

Liquidator:	Reviewer:	<b>20</b> _____	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	<b>20</b> _____	Serial Number
Field audited by:		<b>Partnership Income Tax Return</b>			
Date _____ / _____ / _____		TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____			
R	M	N			<input type="checkbox"/> <b>AMENDED RETURN</b>
					Payment Stamp

Taxpayer's Name  Postal Address   Zip Code  "Place Label here". Location of Principal Industry or Business - Number, Street, City  Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.)  Check the corresponding box, if applicable <input type="checkbox"/> First return <input type="checkbox"/> Last return Contracts with Governmental Entities <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr style="background-color: yellow;"> <th colspan="2" style="text-align: center;">Employer Identification Number</th> </tr> <tr> <td style="width:50%;">Industrial Code</td> <td style="width:50%;">Municipal Code</td> </tr> <tr> <td colspan="2">Merchant's Registration Number</td> </tr> <tr> <td colspan="2">Telephone Number - Extension (    )    -</td> </tr> <tr> <td colspan="2">Date Created Day ____ / Month ____ / Year ____</td> </tr> <tr> <td colspan="2">Place Created</td> </tr> <tr> <td colspan="2">E-mail Address</td> </tr> </table>	Employer Identification Number		Industrial Code	Municipal Code	Merchant's Registration Number		Telephone Number - Extension (    )    -		Date Created Day ____ / Month ____ / Year ____		Place Created		E-mail Address	
Employer Identification Number															
Industrial Code	Municipal Code														
Merchant's Registration Number															
Telephone Number - Extension (    )    -															
Date Created Day ____ / Month ____ / Year ____															
Place Created															
E-mail Address															
CHANGE OF ADDRESS <input type="checkbox"/> Yes <input type="checkbox"/> No  2011 RETURN <input type="checkbox"/> Spanish <input type="checkbox"/> English															
Receipt No. _____ Amount: _____															

<b>Part I</b>	1. <b>Net operating income (or loss)</b> (From Part V, line 49) .....	(1)		00
	2. Less: Net operating loss deduction from preceding year (Submit detail) .....	(2)		00
	3. <b>Net income (or loss)</b> .....	(3)		00
<b>Part II</b>	4. Less: Dividends or profits received from domestic corporations or partnerships .....	(4)		00
	5. <b>Net income subject to normal tax</b> (Subtract line 4 from line 3) .....	(5)		00
	6. Less: Surtax net income credit .....	(6)		00
	7. <b>Net income subject to surtax</b> (Subtract line 6 from line 5) .....	(7)		00
	8. Normal tax (Multiply line 5 by: <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 30%, as applicable. See instructions) .....	(8)		00
	9. Surtax (See instructions).....	(9)		00
	10. Amount of recapture (See instructions).....	(10)		00
	11. <b>Total Tax</b> (Add lines 8 through 10) .....	(11)		00
	12. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part V, line 36) .....	(12)		00
	13. <b>Tax Determined</b> (Line 11 or 12, whichever is smaller) .....	(13)		00
	14. Recapture of credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3) .....	(14)		00
	15. <b>Tax credits</b> (Schedule B Corporation and Partnership, Part II, line 28) .....	(15)		00
	16. <b>Tax liability before alternative minimum tax</b> (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 33) .....	(17)		00
	18. Branch profits tax (Form AS 2879, line 11) .....	(18)		00
	19. Tax on eligible interest (See instructions) .....	(19)		00
	20. <b>Total Tax Liability</b> (Add lines 16 through 19) .....	(20)		00
	21. <b>Less: Other Payments and Withholdings</b> (Schedule B Corporation and Partnership, Part III, line 9) .....	(21)		00
<b>Part III</b>	22. Additional Credit (See instructions) .....	(22)		00
	23. Balance of tax due (If line 20 is larger than the sum of lines 21 and 22, enter the difference here, otherwise, on line 26)			
	a) Tax .....	(23a)	00	
	b) Interest .....	(23b)	00	
	c) Surcharges .....	(23c)	00	
	d) Total (Add lines 23(a) through 23(c)) .....	(23d)		00
	24. <b>Addition to the Tax for Failure to Pay Estimated Tax</b> (Schedule T Corporation and Partnership, Part II, line 21) .....	(24)		00
	25. <b>Additional Special Tax</b> (See instructions) .....	(25)		00
	26. Excess of tax paid or withheld (See instructions) .....	(26)		00
	27. Amount paid with this return (Add lines 23(d), 24 and 25 less line 26) .....	(27)		00
	28. <b>Amount overpaid</b> (Subtract lines 21 and 22 from the sum of lines 20, 24 and 25. Distribute line 26 between line A, B or C):			
	A. To be credited to estimated tax for 2011 .....	(28A)		00
	B. Contribution to the San Juan Bay Estuary Special Fund .....	(28B)		00
	C. To be refunded .....	(28C)		00

