

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

		A	B	C	D	E	F
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. **Total interest** (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 4, 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)	(40)						00

Retention Period: Ten (10) Years

Taxpayer's name	Social Security Number

Part II Corporate Dividends

34

Payer's name	Employer Identification Number	Account Number	Column A Subject to withholding	Column B 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 4(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) Transfers 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 4(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 17)	(08)	00

Part IV Distributions from Individual Retirement Accounts and Educational Contribution Accounts

Payer's name	Employer Identification Number	Account Number	Fill in if you Prepaid	Column A Total Distribution	Column B Basis (See instructions)	Taxable Amount Column C Interest (Transfer to Part I)	Column D IRA Distributions to Government Pensioners (excluding contributions) (10%)	Column E IRA or Educational Contribution Accounts Distributions 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 4(i), Columns A, C and D, as applicable, of Schedule A2 Individual)				(14) 00	00	(15) 00	(16) 00	(17) 00	(18) 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

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, línea 4 of this Schedule)	⬭		(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)	⬭		(23) 00	00	(24) 00
2. Tax withheld (Submit the corresponding Informative Returns. Enter on Schedule B Individual, Part III, line 16)					(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

	Column A	Column B	Column C	Column D
1. Amount received	(29) 00	(34) 00	(38) 00	(41) 00
2. Less: Expenses related to the production of these income (See instructions)	(30) 00	(35) 00	(39) 00	
3. Subtotal (Subtract line 2 from line 1. Transfer the total in Column D to line 4(g), Columns A and B of Schedule A2 Individual)	(31) 00	(36) 00	(40) 00	(42) 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)				(43) 00
7. Tax withheld on payments for judicial or extrajudicial indemnification (Submit Form 480.6B. Enter on Schedule B Individual, Part III, line 9)		(37) 00		
8. Tax withheld on income from Major League Baseball teams and the U.S. National Basketball Association (Submit the corresponding Informative Returns. Enter on Schedule B Individual, Part III, line 18)				(44) 00

Schedule F1 Individual

Rev. Feb 19 13

DETAIL OF INCOME UNDER ACT 22-2012
(Resident Individual Investors)

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

2012

Taxpayer's name	Date on which you established residence in Puerto Rico Day _____ Month _____ Year _____	Social Security Number

Part I Interest

49

Description	Amount
	00
	00
	00
	00
	00
	00
	00
	00
	00
1. Total interest (Transfer to Schedule IE Individual, Part II, line 33, first Column) ..... (10)	00

Part II Dividends

Description	Amount
	00
	00
	00
	00
	00
	00
	00
	00
	00
1. Total dividends (Transfer to Schedule IE Individual, Part II, line 33, first Column) ..... (20)	00

Part III Capital Assets Gains and Losses

Description and Location of Property	Date Acquired (Day/Month/Year)	Date Sold (Day/Month/Year)	(A) Sale Price	(B) Market Value on the Date of Establishing Residence in P.R.	(C) Adjusted Basis	(D) Gain or Loss (Col. A - Col. C)	(E) Amount Attributed to the Period Prior to Establishing Residence in P.R. (Col. B - Col. C)	(F) Amount Attributed to a Period after Establishing Residence in P.R. (Col. D - Col. E)
	(21)	(24)	(27) 00	(30) 00	(33) 00	(36) 00	(39) 00	(43) 00
	(22)	(25)	(28) 00	(31) 00	(34) 00	(37) 00	(40) 00	(44) 00
	(23)	(26)	(29) 00	(32) 00	(35) 00	(38) 00	(41) 00	(45) 00
1. Net long-term capital gain or loss (Transfer the total of Column (E) to Schedule D Individual, Part III, line 22. Transfer the total of Column (F) to Schedule IE Individual, Part II, line 33, first Column).....							(42) 00	(46) 00

CERTIFICATION

By means of the signature on page 1 of the return, I hereby declare under penalty of perjury that I have not been resident of Puerto Rico during the last fifteen (15) years previous to January 1, 2012 (effective date of Act 22-2012) and that I became resident of Puerto Rico not later than the taxable year ending on December 31, 2035.

