

Liquidator:	Reviewer:	200 COMMONWEALTH OF PUERTO RICO 200 DEPARTMENT OF THE TREASURY	Serial Number
Field audited by:		<h2>Corporation Income Tax Return</h2>	<input type="checkbox"/> AMENDED RETURN
Date ____/____/____			Payment Stamp
R	M		N
Taxpayer's Name		Employer's Identification Number	
Postal Address		Department of State Registry No.	
Zip Code		Industrial Code	Municipal Code
		Telephone Number - Extension () -	
"Place Label here".		Date Incorporated Day ____/Month ____/Year ____	
Location of Principal Industry or Business - Number, Street, City		Place Incorporated	
Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.)		E-mail	
Check the corresponding box, if applicable <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 <input type="checkbox"/> Yes <input type="checkbox"/> No		2003 RETURN <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. Total Tax (Add lines 8 through 10) (11)	00
	12. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part VII, line 46) (12)	00
	13. Tax Determined (Line 11 or 12, whichever is smaller) (13)	00
	14. Recapture of investment credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3) (14)	00
	15. Tax credits (Schedule B Corporation and Partnership, Part II, line 17) (15)	00
	16. Tax liability before alternative minimum tax (Subtract line 15 from the sum of lines 13 and 14)..... (16)	00
	17. Alternative minimum tax (Schedule A Corporation and Partnership, Part V, line 32) (17)	00
	18. Branch profits tax (Form AS 2879, line 11) (18)	00
	19. Total Tax Liability (Add lines 16 through 18) (19)	00
	20. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Corporation and Partnership, Part III, line 45) (20)	00
	21. Less: Other Payments and Withholdings (Schedule B Corporation and Partnership, Part III, line 7) (21)	00
	22. Balance of tax due (If the sum of lines 19 and 20 is larger than line 21, enter the difference here, otherwise, on line 24)	
	a) Tax (22a)	00
	b) Interest (22b)	00
c) Surcharges (22c)	00	
d) Total (Add lines 22(a) through 22(c)) (22d)	00	
23. Amount paid with this return (23)	00	
24. Amount overpaid (If the sum of lines 19 and 20 is smaller than line 21, distribute the difference between line A or B):		
A. To be credited to estimated tax for 2003 (24A)	00	
B. To be refunded (24B)	00	

Part IV	1. Net sales (1)		24	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 VI, line 30) (9)				00
	10. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corp. and Part., Part VIII, line 47) (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. Meal 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 (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)
	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 37

	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

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

Analysis of Retained Earnings per Books 39

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

Compensation to Officers

Name of officer	Social security number	Percentage of time devoted to industry or business	Percentage of stocks owned		Compensation
			Common	Preferred	
					00
					00
					00
					00
					00
Total compensation to officers (Enter in Part V, line 21)					00

Part X

Questionnaire

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	Yes	No		Yes	No
1. If a foreign corporation, indicate if the trade or business in Puerto Rico was held as a branch..... (1)			9. Number of employees during the year: _____		
2. If a branch, what <input type="checkbox"/> % represents the income from sources within Puerto Rico from the total income of the corporation?			10. Did the corporation claim a deduction for expenses connected with:		
3. Is the corporation under Section 936 of the Federal Internal Revenue Code? (3)			(a) Vessels? (10a)		
4. Did the corporation keep any part of its records on a computerized system during this year? (4)			(b) Living expenses? (10b)		
5. The corporation's books are in care of:			(c) Employees attending conventions or meetings outside Puerto Rico or the United States? (10c)		
Name _____			11. Did the corporation distribute dividends other than stock dividends or distributions in liquidation in excess of the corporation's current and accumulated earnings? (11)		
Address _____			12. Is the corporation a partner in any special partnership? (12)		
6. Indicate the accounting method used for book (tax) purposes:			Name of the special partnership _____		
<input type="checkbox"/> Cash <input type="checkbox"/> Accrual			Employer's identification number _____		
<input type="checkbox"/> Other (specify): _____			13. Is the corporation a member of a controlled group? (13)		
7. Did the corporation file the following documents?:			14. Enter the amount of exempt interest: _____		
(a) Informative Return (Forms 480.5, 480.6A, 480.6B) (7a)			15. Enter the amount corresponding to charitable contributions to municipalities included in Part V, line 43: _____		
(b) Withholding Statement (Form 499R-2/W-2PR) (7b)			16. Indicate if insurance premiums were paid by an unauthorized insurer (16)		
8. If the gross income exceeds \$1,000,000, are financial statements audited by a CPA licensed in Puerto Rico included with this return?..... (8)			17. Employer's number assigned by the Department of Labor and Human Resources: _____		
			18. Number of stockholders: _____		

Part XI

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 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 thereunder.

