

Liquidator:	Reviewer:	200 ___	COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY	200 ___	Serial Number
Field audited by:		Partnership Income Tax Return			<input type="checkbox"/> AMENDED RETURN
Date ____/____/____		TAXABLE YEAR BEGINNING ON _____, ____ AND ENDING ON _____, ____			Payment Stamp
R M N					
Taxpayer's Name			Employer Identification Number		
Postal Address			Industrial Code	Municipal Code	
Zip Code			Merchant's Registration Number		
"Place Label here".			Telephone Number - Extension		
Location of Principal Industry or Business - Number, Street, City			() -		
Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.)			Date Created		
Check the corresponding box, if applicable			Place Created		
<input type="checkbox"/> First return <input type="checkbox"/> Last return		CHANGE OF ADDRESS			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Contracts with Governmental Entities		2008 RETURN		E-mail Address	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Spanish <input type="checkbox"/> English		Receipt No. _____	
				Amount: _____	
Part I	1. Net operating income (or loss) (From Part V, line 49)				(1) 00
	2. Less: Net operating loss deduction from preceding year (Submit detail)				(2) 00
	3. Net income (or loss)				(3) 00
Part II	4. Less: Dividends or profits received from domestic corporations or partnerships				(4) 00
	5. Net income subject to normal tax (Subtract line 4 from line 3)				(5) 00
	6. Less: Surtax net income credit				(6) 00
	7. Net income subject to surtax (Subtract line 6 from line 5)				(7) 00
Part III	8. Normal tax (Multiply line 5 by 20%)				(8) 00
	9. Surtax (See instructions).....				(9) 00
	10. Amount of recapture (See instructions).....				(10) 00
	11. Special tax (See instructions)				(11) 00
	12. Special tax to entities operating under the "Puerto Rico Banking Act" (See instructions).....				(12) 00
	13. Total Tax (Add lines 8 through 12)				(13) 00
	14. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part V, line 40)				(14) 00
	15. Tax Determined (Line 13 or 14, whichever is smaller)				(15) 00
	16. Recapture of credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3)				(16) 00
	17. Tax credits (Schedule B Corporation and Partnership, Part II, line 25)				(17) 00
	18. Tax liability before alternative minimum tax (Subtract line 17 from the sum of lines 15 and 16).....				(18) 00
	19. Alternative minimum tax (Schedule A Corporation and Partnership, Part V, line 33)				(19) 00
	20. Branch profits tax (Form AS 2879, line 11)				(20) 00
	21. Tax on eligible interest (See instructions)				(21) 00
	22. Total Tax Liability (Add lines 18 through 21)				(22) 00
	23. Less: Other Payments and Withholdings (Schedule B Corporation and Partnership, Part III, line 9)				(23) 00
	24. Balance of tax due (If line 22 is larger than line 23, enter the difference here, otherwise, on line 26)				
	a) Tax	(24a)		00	
	b) Interest	(24b)		00	
	c) Surcharges	(24c)		00	
	d) Total (Add lines 24(a) through 24(c))	(24d)		00	
	25. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Corporation and Partnership, Part III, line 48)				(25) 00
	26. Excess of tax paid or withheld (See instructions)				(26) 00
	27. Amount paid with this return (Add lines 24(d) and 25 less line 26)				(27) 00
	28. Amount overpaid (Subtract lines 23 from the sum of lines 22 and 25. Distribute line 26 between line A or B):				
	A. To be credited to estimated tax for 2008	(28A)		00	
	B. To be refunded	(28B)		00	

Part IV	1. Net sales (1)		00	
	Less: Cost of goods sold or direct costs of production			
	2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"			
	(a) Materials (2a)		00	
	(b) Goods in process (2b)		00	
	(c) Finished goods or merchandise (2c)		00	
	3. Purchase of materials or merchandise (3)		00	
	4. Direct wages (4)		00	
	5. Other direct costs (Detail in Part VI)..... (5)		00	
	6. Total cost of goods available for sale (Add lines 2 through 5)..... (6)		00	
	7. Less: Inventory at the end of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"			
	(a) Materials (7a)		00	
	(b) Goods in process (7b)		00	
	(c) Finished goods or merchandise (7c)		00	00
	8. Gross profit on sales or production (Subtract the result of line 6 less line 7, from line 1) (8)			00
	9. Net capital gain (Schedule D Corporation and Partnership, Part IV, line 22) (9)			00
	10. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corporation and Partnership, Part VI, line 41) (10)			00
	11. Rent (11)			00
	12. Interest (12)			00
	13. Commissions (13)			00
14. Dividends from corporations and profits from partnerships: (a) Domestic _____ (b) Foreign _____ (14)			00	
15. Distributable share on net income from special partnerships (Schedule R, Part II, line 8) (15)			00	
16. Distributable share on net losses from special partnerships (Schedule R, Part II, line 13) (16)			00	
17. Taxable farming profit (Schedule S Corporation and Partnership, Part I, line 9) (17)			00	
18. Freight and fares (18)			00	
19. Miscellaneous income (19)			00	
20. Total gross income (Add lines 8 through 19) (20)			00	

Part V	21. Compensation to partners (See instructions for Part X) (21)		00	
	22. Salaries, commissions and bonuses to employees (22)		00	
	23. Commissions to businesses (23)		00	
	24. Social security tax (FICA) (24)		00	
	25. Unemployment tax (25)		00	
	26. State Insurance Fund premiums (26)		00	
	27. Medical or hospitalization insurance (27)		00	
	28. Insurances (28)		00	
	29. Interest (See instructions)..... (29)		00	
	30. Rent (30)		00	
	31. Property tax: (a) Personal _____ (b) Real _____ (31)		00	
	32. Other taxes, patents and licenses (See instructions) (32)		00	
	33. Losses from fire, storm, other casualties or theft (33)		00	
	34. Motor vehicle expenses (34)		00	
	35. Meals and entertainment expenses (Total _____) (See instructions)..... (35)		00	
	36. Travel expenses (36)		00	
	37. Professional services (37)		00	
	38. Contributions to pension or other qualified plans (See instructions) (38)		00	
	39. Flexible depreciation (See instructions. Submit Schedule E) (39)		00	
	40. Accelerated depreciation (See instructions. Submit Schedule E) (40)		00	
	41. Current depreciation and amortization (See instructions. Submit Schedule E) (41)		00	
	42. Bad debts (See instructions) (42)		00	
	43. Charitable contributions (See instructions) (43)		00	
	44. Repairs (See instructions)..... (44)		00	
	45. Deduction for employers who employ handicapped persons (See instructions) (45)		00	
	46. Contributions to educational contribution accounts for the employees' beneficiaries (See instructions) (46)		00	
	47. Other deductions (See instructions)..... (47)		00	
	48. Total deductions (Add lines 21 through 47) (48)			00
	49. Net operating income (or loss) for the year (Subtract line 48 from line 20. Enter here and in Part I, line 1) (49)			00

Part VI	Item	26	Amount	Item	Amount
	1. Salaries, wages and bonuses (1)		00	8. Repairs (8)	00
2. Social security tax (FICA) (2)		00	9. Utilities (9)	00	
3. Unemployment tax (3)		00	10. Flexible depreciation (Submit Schedule E) (10)	00	
4. State Insurance Fund premiums (4)		00	11. Accelerated depreciation (Submit Schedule E) (11)	00	
5. Medical or hospitalization insurance (5)		00	12. Current depreciation (Submit Schedule E) (12)	00	
6. Other insurance (6)		00	13. Other expenses (Submit detail) (13)	00	
7. Excise taxes (7)		00	14. Total other direct costs (Add lines 1 through 13. Same as Part IV, line 5) (14)	00	