Part IV	1. Net sales ..... <b>24</b> (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
	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 37) ..... (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. <b>Total gross income</b> (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 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. <b>Total deductions</b> (Add lines 21 through 47) ..... (48)		00
	49. <b>Net operating income (or loss) for the year</b> (Subtract line 48 from line 20. Enter here and in Part I, line 1) ..... (49)		00

Part VI	<b>26</b>			
	Item	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. <b>Total other direct costs</b> (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	
<b>Assets</b>				
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	( 00)	00
4. Notes receivable ..... (4)		00		00
5. Inventories ..... (5)		00		00
6. Investments ..... (6)		00		00
7. Depreciable assets ..... (7)	00		00	
8. Less: Reserve for depreciation ..... (8)	( 00)	00	( 00)	00
9. Land ..... (9)		00		00
10. Other assets ..... (10)		00		00
11. <b>Total Assets</b> ..... (11)		00		00
<b>Liabilities and Net Worth</b>				
<b>Liabilities</b>				
12. Accounts payable ..... (12)	00		00	
13. Notes payable ..... (13)	00		00	
14. Accrued expenses ..... (14)	00		00	
15. Other liabilities ..... (15)	00		00	
16. <b>Total Liabilities</b> ..... (16)		00		00
<b>Net Worth</b>				
17. Partner's interest ..... (17)	00		00	
18. Undistributed profits ..... (18)	00		00	
19. <b>Total Net Worth</b> ..... (19)		00		00
20. <b>Total Liabilities and Net Worth</b> ..... (20)		00		00

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

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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		
	3. Excess of capital losses over capital gains ..... (3)	00		
	4. Taxable income not recorded on books this year (Itemize, use schedule if necessary) (a) _____ (b) _____ (c) _____ (d) _____ Total ..... (4)	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. <b>Total</b> (Add lines 1 through 5) ..... (6)	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		
	9. <b>Total</b> (Add lines 7 and 8) ..... (9)	00		
	10. <b>Net taxable income (or loss) per return</b> (Subtract line 9 from line 6) ..... (10)	00		

**Reconciliation of Distributable Profit Among Partners**

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Part IX	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. <b>Distributable profit among partners</b> ..... (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 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 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
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.

Specialist's information fields: Specialist's name (Print), Registration number, Date, Self-employed Specialist, Firm's name, Employer identification number, Specialist's signature, Address, 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.



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 37) ..... (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. <b>Total gross income</b> (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 (See instructions) ..... (46)		00	
	47. Other deductions (See instructions) ..... (47)		00	
	48. <b>Total deductions</b> (Add lines 21 through 47) ..... (48)			00
49. <b>Net operating income (or loss) for the year</b> (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. <b>Total other direct costs</b> (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	
<b>Assets</b>						
1. Cash on hand and in banks ..... (1)		00	(1)		00	(1)
2. Accounts receivable ..... (2)	00		(2)	00		(2)
3. Less: Reserve for bad debts ..... (3)	( 00)	00	(3)	( 00)	00	(3)
4. Notes receivable ..... (4)		00	(4)		00	(4)
5. Inventories ..... (5)		00	(5)		00	(5)
6. Investments ..... (6)		00	(6)		00	(6)
7. Depreciable assets ..... (7)	00		(7)	00		(7)
8. Less: Reserve for depreciation ..... (8)	( 00)	00	(8)	( 00)	00	(8)
9. Land ..... (9)		00	(9)		00	(9)
10. Other assets ..... (10)		00	(10)		00	(10)
11. <b>Total Assets</b> ..... (11)		00	(11)		00	(11)
<b>Liabilities and Stockholder's Equity</b>						
<b>Liabilities</b>						
12. Accounts payable ..... (12)	00		(12)	00		(12)
13. Notes payable ..... (13)	00		(13)	00		(13)
14. Accrued expenses ..... (14)	00		(14)	00		(14)
15. Other liabilities ..... (15)	00		(15)	00		(15)
16. <b>Total Liabilities</b> ..... (16)		00	(16)		00	(16)
<b>Stockholder's Equity</b>						
17. Capital stock						
(a) Preferred stocks ..... (17a)	00		(17a)	00		(17a)
(b) Common stocks ..... (17b)	00		(17b)	00		(17b)
18. Additional paid in capital ..... (18)	00		(18)	00		(18)
19. Retained earnings ..... (19)	00		(19)	00		(19)
20. Reserve ..... (20)	00		(20)	00		(20)
21. <b>Total Stockholder's Equity</b> ..... (21)		00	(21)		00	(21)
22. <b>Total Liabilities and Stockholder's Equity</b> ..... (22)		00	(22)		00	(22)