Retention Period: Ten (10) years

Schedule G Individual

Rev. Feb 19 13

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

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

2012

Taxpayer's name

Social Security Number

Part I Questionnaire

44

1. Did you elect to defer the gain from the sale of the first sole proprietorship business? (01) ⬭ **1** Yes ⬭ **2** No
   Taxable Year (02)
   Amount of deferred gain (03) 00
2. Adjusted basis of the new sole proprietorship business (04) 00
3. Did you sell your sole proprietorship business during this year? (05) ⬭ **1** Yes ⬭ **2** No
   - If the answer is "Yes", continue with the form.
   - If the answer is "No", do not complete the rest of the form and attach the same to your return.
4. Date in which the first sole proprietorship business was sold (day, month, year) (06) / /
5. (a) Did you buy a new sole proprietorship business? (07) ⬭ **1** Yes ⬭ **2** No (b) If you answered "Yes", enter date (08) / /

Part II Computation of Gain

6. Selling price of the first sole proprietorship business (09) 00
7. Selling expenses (Include sales commissions, advertising, legal fees, etc.) (10) 00
8. Total realized (Subtract line 7 from line 6) (11) 00
9. Adjusted basis of the first sole proprietorship business. (12) Includes prepayment: ⬭ **1** Yes ⬭ **2** No (See instructions) (13) 00
10. Gain realized on sale (Subtract line 9 from line 8). (14) Qualified property: ⬭ **1** Yes ⬭ **2** No (See instructions)
    If it is zero or less, **enter zero** and do not complete the rest of the form. If line 5 is "Yes", continue with Part III.
    If line 5 is "No", go to line 11 (15) 00
11. If you haven't replaced your first sole proprietorship business, do you plan to do so within the replacement period? (16) ⬭ **1** Yes ⬭ **2** No
    If you answered "Yes", see instructions.
    If you answered "No", continue with Part III, line 12.

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

12. Recognized gain. Enter the amount of line 10.
    - If line 12 is zero, do not complete the rest of the form and attach the same to your return.
    - If line 12 is more than zero and line 5 is "Yes", go to line 13.
    - If line 12 is more than zero and line 11 is "No", enter the gain on Schedule D Individual, as applicable: (17) ⬭ **1** Short-term (Part I, line 2) ⬭ **2** Long-term (Part II, line 12) (18) 00
13. Selling price of the first sole proprietorship business (Enter the amount of line 6) (19) 00
14. (a) Enter date you acquired the new sole proprietorship business (20) / /
    (b) Cost of new sole proprietorship business (21) 00
15. Purchasing commissions and expenses incurred in the new sole proprietorship business (22) 00
16. Reinvested total (Add lines 14(b) and 15) (23) 00
17. Subtract line 16 from line 13. If it is zero or less, **enter zero** (24) 00
18. **Taxable gain.** Enter the smaller of line 12 or 17. If it is zero or less, **enter zero**.
    If it is a gain, enter on Schedule D Individual, as applicable: (25) ⬭ **1** Short-term (Part I, line 2)
    ⬭ **2** Long-term (Part II, line 12) (26) 00
19. Postponed gain (Subtract line 18 from line 12) (27) 00
20. **Adjusted basis of the new sole proprietorship business** (Subtract line 19 from line 16) (30) 00

Retention Period: Ten (10) years

Schedule H Individual (Long Form)

Rev. Feb 19 13

INCOME FROM ANNUITIES OR PENSIONS

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

2012

Taxpayer's name

Social Security Number

35

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_____

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. Do not exceed the amount indicated on line 7) .. (09) 00

9. Pension income less the exempt amount (Subtract line 8 from line 7. If it is less than zero, go to line 13) ..... (10) 00

10. Cost of pension to be recovered (Same as line 6) ..... (11) 00

11. Pension income in excess of the cost to be recovered (Subtract line 10 from line 9) ..... (12) 00

12. **Taxable pension income** (Enter here the amount of line 11 or 3% of line 1, whichever is larger (but not larger than the amount of line 9). Enter this amount in Part 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