Partnership - Comparative Balance Sheet

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	Beginning of the Year		Ending of the Year	
		Total		Total
Assets				
1. Cash on hand and in banks (1)		00	(1)	00
2. Accounts receivable (2)	00		(2)	00
3. Less: Reserve for bad debts (3)	(00)	00	(3)	(00)
4. Notes receivable (4)		00	(4)	00
5. Inventories (5)		00	(5)	00
6. Investments (6)		00	(6)	00
7. Depreciable assets (7)	00		(7)	00
8. Less: Reserve for depreciation (8)	(00)	00	(8)	(00)
9. Land (9)		00	(9)	00
10. Other assets (10)		00	(10)	00
11. Total Assets (11)		00	(11)	00
Liabilities and Net Worth				
Liabilities				
12. Accounts payable (12)	00		(12)	00
13. Notes payable (13)	00		(13)	00
14. Accrued expenses (14)	00		(14)	00
15. Other liabilities (15)	00		(15)	00
16. Total Liabilities (16)		00	(16)	00
Net Worth				
17. Partner's interest (17)	00		(17)	00
18. Undistributed profits (18)	00		(18)	00
19. Total Net Worth (19)		00	(19)	00
20. Total Liabilities and Net Worth (20)		00	(20)	00

Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return

38

1. Net income (or loss) per books (1)	00	7. Income recorded on books this year not included on this return (Itemize, use schedule if necessary)	
2. Income tax (2)	00	(a) Exempt interest _____	
3. Excess of capital losses over capital gains (3)	00	(b) _____	
4. Taxable income not recorded on books this year (Itemize, use schedule if necessary)		(c) _____	
(a) _____		(d) _____	
(b) _____		Total (7)	00
(c) _____		8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)	
(d) _____		(a) Depreciation _____	
Total (4)	00	(b) _____	
5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)		(c) _____	
(a) Meals and entertainment (amount not claimed) _____		(d) _____	
(b) Depreciation _____		Total (8)	00
(c) _____		9. Total (Add lines 7 and 8) (9)	00
(d) _____		10. Net taxable income (or loss) per return (Subtract line 9 from line 6) (10)	00
Total (5)	00		
6. Total (Add lines 1 through 5) (6)	00		

Reconciliation of Distributable Profit Among Partners

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1. Net taxable income (1)	00
2. Less: Non deductible expenses (2)	00
3. Plus: Non taxable income (3)	00
4. Net profit per books (4)	00
5. Less: Income tax (5)	00
6. Distributable profit among partners (6)	00

Compensation to Partners

Table with 5 columns: Name of partner, Social security number, Percentage of time devoted to industry or business, Percentage of partnership ownership, Compensation. Includes a 'Total compensation to partners' row at the bottom.

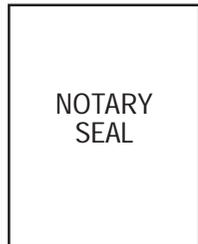
Questionnaire

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Questionnaire section with 17 numbered questions regarding partnership details, accounting methods, and employee information. Includes 'Yes/No' columns for each question.

OATH

I, _____, managing partner of the partnership for which this income tax return is made, declare under penalty of perjury, that this return (including the schedules and statements attached) has been examined by me, and to the best of my knowledge and belief, is a true, correct and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 1994, as amended, and the Regulations issued thereunder.



Managing partner's signature
Affidavit No. _____
Sworn and subscribed before me by _____ of legal age, _____ [civil status], _____ [occupation], and resident of _____, personally known to me or identified by means of _____ at _____, this _____ day of _____.

Title of the person administering oath

Signature of the person administering oath

SPECIALIST'S USE ONLY

I declare under penalty of perjury that this return (including the schedules and statements attached) has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return. The declaration of the person who prepares this return is with respect to the information received and this information may be verified.

Specialist's information section including fields for Specialist's name (Print), Registration number, Date, Self-employed Specialist, Firm's name, Employer identification number, Specialist's signature, Address, and Zip Code.

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

Liquidator:	Reviewer:	200 ___	COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY	200 ___	Serial Number
Field audited by:		Corporation Income Tax Return			<input type="checkbox"/> AMENDED RETURN
Date ____/____/____		TAXABLE YEAR BEGINNING ON ____, ____ AND ENDING ON ____			Payment Stamp
R	M	N			
Taxpayer's Name			Employer Identification Number		
Postal Address			Department of State Registry No.		
Zip Code			Industrial Code	Municipal Code	
			Merchant's Registration Number		
"Place Label here".			Telephone Number - Extension () -		
Location of Principal Industry or Business - Number, Street, City			Date Incorporated Day ____ / Month ____ / Year ____		
Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.)			Place Incorporated		
Check the corresponding box, if applicable		CHANGE OF ADDRESS			
<input type="checkbox"/> First return	<input type="checkbox"/> Last return	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Contracts with Governmental Entities		2008 RETURN			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Spanish	<input type="checkbox"/> English		
E-mail Address			Receipt No. _____ Amount: _____		

Part I	1. Net operating income (or loss) (From Part V, line 49)	(1)	00
	2. Less: Net operating loss deduction from preceding year (Submit detail)	(2)	00
	3. Net income (or loss)	(3)	00
Part II	4. Less: Dividends or profits received from domestic corporations or partnerships	(4)	00
	5. Net income subject to normal tax (Subtract line 4 from line 3)	(5)	00
	6. Less: Surtax net income credit	(6)	00
	7. Net income subject to surtax (Subtract line 6 from line 5)	(7)	00
Part III	8. Normal tax (Multiply line 5 by 20%)	(8)	00
	9. Surtax (See instructions).....	(9)	00
	10. Amount of recapture (See instructions).....	(10)	00
	11. Special tax (See instructions)	(11)	00
	12. Special tax to entities operating under the "Puerto Rico Banking Act" (See instructions).....	(12)	00
	13. Total Tax (Add lines 8 through 12)	(13)	00
	14. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part V, line 40)	(14)	00
	15. Tax Determined (Line 13 or 14, whichever is smaller)	(15)	00
	16. Recapture of credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3)	(16)	00
	17. Tax credits (Schedule B Corporation and Partnership, Part II, line 25)	(17)	00
	18. Tax liability before alternative minimum tax (Subtract line 17 from the sum of lines 15 and 16).....	(18)	00
	19. Alternative minimum tax (Schedule A Corporation and Partnership, Part V, line 33)	(19)	00
	20. Branch profits tax (Form AS 2879, line 11)	(20)	00
	21. Tax on eligible interest (See instructions)	(21)	00
	22. Total Tax Liability (Add lines 18 through 21)	(22)	00
	23. Less: Other Payments and Withholdings (Schedule B Corporation and Partnership, Part III, line 9)	(23)	00
	24. Balance of tax due (If line 22 is larger than line 23, enter the difference here, otherwise, on line 26)		
	a) Tax	(24a)	00
	b) Interest	(24b)	00
	c) Surcharges	(24c)	00
	d) Total (Add lines 24(a) through 24(c))	(24d)	00
	25. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Corporation and Partnership, Part III, line 48)	(25)	00
	26. Excess of tax paid or withheld (See instructions)	(26)	00
	27. Amount paid with this return (Add lines 24(d) and 25 less line 26)	(27)	00
	28. Amount overpaid (Subtract lines 23 from the sum of lines 22 and 25. Distribute line 26 between line A or B):		
	A. To be credited to estimated tax for 2008	(28A)	00
	B. To be refunded	(28B)	00

