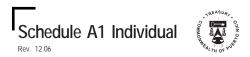
Form 481.0 Rev. 12.06	Ovals must be filled in completely. Example   RETURN WITH CHECK (PLEASE ATTACH CHECK HERE)	)							
SHORT FORM Liquidator R G V1 V2 P1 2006	COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY INDIVIDUAL INCOME TAX RETURN	006	Serial Number						
Reviewer P2 N D E A M FOR	CALENDAR YEAR 2006 OR TAXABLE YEAR BEGINNING ON		AMENDED RETURN						
	,, AND ENDING ON,,		DECEASED DURING THE YEAR:						
Taxpayer's Social Security Number	Spouse's Social Security Number		Payment Stamp						
Taxpayer's Name Initial Last Name	Second Last Name  Sex: M F  Taxpayer's Date of Birth								
Postal Address  Zip Code	Day Month Year Spouse's Date of Birth								
"Place Label here".	Day Month Yea								
	Change of Address: Yes of Address: Yes								
	2007 Return: Spanish	English							
Home Address (Town or Urbanization, Number, Street)	Home Telephone	Rece	eipt Number:						
	Work Telephone								
Zip Code		ے لیا	E-Mail Address						
Part 1									
YES NO	HIGHEST SOURCE OF INCOME:		CCUPATION (Enter the Code):						
a. United States Citizen?	g. Government, Municipalities or	18	axpayer						
b. Resident of Puerto Rico at the end of the year	ar? Public Corporations Employe								
c. Career Tax exempt income from the Lottery of Puer	to Rico? h. C Federal Government Employ	ee sp	oouse						
d. O Income from racetrack winnings in Puerto R	co? i. Private Business Employee								
e. Other exempt income?	j. Retired/Pensioner		Receipt Stamp						
f. Obligation to make payments to ASUME?	J								
FILING STATUS AT THE END OF THE TAXABLE YE									
1.  Married living with spouse and filing jointly	<ol> <li>Head of household (Not married)</li> </ol>								
2. Married not living with spouse (Not head of ho									
(Submit spouse's name and social security numb	er above)								
Part 2									
1. Wages, Commissions, Allowances and Tips	A-Income Tax Withheld		B-Wages, Commissions, Allowances and Tips						
ATTACH ALL YOUR WITHHOLDING STATEMENTS	0	0	0 0						
(Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable).		0	0 0						
00		=							
	0	0	0 0						
	0	0	0 0						
		0	0 0						
Total of withholding statements with this return			B-Federal Wages						
	A-Income Tax Withheld								
2. Federal Government Wages (See instructions)	(01)	0 (0:	2)						
3. Income from Annuities and Pensions (Schedule I	I Individual, Part II, line 12)	(0.	3)						
4. Ajusted Gross Income (Add lines 1B, 2B and 3)		(1	0 0						

Form 481.0, Rev. 12.06 - Page 2	Taxpayer's Socia	[]									
Taxpayer's name		1 -			E S						
Part 3											
4. Adjusted Gross Income (From line 4, page 1)				02	(01)	,		0 0			
5. <b>STANDARD DEDUCTION AND PERSONAL EXEMPTION:</b> If you chec box 2 enter \$3,400, box 3 enter \$5,730, box 4 enter \$3,400					(02)			0 0			
6. ADDITIONAL DEDUCTIONS A. Contributions to individual retirement accounts (Do not exceed from \$	\$5,000 or \$10,0	000 if marri	ed):								
Employer's Identification Number Contribution (03) - (06)	0 0	Financial	institution		Account number						
Employer's Identification Number Contribution  (04) - (07)	0 0	Financia	l institution		Acco	ount number					
Employer's Identification Number Contribution  (05) (08)	0 0	Financial	institution		Account number						
Total contributions to individual retirement accounts (Add all the reflected on line 6A)		(09)			0 0						
B. Contributions to governmental pension or retirement systems		(10)			0 0						
C. Deduction when both spouses work (See instructions)		(11)			0 0						
D. Deduction for Veterans (See instructions)		(12)	Щ		0 0						
E. Ordinary and necessary expenses (Schedule I Individual, Part I, line 8)		(13)	Щ		0 0						
F. Automobile loan interest: (Do not exceed from \$1,200)											
Financial Institution Loan Number		-									
Employer's Ident. Number (14)		(15)			0 0						
G. Young people who work (See instructions)		(16)			0 0						
H. Educational Contribution Account (Schedule A1 Individual, Part II, line (10))(S	See instructions)	(17)			0 0						
I. Acquisition and installation of a personal computer used by depende	ents (See inst.)	(18)			0 0						
J. Total Additional Deductions (Add lines 6A through 6 I)				(	19)			0 0			
7. Telephone service payment for communication with military personal communication w	onnel in comb	at zone (S	See instruct	tions) (	20)			0 0			
8. EXEMPTION FOR DEPENDENTS (Complete Schedule A1 Individual,	see instruction	s)				,					
A) Non university: Category (N)(21)	x \$1,600 (	(24)	ПП		0 0						
B) University student: Category (U)(22)	x \$1,600 (	(25)			0 0						
C) Disabled, blind or age 65 or older: Category (I) (23)	x \$1,600 (	(26)			0 0						
D) Total Exemption for Dependents (Add lines 8A through 8C)					(27)			0 0			
9. Total Deductions and Exemptions (Add lines 5, 6J, 7 and 8D)					(28)			0 0			
10. NET TAXABLE INCOME (Subtract line 9 from line 4. If line 9 is larger than	n line 4, enter ze	ero)			(29)			0 0			
Retention F	Period: Ten (10)	vears				,					