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

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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) Meal and entertainment (amount not claimed) _____		(d) _____	
(b) Depreciation _____		Total ..... (8)	00
(c) _____		9. <b>Total</b> (Add lines 7 and 8) ..... (9)	00
(d) _____		10. <b>Net taxable income (or loss) per return</b> (Subtract line 9 from line 6) ..... (10)	00
Total ..... (5)	00		
6. <b>Total</b> (Add lines 1 through 5) ..... (6)	00		

**Analysis of Retained Earnings per Books**

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1. Balance at the beginning of the year ..... (1)	00	5. Distributions:	(5a)	00
2. Net income per books ..... (2)	00	(b) Property ..... (5b)		00
3. Other increases (Itemize, use schedule if necessary) _____		(c) Stocks ..... (5c)		00
_____ (3)	00	6. Other decreases (Use schedule if necessary) ..... (6)		00
4. <b>Total</b> (Add lines 1, 2 and 3) ..... (4)	00	7. <b>Total</b> (Add lines 5 and 6) ..... (7)		00
		8. <b>Balance at end of year</b> (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	
<b>Part X</b>						00
						00
						00
						00
						00
Total compensation to officers (Enter in Part V, line 21) .....						00

**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, indicate the percent that 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 filing 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 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 \$3,000,000, 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: .....				

**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.

\_\_\_\_\_  
President's or vice-president's signature

\_\_\_\_\_  
Treasurer's or assistant treasurer's signature

Affidavit No. \_\_\_\_\_

\_\_\_\_\_  
Agent

**NOTARY SEAL**

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)	Registration number	Date	Self-employed Specialist <input type="checkbox"/>
Firm's name	Employer identification number		
Specialist's signature	Address		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.



**Schedule A Corporation  
and Partnership**

Rev. 02.11



**ALTERNATIVE MINIMUM TAX**

**20**\_\_

**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. Expenses incurred or paid to a related person for services rendered outside of Puerto Rico ..	(2f)	00	
g. Total adjustments (Add lines 2(a) through 2(f)) .....	(2g)		00
3. Alternative minimum net income before the adjustments of Part II and the operating loss (Add lines 1 and 2(g)) .....	(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 17) .....	(33)		00

**Schedule B Corporation and Partnership**

Rev. 02.11



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

**20**\_\_

**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. <b>Recapture of credit claimed in excess paid in previous year, if applicable</b> .....			(2) 00
3. <b>Recapture of credit claimed in excess paid this year</b> (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 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 or line 5 of the Worksheet to Determine the Additional Special Tax, as applicable) .....	(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 publisher (See instructions) .....	(17)	00
18. Exemption for persons that operate as printer (See instructions) .....	(18)	00
19. Exemption for persons that operate as bookseller (See instructions) .....	(19)	00
20. Credit for the 2006 Extraordinary Tax (See instructions) .....	(20)	00
21. Credit for investment Act No. 73 of 2008 (See instructions) .....	(21)	00
22. Credit for investment Act No. 83 of 2010 (See instructions) .....	(22)	00
23. Credit for the acquisition or manufacture and installation of electric solar equipment (See instructions) .....	(23)	00
24. Credits carried from previous years (Submit detail) .....	(24)	00
25. Other credits not included on the preceding lines (Submit detail) (See instructions) .....	(25)	00
26. Total Tax Credits (Add lines 1 through 25) .....	(26)	00
27. Total tax determined (Form 480.10 or 480.20, Part III, line 13) .....	(27)	00
28. <b>Credit to be claimed</b> (The smaller of line 26 or 27. Enter on Form 480.10 or 480.20, Part III, line 15) .....	(28)	00
29. Carryforward credits (Submit detail) .....	(29)	00