NOTARY SEAL	_____ President's or vice-president's signature	_____ Treasurer's or assistant treasurer's signature
	Affidavit No. _____	Agent _____
	Sworn and subscribed before me by _____, of legal age, _____ [civil status], _____ [occupation], and resident of _____, and 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 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 name (Print letter)	Registration number	Date	Check if self-employed <input type="checkbox"/>	Specialist's social security number
4P				
Firm's name				Employer's identification number
Specialist's signature				
Address	Zip Code			

Liquidator:	Reviewer:	200 COMMONWEALTH OF PUERTO RICO 200 DEPARTMENT OF THE TREASURY	Serial Number
Field audited by:		<h2 style="margin:0;">Partnership Income Tax Return</h2> <p style="margin:0;">TAXABLE YEAR BEGINNING ON _____, _____ AND ENDING ON _____, _____</p>	<input type="checkbox"/> AMENDED RETURN
Date ____/____/____			Payment Stamp
R	M		N
Taxpayer's Name		Employer's Identification Number	
Postal Address		Industrial Code	Municipal Code
Zip Code		Telephone Number - Extension	
"Place Label here".		() -	
Location of Principal Industry or Business - Number, Street, City		Date Created	
Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.)		Day ____ / Month ____ / Year ____	
Check the corresponding box, if applicable <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 <input type="checkbox"/> Yes <input type="checkbox"/> No		2003 RETURN <input type="checkbox"/> Spanish <input type="checkbox"/> English	
		E-mail	
		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. Total Tax (Add lines 8 through 10)..... (11)		00
	12. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part VII, line 46)..... (12)		00
	13. Tax Determined (Line 11 or 12, whichever is smaller)..... (13)		00
	14. Recapture of investment credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3)..... (14)		00
	15. Tax credits (Schedule B Corporation and Partnership, Part II, line 17)..... (15)		00
	16. Tax liability before alternative minimum tax (Subtract line 15 from the sum of lines 13 and 14)..... (16)		00
	17. Alternative minimum tax (Schedule A Corporation and Partnership, Part V, line 32)..... (17)		00
	18. Branch profits tax (Form AS 2879, line 11)..... (18)		00
	19. Total Tax Liability (Add lines 16 through 18)..... (19)		00
	20. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Corporation and Partnership, Part III, line 45)..... (20)		00
	21. Less: Other Payments and Withholdings (Schedule B Corporation and Partnership, Part III, line 7)..... (21)		00
	22. Balance of tax due (If the sum of lines 19 and 20 is larger than line 21, enter the difference here, otherwise, on line 24)		
		a) Tax..... (22a)	00
		b) Interest..... (22b)	00
		c) Surcharges..... (22c)	00
		d) Total (Add lines 22(a) through 22(c))..... (22d)	00
	23. Amount paid with this return..... (23)		00
24. Amount overpaid (If the sum of lines 19 and 20 is smaller than line 21, distribute the difference between line A or B):			
	A. To be credited to estimated tax for 2003..... (24A)	00	
	B. To be refunded..... (24B)	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 VI, line 30)	(9)	00
	10. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corp. and Part., Part VIII, line 47)	(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. Meal and entertainment expenses (Total.....) (See instructions) (35)		00
	36. Travel expenses..... (36)		00
	37. Professional services..... (37)		00
	38. Contributions to pensions 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	(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

37

	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 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

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) Tax-exempt interest _____	
3. Excess of capital losses over capital gains (3)	00	(b) _____	
4. Taxable income not recorded on books this year (Itemize)		(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) Meal 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	
Total (5)	00	(Subtract line 9 from line 6) (10)	00
6. Total (Add lines 1 through 5) (6)	00		