Part IV	1. Net sales (1)	24	(1)	00				
	Less: Cost of goods sold or direct costs of production							
	2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"							
	(a) Materials (2a)			00				
	(b) Goods in process (2b)			00				
	(c) Finished goods or merchandise (2c)			00				
	3. Purchase of materials or merchandise (3)			00				
	4. Direct wages (4)			00				
	5. Other direct costs (Detail in Part VI) (5)			00				
	6. Total cost of goods available for sale (Add lines 2 through 5)..... (6)			00				
	7. Less: Inventory at the end of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"							
	(a) Materials (7a)			00				
	(b) Goods in process (7b)			00				
	(c) Finished goods or merchandise (7c)			00	00			
	8. Gross profit on sales or production (Subtract the result of line 6 less line 7, from line 1)..... (8)				00			
	9. Net capital gain (Schedule D Corporation and Partnership, Part IV, line 22) (9)				00			
	10. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corporation and Partnership, Part VI, line 41) (10)				00			
	11. Rent (11)				00			
	12. Interest (12)				00			
	13. Commissions (13)				00			
14. Dividends from corporations and profits from partnerships: (a) Domestic _____ (b) Foreign _____ (14)				00				
15. Distributable share on net income from special partnerships (Schedule R, Part II, line 8) (15)				00				
16. Distributable share on net losses from special partnerships (Schedule R, Part II, line 13) (16)				00				
17. Taxable farming profit (Schedule S Corporation and Partnership, Part I, line 9) (17)				00				
18. Freight and fares (18)				00				
19. Miscellaneous income (19)				00				
20. Total gross income (Add lines 8 through 19) (20)				00				
Part V	21. Compensation to officers (See instructions for Part X) (21)			00				
	22. Salaries, commissions and bonuses to employees (22)			00				
	23. Commissions to businesses (23)			00				
	24. Social security tax (FICA) (24)			00				
	25. Unemployment tax (25)			00				
	26. State Insurance Fund premiums (26)			00				
	27. Medical or hospitalization insurance (27)			00				
	28. Insurances (28)			00				
	29. Interest (See instructions)..... (29)			00				
	30. Rent (30)			00				
	31. Property tax: (a) Personal _____ (b) Real _____ (31)			00				
	32. Other taxes, patents and licenses (See instructions) (32)			00				
	33. Losses from fire, storm, other casualties or theft (33)			00				
	34. Motor vehicle expenses (34)			00				
	35. Meals and entertainment expenses (Total _____) (See instructions) (35)			00				
	36. Travel expenses (36)			00				
	37. Professional services (37)			00				
	38. Contributions to pension or other qualified plans (See instructions)..... (38)			00				
	39. Flexible depreciation (See instructions. Submit Schedule E) (39)			00				
	40. Accelerated depreciation (See instructions. Submit Schedule E) (40)			00				
	41. Current depreciation and amortization (See instructions. Submit Schedule E) (41)			00				
	42. Bad debts (See instructions) (42)			00				
	43. Charitable contributions (See instructions) (43)			00				
	44. Repairs (See instructions)..... (44)			00				
	45. Deduction for employers who employ handicapped persons (See instructions) (45)			00				
	46. Contributions to educational contribution accounts for the employees' beneficiaries (See instructions) (46)			00				
	47. Other deductions (See instructions) (47)			00				
	48. Total deductions (Add lines 21 through 47) (48)				00			
	49. Net operating income (or loss) for the year (Subtract line 48 from line 20. Enter here and in Part I, line 1) (49)				00			
Part VI	Item 26		Amount		Item		Amount	
	1. Salaries, wages and bonuses (1)		00		8. Repairs (8)		00	
	2. Social security tax (FICA) (2)		00		9. Utilities (9)		00	
	3. Unemployment tax (3)		00		10. Flexible depreciation (Submit Schedule E) (10)		00	
	4. State Insurance Fund premiums (4)		00		11. Accelerated depreciation (Submit Schedule E) (11)		00	
	5. Medical or hospitalization insurance (5)		00		12. Current depreciation (Submit Schedule E) (12)		00	
	6. Other insurance (6)		00		13. Other expenses (Submit detail) (13)		00	
	7. Excise taxes (7)		00		14. Total other direct costs (Add lines 1 through 13. Same as Part IV, line 5) (14)		00	

Corporation - Comparative Balance Sheet

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	Beginning of the Year			Ending of the Year		
		Total			Total	
Assets						
1. Cash on hand and in banks (1)		00	(1)		00	
2. Accounts receivable (2)	00		(2)	00		
3. Less: Reserve for bad debts (3)	(00)	00	(3)	(00)	00	
4. Notes receivable (4)		00	(4)		00	
5. Inventories (5)		00	(5)		00	
6. Investments (6)		00	(6)		00	
7. Depreciable assets (7)	00		(7)	00		
8. Less: Reserve for depreciation (8)	(00)	00	(8)	(00)	00	
9. Land (9)		00	(9)		00	
10. Other assets (10)		00	(10)		00	
11. Total Assets (11)		00	(11)		00	
Liabilities and Stockholder's Equity						
Liabilities						
12. Accounts payable (12)	00		(12)	00		
13. Notes payable (13)	00		(13)	00		
14. Accrued expenses (14)	00		(14)	00		
15. Other liabilities (15)	00		(15)	00		
16. Total Liabilities (16)		00	(16)		00	
Stockholder's Equity						
17. Capital stock						
(a) Preferred stocks (17a)	00		(17a)	00		
(b) Common stocks (17b)	00		(17b)	00		
18. Additional paid in capital (18)	00		(18)	00		
19. Retained earnings (19)	00		(19)	00		
20. Reserve (20)	00		(20)	00		
21. Total Stockholder's Equity (21)		00	(21)		00	
22. Total Liabilities and Stockholder's Equity (22)		00	(22)		00	

Part VII

Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return

38

1. Net income (or loss) per books (1)	00	7. Income recorded on books this year not included on this return (Itemize, use schedule if necessary)	
2. Income tax (2)	00	(a) Exempt interest _____	
3. Excess of capital losses over capital gains (3)	00	(b) _____	
4. Taxable income not recorded on books this year (Itemize, use schedule if necessary)		(c) _____	
(a) _____		(d) _____	
(b) _____		Total (7)	00
(c) _____		8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)	
(d) _____		(a) Depreciation _____	
Total (4)	00	(b) _____	
5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)		(c) _____	
(a) Meals and entertainment (amount not claimed) _____		(d) _____	
(b) Depreciation _____		Total (8)	00
(c) _____		9. Total (Add lines 7 and 8) (9)	00
(d) _____		10. Net taxable income (or loss) per return (Subtract line 9 from line 6) (10)	00
Total (5)	00		
6. Total (Add lines 1 through 5) (6)	00		

Part VIII

Analysis of Retained Earnings per Books

39

1. Balance at the beginning of the year (1)	00	5. Distributions:	(5a)	00
2. Net income per books (2)	00	(a) Cash		
3. Other increases (Itemize, use schedule if necessary) _____		(b) Property	(5b)	00
_____		(c) Stocks	(5c)	00
_____		6. Other decreases (Use schedule if necessary)	(6)	00
Total (3)	00	7. Total (Add lines 5 and 6)	(7)	00
4. Total (Add lines 1, 2 and 3) (4)	00	8. Balance at end of year (Subtract line 7 from line 4)	(8)	00

Part IX

Compensation to Officers

Table with columns: Name of officer, Social security number, Percentage of time devoted to industry or business, Percentage of stocks owned (Common, Preferred), Compensation. Includes a 'Part X' label on the left and a 'Total compensation to officers' row at the bottom.