<b>Part III</b>		<b>Other Payments and Withholdings</b>		<b>B3</b>
1.	Tax paid with automatic extension of time .....	(1)		00
2.	Estimated tax payments for 2010 .....	(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.	<b>Total Other Payments and Withholdings</b> (Add lines 1 through 8. Enter on Form 480.10 or 480.20, Part III, line 21) .....	(9)		00

<b>Part IV</b>		<b>Breakdown of the Purchase of Tax Credits</b>		<b>B4</b>
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"/> Economic Incentives (Research and Development) .....	(12)		00
13	<input type="checkbox"/> Economic Incentives (Strategic Projects) .....	(13)		00
14	<input type="checkbox"/> Economic Incentives (Industrial Investment) .....	(14)		00
15	<input type="checkbox"/> Green Energy Incentives (Research and Development) .....	(15)		00
16	<input type="checkbox"/> Other: .....	(16)		00
17	<b>Total credit for the purchase of tax credits (Same as Part II, line 7)</b> .....	(17)		00

Retention Period: Ten (10) years

Schedule B1 Corporation and Partnership

Rev. 02.11



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

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

20\_\_

B1

Taxpayer's Name

Employer 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 Identification Number, Manufacturing Business Identification Number, Purchases Value. Includes summary rows for total aggregate purchases value and average value.

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 Identification Number, Manufacturing Business Identification Number, Purchases Value. Includes summary rows for total aggregate purchases value and amount of credit.

**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
			00
			00
			00
<b>1. Total aggregate purchases value</b> .....		(1)	00
<b>2. Aggregate purchases value of products manufactured in Puerto Rico during the 3 taxable years preceding the current taxable year:</b>			
Year:	_____	_____	_____
Aggregate purchases value:		00	00
<b>3. Average of aggregate purchases value during the basis period</b> .....		(3)	00
<b>4. Purchases increase (Subtract line 3 from line 1)</b> .....		(4)	00
<b>5. Amount of credit (Multiply line 4 by 10%)</b> .....		(5)	00
<b>6. Credit carried from previous years (Submit Schedule)</b> .....		(6)	00
<b>7. Total available credit under Section 1040E (Add lines 5 and 6. Complete Part V)</b> .....		(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
<b>1. Total credit for purchases of Puerto Rican agricultural products</b> .....		(1)		00
<b>2. Credit carried from previous years (Submit Schedule)</b> .....		(2)		00
<b>3. Total available credit under Section 1040F (Add lines 1 and 2. Complete Part V)</b> .....		(3)		00

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

<b>1. Tax determined (Form 480.10 or 480.20, Part III, line 13)</b> .....	(1)	00
<b>2. Recapture of investment credit claimed in excess (Form 480.10 or 480.20, Part III, line 14)</b> .....	(2)	00
<b>3. Alternative minimum tax (Form 480.10 or 480.20, Part III, line 17)</b> .....	(3)	00
<b>4. Branch profits tax (Form 480.10 or 480.20, Part III, line 18)</b> .....	(4)	00
<b>5. Tax on eligible interest (Form 480.10 or 480.20, Part III, line 19)</b> .....	(5)	00
<b>6. Total tax liability (Add lines 1 through 5)</b> .....	(6)	00
<b>7. Limitation of 1040C credit (Multiply line 6 by 10%)</b> .....	(7)	00
<b>8. Available credit under Section 1040C (From Part I, line 5)</b> .....	(8)	00
<b>9. Credit to be claimed under Section 1040C (The smaller of line 7 or 8)</b> .....	(9)	00
<b>10. Limitation of 1040D, 1040E and 1040F credits (Multiply line 6 by 25%)</b> .....	(10)	00
<b>11. Available credit under Sections 1040D, 1040E and 1040F (Add line 4 from Part II, line 7 from Part III, and line 3 from Part IV)</b> .....	(11)	00
<b>12. Credit to be claimed under Sections 1040D, 1040E and 1040F (The smaller of line 10 or 11)</b> .....	(12)	00
<b>13. Total credits to be claimed (Add lines 9 and 12. Transfer to Schedule B Corporation and Partnership, Part II, line 12)</b> .....	(13)	00