Part VIII

Reconciliation of Distributable Profit Among Partners

39

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

Part IX

Compensation to Partners

Part X	Name of partner	Social security number	Percentage of time devoted to industry or business	Percentage of partnership ownership	Compensation
					00
					00
					00
					00
					00
Total compensation to partners (Enter in Part V, line 21)					00

Questionnaire

42

Part XI			Yes	No			Yes	No
	1. Did the partnership keep any part of its records on a computerized system during this year? (1)							
2. The partnership's books are in care of: Name _____ Address _____								
3. Indicate the accounting method used for book (tax) purposes: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify): _____								
4. Did the partnership file the following documents?: (a) Informative Return (Forms 480.5, 480.6A, 480.6B) (4a)								
(b) Withholding Statement (Form 499R-2/W-2PR) (4b)								
5. If the gross income exceeds \$1,000,000, are financial statements audited by a CPA licensed in Puerto Rico included with this return?..... (5)								
6. Number of employees during the year: _____								
7. Did the partnership claim a deduction for expenses connected with: (a) Vessels?..... (7a)								
					(b) Living expenses? (7b)			
					(c) Employees attending conventions or meetings outside Puerto Rico or the United States? (7c)			
					8. Did the partnership distribute profits in excess of the partnership's current and accumulated profits during the tax year?.... (8)			
					9. Is the partnership a partner in any special partnership? (9)			
					Name of special partnership _____			
					Employer's identification number _____			
					10. Is the partnership a member of a controlled group? (10)			
					11. Enter the amount of exempt interest: _____			
					12. Enter the amount corresponding to charitable contributions to municipalities included in Part V, line 43: _____			
					13. Indicate if insurance premiums were paid by an unauthorized insurer..... (13)			
					14. Employer's number assigned by the Department of Labor and Human Resources: _____			
					15. Number of partners: _____			

OATH

I, _____, managing partner of the partnership for which this income tax return is made, declare under penalty of perjury, that this return (including 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 thereunder.

Managing partner's signature

NOTARY SEAL

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 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.

4P	Specialist's name (Print letter)	Registration number	Date	Check if self-employed <input type="checkbox"/>	Specialist's social security number
	Firm's name				Employer's identification number
Specialist's signature					
Address					Zip Code

**Schedule A Corporation
and Partnership**
Rev. 05.02



ALTERNATIVE MINIMUM TAX

200 _____

A

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

Taxpayer's Name

Employer's 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 excluding net operating loss from preceding years	(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. Add lines 8 through 12	(13)		00
14. Subtract line 13 from line 7	(14)		00
15. Subtract line 3 from line 14. If line 3 is larger than line 14, enter zero	(15)		00
16. Adjustment for the excess of the adjusted net income per books over the alternative minimum net income of line 3 (Multiply line 15 by 50%)	(16)		00

Part III Computation of the Alternative Minimum Net Income

17. Alternative minimum net income before the net operating loss (Add lines 3 and 16)	(17)		00
18. Net operating loss to determine the alternative minimum tax (See instructions)	(18)		00
19. Subtract line 18 from line 17 (Enter here the difference, but not less than 10% of line 17)	(19)		00
20. Exempt amount (See instructions)	(20)		00
21. Alternative minimum net income (Subtract line 20 from line 19)	(21)		00

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

22. Tentative minimum tax (Multiply line 21 by 22%)	(22)		00
23. Alternative minimum net income before net operating loss deduction (Line 17)	(23)	00	
24. Allowable exempt amount without considering the net operating loss (See instructions)	(24)	00	
25. Subtract line 24 from line 23	(25)	00	
26. Multiply line 25 by 22%	(26)	00	
27. Multiply line 26 by 10%	(27)		00
28. Credit limitation (Subtract line 27 from line 22)	(28)		00
29. Alternative minimum credit for foreign taxes paid (This amount cannot exceed the amount on line 28. See instructions)	(29)		00

Part V Computation of the Alternative Minimum Tax

30. Tentative minimum tax (Subtract line 29 from line 22)	(30)		00
31. Adjusted regular tax (See instructions)	(31)		00
32. Alternative minimum tax (Subtract line 31 from line 30. If line 31 is larger than line 30, enter zero, otherwise, enter the difference on Form 480.10 or 480.20, Part III, line 17)	(32)		00

