

Ovals must be filled in completely. Example

RETURN WITH CHECK (PLEASE ATTACH CHECK HERE)



SHORT FORM 2008 COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY INDIVIDUAL INCOME TAX RETURN 2008

Liquidator R G V1 V2 P1 P2 Reviewer N D1 D2 E A M FOR CALENDAR YEAR 2008 OR TAXABLE YEAR BEGINNING ON AND ENDING ON

Taxpayer's Social Security Number Spouse's Social Security Number

Taxpayer's Name Initial Last Name Second Last Name Sex: M F Taxpayer's Date of Birth

Postal Address Zip Code Spouse's Date of Birth

Spouse's First Name and Initial Last Name Second Last Name 2009 Return: Spanish English

Home Address (Town or Urbanization, Number, Street) Home Telephone Work Telephone

Zip Code E-Mail Address

Part 1

- YES NO a. United States Citizen? b. Resident of Puerto Rico at the end of the year? c. Tax exempt income from the Lottery of Puerto Rico? d. Income from racetrack winnings in Puerto Rico? e. Other exempt income? f. Obligation to make payments to ASUME? HIGHEST SOURCE OF INCOME: g. Government, Municipalities or Public Corporations Employee h. Federal Government Employee i. Private Business Employee j. Retired/Pensioner OCCUPATION (Enter the Code): Taxpayer Spouse

- FILING STATUS AT THE END OF THE TAXABLE YEAR: 1. Married living with spouse and filing jointly 2. Married not living with spouse (Not head of household) 3. Head of household (Not married) 4. Single

Fill in here if you choose the optional computation of tax for married individuals living together, filing a joint return and both working. Do not complete Parts 2 and 3, and go to Schedule CO Individual.

Part 2

1. Wages, Commissions, Allowances and Tips ATTACH ALL YOUR WITHHOLDING STATEMENTS (Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable). 2. Federal Government Wages (See instructions) 3. Income from Annuities and Pensions (Schedule H Individual, Part II, line 12) 4. Adjusted Gross Income (Add lines 1B, 2B and 3) A-Income Tax Withheld B-Wages, Commissions, Allowances and Tips B-Federal Wages



Part 3

Taxpayer's name

Taxpayer's Social Security Number input boxes

4. Adjusted Gross Income (From line 4, page 1) (02) (01)

5. STANDARD DEDUCTION AND PERSONAL EXEMPTION: If you checked box 1 in Part 1 enter \$6,150, box 2 enter \$3,400, box 3 enter \$5,730, box 4 enter \$3,400 (02)

6. ADDITIONAL DEDUCTIONS

A. Contributions to individual retirement accounts (Do not exceed from \$5,000 or \$10,000 if married):

Grid for individual retirement account contributions with Employer Identification Number, Contribution, Financial institution, and Account number fields.

Total contributions to individual retirement accounts (Add all the amounts reflected on line 6A)..... (09)

B. Contributions to governmental pension or retirement systems (10)

C. Deduction for Veterans (See instructions) (11)

D. Ordinary and necessary expenses (Schedule I Individual, Part I, line 8) (12)

E. Automobile loan interest: (Do not exceed \$1,200)

Financial Institution Loan Number

Employer Ident. Number (13) (14)

F. Young people who work (See instructions) (15)

G. Educational Contribution Account (Schedule A1 Individual, Part II, line (10)) (See instructions) . (16)

H. Acquisition and installation of a personal computer used by dependents (See inst.) . (17)

I. Contributions to the Endowment Fund of the University of Puerto Rico (18)

J. Deduction when both spouses work (See instructions) (19)

K. Total Additional Deductions (Add lines 6A through 6J) (20)

7. Telephone service payment for communication with military personnel in combat zone (See instructions) (21)

8. EXEMPTION FOR DEPENDENTS (Complete Schedule A1 Individual, see instructions)

A) Non university: Category (N) (22) TOTAL x \$2,500 (25)

B) University student: Category (U) (23) x \$2,500 (26)

C) Disabled, blind or age 65 or older: Category (I) (24) x \$2,500 (27)

D) Total Exemption for Dependents (Add lines 8A through 8C)..... (28)