**Schedule C Corporation  
and Partnership**

Rev. 02.11



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

**20\_\_**

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. <b>Net Income from sources outside of Puerto Rico</b> (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. <b>Net Income from all sources</b> (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. <b>CREDIT</b> (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. <b>CREDIT TO BE CLAIMED</b> (Enter here and on Schedule B Corporation and Partnership, Part II, line 1 or on line 4 of the Worksheet to Determine the Additional Special Tax, as applicable, 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

20\_\_

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. <b>Net short-term capital gain (or loss)</b> (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 (Act No. 132 of 2010)	(G) Gain or Loss
	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. <b>Net long-term capital gain (or loss)</b> (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
		Short - Term	Long - Term	Under Special Legislation
12. Enter the gains determined on lines 6, 10 and 11 in the corresponding Column	(12)	00	00	00
13. Enter the losses determined on lines 6, 10 and 11 in the corresponding Column	(13)	00	00	00
14. If <b>any</b> of Columns B and C reflect a loss on line 13, apply the total to the gain in the other Column (See instructions)	(14)		00	00
15. Subtract line 14 from line 12. If any Column reflected a loss on line 13, enter zero here	(15)		00	00
16. Apply the loss from line 13, Column A proportionally to the gains in Columns B and C (See instructions)	(16)		00	00
17. Subtract line 16 from line 15	(17)		00	00
18. Add the total of Columns B and C, line 17. However, if line 12 does not reflect <b>any</b> gain in Columns B and C, you must enter the total amount of line 13, Columns A, B and C	(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. Net income for purposes of alternative tax - capital gain (Subtract lines 24 and 25 from line 23)		(26)		00
COMPUTATION OF NET INCOME TO DETERMINE ALTERNATIVE TAX				
27. Net income for purposes of partial normal tax (Enter the amount from line 26)		(27)		00
28. Less: Credit for purposes of surtax (From the appropriate line of the return)		(28)		00
29. Net income subject to partial surtax		(29)		00
COMPUTATION OF ALTERNATIVE TAX				
30. Partial normal tax (Multiply line 27 by: <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 30%, as applicable. See instructions)		(30)		00
31. Surtax		(31)		00
32. Amount of recapture		(32)		00
33. Total tax (Add lines 30 through 32)		(33)		00
34. Plus: 15% of the amount on line 24		(34)		00
35. Plus: _____% (under special legislation) of the amount on line 25 (enter the applicable percent)		(35)		00
36. Alternative Tax - Capital gains (Add lines 33 through 35. Enter the total here and transfer to Form 480.10 or 480.20, Part III, line 12 or to the appropriate line of other returns)		(36)		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	
37. 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)						(37)	00



**Schedule E**

Rev. 01.11



**DEPRECIATION**

**20\_\_**

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.
					<b>37</b>

**(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. 02.11



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

**20** \_\_\_\_\_

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 Benefits

Defined contributions:

Profit Sharing                       Money Purchase                       Stocks Bonus  
 Acquisition of stocks for employees     Agreement of cash or deferred contributions

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?..... (1) 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? ..... (2)		
3. Were the plan's contributions frozen during the year? ..... (3) Indicate the date: Day _____ Month _____ Year _____		
4. Was this plan merged with another plan during the year?..... (4) Indicate the date: Day _____ Month _____ Year _____ Plan with which it merged: _____ Plan that prevailed: _____		
5. Was the merge notified to the Department?..... (5) Indicate the date: Day _____ Month _____ Year _____		
6. Was the plan terminated during the year?..... (6) Indicate the date: Day _____ Month _____ Year _____		
7. Was said termination notified to the Department? ..... (7) 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 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 benefited 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 an agreement of cash or deferred contributions under Section 1165(e) of the Code, indicate the non-discriminatory test met by the plan:		
<input type="checkbox"/> The deferred real percentage to highly compensated employees does not exceed the deferred real percentage of all other eligible employees multiplied by 1.25.		
<input type="checkbox"/> The excess of the deferred real percentage of the group of highly compensated employees over the percentage of all other eligible employees does not exceed 2 percentage points and the deferred real percentage for the group of highly compensated employees does not exceed the deferred real 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? ..... (2)		