Schedule B Corporation and Partnership

Rev. 05.02



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

200 _____

B

Taxable year beginning on _____ and ending on _____

Taxpayer's Name

Employer's Identification Number

Part I Recapture of Investment Credit Claimed in Excess

B1

	Column A	Column B	Column C
Name of entity:			
Employer's identification No:			
Investment Credit:			
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"/>
Other: _____	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
1. Total investment credit claimed in excess			(1) 00
2. Recapture of investment credit claimed in excess paid in previous year			(2) 00
3. Recapture of investment credit claimed in excess paid this year (Enter on Form 480.10 or 480.20, Part III, line 14. See instructions)			(3) 00
4. Excess of credit due next year, if applicable (Subtract line 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	(5)	00
6. Credit for alternative minimum tax paid in previous years (See instructions).....	(6)	00
7. Credit for the purchase of tax credits (Submit detail)	(7)	00
8. Credit for investment Act No. 362 of 1999: <input type="checkbox"/> Film Project and/or <input type="checkbox"/> Infrastructure Project	(8)	00
9. Credit for investment in Housing Infrastructure	(9)	00
10. Credit for investment in the Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	(10)	00
11. Credit to investors in an exempt business that is in the process of closing its operation in Puerto Rico	(11)	00
12. Credit for purchases of products manufactured in Puerto Rico and Puerto Rican agricultural products (Submit Schedule B1 Corporation and Partnership)	(12)	00
13. Credits carried from previous years (Submit detail)	(13)	00
14. Other credits not included on the preceding lines (Submit detail) (See instructions)	(14)	00
15. Total Tax Credits (Add lines 1 through 14)	(15)	00
16. Total tax determined (Form 480.10 or 480.20, Part III, line 13)	(16)	00
17. Credit to be claimed (The smaller of line 15 or 16. Enter on Form 480.10 or 480.20, Part III, line 15) ...	(17)	00
18. Carryforward credits (Subtract line 15 from line 17. Submit detail)	(18)	00

Part III

Other Payments and Withholdings

E3

1. Tax paid with automatic extension of time	(1)		00
2. Estimated tax payments for 2002	(2)		00
3. Tax paid in excess on previous years credited to estimated tax	(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. Total Other Payments and Withholdings (Add lines 1 through 6. Enter on Form 480.10 or 480.20, Part III, line 21)	(7)		00

Conservation Period: Ten (10) years

Schedule B1 Corporation and Partnership

Rev. 05.02



CREDIT FOR PURCHASE OF PRODUCTS MANUFACTURED IN PUERTO RICO AND PUERTO RICAN AGRICULTURAL PRODUCTS

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

200__

B1

Taxpayer's Name

Employer's Identification Number

Part I Credit for Purchase of Products Manufactured in Puerto Rico (Section 1040C)

Eligible purchases of products manufactured in Puerto Rico:

Table with 4 columns: Manufacturing Business, Employer's Identification Number, Manufacturing Business Identification Number, Purchases Value. Multiple rows for data entry.

Summary section for Part I including lines 1 through 7: Total aggregate purchases value, Aggregate purchases value of products manufactured in Puerto Rico during the 3 taxable years preceding the current taxable year, Average of aggregate purchases value during the basis period, Purchases increase, Amount of credit (Multiply line 4 by 25%), Credit carried from previous years, Total available credit under Section 1040C.

Part II Credit for Purchase of Products Manufactured in Puerto Rico for Exportation (Section 1040D)

Eligible purchases of products manufactured in Puerto Rico for exportation:

Table with 4 columns: Manufacturing Business, Employer's Identification Number, Manufacturing Business Identification Number, Purchases Value. Multiple rows for data entry.

Summary section for Part II including lines 1 through 7: Total aggregate purchases value, Aggregate purchases value of products manufactured in Puerto Rico during the 3 taxable years preceding the current taxable year, Average of aggregate purchases value during the basis period, Purchases increase, Amount of credit (Multiply line 4 by 10%), Credit carried from previous years, Total available credit under Section 1040D.