Questionnaire

42

Questionnaire section with numbered questions (1-18) and 'Yes/No' columns. Includes a 'Part XI' label on the left and an 'OATH' section at the bottom.

OATH

We, the undersigned, president (or vice-president, or other principal officer) and treasurer (or assistant treasurer), or agent of the corporation for which this income tax return is made, each for himself declare under penalty of perjury, that this return (including the schedules and statements attached) has been examined by us, and to the best of our knowledge and belief, is a true, correct, and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 1994, as amended, and the Regulations issued thereunder.

Signature section for President, Treasurer, and Agent, including a Notary Seal box and a section for the person administering the oath.

SPECIALIST'S USE ONLY

I declare under penalty of perjury that this return (including the schedules and statements attached) has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return. The declaration of the person who prepares this return is with respect to the information received, and this information may be verified.

Specialist's information section including fields for name, registration number, date, firm's name, and identification numbers.

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.

**Schedule A Corporation
and Partnership**

Rev. 01.08



ALTERNATIVE MINIMUM TAX

200__

A

Taxable year beginning on _____ and ending on _____

Taxpayer's Name

Employer Identification Number

Part I Adjustments in the Computation of the Alternative Minimum Net Income Before Books Adjustments and Operating Losses

1. Net income subject to normal tax without considering net operating loss from preceding years and excluding the net capital gain that you had elected to pay taxes at the special rates (See instructions)	(1)		00
2. Adjustments:			
a. Flexible depreciation	(2a)	00	
b. Installment sales	(2b)	00	
c. Long-term contracts	(2c)	00	
d. Expenses related with exempt interest	(2d)	00	
e. Accelerated depreciation	(2e)	00	
f. Total adjustments (Add lines 2(a) through 2(e))	(2f)		00
3. Alternative minimum net income before the adjustments of Part II and the operating loss (Add lines 1 and 2(f))	(3)		00

Part II Adjustment for the Excess of the Net Income per Books over the Alternative Minimum Net Income Before Adjustments

4. Net income (or loss) per books	(4)	00	
5. Goodwill amortization expense	(5)	00	
6. Income tax expense per books	(6)	00	
7. Add lines 4, 5 and 6	(7)		00
8. Exempt interest income net of related expenses	(8)	00	
9. Dividends and profit distributions received from domestic corporations or partnerships, or from industrial or tourism development income	(9)	00	
10. Industrial development income, exempt tourism development income or bona fide agricultural business income	(10)	00	
11. Income (or loss) recognized under the equity method	(11)	00	
12. Reserve for catastrophic losses	(12)	00	
13. Net long-term capital gain (See instructions)	(13)	00	
14. Add lines 8 through 13	(14)		00
15. Subtract line 14 from line 7	(15)		00
16. Subtract line 3 from line 15. If line 3 is larger than line 15, enter zero	(16)		00
17. Adjustment for the excess of the adjusted net income per books over the alternative minimum net income of line 3 (Multiply line 16 by 50%)	(17)		00

Part III Computation of the Alternative Minimum Net Income

18. Alternative minimum net income before the net operating loss (Add lines 3 and 17)	(18)		00
19. Net operating loss to determine the alternative minimum tax (See instructions)	(19)		00
20. Subtract line 19 from line 18 (Enter here the difference, but not less than 10% of line 18)	(20)		00
21. Exempt amount (See instructions)	(21)		00
22. Alternative minimum net income (Subtract line 21 from line 20)	(22)		00

Part IV Computation of the Alternative Minimum Credit for Foreign Taxes Paid

23. Tentative minimum tax (Multiply line 22 by 22%)	(23)		00
24. Alternative minimum net income before net operating loss deduction (Line 18)	(24)	00	
25. Allowable exempt amount without considering the net operating loss (See instructions)	(25)	00	
26. Subtract line 25 from line 24	(26)	00	
27. Multiply line 26 by 22%	(27)	00	
28. Multiply line 27 by 10%	(28)		00
29. Credit limitation (Subtract line 28 from line 23)	(29)		00
30. Alternative minimum credit for foreign taxes paid (This amount cannot exceed the amount on line 29. See instructions)	(30)		00

Part V Computation of the Alternative Minimum Tax

31. Tentative minimum tax (Subtract line 30 from line 23)	(31)		00
32. Adjusted regular tax (See instructions)	(32)		00
33. Alternative minimum tax (Subtract line 32 from line 31. If line 32 is larger than line 31, enter zero, otherwise, enter the difference on Form 480.10 or 480.20, Part III, line 19)	(33)		00

Schedule B Corporation and Partnership

Rev. 01.08



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

200__

B

Taxable year beginning on _____ and ending on _____

Taxpayer's Name

Employer Identification Number

Part I Recapture of Investment Credit and Conservation Easement Claimed in Excess

B1

	Column A	Column B	Column C
Name of entity:			
Employer identification No:			
Credit for:			
Tourism Development	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Solid Waste Disposal	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Agricultural Incentives	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Capital Investment Fund	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Theatrical District of Santurce	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Film Industry Development	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Housing Infrastructure	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Conservation Easement	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Other:	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
1. Total credit claimed in excess			(1) 00
2. Recapture of credit claimed in excess paid in previous year, if applicable			(2) 00
3. Recapture of credit claimed in excess paid this year (Enter on Form 480.10 or 480.20, Part III, line 16. See instructions)			(3) 00
4. Excess of credit due next year, if applicable (Subtract lines 2 and 3 from line 1. See instructions)			(4) 00

Part II Tax Credits (Do not include estimated tax payments. Refer to Part III of this Schedule)

B2

1. Credit for taxes paid to the United States, its possessions and foreign countries (Schedule C Corporation and Partnership, Part IV, line 7)	(1)	00
2. Credit for increase in investment (See instructions)	(2)	00
3. Credit for investment in Capital Investment, Tourism, other funds or direct investment (Submit Schedule Q)	(3)	00
4. Credit attributable to losses in Capital Investment, Tourism or other funds (Submit Schedules Q and Q1)	(4)	00
5. Credit for Contribution to the Educational Foundation for Free Selection of Schools (See instructions)	(5)	00
6. Credit for alternative minimum tax paid in previous years (See instructions)	(6)	00
7. Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(7)	00
8. Credit for investment Act No. 362 of 1999: <input type="checkbox"/> Film Project and/or <input type="checkbox"/> Infrastructure Project (See instructions)	(8)	00
9. Credit for investment in Housing Infrastructure (See instructions)	(9)	00
10. Credit for investment in the Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families (See instructions)	(10)	00
11. Credit to investors in an exempt business that is in the process of closing its operations in Puerto Rico (See instructions)	(11)	00
12. Credit for purchases of products manufactured in Puerto Rico and Puerto Rican agricultural products (Schedule B1 Corporation and Partnership, Part V, line 13)	(12)	00
13. Credit for contributions to Santa Catalina's Palace Patronage (See instructions)	(13)	00
14. Credit for the establishment of an eligible conservation easement or donation of eligible land (See instructions)	(14)	00
15. Credit for construction investment in urban centers (See instructions)	(15)	00
16. Credit for merchants affected by urban centers revitalization (See instructions)	(16)	00
17. Exemption for persons that operate as a publisher (See instructions)	(17)	00
18. Exemption for persons that operate as a printer (See instructions)	(18)	00
19. Exemption for persons that operate as a bookseller (See instructions)	(19)	00
20. Credit for the 2006 Extraordinary Tax (See instructions)	(20)	00
21. Credits carried from previous years (Submit detail)	(21)	00
22. Other credits not included on the preceding lines (Submit detail) (See instructions)	(22)	00
23. Total Tax Credits (Add lines 1 through 22)	(23)	00
24. Total tax determined (Form 480.10 or 480.20, Part III, line 15)	(24)	00
25. Credit to be claimed (The smaller of line 23 or 24. Enter on Form 480.10 or 480.20, Part III, line 17)	(25)	00
26. Carryforward credits (Subtract line 25 from line 23. Submit detail)	(26)	00

