SHORT FORM	RETURN WITH CHECK (PL	LEASE ATTACH CHECK HERE)		Serial Number
Liquidator Reviewer	1 1 GGG	OF PUERTO RICO DE THE TREASURY 199	9	
R M V1 V2 P1 P2 N D E A G	INDIVIDUAL INCO	OME TAX RETURN		AMENDEDRETURN
K W V V V Z F I F Z N D E A G	FOR CALENDAR YEAR 1999 OF	R TAXABLE YEAR BEGINNING ON NOTING ON .		DECEASED DURING THE YEAR
First Name Initial Last	Name Second Last Name	Social Security Number		Payment Stamp
That Name Initial Last	Thaile Second Last Name			
Postal Address		Date of Birth Sex	1	
		Day Month Year		
		Spouse's Social Security Num	per	
	Zip Code	Spouse's Date of Birth		
"Place Label		Day Month Year		
Spouse's First Name Initial Last	t Name Second Last Name	Telephone (Home):		
Home Address (Town or Hebanization Numb	har Ctraat)	Talanhana (Office)		COLLECTOR'S USE ONLY
Home Address (Town or Urbanization, Numl	ber, Street)	Telephone (Office):	No.	eceipt Control Number
	Zip Code	Change of address: Yes	No Amount:	
Yes No				
A. United States Citizer B. Resident of Puerto F	n? Rico at the end of the year?	—	_	THE TAXABLE YEAR:
	from the Lottery of Puerto Rico?		with spouse and	d filing jointly e (Not head of household)
· ~~	ick winnings in Puerto Rico?	(Submit spot	ise's name and s	social security number)
	ne? (Submit Schedule) payments to ASUME?	3) Head of house Single	sehold	
HIGHEST SOURCE	•	→) ■ Single		
G. Government, Municipalit	ies and Public Corporations Employ	ree		
H. Federal Government Em I. Private Business Employ				
J. Retired/Pensioner				2000 RETURN
Your occupation	Spouse's occup	ation	SP.	ANISH ENGLISH
U	se this form only if you meet	all the following requirement	nts:	
Your gross income is not more tha	n \$75,000.	You do not claim a credit for in	vestment in a Ca	pital Investment Fund,
Your income consists only of wage	es and compensation	Tourism Fund, Solid Waste Di	sposal Facilities	or Agricultural Business Fund.
subject to withholding, annuities ar		You are not required to file an	Estimated Tax D	eclaration.
You have not received income from	m alimony pension, interest,	You are a United States citize	n or a resident al	ien.
dividends, sole proprietorship or ot	ther income.	You do not file under the statu	s of married filing	g separate returns.
You claim the standard deduction.		You do not claim credit for the	7% withholding	for convices randered
You do not claim a foreign tax cred	dit.	Tod do not claim credit for the	7 70 Withholding	ioi services refluered.
			_	
ir you	u do not meet all these requiren	nents, you must file the Long	Form.	
1. Wages, Commissions, Allo	wances and Tips	A-Incom	e Tax Withheld	B-Wages, Commissions,
	-			Allowances and Tips
ATTACH ALL YOUR WITHH		104515	00	00
(FORMS 499R-2/W-2PR, 499	PR-2c/W-2cPR or W-2), AS APPL	ICABLE.	00	00
			00	00
			00	00
Total (Number of withho	Iding statements with this return	, <u>,</u>	00	00
on local (Number of withing	iding statements with this fetuir		[00]	
		Income	Tax Withheld	Federal Wages
2. Federal Government Wages	s (See instructions)	(01)	00	(02) 00
3. Income from Annuities and	d Pensions (Schedule H Individua	al Part II line 12\		(03)
	dd lines 1B, 2B and 3)	· · · · · · · · · · · · · · · · · · ·		