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:

Table with 4 columns: Manufacturing Business, Employer's Identification Number, Manufacturing Business Identification Number, Purchases Value. Includes summary rows for total aggregate purchases value and breakdown by year.

Part IV Credit for Increase in Purchases of Puerto Rican Agricultural Products (Section 1040F)

Table with 5 columns: Agricultural Production Group, Contract Number, Purchases Increase, Percentage Granted, Amount of Credit. Includes summary rows for total credit for purchases and available credit.

Part V Limitation of Credits for Purchases of Products Manufactured in PR and Puerto Rican Agricultural Products

Table with 3 columns: Description, Line Number, Amount. Lists various tax limitations and available credits for agricultural products.

**Schedule C Corporation
and Partnership**

Rev. 05.02



**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's 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.

Schedule E

Rev. 05.02



DEPRECIATION

200 _____

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

Taxpayer's Name _____

Social Security or Employer's Identification Number _____

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

37

(a) Current Depreciation

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

(b) Flexible Depreciation

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

(c) Accelerated Depreciation

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

(d) Improvements Amortization

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

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

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



GAINS AND LOSSES FROM SALE OR EXCHANGE OF PROPERTY

200 _____

D

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

Taxpayer's Name _____

Employer's Identification Number _____

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

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

			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) (Property located in PR - Section 1121(c)(2)(A))

			00	00	00	00
			00	00	00	00
			00	00	00	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) from property located in P.R. (Add lines 7 through 9)	(10)	00

Part III Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Other Properties - Section 1121(c)(2)(C))

			00	00	00	00
			00	00	00	00
			00	00	00	00
			00	00	00	00

11. Net long-term capital gain (or loss)	(11)	00
12. Distributable share on net long-term capital gain (or loss) from Special Partnerships	(12)	00
13. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)	(13)	00
14. Net long-term capital gain (or loss) from other properties (Add lines 11 through 13)	(14)	00

Part IV Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Shares from eligible Corp. or Part. - Section 1121(c)(2)(B))						
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
15. Net long-term capital gain (or loss)					(15)	00
16. Distributable share on net long-term capital gain (or loss) from Special Partnerships					(16)	00
17. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)					(17)	00
18. Net long-term capital gain (or loss) of shares from eligible Corp. or Part. (Add lines 15 through 17) ...					(18)	00

Part V Summary of Capital Gains and Losses				
Gains or Losses	Column A	Column B	Column C	Column D
	Short - Term	Prop. Located in P.R.	Other Properties	Shares Elig. Corp./ Part.
19. Enter the gains determined on lines 6, 10, 14 and 18 in the corresponding Column..... (19)	00	00	00	00
20. Enter the losses determined on lines 6, 10, 14 and 18 in the corresponding Column..... (20)	00	00	00	00
21. If one of Columns B, C or D reflects a loss on line 20, apply such loss proportionally to the gains (See instructions)..... (21)		00	00	00
22. If two of Columns B, C or D reflect a loss on line 20, add them and apply the total to the gain of the other Column..... (22)		00	00	00
23. Totalize Columns B, C and D. If any Column reflects a loss on line 20, enter zero here (23)		00	00	00
24. Apply the loss from line 20, Column A proportionally to the gains in Columns B, C and D (See instructions)..... (24)		00	00	00
25. Totalize Columns B, C and D. If any of these Columns reflect a loss on line 20, enter zero here (25)		00	00	00
26. Add the total of Columns B, C and D, line 25. Notwithstanding, if line 19 does not reflect any gain in Columns B, C and D, you must enter the total amount of line 20, Columns A, B, C and D (26)				00

Part VI Summary of Capital Gains and Losses	
27. Net capital gain (or loss) (Add line 19, Column A and line 26)..... (27)	00
28. Enter excess of net short-term capital gain over net long-term capital loss (See instructions) (28)	00
29. Enter excess of net long-term capital gain over net short-term capital loss (See instructions) (29)	00
30. Net capital gain (Add lines 28 and 29. Enter here and on Form 480.10 or 480.20, Part IV, line 9 or on the appropriate line of other returns) (30)	00