Part III		Other Payments and Withholdings		B3
1.	Tax paid with automatic extension of time	(1)		00
2.	Estimated tax payments for 2007	(2)		00
3.	Tax paid in excess on previous years credited to estimated tax (See instructions)	(3)		00
4.	Tax withheld at source	(4)		00
5.	Services rendered (Form 480.6B)	(5)		00
6.	Tax withheld at source on distributable share to partners of special partnerships (Form 480.6 SE)	(6)		00
7.	Tax withheld at source on eligible interest	(7)		00
8.	Other payments and withholdings not included on the preceding lines (Submit detail)	(8)		00
9.	Total Other Payments and Withholdings (Add lines 1 through 8. Enter on Form 480.10 or 480.20, Part III, line 23)	(9)		00

Part IV		Breakdown of the Purchase of Tax Credits		B4
Check the block corresponding to the act (or acts) under which you acquired the credit and enter the amount:				
1.	<input type="checkbox"/> Tourism Development	(1)		00
2.	<input type="checkbox"/> Solid Waste Disposal	(2)		00
3.	<input type="checkbox"/> Agricultural Incentives	(3)		00
4.	<input type="checkbox"/> Capital Investment Fund	(4)		00
5.	<input type="checkbox"/> Theatrical District of Santurce	(5)		00
6.	<input type="checkbox"/> Film Industry Development	(6)		00
7.	<input type="checkbox"/> Housing Infrastructure	(7)		00
8.	<input type="checkbox"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	(8)		00
9.	<input type="checkbox"/> Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico	(9)		00
10.	<input type="checkbox"/> Conservation Easement	(10)		00
11.	<input type="checkbox"/> Urban Centers Revitalization	(11)		00
12.	<input type="checkbox"/> Other:	(12)		00
13.	Total credit for the purchase of tax credits (Same as Part II, line 7)	(13)		00

Retention Period: Ten (10) years

Part III		Credit for Purchase of Products Manufactured in Puerto Rico for Local Sale and Consumption (Section 1040E)		
Eligible purchases of products manufactured in Puerto Rico for local sale and consumption:				
Manufacturing Business	Employer Identification Number	Manufacturing Business Identification Number	Purchases Value	
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
1. Total aggregate purchases value				(1) 00
2. Aggregate purchases value of products manufactured in Puerto Rico during the 3 taxable years preceding the current taxable year:				
Year:	_____	_____	_____	
Aggregate purchases value:		00	00	00
3. Average of aggregate purchases value during the basis period				(3) 00
4. Purchases increase (Subtract line 3 from line 1)				(4) 00
5. Amount of credit (Multiply line 4 by 10%)				(5) 00
6. Credit carried from previous years (Submit Schedule)				(6) 00
7. Total available credit under Section 1040E (Add lines 5 and 6. Complete Part V)				(7) 00

Part IV		Credit for Increase in Purchases of Puerto Rican Agricultural Products (Section 1040F)		
Agricultural Production Group, Agricultural Sector or Qualified Farmer	Contract Number Department of Agriculture	Purchases Increase	Percentage Granted	Amount of Credit
				00
				00
				00
				00
				00
1. Total credit for purchases of Puerto Rican agricultural products				(1) 00
2. Credit carried from previous years (Submit Schedule)				(2) 00
3. Total available credit under Section 1040F (Add lines 1 and 2. Complete Part V)				(3) 00

Part V		Limitation of Credits for Purchases of Products Manufactured in PR and Puerto Rican Agricultural Products		
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
				00
13. Total credits to be claimed (Add lines 9 and 12. Transfer to Schedule B Corporation and Partnership, Part II, line 12)				(13) 00

**Schedule C Corporation
and Partnership**

Rev. 01.08



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

200__

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

Taxpayer's Name

Employer Identification Number

Name of place to which taxes were paid

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

1. Gross income from sources outside of Puerto Rico (See instructions)	(1)	00
2. Deductions attributable to income from sources outside of Puerto Rico	(2)	00
3. Net Income from sources outside of Puerto Rico (Subtract line 2 from line 1)	(3)	00

Part II Determination of Net Income from All Sources

1. Gross income from all sources	(1)	00
2. Deductions attributable to income from all sources	(2)	00
3. Net Income from all sources (Subtract line 2 from line 1)	(3)	00

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

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

Part IV Determination of Credit

1. Net income from sources outside of Puerto Rico (Part I, line 3)	(1)	00
2. Net income from all sources (Part II, line 3)	(2)	00
3. Tax to be paid in Puerto Rico	(3)	00
4. Divide line 1 by line 2	(4)	%
5. CREDIT (Multiply line 3 by line 4)	(5)	00
6. Taxes paid or accrued to the United States, its possessions and foreign countries (Part III, line 2(b))	(6)	00
7. CREDIT TO BE CLAIMED (Enter here and on Schedule B Corporation and Partnership, Part II, line 1, the smaller of line 5 or 6)	(7)	00

LIMITATION: THE CREDIT SHALL NOT EXCEED THE AMOUNT OF TAXES PAID TO THE UNITED STATES, ITS POSSESSIONS AND FOREIGN COUNTRIES.



GAINS AND LOSSES FROM SALE OR EXCHANGE OF PROPERTY

200__

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

D

Taxpayer's Name

Employer Identification Number

Part I Short-Term Capital Assets Gains and Losses (Held 6 months or less)

Description and Location of Property	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
			00	00	00	00
			00	00	00	00
			00	00	00	00
			00	00	00	00

1. Net short-term capital gain (or loss)	(1)	00
2. Net short-term capital gain (or loss) from investment funds (Submit Schedule Q1)	(2)	00
3. Distributable share on net short-term capital gain (or loss) from Special Partnerships	(3)	00
4. Net short-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)	(4)	00
5. Net capital loss carryover (Submit detail)	(5)	00
6. Net short-term capital gain (or loss) (Add lines 1 through 5)	(6)	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	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss	(G) Gain or Loss (Beginning on July 1, 2007)
	0			00	00	00	00	00
	0			00	00	00	00	00
	0			00	00	00	00	00
	0			00	00	00	00	00

7. Net long-term capital gain (or loss)	(7)	00
8. Distributable share on net long-term capital gain (or loss) from Special Partnerships	(8)	00
9. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)	(9)	00
10. Net long-term capital gain (or loss) (Add lines 7 through 9)	(10)	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	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	0			00	00	00	00