9. Total Deductions and Exemptions (Add lines 5, 6K, 7 and 8D) (29)

10. NET TAXABLE INCOME (Subtract line 9 from line 4. If line 9 is larger than line 4, enter zero) (30)



Part 4

Taxpayer's name

- 11. TAX DETERMINED (Use the amount of line 10 and the Tax Table or enter the amount of line 12, Schedule CO Individual, as applicable. See instructions) (31)
- 12. Credit for Salaried Taxpayers (See instructions) (32)
- 13. Credit for Contributions to the Educational Foundation for Free Selection of Schools (33)
- 14. Credit for the purchase of automobiles propelled by alternative or mixed power (See instructions) (34)
- 15. Credit for the acquisition and installation of solar equipment (See instructions) (35)
- 16. Tax Liability (Subtract lines 12 through 15, whichever applies, from line 11. If it is less than zero, enter zero) (36)

17. TAX WITHHELD AND REIMBURSABLE CREDITS:

- A) Tax Withheld on Wages (Add lines 1A and 2A of Part 2 of the Short Form or lines 1A and 2A of Schedule CO Individual) (37)
- B) Tax Withheld on Annuities and Pensions (Schedule H Individual, Part II, line 13) (38)
- C) Compensatory Credit for Low Income Pensioners (39)
- D) Employment Credit (40)
- E) Total Tax Withheld and Reimbursable Credits (Add lines 17A through 17D) (41)
- 18. AMOUNT OF TAX DUE (If line 16 is larger than line 17E, enter the difference here, otherwise, enter on line 23) (42)
- 19. Less: Amount paid with automatic extension of time (43)
- 20. Balance of Tax Due (If line 18 is larger than line 19, enter the difference here, otherwise, enter on line 23) (44)
- 21. Less: Amount paid
 - (a) With Return or Electronic Transfer through a Certified Program (45)
 - (b) Other Electronic Transfers Transaction Number: (46)
 - (c) Interest (47)
 - (d) Surcharges and Penalties (48)
- 22. BALANCE OF TAX DUE (Subtract line 21(a) and 21(b) from line 20) (49)
- 23. AMOUNT TO BE REFUNDED (If you want your refund to be deposited directly into an account, complete Part 5) (50)

Part 5

AUTHORIZATION FOR DIRECT DEPOSIT OF REFUND

Type of account: Checking Savings Routing/transit number Your account number

Account in the name of _____ and _____

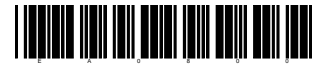
(Print complete name as it appears on your account. If married and filing jointly, include your spouse's name)

OATH

I hereby declare under penalty of perjury that this return, schedules and other documents attached, has been examined by me and it is true, correct and complete. The declaration of the person that prepares this return (except the taxpayer) is based on the information available, and this information has been verified.

Taxpayer's Signature	Date	Spouse's Signature	Date
<input checked="" type="checkbox"/> Specialist's Name (Print)		<input checked="" type="checkbox"/> Name of the Firm or Business	
Address	Registration Number	Employer Identification Number	
Zip Code	Self-employed Specialist (fill in here)	Specialist's Signature	Date

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.



DEPENDENTS AND BENEFICIARIES OF EDUCATIONAL CONTRIBUTION ACCOUNTS

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

Social Security Number

Taxpayer's name _____

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Part I: Dependent's Information (See instructions)

55

- Do not include the spouse on this schedule. A married individual who lives with his spouse is not a head of household for tax purposes, therefore, you should not include the wife's name in the box for head of household (line 01).
- If you claim the head of household filing status, include the dependent who entitles you to claim such status on the Head of Household line (01), but do not claim the exemption for this dependent.
- In order to consider the exemption for dependents you must include this Schedule with your return.

Name, Initial	Last Name	Second Last Name	Relationship	Category * (N) (U) (J)	Date of Birth			Social Security Number			
					Day	Month	Year				
Head of Household											
(01)	NOT TAXPAYER / NOT SPOUSE			J							
(02)											
(03)											
(04)											
(05)											
(06)											
(07)											
(08)											
(09)											
(10)											

Part II: Beneficiaries of Educational Contributions Accounts (See instructions)

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These beneficiaries must not be considered to determine the exemption for dependents. However, if any of these beneficiaries qualifies as your dependent, you must also include him/her in Part I of this Schedule.