Retention Period: Ten (10) years

Schedule IE Individual
Rev. Feb 19 13

EXCLUDED AND EXEMPT INCOME

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

2012

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. Amounts paid by an employer as reimbursement of expenses related to trips, meals, lodging, entertainment and others	(10)		00			
10. Other exclusions	(11)		00	(63)		00
11. Total (Add lines 1 through 10)	(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 Servicemen's 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)	(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	(39)		00	(80)		00
16. Compensation received by an eligible researcher or scientist (Form 480.6D)	(40)		00			
17. Compensation received by an eligible researcher or scientist in the District under Act 214-2004	(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. Income from sources outside of Puerto Rico (Nonresidents or part-year residents)	(44)		00			
21. Remuneration received by employees of foreign governments or international organizations	(45)		00			
22. 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)	(46)		00			
23. 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	(47)		00			
24. Accumulated Gain in Nonqualified Options	(48)		00			
25. Distributions of Amounts Previously Notified as Deemed Eligible Distributions under Section 1023.06(j)	(49)		00			
26. Distributions from Non Deductible Individual Retirement Accounts	(50)		00			
27. Special Compensation Paid due to a Liquidation or Close of Businesses under Article 10 of Act No. 80 of May 30, 1976	(51)		00	(82)		00
28. Distributions of Dividends or in Liquidation from Exempt Businesses	(52)		00			
29. Salaries from Overtime during Emergency Situations (Form 499R-2/W-2PR)	(53)		00	(83)		00
30. Income from copyrights up to $10,000 under Act 516-2004	(54)		00			
31. Income received by designers and translators up to $6,000 under Act 516-2004	(55)		00			
32. Distributable share on exempt income from flow-through entities (Forms 480.60 S, 480.60 SE, 480.60 CI, 480.60 F. See instructions)	(56)		00	(84)		00
33. Other exemptions	(57)		00	(85)		00
34. **Total** (Add lines 1 through 33)	(60)		00	(86)		00

Part III Total

1. Total of items considered for the home mortgage interest limitation (Add line 11 of Part I and line 34 of Part II, first column)	(61)		00			
2. Total of items subject to alternate basic tax (Add line 11 of Part I and line 34 of Part II, second column)				(87)		00

Retention Period: Ten (10) years

Schedule K Individual
Rev. Feb 19 13

INDUSTRY OR BUSINESS INCOME

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

2012

Taxpayer's name | Social Security Number

Part I Questionnaire (65)

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 ◯
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.)		

Date operations began: 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)

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 cargo transportation or leasing in the case of vessels, passenger or cargo 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	◯ Yes ◯ No	◯ Yes ◯ No
2 vessels	◯ Yes ◯ No	◯ Yes ◯ No
3 airships	◯ Yes ◯ No	◯ Yes ◯ No
4 residential property outside of Puerto Rico	◯ Yes ◯ No	◯ Yes ◯ 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 (Submit detailed schedule)	(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 for the current year (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 (Subtract line 7 from line 6)	(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 2 I 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 4(i) of Schedule A2 Individual, according to the tax rate applicable to the gain)	(20)		00

Part III Operating Expenses and Other Costs (81)

A. Expenses allowable against alternate basic tax:			
1. Salaries, commissions and allowances to employees (Total $ _____) (See instructions)	(01)	00	
2. Payroll expenses (See instructions)	(02)	00	
3. Medical or hospitalization insurance	(03)	00	
4. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(04)	00	
5. Professional services (See instructions)	(05)	00	
6. Lease, rent and royalties paid (See instructions)	(06)	00	
7. Interest on business debts	(07)	00	
8. Property taxes, patents and licenses	(08)	00	
9. Insurances (See instructions)	(09)	00	
10. Utilities	(10)	00	
11. Depreciation and amortization (Submit Schedule E)	(11)	00	
12. Automobile expenses (Mileage_____) (See instructions)	(12)	00	
13. Other motor vehicles expenses (See instructions)	(13)	00	
14. Federal self employment tax (See instructions)	(14)	00	
15. Direct essential costs (Submit detailed schedule. See instructions)	(15)	00	
16. **Subtotal** (Add lines 1 through 15)			(16) 00
B. Other deductions:			
17. Commissions to businesses	(17)	00	
18. Repairs	(18)	00	
19. Other insurances	(19)	00	
20. Advertising	(20)	00	
21. Travel expenses	(21)	00	
22. Meal and entertainment expenses (Total expenses $_____) (See instructions)	(22)	00	
23. Materials and supplies	(23)	00	
24. Bad debts	(24)	00	
25. Other expenses (Submit detailed schedule)	(25)	00	
26. **Subtotal** (Add lines 17 through 25)			(26) 00
27. **Total** (Add lines 16 and 26. Transfer to Part II, line 5 of this Schedule)			(30) 00