11. Net long-term capital gain (or loss) under Act: _____ (Decree No. _____)	(11)	00
--	------	----

Part IV		Summary of Capital Gains and Losses			
Gains or Losses		Column A	Column B	Column C	Column D
		Short - Term	Long - Term	Long - Term (Beginning on July 1, 2007)	Under Special Legislation
12. Enter the gains determined on lines 6, 10 and 11 in the corresponding Column (12)		00	00	00	00
13. Enter the losses determined on lines 6, 10 and 11 in the corresponding Column (13)		00	00	00	00
14. If one or more of Columns B, C and D reflect a loss on line 13, add them and apply the total proportionally to the gains in the other Columns (See instructions)	(14)		00	00	00
15. Subtract line 14 from line 12. If any Column reflected a loss on line 13, enter zero here	(15)		00	00	00
16. Apply the loss from line 13, Column A proportionally to the gains in Columns B, C and D (See instructions)	(16)		00	00	00
17. Subtract line 16 from line 15	(17)		00	00	00
18. Add the total of Columns B, C and D, line 17. However, if line 12 does not reflect any gain in Columns B, C and D, you must enter the total amount of line 13, Columns A, B, C and D	(18)				00
19. Net capital gain (or loss) (Add line 12, Column A and line 18)	(19)				00
20. Enter excess of net short-term capital gain over net long-term capital loss (See instructions)	(20)				00
21. Enter excess of net long-term capital gain over net short-term capital loss (See instructions)	(21)				00
22. Net capital gain (Add lines 20 and 21. Enter here and on Form 480.10 or 480.20, Part IV, line 9 or on the appropriate line of other returns) (22)					00

Part V		Determination of Alternative Tax - Capital Gain			
23. Net income	{ (a) Form 480.10 or 480.20, Part II, line 5 (b) Schedule P Incentives, Part I, line 7 (c) Others - Enter the amount from the appropriate line of the return	(23)			00
24. Enter the amount from line 17, Column B		(24)			00
25. Enter the amount from line 17, Column C		(25)			00
26. Enter the amount from line 17, Column D		(26)			00
27. Net income for purposes of alternative tax - capital gain (Subtract lines 24, 25 and 26 from line 23)		(27)			00
COMPUTATION OF NET INCOME TO DETERMINE ALTERNATIVE TAX					
28. Net income for purposes of partial normal tax (Enter the amount from line 27)		(28)			00
29. Less: Credit for purposes of surtax (From the appropriate line of the return)		(29)			00
30. Net income subject to partial surtax		(30)			00
COMPUTATION OF ALTERNATIVE TAX					
31. Partial normal tax (Multiply line 28 by 20%)		(31)			00
32. Surtax		(32)			00
33. Amount of recapture		(33)			00
34. Special tax		(34)			00
35. Special tax to entities operating under the "Puerto Rico Banking Act"		(35)			00
36. Total tax (Add lines 31 through 35)		(36)			00
37. Plus: 20% of the amount on line 24		(37)			00
38. Plus: 15% of the amount on line 25		(38)			00
39. Plus: _____% (under special legislation) of the amount on line 26 (enter the applicable percent)		(39)			00
40. Alternative Tax - Capital gains (Add lines 36 through 39. Enter the total here and transfer to Form 480.10 or 480.20, Part III, line 14 or to the appropriate line of other returns)		(40)			00

Part VI		Gains (or Losses) from Property Other than Capital Assets					
Description and Location of Property	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss	
			00	00	00	00	
			00	00	00	00	
			00	00	00	00	
			00	00	00	00	
41. Net gain (or loss) from property other than capital assets (Enter here and on Form 480.10 or 480.20, Part IV, line 10 or on the appropriate line of other returns)						00	

Schedule E

Rev. 10.07



DEPRECIATION

200__

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

Taxpayer's Name

Social Security or Employer Identification Number

1. Type of property (In the case of a building, specify the material used in the construction).	2. Date acquired.	3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$25,000 per vehicle.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year.
---	-------------------	---	---	---	------------------------------------

37

(a) Current Depreciation

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

(b) Flexible Depreciation

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

(c) Accelerated Depreciation

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

(d) Improvements Depreciation

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

(e) Amortization (i.e. Goodwill)

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

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

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

**Schedule F Corporation
and Partnership**

Rev. 01.08



**DEDUCTION FOR CONTRIBUTIONS TO PENSION
OR OTHER QUALIFIED PLANS**

200 _____

Taxable year beginning on _____ and ending on _____

Complete one Schedule for each plan to which a contribution was made that is claimed as a deduction under Section 1023(n) of the Code.

Taxpayer's Name

Employer Identification Number

Plan's Name

Type of plan:

Defined Benefit

Defined contribution:

Profit Sharing

Money Purchase

Stock Bonus

Employee Stock Ownership

Cash or Deferred Arrangement

Effective Date: Day _____ Month _____ Year _____

Qualification Date: Day _____ Month _____ Year _____

Trust's Name

Trust's Employer Identification Number

Total Contributions Made

QUESTIONNAIRE

Part I Plan's General Information

	Yes	No
1. Was the plan amended during the year?..... Indicate the dates in which the amendments were made: Day _____ Month _____ Year _____ Day _____ Month _____ Year _____ Day _____ Month _____ Year _____ Day _____ Month _____ Year _____		
2. Were the amendments notified to the Department?		
3. Were the plan's contributions frozen during the year?		
Indicate the date: Day _____ Month _____ Year _____		
4. Was this plan merged with another plan during the year?..... Indicate the date: Day _____ Month _____ Year _____ Plan with which it merged: _____ Plan that prevailed: _____		
5. Was the merger notified to the Department?..... Indicate the date: Day _____ Month _____ Year _____		
6. Was the plan terminated during the year?..... Indicate the date: Day _____ Month _____ Year _____		
7. Was said termination notified to the Department?		
Indicate the date: Day _____ Month _____ Year _____		

Part II Coverage Requirements

1. Indicate the coverage test that was met by the plan:

The plan benefits at least 70% of the employees that are not highly compensated employees.

The plan benefits a percentage of non-highly compensated employees that is at least 70% of the percentage of highly compensated employees who are beneficiaries under the plan.

The plan meets the average benefit percentage test.

Part III Discrimination

	Yes	No
1. In the case of a plan that includes a cash or deferred arrangement under Section 1165(e) of the Code, indicate the non-discriminatory test met by the plan:		
<input type="checkbox"/> The actual deferral percentage for highly compensated employees does not exceed the actual deferral percentage of all other eligible employees multiplied by 1.25.		
<input type="checkbox"/> The excess of the actual deferral percentage for the group of highly compensated employees over the percentage of all other eligible employees does not exceed 2 percentage points and the actual deferral percentage for the group of highly compensated employees does not exceed the actual deferral percentage of all other eligible employees multiplied by 2.		
2. If any of the tests were not met, were the corrective measures provided by Section 1165(e)(6) of the Code taken?		

Part IV Employer Contributions

	Yes	No
1. Indicate the total compensation paid or accrued during the year to all employees participating in the plan: \$ _____		
2. In the case of a defined benefit pension plan, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(A)(i) of the Code.....		
3. In the case of a defined contribution pension plan, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(A)(ii) of the Code.....		
4. In the case of purchase of retirement annuities, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(B) of the Code		
5. In the case of a stock bonus or profit sharing plan, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(C) of the Code		
6. Indicate if it was necessary to apply the limitation provided by Section 1023(n)(1)(F) of the Code		

Part V Participant's Contributions

	Yes	No
1. In the case of a plan that includes a cash or deferred arrangement under Section 1165(e) of the Code, indicate if the participant's contributions exceeded 10% of his/her compensation or \$8,000, whichever is smaller		
2. Indicate if the participants of age 50 or older made additional contributions according to Section 1165(e)(7)(C) of the Code		
3. Indicate if any contribution in excess of the limits provided by Section 1165(e)(6)(A) or 1165(e)(7)(A) of the Code was included as gross income of the participant		

Part VI Employees' Information

1. Total number of employees: _____

2. Number of non-eligible employees: _____

3. Number of participants at the beginning of the year: _____

4. Number of participants at the end of the year: _____

(a) Active: _____

(b) Retired or receiving benefits: _____

(c) Retired or separated from service entitled to receive future benefits: _____

(d) Deceased whose beneficiaries are receiving or are entitled to receive benefits: _____

5. Number of participants that separated from service without having acquired rights over employer contributions: _____

Schedule R

Rev. 10.07



SPECIAL PARTNERSHIP

Taxable year beginning on _____ and ending on _____

200__

Taxpayer's Name

Social Security or Employer Identification No.