(01) Name, Initial	Last Name	Second Last Name	Date of Birth (Day/Month/Year)	Relationship *	Social Security Number	Contributed Amount (Not to exceed from \$500 each)
Financial institution		Account number	Employer Identification Number			
(02) Name, Initial	Last Name	Second Last Name	Date of Birth (Day/Month/Year)	Relationship *	Social Security Number	Contributed Amount (Not to exceed from \$500 each)
Financial institution		Account number	Employer Identification Number			
(03) Name, Initial	Last Name	Second Last Name	Date of Birth (Day/Month/Year)	Relationship *	Social Security Number	Contributed Amount (Not to exceed from \$500 each)
Financial institution		Account number	Employer Identification Number			

(10) **Total contributions** (Add lines (01) through (03) and transfer to Part 3, line 6G of the Short Form or line 6G of Schedule CO Individual)

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* See instructions.



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

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

Social Security Number

Taxpayer's name _____

Grid for Social Security Number

Part I: Release of Claim to Exemption for Dependents for Current Year (See instructions)

I, _____, agree and promise not to claim an exemption for dependents for
Name of parent releasing claim to exemption

taxable year 2008 for (enter the name(s) of child (children)):

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Signature of parent releasing claim to exemption

Grid for Social Security Number

Social Security Number

Date

Part II: Release of Claim to Exemption for Dependents for Future Years (See instructions)

If you choose not to claim an exemption for this (these) child (children) for future taxable years, complete this Part.

I, _____, agree and promise not to claim an exemption for dependents for
Name of parent releasing claim to exemption

taxable year(s) _____ for (enter the name(s) of child (children)):
(Specify)

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Signature of parent releasing claim to exemption

Grid for Social Security Number

Social Security Number

Date

Schedule CO Individual



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OPTIONAL COMPUTATION OF TAX

Taxable year beginning on _____ and ending on _____

Social Security Number

Taxpayer's name _____

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Use this schedule only if you choose the optional computation of tax for married individuals living together, filing a joint return and both working.

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WAGES, COMMISSIONS, ALLOWANCES AND TIPS

A - INCOME TAX WITHHELD

B - TAXPAYER

C - SPOUSE

1. Wages, Commissions, Allowances and Tips
ATTACH ALL YOUR WITHHOLDING STATEMENTS
 (Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable).

					0	0
					0	0
					0	0
					0	0

					0	0
					0	0
					0	0
					0	0

					0	0
					0	0
					0	0
					0	0

Total of withholding statements with this schedule...

Total (01)

					0	0
					0	0

(03)

					0	0
					0	0

(25)

2. Federal Government Wages (See instructions) (02)

					0	0
--	--	--	--	--	---	---

(04)

					0	0
--	--	--	--	--	---	---

(26)

3. Income from Annuities and Pensions (Schedule H Individual, Part II, line 12) (05)

(05)

(27)

4. Adjusted Gross Income (Add total of lines 1, 2 and 3 of Columns B and C, respectively) (06)

(06)

(28)

5. STANDARD DEDUCTION AND PERSONAL EXEMPTION (07)

3 0 7 5 0 0

(29) 3 0 7 5 0 0

6. ADDITIONAL DEDUCTIONS

A. Contributions to individual retirement accounts (Do not exceed from \$5,000 each):

Employer Identification Number

Contribution

Financial institution

Account number

(08)

--	--	--	--	--	--	--	--	--	--

(11)

					0	0
--	--	--	--	--	---	---

Employer Identification Number

Contribution

Financial institution

Account number

(09)

--	--	--	--	--	--	--	--	--	--

(12)

					0	0
--	--	--	--	--	---	---

Employer Identification Number

Contribution

Financial institution

Account number

(10)

--	--	--	--	--	--	--	--	--	--

(13)

					0	0
--	--	--	--	--	---	---

Total contributions to individual retirement accounts (Distribute the amount as it corresponds to the taxpayer and his spouse) (14)

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

B. Contributions to governmental pension or retirement systems (15)

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

C. Deduction for Veterans (See instructions) (16)

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

D. Ordinary and necessary expenses (Schedule I Individual, Part I, line 8) (17)

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

E. Automobile loan interest (Do not exceed from a total of \$1,200. See instructions)

Financial Institution _____ Loan Number _____

Employer Identification Number (18)

--	--	--	--	--	--	--	--	--	--

 (19)

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

F. Young people who work (See instructions) (20)

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

G. Educational Contribution Account (Schedule A1 Individual, Part II, line (10)) (See instructions) (21)

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

H. Acquisition and installation of a personal computer used by dependents (See instructions) .. (22)

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

I. Contributions to the Endowment Fund of the University of Puerto Rico (23)

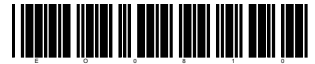
					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