Retention Period: Ten (10) years

Schedule L Individual

Rev. Feb 19 13

FARMING INCOME

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

2012

Taxpayer's name

Social Security Number

Part I Questionnaire

66

Employer Identification Number	Farming Income (fill in one): ◯ 1 Taxpayer ◯ 2 Spouse	Fill in here if this is your principal industry or business ◯	Date operations began: Day_____Month_____Year_____
Merchant's Registration Number	Location of Farming Business - Number, Street and City		Fully Taxable ◯ (01) Exemption under: Act 225-1995 ◯ (02) Section 1033.12 of the Code ◯ (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 cargo transportation or leasing in the case of vessels, passenger or cargo 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	◯ Yes ◯ No	◯ Yes ◯ No
2 vessels	◯ Yes ◯ No	◯ Yes ◯ No
3 airships	◯ Yes ◯ No	◯ Yes ◯ No
4 residential property outside of Puerto Rico	◯ Yes ◯ No	◯ Yes ◯ 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 (Submit detailed schedule)	(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 for the current year (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 (Subtract line 9 from line 8)				(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

A. Expenses allowable against alternate basic tax:					
1. Salaries, commissions and allowances to employees (Total $ _____) (See instructions)	(01)		00		
2. Payroll expenses (See instructions)	(02)		00		
3. Medical or hospitalization insurance	(03)		00		
4. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(04)		00		
5. Professional services (See instructions)	(05)		00		
6. Lease, rent and royalties paid (See instructions)	(06)		00		
7. Interest on business debts	(07)		00		
8. Property taxes, patents and licenses	(08)		00		
9. Insurances (See instructions)	(09)		00		
10. Utilities	(10)		00		
11. Depreciation and amortization (Submit Schedule E)	(11)		00		
12. Automobile expenses (Mileage_____) (See instructions)	(12)		00		
13. Other motor vehicles expenses (See instructions)	(13)		00		
14. Federal self employment tax (See instructions)	(14)		00		
15. Direct essential costs (Submit detailed schedule. See instructions)	(15)		00		
16. **Subtotal** (Add lines 1 through 15)				(16)	00
B. Other deductions:					
17. Commissions to businesses	(17)		00		
18. Repairs	(18)		00		
19. Other insurances	(19)		00		
20. Advertising	(20)		00		
21. Travel expenses	(21)		00		
22. Meal and entertainment expenses (Total expenses $_____) (See instructions)	(22)		00		
23. Materials and supplies	(23)		00		
24. Bad debts	(24)		00		
25. Other expenses (Submit detailed schedule)	(25)		00		
26. **Subtotal** (Add lines 17 through 25)				(26)	00
27. **Total** (Add lines 16 and 26. Transfer to Part II, line 7 of this Schedule)				(30)	00

Retention Period: Ten (10) years

Schedule M Individual
Rev. Feb 19 13

PROFESSIONS AND COMMISSIONS INCOME

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

2012

Taxpayer's name

Social Security Number

Part I Questionaire

(You must fill out one schedule for each source of income) 67

Employer Identification Number	Income from (fill in one): ◯ 1 Taxpayer ◯ 2 Spouse	Fill in one: ◯ 3 Professions ◯ 4 Commissions	Fill in here if this is your principal industry or business ◯
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 cargo transportation or leasing in the case of vessels, passenger or cargo 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	◯ Yes ◯ No	◯ Yes ◯ No
2 vessels	◯ Yes ◯ No	◯ Yes ◯ No
3 airships	◯ Yes ◯ No	◯ Yes ◯ No
4 Residential property outside of Puerto Rico	◯ Yes ◯ No	◯ Yes ◯ 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. **Less:** Operating expenses and other costs (Detail in Part III)	(11)		00
4. Net income for the current year (Subtract line 3 from the sum of lines 1 and 2)	(12)		00
5. **Less**: Net operating loss from previous years (Submit schedule, see instructions)	(13)		00
6. **Gain (or loss)** (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