Part VII		Determination of Alternative Tax - Capital Gain				
31. 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	(31)	00			
32. Enter the amount from line 25, Column B		(32)	00			
33. Enter the amount from line 25, Column C		(33)	00			
34. Enter the amount from line 25, Column D		(34)	00			
35. Net income for the purpose of alternative tax - capital gain (Subtract lines 32, 33 and 34 from line 31)		(35)	00			
COMPUTATION OF NET INCOME TO DETERMINE ALTERNATIVE TAX						
36. Net income for the purpose of partial normal tax (Enter the amount from line 35)		(36)	00			
37. Less: Credit for the purpose of surtax (From the appropriate line of the return)		(37)	00			
38. Net income subject to partial surtax		(38)	00			
COMPUTATION OF ALTERNATIVE TAX						
39. Partial normal tax (Multiply line 36 by 20%)		(39)	00			
40. Surtax		(40)	00			
41. Amount of recapture		(41)	00			
42. Total tax (Add lines 39 through 41)		(42)	00			
43. Plus: 12.5% (property located in Puerto Rico) of the amount on line 32		(43)	00			
44. Plus: 25% (other properties) of the amount on line 33		(44)	00			
45. Plus: 7% (shares from eligible Corp. or Part.) of the amount on line 34		(45)	00			
46. Alternative Tax - Capital gains (Add lines 42, 43, 44 and 45. Enter here and on Form 480.10 or 480.20, Part III, line 12 or on the appropriate line of other returns)		(46)	00			
Part VIII		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
47. 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)						(47) 00

Conservation Period: Ten (10) years

Schedule R

Rev. 05.02



SPECIAL PARTNERSHIP

200 _____

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

Taxpayer's Name

Social Security or Employer's Identification No.

Part I Adjusted Basis Determination of a Partner in one or more Special Partnerships	Column A	Column B	Column C
Name of entity			
Employer's identification number			
1. Adjusted basis at the end of the previous taxable year	00	00	00
2. Basis increase:			
(a) Partner's distributable share on income and profits claimed on previous year (See instructions)	00	00	00
(b) Contributions made during the year	00	00	00
(c) Special partnership's capital assets gain.....	00	00	00
(d) Exempt income	00	00	00
(e) Farming income deduction granted by Section 1023(s) of the Code	00	00	00
(f) Other income or gains (See instructions).....	00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f))	00	00	00
3. Basis decrease:			
(a) Partner's distributable share on partnership's loss claimed on previous year	00	00	00
(b) Special partnership's capital assets loss	00	00	00
(c) Distributions during the year	00	00	00
(d) Credits claimed the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) No admissible expenses for the year	00	00	00
(g) Distributable share on losses from exempt operations during the year	00	00	00
(h) Total basis decrease (Add lines 3(a) through 3(g))	00	00	00
4. Adjusted Basis (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a))	00	00	00
Part II Determination of Partner's Allowable Losses in one or more Special Partnerships 95			
5. (a) Partner's distributable share on partnership's loss for the year	00	00	00
(b) Loss carryover from previous years (See instructions)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	00	00	00
6. (a) Adjusted Basis (Part I, line 4)	00	00	00
(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner	00	00	00
(c) Total partner's adjusted basis (Add lines 6(a) and 6(b)).....	00	00	00
7. Distributable share on partnership's net income for the year (See instructions)	00	00	00
8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	(01) 00	(02) 00	(03) 00
• 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. 05.02



FARMING BUSINESS

200__

Taxable year beginning on _____ and ending on _____



Taxpayer's Name

Employer's 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 material 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 farming profit (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. Meal 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 _____



Taxpayer's Name

Employer's Identification Number

Part I Estimated Tax Required

1. Tax liability (Add lines 13,14,17 and 18 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

	First _____ months	First _____ months	First _____ months	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 additional tax 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. Enter the recapture of investment credit claimed in excess	(16)	00	00	00
17. Determine the alternative minimum tax on the net income placed on an annual basis of line 12	(17)	00	00	00
18. Enter the Branch Profits Tax	(18)	00	00	00
19. Total annual basis tax (Add lines 13 through 18)	(19)	00	00	00
20. Multiply line 19 by 90%	(20)	00	00	00
21. Enter the credits and other payments per period (See instructions).....	(21)	00	00	00
22. Estimated Tax to be Paid (Subtract line 21 from line 20. If it is less than zero, enter zero)	(22)	00	00	00
23. Add the amounts of all previous columns of line 30 (See instructions)	(23)		00	00
24. Subtract line 23 from line 22 (If it is less than zero, enter zero)	(24)	00	00	00
25. Number of installments	(25)			
26. Estimated Tax to be Paid per Installment Placing the Net Income on an Annual Basis (Line 24 divided between line 25)	(26)	00	00	00