J. Total Additional Deductions (Add lines 6A through 6 I, Columns B and C, respectively) (24)

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---



B - TAXPAYER

C - SPOUSE

7. Telephone service payment for communication with military personnel in combat zone (See instructions) (40) 0 0 (52) 0 0
8. EXEMPTION FOR DEPENDENTS (Complete Schedule A1 Individual, see instructions)
- TOTAL
- A) Non university: Category (N) (41) x \$2,500 (44) 0 0
- B) University student: Category (U) (42) x \$2,500 (45) 0 0
- C) Disabled, blind or age 65 or older: Category (I) (43) x \$2,500 (46) 0 0
- D) Total Exemption for Dependents (Add lines 8A through 8C) (47) 0 0
- E) Enter 50% of the total on line 8D in Columns B and C (48) 0 0 (53) 0 0
9. Total Deductions and Exemptions (Add lines 5, 6J, 7 and 8E, Columns B and C, respectively) (49) 0 0 (54) 0 0
10. NET TAXABLE INCOME (Subtract line 9 from line 4. If line 9 is larger than line 4, enter zero) (50) 0 0 (55) 0 0
11. Tax Determined Individually (Use the tax table and the amount entered in Columns B and C of line 10 to determine the tax individually. See instructions) (51) 0 0 (56) 0 0
12. TOTAL TAX DETERMINED (Add the amounts in Columns B and C of line 11 and transfer it to Part 4, line 11 of the Short Form) (57) 0 0

Continue in Part 4, line 11 of the Short Form.

Schedule H Individual

Rev. 11.08



2008

INCOME FROM ANNUITIES OR PENSIONS

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

Social Security Number

Taxpayer's name _____

Grid for Social Security Number

- Recipient of pension (fill in one):
Pension granted by (fill in one):
Place where the service was performed:
Date on which you started to receive the pension:

Part 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 line 10
2. Pension received in previous years:
3. Less:
4. Total (Add lines 3(a) and 3(b))
5. Cost of pension tax exempt recovered in previous years
6. Cost of pension to be recovered

Part II: Taxable Income (See instructions)

- 7. Total amount received in the year
8. Tax exempt amount
9. Pension income less the exempt amount
10. Cost of pension to be recovered
11. Pension income in excess of the cost to be recovered
12. Taxable pension income
13. Tax withheld on annuity or pension for the taxable year

Schedule I Individual

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2008

ORDINARY AND NECESSARY EXPENSES

Taxable year beginning on _____ and ending on _____

Social Security Number

Grid for Social Security Number

Taxpayer's name _____

Part I: Detail of Expenses (See instructions)

Fill in one: (01) 1 Taxpayer 2 Spouse

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1. Meals and entertainment

- A. Total expenses incurred or paid (02)
B. Reimbursed expenses (meals and entertainment) (03)
C. Difference (If line 1B exceeds line 1A, refer to Schedule I Individual of the Long Form) (04)
D. Difference (If line 1A exceeds line 1B, enter the excess here) (05)
E. Enter 50% of line 1D (See instructions) (06)

2. Other expenses

- A. Cost and maintenance of uniforms (11)
B. Dues paid to unions, 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)
H. Total other expenses (Add lines 2A through 2G. Enter total here) (18)
I. Reimbursement of other expenses (19)
J. Difference (If the amount on line 2I exceeds the amount on line 2H, refer to Schedule I Individual of the Long Form) (20)
K. If line 2H exceeds line 2I, enter the excess on this line (30)

3. Total ordinary and necessary expenses (Add lines 1E and 2K. Enter the amount on this line) (31)

4. Wages, Commissions, Allowances and Tips (Part 2, line 1B of the Short Form, line 1B of Schedule CO Individual or line 1C of Schedule CO Individual, as applicable) (32)

5. Federal Government Wages (Part 2, line 2B of the Short Form, line 2B of Schedule CO Individual or line 2C of Schedule CO Individual, as applicable) (33)

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

7. Multiply line 6 by 4% and enter here (35)

8. Deduction for ordinary and necessary expenses (Enter here and in Part 3, line 6D of the Short Form or line 6D of Schedule CO Individual, the smaller of the following amounts: line 3, line 7, or up to the limit of \$1,500 (\$750 if you choose the optional computation of tax)) (40)