81

A. **Expenses allowable against alternate basic tax:**					
1. Salaries, commissions and allowances to employees (Total $ _____) (See instructions)	(01)		00		
2. Payroll expenses (See instructions)	(02)		00		
3. Medical or hospitalization insurance	(03)		00		
4. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(04)		00		
5. Professional services (See instructions)	(05)		00		
6. Lease, rent and royalties paid (See instructions)	(06)		00		
7. Interest on business debts	(07)		00		
8. Property taxes, patents and licenses	(08)		00		
9. Insurances (See instructions)	(09)		00		
10. Utilities	(10)		00		
11. Depreciation and amortization (Submit Schedule E)	(11)		00		
12. Automobile expenses (Mileage_____) (See instructions)	(12)		00		
13. Other motor vehicles expenses (See instructions)	(13)		00		
14. Federal self employment tax (See instructions)	(14)		00		
15. Direct essential costs (Submit detailed schedule. See instructions)	(15)		00		
16. **Subtotal** (Add lines 1 through 15)				(16)	00
B. Other deductions:					
17. Commissions to businesses	(17)		00		
18. Repairs	(18)		00		
19. Other insurances	(19)		00		
20. Advertising	(20)		00		
21. Travel expenses	(21)		00		
22. Meal and entertainment expenses (Total expenses $_____) (See instructions)	(22)		00		
23. Materials and supplies	(23)		00		
24. Bad debts	(24)		00		
25. Other expenses (Submit detailed schedule)	(25)		00		
26. **Subtotal** (Add lines 17 through 25)				(26)	00
27. **Total** (Add lines 16 and 26. Transfer to Part II, line 3 of this Schedule)				(30)	00

Retention Period: Ten (10) years

Schedule N Individual

Rev. Feb 19 13

RENTAL INCOME

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

2012

Taxpayer's name

Social Security Number

Part I Questionnaire

68

Merchant's Registration Number	Rental Income (fill in one): ◯ 1 Taxpayer ◯ 2 Spouse	Fill in here if this is your principal industry or business ◯	Code

Location of rented property - Number, Street and City

Fully Taxable ..... ◯ (01)
Fully Exempt (Act 132-2010) ◯ (02)
Tax Incentives under:
Act 52 of 1983 ..... ◯ (03)
Act 8 of 1987 ..... ◯ (04)
Act 78-1993 ..... ◯ (05)
Act 135-1997 ..... ◯ (06)
Act 73-2008 ..... ◯ (07)
Act 74-2010 ..... ◯ (08)
Act 83-2010 ..... ◯ (09)
Section 1031.02(a)(28) of the Codie .. ◯ (10)
Section 1031.02(a)(34) (F) of the Code ◯ (11)

Nature of rented property (i.e. residence, apartment, etc.)	Property (Fill in one): ◯ 1 Residential ◯ 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 cargo transportation or leasing in the case of vessels, passenger or cargo 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	◯ Yes ◯ No	◯ Yes ◯ No
2 vessels	◯ Yes ◯ No	◯ Yes ◯ No
3 airships	◯ Yes ◯ No	◯ Yes ◯ No
4 residential property outside of Puerto Rico	◯ Yes ◯ No	◯ Yes ◯ No

Part II Determination of Gain or Loss

77

1. Income	(01)		00
2. **Less:** Operating expenses and other costs (Detail in Part III)	(10)		00
3. Net income for the current year	(11)		00
4. **Less:** Net operating loss from previous years (Submit schedule, see instructions)	(12)		00
5. Adjusted net income (Subtract line 4 from line 3)	(13)		00
6. **Less:** Exempt amount _____% of line 5 (See instructions)	(14)		00
7. **Gain (or loss)** (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 4(i) of Schedule A2 Individual, according to the tax rate applicable to the gain)	(20)		00