**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 benefits pension plan, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(A)(i) of the Code ..... (2)		
3. In the case of a defined contributions pension plan, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(A)(ii) of the Code ..... (3)		
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 ..... (4)		
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 ..... (5)		
6. Indicate if it was necessary to apply the limitation provided by Section 1023(n)(1)(F) of the Code ..... (6)		

**Part V Participant's Contributions**

	Yes	No
1. In the case of a plan that includes an agreement of cash or deferred contributions under Section 1165(e) of the Code, indicate if the participant's contributions exceeded \$9,000 ..... (1)		
2. Indicate if the participants of age 50 or older made additional contributions according to Section 1165(e)(7)(C) of the Code ..... (2)		
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 ..... (3)		

**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 separated from service without having acquired rights over employer contributions: \_\_\_\_\_

**Schedule R**

Rev. 01.11



**SPECIAL PARTNERSHIP**

**20\_\_**

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

Taxpayer's Name

Indicate who is the partner of the special partnership: (01)

Social Security or Employer Identification No.

1 Taxpayer     2 Spouse     3 Both

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. <b>Adjusted Basis</b> (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) .....	(02) 00	(03) 00	(04) 00
	• If line 8 is zero or more than zero, do not complete the rest of the form (Transfer these amounts to Schedule F Individual, Part III or Form 480.10 or 480.20, Part IV, line 15)			
	• If line 8 is less than zero, continue with line 9.			
	9. Available losses (The smaller of lines 6(c) or 8) .....	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. <b>Allowable Loss</b> (Enter the smaller of line 10 or 12. Enter this amount on Form 482.0, Part 2, line 2C or on Schedule CO Ind., line 3C, Column B or C, as applicable, or on Form 480.10 or 480.20, Part IV, line 16, as applicable) .....			(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. 02.11



**FARMING BUSINESS**

**20\_\_**

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 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**

20\_\_

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



Taxpayer's Name

Employer Identification Number

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

1. Tax liability (Add lines 13, 14, 17, 19 and 25 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. Total tax determined as it appears on the income tax return from the previous year .....	(5)	00
6. Enter the smaller of lines 4 and 5 .....	(6)	00
7. Subtract line 2 from line 6 (If it is less than zero, enter zero). This is the minimum amount of estimated tax that you should have paid .....	(7)	00

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

Section A - Failure to Pay		Due date			
		(a) First Installment	(b) Second Installment	(c) Third Installment	(d) Fourth Installment
<input type="radio"/> CALENDAR YEAR .....					
<input type="radio"/> FISCAL YEAR (Enter the corresponding dates) .....					
8. Amount of estimated tax per installment (See instructions) .....	(8)	00	00	00	00
9. Amount of estimated tax paid per installment (See instructions) .....	(9)	00	00	00	00
10. Payment date (See instructions) .....	(10)				
11. Line 17 from previous column .....	(11)		00	00	00
12. Add lines 9 and 11 .....	(12)	00	00	00	00
13. Subtract line 8 from line 12 (If it is less than zero, enter zero) .....	(13)	00	00	00	00
14. <b>Failure to Pay</b> (If line 13 is zero, subtract line 12 from line 8, otherwise, enter zero) .....	(14)	00	00	00	00
15. Add lines 14 and 16 from previous column .....	(15)		00	00	
16. If line 15 is equal or larger than line 13, subtract line 13 from line 15 and go to line 11 of next column. Otherwise, go to line 17 .....	(16)		00	00	
17. Overpayment (If line 13 is larger than line 15, subtract line 15 from line 13, and go to line 11 of next column. Otherwise, enter zero) .....	(17)	00	00	00	
<b>Section B - Penalty</b>					
18. Multiply line 14 by 10% .....	(18)	00	00	00	00
19. If the date indicated on line 10 for any installment is after its due date and: • line 18 is zero, multiply the result of line 8 less line 17 from previous column by 10%; or • line 18 is more than zero, multiply the result of line 8 less line 17 from previous column by 10% and subtract the amount reflected on line 18. (See instructions) .....	(19)	00	00	00	00
20. Add lines 18 and 19 .....	(20)	00	00	00	00
21. Addition to the Tax for Failure to Pay Estimated Tax (Add the amounts from columns of line 20. Transfer to line 24 of Part III, page 1 of the return) .....	(21)				00