_	_								_			- 3
		Adjusted Gross Income (From line 4, page							02	(01)		00
	6.	STANDARD DEDUCTION AND PERSONAL EX										
		If you checked Box 1 in Part 1, enter \$6,000, B										
	_	Box 4 enter \$3,300								(02)		00
	7.	ADDITIONAL DEDUCTIONS (You must submi				,		(00)				
		A. Contributions to governmental pension or re	•							00		
		B. Contributions to an Individual Retirement Ac C. Deduction when both spouses work	•					′ ` ′ I		00		
		D. Deduction when both spouses work						` '		00		
		E. Ordinary and necessary expenses (Schedul						` ′		00		
		F. Automobile loan interest: (Do not exceed from	•	le 0)				(07)		00		
		Bank						(00)		00		
		G. Young people who work (See instructions).						` '		00		
		H. Total Additional Deductions (Add lines 7A										00
	a	EXEMPTION FOR DEPENDENTS (See instructions)				•••••				(10)		00
	0.	EXEMIT HON TON DEL ENDENTO (GGG HIGHA	otions,	TO	DTAL							
		A) Non university: Category (N)		(12)		x \$1.300		(13)		00		
		B) University student: Category (U)								00		
		C) Disabled, blind or age 65 or older: Catego								00		
		D) Total Exemption for Dependents (Add li										00
	9.	Total Deductions and Exemptions (Add lines	_							The state of the s		00
		NET TAXABLE INCOME (Subtract line 9 from	. ,							` ′		00
		TAX DETERMINED (Determine your tax on the										00
		Credit for Contributions to the Educational Fou		_								00
		Tax Liability (Subtract line 12 from line 11. If it										00
		Tax Withheld:	10 1000 111011 201	0, 011101 2010)						(04)		00
		A. Tax Withheld on Wages (Add lines 1A and 2	2A of Part II)					(35)		00		
		B. Tax Withheld on Annuities and Pensions (Sc								00		
		C. Total Tax Withheld (Add lines 14A and 14B)			,			(/				00
	15.	Amount of Tax Due (If line 13 is larger than line								ŀ		00
		Less: Amount paid with automatic extension of				-		,				00
		Balance of Tax Due (If line 15 is larger than lin										00
		Less: Amount paid (Myith this Return	*		-	•		,		ŀ		00
		(b) Through Electr										00
		(dnterest		•				. (43)		00		100
		(S)urcharges						. (44)		00		
	19.	BALANCE OF TAX DUE (Subtract lines 18(a)	and 18(b) from	line 17)								00
	20.	AMOUNT TO BE REFUNDED								(50)		00
		Head of Household (01)	Name Sec	ond Last Name	Date	e of Birth	Relat	ionship	Catego	ory S	Social Security Num	
	55	Household (01)							J			
		First Name, Initial Last Name Se	cond Last Name	Date of Birt Day / Month / Y		Relation	ship	Category (N) See instruc	(U) (I)	Social	Security Number	
		(02)		Day / World / 1	cai			See msnuc	tions			-
		(03)							+			-
		(04)										1
		(05)										1
		(06)										
		(07)										1
		(08)										
		(09)										
I h	ereb	declare under the penalty of perjury that this	s return (includi	ing the staten	nents,	schedules	and oth	er docume	nts attac	hed) ha	s_been examin	ed by
me for	and	y declare under the penalty of perjury that thi to the best of my knowledge and belief is a lependents claimed. The declaration of the pe	true, correct an erson that prepa	d complete re eres this retur	eturn. n (exc	I also decl	lare that xpayer) i	I have prov s with resp	rided mo	ore than ne infori	n 50% of the sumation received	ipport d, and
thi	s inf	ormation has been verified.			`							•
		Note to taxpayer:				Townsers	olanot:	_	_	_		
lf ar	you	paid a Specialist to prepare your return, he rite his (her) registration number in the s	e (she) must si	ign Date		Taxpayer's	signatur	е				
aı	u v	The his (her) registration number in the s		Date		Spouse's	signature					
	Sne	cialist's signature	Registration No	o. Date		Self-employ (Check here			Spec	cialist's S	Social Security N	umber
		•				,	,		Er	mployer's	Identification Num	ber
04	Spe	cialist's name (Print)	Business or Firm	n's name								_L_
	Add	ress							2	Zip Code		

Schedule H Individual

Rev 05.99



INCOME FROM ANNUITIES OR PENSIONS

19	
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Taxpayer's name	Taxable year beginning on, and ending on,	Social Security Number
, ,		·
, ,	ving the pension: DayMonthYear performed: Puerto Rico United States U	Others vate Business Employer
Part I Determi	nation of Cost to be Recovered (See instructions)	
1. Cost of annuity (amount pa	aid). If it is zero, enter zero on line 10 and go to Part II	(01)
2. Pension received in previ	ious years	(02) 00
3. Less:		
(a) Taxable pension r	received in previous years(03)	00
(b) Tax exempt pension	on received in previous years(04)	00
4. Total (Add lines 3(a) and	3(b))	(05) 00
5. Cost of pension tax exempt (Subtract line 4 from line	t recovered in previous years 2)	(06) 00
6. Cost to be recovered (Sub	btract line 5 from line 1)	(07)
Part II Taxable Ir	ncome (See instructions)	
7. Total amount received in t	the year	(08)
8. Tax exempt amount (If you	u are age 60 or older, submit copy of birth certificate)	(09)
	xempt amount (Subtract line 8 from line 7. If it is less than zero	
10. Cost to be recovered (Sar	me as line 6)	(11)
11. Pension income in excess	of the cost to be recovered (Subtract line 10 from line 9)	(12)
(but not larger than the amo	(Enter here the amount of line 11 or 3% of line 1, whichever is ount of line 9). Enter this amount in Part 2, line 2 I of the Long F Short Form)	-orm
· · · · · · · · · · · · · · · · · · ·	pension for the taxable year (Enter this amount in Part 4, line 2 rt 4, line 14B of the Short Form)	