Part III Operating Expenses and Other Costs

87

A. **Expenses allowable against alternate basic tax:**					
1. Salaries, commissions and allowances to employees (Total $ _____) (See instructions)	(01)		00		
2. Payroll expenses (See instructions)	(02)		00		
3. Medical or hospitalization insurance	(03)		00		
4. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(04)		00		
5. Professional services (See instructions)	(05)		00		
6. Interest on business debts	(06)		00		
7. Property taxes, patents and licenses	(07)		00		
8. Insurances (See instructions)	(08)		00		
9. Utilities	(09)		00		
10. Depreciation and amortization (Submit Schedule E)	(10)		00		
11. Automobile expenses (Mileage_____) (See instructions)	(11)		00		
12. Other motor vehicles expenses (See instructions)	(12)		00		
13. Federal self employment tax (See instructions)	(13)		00		
14. Direct essential costs (Submit detailed schedule. See instructions)	(14)		00		
15. **Subtotal** (Add lines 1 through 14)				(15)	00
B. **Other deductions:**			00		
16. Repairs	(16)		00		
17. Other insurances	(17)		00		
18. Advertising	(18)		00		
19. Maintenance	(19)		00		
20. Travel expenses	(20)		00		
21. Other expenses (Submit detailed schedule)	(21)		00		
22. **Subtotal** (Add lines 16 through 21)				(22)	00
23. **Total** (Add lines 15 and 22. Transfer to Part II, line 2 of this Schedule)				(30)	00

Retention Period: Ten (10) years

Schedule O Individual
Rev. Feb 19 13

ALTERNATE BASIC TAX

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

2012

Taxpayer's name

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

Social Security Number

Part I Determination of Net Income Subjet 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 26)	(03)		00
3. Add: Other deductions from farming (Schedule L Individual, Part III, line 26) (_____ X 10 % =)	(04)		00
4. Add: Other deductions from professions and commissions (Schedule M Individual, Part III, line 26)	(05)		00
5. Add: Other deductions from rental business (Schedule N Individual, Part III, line 22) (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 480.60 SE. See instructions)	(08)		00
8. Add: Distributable share on the adjustments for purposes of the alternate basic tax of partnerships (Form 480.60 S, Part III, line 14)	(09)		00
9. Add: Distributable share on the adjustments for purposes of the alternate basic tax of special partnerships (Form 480.60 SE, Part III, line 14)	(10)		00
10. Add: Distributable share on the adjustments for purposes of the alternate basic tax of corporations of individuals (Form 480.60 CI, Part III, line 14)	(11)		00
11. Add: Distributable share on the adjustments for purposes of the alternate basic tax of revocable trusts or grantor trusts (Form 480.60 F, Part III, line 1S)	(12)		00
12. Add: Excluded and exempt income (Schedule IE Individual, Part III, line 2)	(13)		00
13. Add lines 1 through 12	(14)		00
14. 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)	(15)		00
15. Net Income Subject to Alternate Basic Tax (Subtract line 14 from line 13. If this line is less than $150,000, do not continue. You are not subject to alternate basic tax)	(16)		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)	(17)		00	
(b) Gradual Adjustment (Line 14 of the return or line 16, Column B or C of Schedule CO Individual, as applicable)	(18)		00	
2. Total Regular Tax (Add lines 1(a) and 1(b))	(19)		00	
3. Credit for taxes paid to the United States, its possessions and foreign countries (Schedule C Individual)	(20)			00
4. Net regular tax (Subtract line 3 from line 2)	(21)			00
5. Determine the Alternate Basic Tax as follows:				
If the Net Income Subject to Alternate Basic Tax (Line 15 of Part I) is:				
(a) From $150,000 to $250,000, multiply line 15 of Part I by 10%.				
(b) Over $250,000 but not over $500,000, multiply line 15 of Part I by 15%.				
(c) Over $500,000, multiply line 15 of Part I by 20%.				
This is your Alternate Basic Tax (Enter the corresponding amount on this line)	(22)			00
6. Credit for taxes paid to the United States, its possessions and foreign countries (See instructions)	(23)			00
7. Net alternate basic tax (Subtract line 6 from line 5)	(24)			00
8. **Excess of Net Alternate Basic Tax over Net Regular Tax** (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
Rev. Feb 19 13