Form 481.0, Rev. 12.06 - Page 3	Taxpayer's Social Security Number	
Part 4		1 18 prose 1 1 gran 11 gran 2 gran 11 gran 3 3
11. <b>TAX DETERMINED</b> (Use the amount of line 10 and the Tax Table. See i	·	
12. Credit for Salaried Taxpayers (See instructions)		(31)
13. Credit for Salaried Persons or Pensioners (See instructions)		(32)
14. Credit for Contributions to the Educational Foundation for Free	Selection of Schools	(33)
15. Tax Liability (Subtract line 12, 13 or 14, whichever applies, from lin	e 11. If it is less than zero, enter zero)	(34)
16. TAX WITHHELD:		
A) Tax Withheld on Wages (Add lines 1A and 2A of Part 2)	(35)	0 0
B) Tax Withheld on Annuities and Pensions (Schedule H Individual, P	art II, line 13) (36)	0 0
C) Total Tax Withheld (Add lines 16A and 16B)	······	(37)
17. <b>AMOUNT OF TAX DUE</b> (If line 15 is larger than line 16C, enter the otherwise, enter on line 22)		(38)
18. Less: Amount paid with automatic extension of time		(39)
19. Balance of Tax Due (If line 17 is larger than line 18, enter the different	nce here, otherwise, enter on line 22)	
20. Less: Amount paid (a) With Return or Electronic Transfer through	a Certified Program	
(b) Other Electronic Transfers Transaction N	Number:	(42)
(C) Interest	(43)	
(d) Surcharges and Penalties		
21. BALANCE OF TAX DUE (Subtract line 20(a) and 20(b) from line 1		(AE)
22. AMOUNT TO BE REFUNDED (If you want your refund to be depo		5) (50)
Part 5	Situa directify into an account, complete . a	0 0
AUTHORIZATION FOR DIRECT DEPOSIT OF REFUND  Type of account: Checking Savings Routing/transparents of the control of the contr	nsit number Your account number	
Account in the name of		an
(Print complete name as it appears on your account. If married	and filing injuly, include your spouse's name)	
	OATH	
I hereby declare under penalty of perjury that this return, schedules and other of the person that prepares this return (except the taxpayer) is based on the		
Taxpayer's Signature Date	Spouse's Signature	Date
04 Specialist's Name (Print)	Name of the Firm or Business	
Address	stration Number Employer Idea	ntification Number
Zip Code (fill in he	,	Date
No Indicate if you made payments for the preparation of your return: Yes	OTE TO TAXPAYER  S — No. If you answered "Yes", require the Spe	ecialist's signature and registration number.