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

	Column A	Column B	Column C
Name of entity			
Employer identification number			
1. Adjusted basis at the end of the previous taxable year	00	00	00
2. Basis increase:			
(a) Partner's distributable share on income and profits claimed on previous year (See instructions)	00	00	00
(b) Contributions made during the year	00	00	00
(c) Special partnership's capital assets gain	00	00	00
(d) Exempt income	00	00	00
(e) Farming income deduction granted by Section 1023(s) of the Code	00	00	00
(f) Other income or gains (See instructions)	00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f))	00	00	00
3. Basis decrease:			
(a) Partner's distributable share on partnership's loss claimed on previous year	00	00	00
(b) Special partnership's capital assets loss	00	00	00
(c) Distributions during the year	00	00	00
(d) Credits claimed the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) No admissible expenses for the year	00	00	00
(g) Distributable share on losses from exempt operations during the year	00	00	00
(h) Total basis decrease (Add lines 3(a) through 3(g))	00	00	00
4. Adjusted Basis (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a))	00	00	00

Part II Determination of Partner's Allowable Losses in one or more Special Partnerships

95

5. (a) Partner's distributable share on partnership's loss for the year	00	00	00
(b) Loss carryover from previous years (See instructions)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	00	00	00
6. (a) Adjusted Basis (Part I, line 4)	00	00	00
(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner	00	00	00
(c) Total partner's adjusted basis (Add lines 6(a) and 6(b))	00	00	00
7. Distributable share on partnership's net income for the year (See instructions)	00	00	00
8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	(01)	00 (02)	00 (03)
• If line 8 is zero or more than zero, do not complete the rest of the form (Transfer this amount to Schedule F Individual, Part III or Form 480.10 or 480.20, Part IV, line 15) • If line 8 is less than zero, continue with line 9.			
9. Available losses (The smaller of lines 6(c) or 8)	00	00	00
10. Total losses (Add losses determined on line 9, Columns A through C)			00
11. Partner's net income without considering losses from special partnerships (See instructions)			00
12. 50% of line 11			00
13. Allowable Loss (Enter the smaller of line 10 or 12. Enter this amount on Form 482.0, Part 2, line 2C or Form 480.10 or 480.20, Part IV, line 16)			(10) 00
14. Loss carryforward for next year (Add lines 7 and 13 and subtract this amount from line 5(c))			00

**Schedule S Corporation
and Partnership**
Rev. 01.08



TAXABLE BENEFIT FROM A FARMING BUSINESS

200__

Taxable year beginning on _____ and ending on _____

S

Taxpayer's Name

Employer Identification Number

Part I Income

1. Net sales	(1)		00
2. Cost of goods sold or direct costs of production:			
a) Beginning inventory	(2a)	00	
b) Plus: Purchase of materials or merchandise	(2b)	00	
c) Direct wages	(2c)	00	
d) Other direct costs (Submit detail)	(2d)	00	
e) Total (Add lines 2(a) through 2(d))	(2e)	00	
f) Less: Ending inventory	(2f)	00	
g) Total cost of goods sold (Subtract line 2(f) from line 2(e))	(2g)		00
3. Gross income (Subtract line 2(g) from line 1)	(3)		00
4. Less: Operating expenses and other costs (Part II, line 30)	(4)		00
5. Net income	(5)		00
6. Less: Net operating loss from previous years (Submit detail)	(6)		00
7. Adjusted net income	(7)		00
8. Less: Exempt amount (90% of line 7)	(8)		00
9. Taxable benefit from a farming business (Enter on Form 480.10 or 480.20, Part IV, line 17)	(9)		00

Part II Operating Expenses and Other Costs

10. Compensation to officers or partners	(10)		00
11. Wages, commissions and bonuses to employees	(11)		00
12. Commissions to businesses	(12)		00
13. Payroll expenses	(13)		00
14. Contributions to pension or other qualified plans	(14)		00
15. Medical or hospitalization insurance	(15)		00
16. Interest	(16)		00
17. Rent	(17)		00
18. Property tax: (a) Personal _____ (b) Real _____	(18)		00
19. Other taxes, patents and licenses	(19)		00
20. Motor vehicles expenses	(20)		00
21. Utilities	(21)		00
22. Insurances	(22)		00
23. Travel expenses	(23)		00
24. Meals and entertainment expenses (Total _____) (See instructions for Part V of the return)	(24)		00
25. Professional services	(25)		00
26. Repairs	(26)		00
27. Depreciation and amortization (Submit Schedule E)	(27)		00
28. Bad debts	(28)		00
29. Other expenses (Submit detail)	(29)		00
30. Total (Add lines 10 through 29. Enter in Part I, line 4 of this Schedule)	(30)		00



**ADDITION TO THE TAX FOR FAILURE TO PAY
ESTIMATED TAX IN CASE OF
CORPORATIONS AND PARTNERSHIPS**

Taxable year beginning on _____ and ending on _____

200__

T

Taxpayer's Name

Employer Identification Number

Part I Estimated Tax Required

1. Tax liability (Add lines 15, 16, 19 and 21 of Part III, page 1 of the return)	(1)	00
2. Credits and overpayments (See instructions)	(2)	00
3. Estimated tax (Subtract line 2 from line 1. If it is zero or less, do not complete this Schedule)	(3)	00
4. Line 1 multiplied by 90%	(4)	00
5. Subtract line 2 from line 4 (If it is zero or less, enter zero)	(5)	00
6. Tax to be paid based on the income tax return from previous year (See instructions)	(6)	00
7. Tax to be paid based on the income tax return from previous year determined according to the rates corresponding to the current taxable year (See instructions)	(7)	00
8. Enter the smaller of lines 5, 6 and 7.....	(8)	00

Section A - Estimated Tax to Be Paid per Installment Placing the Net Income on an Annual Basis

	(a) First _____ months	(b) First _____ months	(c) First _____ months	(d) First _____ months
9. Basis Period (See instructions)	(9)			
10. Enter the net income for each basis period	(10)	00	00	00
11. Divide line 10 between the number of months of the basis period on line 9	(11)	00	00	00
12. Net income placed on an annual basis (Multiply line 11 by 12)	(12)	00	00	00
13. Determine the normal tax on the net income placed on an annual basis of line 12 (Line 12 by 20%)	(13)	00	00	00
14. Determine the surtax on the net income placed on an annual basis of line 12	(14)	00	00	00
15. Determine the recapture on the net income placed on an annual basis of line 12	(15)	00	00	00
16. Determine the special tax on the net income placed on an annual basis of line 12	(16)	00	00	00
17. Determine the special tax to entities operating under the "Puerto Rico Banking Act" on the net income placed on an annual basis of line 12	(17)	00	00	00
18. Determine the Alternative Tax - Capital Gains	(18)	00	00	00
19. Tax Determined (Enter the smaller between the sum of lines 13 through 17, or line 18)	(19)	00	00	00
20. Enter the recapture of credit claimed in excess or others	(20)	00	00	00
21. Determine the alternative minimum tax on the net income placed on an annual basis of line 12	(21)	00	00	00
22. Total annual basis tax (Add lines 19 through 21)	(22)	00	00	00
23. Multiply line 22 by 90%	(23)	00	00	00
24. Enter the credits and other payments per period (See instructions)	(24)	00	00	00
25. Estimated Tax to be Paid (Subtract line 24 from line 23. If it is less than zero, enter zero)	(25)	00	00	00
26. Add the amounts of all previous columns of line 25 (See instructions)	(26)		00	00
27. Subtract line 26 from line 25 (If it is less than zero, enter zero)	(27)	00	00	00
28. Number of installments	(28)	4	3	2
29. Estimated Tax to be Paid per Installment Placing the Net Income on an Annual Basis (Line 27 divided between line 28)	(29)	00	00	00