GRADUAL ADJUSTMENT

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

2012

Taxpayer's name	Fill in one: (01) ⬭ **1** Taxpayer ⬭ **2** Spouse ⬭ **3** Both	Social Security Number

93

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 10, Column A of Schedule A2 Individual, as applicable)	(02)		00
2. Enter $200,000	(03)		00
3. Subtract line 2 from line 1	(04)		00
4. 5% of line 3	(05)		00
5. Limit:			
(a) Enter $9,367	(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. **Gradual adjustment** (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

Retention Period: Ten (10) years

Schedule R Individual
Rev. Feb 19 13

PARTNERSHIPS, SPECIAL PARTNERSHIPS AND CORPORATIONS OF INDIVIDUALS

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

2012

Taxpayer's name

Amount of Schedules R1 Individual included

Indicate who is the partner of the special partnership: (01)
1 Taxpayer 2 Spouse 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 (95)			
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 in the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) Non 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. **Adjusted Basis** (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 480.60 S or 480.60 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
• If line 8 for all Columns is zero or more than zero, do not complete line 9 and transfer the sum of these amounts to line 10.			
• 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)	00	00	00
10. Total income from this Schedule (Add the income detemined on line 8, Columns A through C)			00
11. Total income from Schedule R1 Individual (Enter the amount on line 10, Part II from all Schedules R1 Individual included)		(26)	00
12. Total losses from this Schedule (Add the losses determined on line 9, Columns A through C)			00
13. Total losses from Schedule R1 Individual (Enter the amount on line 11, Part II from all Schedules R1 Individual included)		(27)	00
14. Net income or loss (Subtract lines 12 and 13 from lines 10 and 11. Transfer this amount to line 1 of Part V)		(40)	00

Retention Period: Ten (10) years

Part III Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals

	Column A		Column B		Column C	
Name of entity						
Employer identification number	(41)		(50)		(59)	
1. Adjusted basis at the end of the previous taxable year	(42)	00	(51)	00	(60)	00
2. Basis increase:						
(a) Stockholder's distributable share on income and profits from previous year (See instructions)		00		00		00
(b) Contributions made during the year	(43)	00	(52)	00	(61)	00
(c) Corporation of individual'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) Stockholder's distributable share on corporation of individual's loss claimed on previous year		00		00		00
(b) Corporation of individual's capital assets loss		00		00		00
(c) Distributions during the year	(44)	00	(53)	00	(62)	00
(d) Credits claimed in the preceding year (See instructions)		00		00		00
(e) Withholding at source during the year		00		00		00
(f) Non admissible expenses for the year		00		00		00
(g) Distributable share on losses from exempt operations during the year		00		00		00
(h) Total basis decrease (Add lines 3(a) through 3(g))		00		00		00
4. **Adjusted Basis** (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a))	(45)	00	(54)	00	(63)	00

Part IV Determination of Net Income or Loss in one or more Corporations of Individuals

5. (a) Stockholder's distributable share on corporation of individual's loss for the year	(46)	00	(55)	00	(64)	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 III, line 4)		00		00		00
(b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockholder	(47)	00	(56)	00	(65)	00
(c) Total stockholder's adjusted basis (Add lines 6(a) and 6(b))		00		00		00
7. Distributable share on corporation of individual's net income for the year (See instructions)	(48)	00	(57)	00	(66)	00
8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	(49)	00	(58)	00	(67)	00
• If line 8 for all Columns is zero or more than zero, do not complete line 9 and transfer the sum of these amounts to line 10.						
• 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)		00		00		00
10. Total income from this Schedule (Add the income determined on line 8, Columns A through C)						00
11. Total income from Schedule R1 Individual (Enter the amount on line 10, Part IV from all Schedules R1 Individual included)					(68)	00
12. Total losses from this Schedule (Add the losses determined on line 9, Columns A through C)						00
13. Total losses from Schedule R1 Individual (Enter the amount on line 11, Part IV from all Schedules R1 Individual included)					(69)	00
14. Net income or loss (Subtract lines 12 and 13 from lines 10 and 11. Transfer this amount to line 2 of Part V)					(70)	00