Retention Period: Ten (10) years





## DEPENDENTS AND BENEFICIARIES OF EDUCATIONAL CONTRIBUTION ACCOUNTS

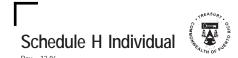
	Tax	able year beginni	ng on					·	and en	ding on _												
														Social Security Number								
Taxpayer's nam	ie														Г		-		Ŧ			
Part I: Depen		mation (See	e instructi	ons)						Œ	55			_								
IMPORTANT I				,																		
		use on this sch for head of ho	nedule. A	married i	ndividu	ıal who li	ives w	ith his spo	useis	s not a h	nead of	hous	ehold f	or tax	ourpo	ses, th	erefo	re, yo	u sho	uldno	otincl	ude the
claim th	e exemption	l of househol for this depe	endent.	, iii	ioidao	ine dep	CHUCI	iii wiio ci	ititio.	you t	o ciuiii	11 340	ii Statt	u3 011		cuu o	11100	30110	10 1111	5 (01)	, but	do not
In order t	o consider the	e exemption fo	rdepend	ents you i	mustin	clude thi	is Sch	edule with	n your	return.												
Name, Initial	Last Name		ond Last lame	Rela	ationship			Category * (N) (U) (I)	1	)ay	Date <b>Month</b>	e of Birtl	h Yea	ar			S	ocial S	Security	Numbe	er	
Head of House	hold											T		Ŧ	7			T		$\overline{}$		
(01) NO	T TAXPAYER /	NOT SPOUSE						J	L	<u> </u>	_	<u> </u>	Ш	<u> </u>	4	_	_	<u> </u>	<u> </u>	Ш	_	_
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(10)			[							Li		<u> </u>	Ш		4	4	_	Ī				
*See instructions Part II: Bene		Educations	ol Contr	ibution	c /\ 0.0	ounts (	'Caalı	a obversable se	۵)								<b>57</b>					
			ii Conti	ibution	SACC	ounts (	,5ee ir	IStruction	S)								•					
IMPORTANT I	NFORMATI	ON PART II																				
These b	eneficiaries	must not be c	onsidere	ed to dete	ermine	the exe	emptio	on for dep	ende	ents. H	oweve	er, if a	ny of tl	hesel	enef	iciarie	es qua	lifies	s as yo	our de	epen	dent,
you mus	st also includ	de him/her in	Partioi	tnis Scn	eaule																	
Name, Initial	Last	Second Last		Dai	te of Birth	1		Relations	hip			Social S	ecurity Nu	umber					Contrib	uted Ar	nount	
(01)	Name	Name	Day	Month		Year																
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## RELEASE OF CLAIM TO EXEMPTION FOR CHILD (CHILDREN) OF DIVORCED OR SEPARATED PARENTS

Taxable year beginning on	, and ending on	
		Social Security Number
payer's name		
t I: Release of Claim to Exemption for Dependents for Curr		
	,	
I,Name of parent releasing claim to exemption	, agree and promise not to	claim an exemption for dependents for
taxable year 2006 for (enter the name(s) of child (children)):		
(1)		
(2)		
(3)		
(4)(5)		
(,)		7
Signature of parent releasing claim to exemption	Social Security Number	Date
t II: Release of Claim to Exemption for Dependents for Futi	ure Years (See instructions)	
If you choose not to claim an exemption for this (thes	se) child (children) for future taxable y	years, complete this Part.
l,	, agree and promise not to	claim an exemption for dependents for
Name of parent releasing claim to exemption		
tayabla yaar(a) for (anter the name	(c) of shild (shildren)).	
taxable year(s) for (enter the name (Specify)	(S) Of Criffic (Crifficherly).	
(1)		
(2)(3)		
(4)		
(5)		
Г		1
Signature of parent releasing claim to exemption	Social Security Number	Date