Schedule I Individual

Rev. 05.99



Taxpayer's name

ORDINARY AND NECESSARY EXPENSES

19

Social Security Number

00

00

00

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

58 Part I **Detail of Expenses** (See instructions) 1. Meals and entertainment A. Total expenses incurred or paid(01) 00 B. Reimbursed expenses (meals and entertainment).....(02) C. Difference (If line 1B exceeds line 1A, enter the excess here and in Schedule F Individual, Part V)... (03) D. If line 1A exceeds line 1B, enter 50% of line 1C (See instructions).....(04) Other Expenses A. Cost and maintenance of uniforms.....(11) B. Union dues, college memberships and professional associations.......... (12) C. Purchase of educational materials by teachers......(13) D. Purchase of technical books related to professional or technical work..... (14) E. Educational and improvement expenses of your profession or occupation. (15) F. Depreciation (Part II of this Schedule)......(16) G. Other expenses related to your profession or occupation...... (17) Total other expenses (Add lines 2A through 2G. Enter total here)......(18) Reimbursement of other expenses.....(19) 00 Difference (If the amount on line 2 I exceeds the amount on line 2H, enter the excess here and on Schedule F Individual, Part V. Otherwise, go to line 2K)...... (20) 00 00 3. Total ordinary and necessary expenses (Add lines 1D and 2K. Enter the amount on this line)....... (31) 00 4. Wages, Commissions, Allowances and Tips (Part 2, line 1B of the Long Form or Short Form)....... (32) 00

5. Federal Government Wages (Part 2, line 1C of the Long Form or Part 2, line 2 of the Short Form)....... (33)

6. Total wages (Add lines 4 and 5)......(34)

7. Multiply line 6 by 3% and enter here......(35)

8. **Deduction for ordinary and necessary expenses** (Enter here and in Part 3, line 7E of the Short Form or in Schedule A Individual, Part II, line 5 the smaller of the following amounts:

Part II Detail of Depreciation					59
Property classification (In the case of a building, specify the material used in the construction).	2. Date acquired	3. Cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$25,000 per vehicle.	Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	Depreciation claimed this year.
Current depreciation					
•					
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
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		00	00		
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
Total (Transfer this amount to Part I, line 2F	of this Sc	hedule)		(10)	00

Schedule CH Rev. 05.9

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

Taxable year beginning on ______19___and ending on ______19___

Name of parent claiming the exemption

Social Security Number

Part I	Release of Claim to Exemption for Depend	lents for Current Year (See instruct	ions)
ı		agree not to claim an exemn	tion for dependents for
',	Name of parent releasing claim to exemption	, agree her to dam an exemp	tion to dopondonio for
the taxa	ble year 19 for (enter the name(s) of child(or children)):	
(1)			
(2)			
(3)			
(4)			
(5)			
<u>s</u>	ignature of parent releasing claim to exemption	Social Security Number	 Date
		•	
	If you choose not to claim an exemption for this ch	ild(or children) for future taxable yea	rs, complete Part II.
Part II	If you choose not to claim an exemption for this ch		
Part II			
Part II	Release of Claim to Exemption for Depend	ents for Future Years (See instruct	ions)
Part II		ents for Future Years (See instruct	ions)
Ι,	Release of Claim to Exemption for Depend	ents for Future Years (See instruct	ions)
Ι,	Release of Claim to Exemption for Depend Name of parent releasing claim to exemption ble year(s)for (enter the name	ents for Future Years (See instruct	ions)
I,the taxal	Release of Claim to Exemption for Depend Name of parent releasing claim to exemption ble year(s) for (enter the natural specific processes)	ents for Future Years (See instruct	ions)
I, the taxal (1)	Release of Claim to Exemption for Depend Name of parent releasing claim to exemption ble year(s) for (enter the natural specific processes)	ents for Future Years (See instruct	ions)
the taxal (1)(2)	Release of Claim to Exemption for Depend Name of parent releasing claim to exemption ble year(s) for (enter the natural specific processes)	ents for Future Years (See instruct	ions)
(1) (2) (3)	Release of Claim to Exemption for Depend Name of parent releasing claim to exemption ble year(s) for (enter the natural specific processes)	ents for Future Years (See instruct	ions)