Part V Distributable share on Benefits from Partnerships, Special Partnerships and Corporations of Individuals

1. Net income or loss from special partnerships or partnerships (Part II, line 14)		00
2. Net income or loss from corporations of individuals (Part IV, line 14)		00
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)	(80)	00

Schedule R1 Individual
Rev. Feb 19 13

PARTNERSHIPS, SPECIAL PARTNERSHIPS AND CORPORATIONS OF INDIVIDUALS (COMPLEMENTARY)

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

2012

Taxpayer's name

_____ of _____ Schedules R1 Individual

Indicate who is the partner of the special partnership: (01)
1 Taxpayer 2 Spouse 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 (96)			
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 in the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) Non 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. **Adjusted Basis** (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 480.60 S or 480.60 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

- If line 8 for all Columns is zero or more than zero, do not complete line 9 and transfer the sum of these amounts to line 10.
- 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)	00	00	00
10. Total income (Add the amounts detemined on line 8, Columns A through C. Transfer to Schedule R Individual, Part II, line 11)			(26) 00
11. Total losses (Add the losses determined on line 9, Columns A through C. Transfer to Schedule R Individual, Part II, line 13)			(40) 00

Retention Period: Ten (10) years

Part III Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals

	Column A		Column B		Column C	
Name of entity						
Employer identification number	(41)		(50)		(59)	
1. Adjusted basis at the end of the previous taxable year	(42)	00	(51)	00	(60)	00
2. Basis increase:						
(a) Stockholder's distributable share on income and profits from previous year (See instructions)		00		00		00
(b) Contributions made during the year	(43)	00	(52)	00	(61)	00
(c) Corporation of individual'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) Stockholder's distributable share on corporation of individual's loss claimed on previous year		00		00		00
(b) Corporation of individual's capital assets loss		00		00		00
(c) Distributions during the year	(44)	00	(53)	00	(62)	00
(d) Credits claimed in the preceding year (See instructions)		00		00		00
(e) Withholding at source during the year		00		00		00
(f) Non admissible expenses for the year		00		00		00
(g) Distributable share on losses from exempt operations during the year		00		00		00
(h) Total basis decrease (Add lines 3(a) through 3(g))		00		00		00
4. **Adjusted Basis** (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a))	(45)	00	(54)	00	(63)	00

Part IV Determination of Net Income or Loss in one or more Corporations of Individuals

5. (a) Stockholder's distributable share on corporation of individual's loss for the year	(46)	00	(55)	00	(64)	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 III, line 4)		00		00		00
(b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockholder	(47)	00	(56)	00	(65)	00
(c) Total stockholder's adjusted basis (Add lines 6(a) and 6(b))		00		00		00
7. Distributable share on corporation of individual's net income for the year (See instructions)	(48)	00	(57)	00	(66)	00
8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	(49)	00	(58)	00	(67)	00
• If line 8 for all Columns is zero or more than zero, do not complete line 9 and transfer the sum of these amounts to line 10.						
• 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)		00		00		00
10. Total income (Add the amounts determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part IV, line 11)					(68)	00
11. Total losses (Add the losses determined on line 9, Columns A through C. Transfer to Schedule R Individual, Part IV, line 13)					(80)	00

Schedule T Individual

Rev. Feb 19 13

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

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

2012

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

(08)
1 ◯ CALENDAR YEAR
2 ◯ FISCAL YEAR (Enter the corresponding dates) (09)

		Due date (a) First Installment		(b) Second Installment (17)		(c) Third Installment (28)		(d) Fourth Installment (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				(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. **Failure to Pay** (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		

Section B - Penalty

15

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

Retention Period: Ten (10) years