2006

## **INCOME FROM ANNUITIES OR PENSIONS**

	Taxable year beginning on	and endin	g on			
				Soc	cial Security Number	_
	payer's name					
Re	cipient of pension (fill in one):   1 Taxpayer	<b>2</b>	Spouse			35
Pe	nsion granted by (fill in one):	O 2	Federal	<b>3</b>	Private Business Employer	
Pla	ce where the service was performed: Puerto Rico	0	United States		Others	
Da	te on which you started to receive the pension:  Day Month	Year				
P	art I: Determination of Cost to be Recovered (See instructions)					
1.	Cost of annuity (amount paid). If it is zero, go to Part II and enter zero on	ı line 10		(01)		0 0
2.	Pension received in previous years: Year:					
	Amount:			(02)		0 0
3.	Less: (a) Taxable pension received in previous years: Year:	-				
	Amount:	(03)		0 0	]	
	(b) Tax exempt pension received in previous years: Year:	-				
	Amount:	(04)		0 0	]	
4.	Total (Add lines 3(a) and 3(b))			(05)		0 0
5.	Cost of pension tax exempt recovered in previous years (Subtract line 4	from line 2)		(06)		0 0
6.	Cost of pension to be recovered (Subtract line 5 from line 1)			(07)		0 0
P	art II: Taxable Income (See instructions)				·	
7.	Total amount received in the year			(08)		0 0
8.	Tax exempt amount			(09)		0 0
9.	Pension income less the exempt amount (Subtract line 8 from line 7 line 13)			(10)		0 0
10.	Cost of pension to be recovered (Same as line 6)			(11)		0 0
11.	Pension income in excess of the cost to be recovered (Subtract line 10 fr	rom line 9)		(12)		0 0
12.	Taxable pension income (Enter here the amount of line 11 or 3% of (but not larger than the amount of line 9). Enter this amount in Part 2, line 3 of the Short Form)		· ·	(13)		0 0
				(13)		0 0
13.	Tax withheld on annuity or pension for the taxable year (Enter this amo line 16B of the Short Form)			(14)		0 0





2006

Rev. 12.06

## **ORDINARY AND NECESSARY EXPENSES**

	Taxable year beginning on, and ending on						
		Social	Security N	umber			
Tax	payer's name	Ш	<u> </u>	<u>l</u>			_
Pa	art I: Detail of Expenses (See instructions)				58		_
1.	Meals and entertainment						
	A. Total expenses incurred or paid	(01)		,	I	0 (	)
	B. Reimbursed expenses (meals and entertainment)	. (02)		,		0 (	0
	C. Difference (If line 1B exceeds line 1A, refer to Schedule I Individual of the Long Form)	(03)		,		0 (	О
	D. Difference (If line 1A exceeds line 1B, enter the excess here)	. (04)		ļ		0	0
	E. Enter 50% of line 1D (See instructions)	. (05)		ļ		0 (	0
2.	Other expenses						
	A. Cost and maintenance of uniforms	0 0					
	B. Dues paid to unions, college memberships and professional associations (12)	0 0					
	C. Purchase of educational materials by teachers	0 0					
	D. Purchase of technical books related to professional or technical work	0 0					
	E. Educational and improvement expenses of your profession or occupation (15)	0 0					
	F. Depreciation (Part II of this Schedule)	0 0					
	G. Other expenses related to your profession or occupation	0 0					
	H. Total other expenses (Add lines 2A through 2G. Enter total here)	(18)		,		0 0	)
	I. Reimbursement of other expenses	(19)		,		0 0	)
	J. Difference (If the amount on line 2 I exceeds the amount on line 2H, refer to Schedule I	(20)		_	_	0 0	7
	Individual of the Long Form)			<del>                                     </del>	÷	-	=
	K. If line 2H exceeds line 21, enter the excess on this line		+	,	÷	0 0	=
3.	Total ordinary and necessary expenses (Add lines 1E and 2K. Enter the amount on this line)		#	,	÷	0 0	=
4.	Wages, Commissions, Allowances and Tips (Part 2, line 1B of the Short Form)		#	,	÷	0 0	=
5.	Federal Government Wages (Part 2, line 2B of the Short Form)		#		÷	0 0	
6.	Total wages (Add lines 4 and 5)	. (34)	#		÷	0 0	=
7.	Multiply line 6 by 3% and enter here	. (35)		,		0 (	)
8.	<b>Deduction for ordinary and necessary expenses</b> (Enter here and in Part 3, line 6E of the Short Form the smaller of the following amounts: line 3, line 7, or up to the limit of \$1,500)	. (40)			T	0 0	)



Schedule I Individual, Rev. 12.06 - Page 2
Part II: Detail of Depreciation

Property classification (In 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.	years.	5. Estimated useful life to compute the depreciation.	Depreciation claimed this year.	
Current depreciation						
		00		00		00
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Total (Transfer this amount to Part I, line 2F of this Schedule)......(10)