Section B - Estimated Tax Required

27. Subtract line 23 from line 8	(27)	00	00	00
28. Number of installments	(28)			
29. Line 27 divided between line 28	(29)	00	00	00
30. Installment of Required Minimum Estimated Tax (Enter the smaller of line 26 and line 29. Transfer to line 32)	(30)	00	00	00

Part II Failure to Pay	(a)	(b)	(c)	(d)
	First Installment	Second Installment	Third Installment	Fourth Installment
31. Due date (See instructions) <input type="checkbox"/> CALENDAR YEAR <input type="checkbox"/> FISCAL YEAR (Enter the corresponding dates) (31)				
32. Amount of minimum estimated tax per installment (If you completed Section A and B of Part I, enter line 30. Otherwise, see instructions) (32)	00	00	00	00
33. Amount of estimated tax paid per installments (See instructions) (33)	00	00	00	00
34. Payment date (See instructions) (34)				
35. Line 41 from previous column (35)		00	00	00
36. Add lines 33 and 35 (36)	00	00	00	00
37. Subtract line 32 from line 36 (If it is zero or less, enter zero) .. (37)	00	00	00	00
38. Failure to Pay (If line 37 is zero, subtract line 36 from line 32. Otherwise, enter zero) (38)	00	00	00	00
39. Add lines 38 and 40 from previous column (39)		00	00	
40. If line 39 is equal or larger than line 37, subtract line 37 from line 39 and go to line 35 of next column. Otherwise, go to line 41 (40)		00	00	
41. Overpayment (If line 36 is larger than line 38, subtract line 38 from line 36, and go to line 34 of next column. Otherwise, enter zero) (41)	00	00	00	

Part III Addition to the Tax for Failure to Pay				
42. Multiply line 38 by 20% (See instructions) (42)	00	00	00	00
43. Number of days from the due date to the payment date (See instructions) (43)				
44. <u>Line 43</u> 365 X line 42 (See instructions) (44)	00	00	00	00
45. Addition to the Tax for Failure to Pay (Add the amounts from columns of line 44. Transfer to page 1, Part III, line 20 of the return) (45)				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 (d) 365 (e)
00	00			00
00	00			00
00	00			00
Total: Add Column (e) and transfer to Part I, line 22, 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 (d) 365 (e)
00	00			00
00	00			00
00	00			00
Total: Add Column (e) and transfer to Part I, line 22, 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 (d) 365 (e)
00	00			00
00	00			00
00	00			00
Total: Add Column (e) and transfer to Part I, line 22, 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 (d) 365 (e)
00	00			00
00	00			00
00	00			00
Total: Add Column (e) and transfer to Part I, line 22, Column (d)				00

Formulario 480-E

Form

Rev. 05.02



DECLARACION DE CONTRIBUCION ESTIMADA
ESTIMATED TAX DECLARATION

PARA USO OFICIAL
FOR OFFICIAL USE

Número de Serie - Serial Number

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

Año que comienza el - Taxable year beginning on
Día ____ / Mes ____ / Año ____
Day Month Year

Individuo Individual Corporación Corporation Sociedad Partnership

Año que termina el - Taxable year ending on
Día ____ / Mes ____ / Año ____
Day Month Year

Declaración Original Original Declaration Declaración Enmendada Amended Declaration

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. 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.

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

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.

Título - Title

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

Fecha - Date

Nota: Esta declaración no se deberá enviar con la planilla. La misma deberá rendirse por separado en la Colecturía del municipio donde reside o enviarla al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501.
Note: This declaration should not be sent with the return. The same must be filed separately at the Internal Revenue Collections Office of the municipality where you reside or sent to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501.