Section B - Estimated Tax Required

30. Subtract line 26 from line 8	(30)	00	00	00
31. Number of installments	(31)	4	3	2
32. Line 30 divided between line 31	(32)	00	00	00
33. Installment of Required Minimum Estimated Tax (Enter the smaller of line 29 and line 32. Transfer to line 35)	(33)	00	00	00

Part II		Failure to Pay			
		(a)	(b)	(c)	(d)
		First Installment	Second Installment	Third Installment	Fourth Installment
34.	Due date (See instructions) <input type="checkbox"/> CALENDAR YEAR <input type="checkbox"/> FISCAL YEAR (Enter the corresponding dates)	(34)			
35.	Amount of minimum estimated tax per installment (If you completed Section A and B of Part I, enter line 33. Otherwise, see instructions)	(35)	00	00	00
36.	Amount of estimated tax paid per installments (See instructions)	(36)	00	00	00
37.	Payment date (See instructions)	(37)			
38.	Line 44 from previous column	(38)		00	00
39.	Add lines 36 and 38	(39)	00	00	00
40.	Subtract line 35 from line 39 (If it is zero or less, enter zero)	(40)	00	00	00
41.	Failure to Pay (If line 40 is zero, subtract line 39 from line 35. Otherwise, enter zero)	(41)	00	00	00
42.	Add lines 41 and 43 from previous column	(42)		00	00
43.	If line 42 is equal or larger than line 40, subtract line 40 from line 42 and go to line 38 of next column. Otherwise, go to line 44	(43)		00	00
44.	Overpayment (If line 40 is larger than line 42, subtract line 42 from line 40, and go to line 38 of next column. Otherwise, enter zero)	(44)	00	00	00

Part III		Addition to the Tax for Failure to Pay			
45.	Multiply line 41 by 20% (See instructions)	(45)	00	00	00
46.	Number of days from the due date to the payment date (See instructions)	(46)			
47.	Line 46 365 X line 45 (See instructions)	(47)	00	00	00
48.	Addition to the Tax for Failure to Pay (Add the amounts from columns of line 47. Transfer to page 1, Part III, line 25 of the return)	(48)			00

Part IV		Tables to Calculate the Addition to the Tax for Failure to Pay the Installments of Estimated Tax				
TABLE 1 - Payments to Meet the First Installment Made After its Due Date (_____)						
Amount due and not paid before the payment (a)	Amount of payment or overpayment (b)	Date of payment or overpayment (c)	Days elapsed from the due date (d)	Multiply (a) by 20% by $\frac{(d)}{365}$ (e)		
00	00			00		
00	00			00		
00	00			00		
Total: Add Column (e) and transfer to Part III, line 47, Column (a)				00		
TABLE 2 - Payments to Meet the Second Installment Made After its Due Date (_____)						
Amount due and not paid before the payment (a)	Amount of payment or overpayment (b)	Date of payment or overpayment (c)	Days elapsed from the due date (d)	Multiply (a) by 20% by $\frac{(d)}{365}$ (e)		
00	00			00		
00	00			00		
00	00			00		
Total: Add Column (e) and transfer to Part III, line 47, Column (b)				00		
TABLE 3 - Payments to Meet the Third Installment Made After its Due Date (_____)						
Amount due and not paid before the payment (a)	Amount of payment or overpayment (b)	Date of payment or overpayment (c)	Days elapsed from the due date (d)	Multiply (a) by 20% by $\frac{(d)}{365}$ (e)		
00	00			00		
00	00			00		
00	00			00		
Total: Add Column (e) and transfer to Part III, line 47, Column (c)				00		
TABLE 4 - Payments to Meet the Fourth Installment Made After its Due Date (_____)						
Amount due and not paid before the payment (a)	Amount of payment or overpayment (b)	Date of payment or overpayment (c)	Days elapsed from the due date (d)	Multiply (a) by 20% by $\frac{(d)}{365}$ (e)		
00	00			00		
00	00			00		
00	00			00		
Total: Add Column (e) and transfer to Part III, line 47, Column (d)				00		

Formulario 480-E

Form
Rev. 10.07



DECLARACION DE CONTRIBUCION ESTIMADA
ESTIMATED TAX DECLARATION

PARA USO OFICIAL
FOR OFFICIAL USE

Número de Serie - Serial Number

Año que comienza el ____ de ____ de ____ y termina el ____ de ____ de ____
Year beginning on ____ of ____ and ending on ____ of ____

R

Liquidador

Revisor

Número de Seguro Social o Identificación Patronal
Social Security or Employer Identification Number

Número de Registro de Comerciante
Merchant's Registration Number

Individuo
Individual Corporación
Corporation Sociedad
Partnership

Nombre y dirección del contribuyente - Taxpayer's name and address

Declaración Enmendada
Amended Declaration

Sello de Recibo
Receipt Stamp

1. Total Contribución Estimada Total Estimated Tax		00
2. Crédito Estimado por Cantidades Retenidas o Pagadas Estimated Credit for Amounts Withheld or Paid		00
3. Contribución Estimada Ajustada (Línea 1 menos línea 2) Adjusted Estimated Tax (Subtract line 2 from line 1)		00
4. Crédito por Contribución Pagada en Exceso Credit for Tax Paid in Excess		00
5. Contribución Estimada a Pagar (Línea 3 menos línea 4) Estimated Tax to be Paid (Subtract line 4 from line 3)		00
6. Importe de cada Plazo Amount of each Installment		00
7. Crédito por Contribución Pagada en Exceso No Reclamado en línea 4 Credit for Tax Paid in Excess not Claimed on line 4		00
8. Balance a Pagar: Balance to be paid:	(a) Primer Plazo First Installment	00
	(b) Segundo Plazo Second Installment	00
	(c) Tercer Plazo Third Installment	00
	(d) Cuarto Plazo Fourth Installment	00

JURAMENTO - OATH

Declaro bajo penalidad de perjurio que esta declaración ha sido examinada por mí y que según mi mejor información y creencia es cierta, correcta y completa. I hereby declare under penalty of perjury that this declaration has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Firma del Contribuyente o Representante Autorizado
Taxpayer's or Duly Authorized Agent's Signature

Título - Title

Fecha - Date _____

INFORMACION IMPORTANTE AL RENDIR ESTA DECLARACION
IMPORTANT INFORMATION WHEN FILING THIS DECLARATION

- No deberá ser enviada con la planilla. It should not be sent with the return.
- Se rinde por separado en la Colecturía del Municipio donde reside o se envía al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501. Must be filed separately at the Internal Revenue Collections Office of the Municipality where you reside or sent to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501.
- Recuerde que si tiene la obligación de rendir una Declaración de Contribución Estimada, no podrá acogerse al beneficio de pagar el balance pendiente de pago de la contribución en dos plazos. Remember that if you are required to file an Estimated Tax Declaration, you are not entitled to the benefit of paying the balance of tax due in two installments.