Form 481.0 Rev. 12.10

Ovals must be filled completely. Example ●

○ RETURN WITH CHECK (PLEASE ATTACH CHECK HERE)

SHORT FORM

Liquidator	R	G	V1	V2	P1	P2
Reviewer	N	D1	D2	E	A	M

2010

GOVERNMENT OF PUERTO RICO
DEPARTMENT OF THE TREASURY
INDIVIDUAL INCOME TAX RETURN

2010

Serial Number

FOR CALENDAR YEAR 2010 OR TAXABLE YEAR BEGINNING ON

_____, _____ AND ENDING ON _____, _____

○ AMENDED RETURN

○ DECEASED DURING THE YEAR: ____/____/____ (Day Month Year)

Taxpayer's Social Security Number ___-___-____

Spouse's Social Security Number ___-___-____

Sex: ○ M ○ F

Payment Stamp

Taxpayer's Name | Initial | Last Name | Second Last Name

Postal Address

Zip Code

"Place Label here".

Taxpayer's Date of Birth ___-___-____ (Day Month Year)

Spouse's Date of Birth ___-___-____ (Day Month Year)

Disabled: ○ Taxpayer ○ Spouse

Spouse's First Name and Initial | Last Name | Second Last Name

Change of Address: ○ Yes ○ No

2011 Return: ○ Spanish ○ English

Home Address (Town or Urbanization, Number, Street)

Zip Code

Telephone ___-___-____

Telephone ___-___-____

Receipt Number: _____

Amount: _____

E-Mail Address

Part 1

	YES	NO	
a.	○	○	United States Citizen?
b.	○	○	Resident of Puerto Rico at the end of the year?
c.	○	○	Obligation to make payments to ASUME?
d.	○	○	Other exempt income? (Submit Schedule)

Indicate total amount $ _____

HIGHEST SOURCE OF INCOME:

e. ○ Government, Municipalities or Public Corporations Employee
f. ○ Federal Government Employee
g. ○ Private Business Employee
h. ○ Retired/Pensioner

OCCUPATION (Enter the Code):

Taxpayer ____

Spouse ____

Receipt Stamp

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) (Submit spouse's name and social security number above)
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

	A-Income Tax Withheld	B-Wages, Commissions, Allowances and Tips
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). 00	0 0	0 0
	0 0	0 0
	0 0	0 0
	0 0	0 0
Total of withholding statements with this return 01	0 0	0 0

	A-Income Tax Withheld		B-Federal Wages
2. **Federal Government Wages** (See instructions)	0 0 (01)	(02)	0 0
3. **Income from Annuities and Pensions** (Schedule H Individual, Part II, line 12)		(03)	0 0
4. **Adjusted Gross Income** (Add lines 1B, 2B and 3)		(10)	0 0

Retention Period: Ten (10) years

Taxpayer's Social Security Number ___-___-____

Part 3

Taxpayer's name _____

4. **Adjusted Gross Income** (From line 4, page 1) ..... 02 ... (01) 0.00

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) 0.00

6. **ADDITIONAL DEDUCTIONS**

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

	Employer Identification Number	Contribution	Financial institution	Account number
(03)	--	(06) 0.00		
(04)	--	(07) 0.00		
(05)	--	(08) 0.00		

Total contributions to individual retirement accounts (Add all the amounts reflected on line 6A) ..... (09) 0.00

B. Contributions to health savings accounts with a high annual deductible medical plan (See instructions):

	Employer Identification Number	Contribution	Effective date	Institution	Account number
(10)	--	(14) 0.00			
(11) Annual deductible			(15) -- -- Day Month Year		
(12)	--	(16) 0.00			
(13) Annual deductible			(17) -- -- Day Month Year		

(18) Type of coverage: 1 Individual 2 Individual and age 55 or older 3 Family 4 Family and age 55 or older

(19) Type of coverage: 1 Individual 2 Individual and age 55 or older 3 Family 4 Family and age 55 or older

Total contributions (Add the smaller amount between the contribution and the annual deductible of each account) ..... (20) 0.00

C. Contributions to governmental pension or retirement systems ..... (21) 0.00

D. Deduction for Veterans (See instructions) ..... (22) 0.00

E. Ordinary and necessary expenses (Schedule I Individual, Part I, line 8) ..... (23) 0.00

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

Financial Institution _____ Loan Number _____

Employer Ident. Number (24) -- (25) 0.00

G. Young people who work (See instructions) ..... (26) 0.00

H. Educational Contribution Account (Schedule A1 Individual, Part II, line (10)) (See instructions) ..... (27) 0.00

I. Acquisition and installation of a personal computer used by dependents (See inst.) ..... (28) 0.00

J. Contributions to the Endowment Fund of the University of Puerto Rico ..... (29) 0.00

K. Deduction when both spouses work (See instructions) ..... (30) 0.00

L. **Total Additional Deductions** (Add lines 6A through 6K) ..... (31) 0.00

Taxpayer's name _____

Taxpayer's Social Security Number

7. **Telephone service payment for communication with military personnel in combat zone** (See instructions) ..... (32)

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

TOTAL

A) Non university: **Category (N)** ..... (33) x $2,500 ..... (36)

B) University student: **Category (U)** ..... (34) x $2,500 ..... (37)

C) Disabled, blind or age 65 or older: **Category (I)** ..... (35) x $2,500 ..... (38)

D) **Total Exemption for Dependents** (Add lines 8A through 8C) ..... (39)

9. **Total Deductions and Exemptions** (Add lines 5, 6L, 7 and 8D) ..... (40)

10. **NET TAXABLE INCOME** (Subtract line 9 from line 4. If line 9 is larger than line 4, enter zero) ..... (41)

Part 4

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) ..... (42)

12. Credit for Salaried Taxpayers (See instructions) ..... (43)

13. Credit for Contributions to the Educational Foundation for Free Selection of Schools ..... (44)

14. Credit for the acquisition or manufacture and installation of electric solar equipment (See instructions) ..... (45)

15. Tax Liability (Subtract lines 12 through 14, whichever applies, from line 11. If it is less than zero, enter zero) ..... (46)

16. **TAX WITHHELD, REIMBURSABLE CREDITS AND ADDITIONAL CREDIT:**

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) ..... (47)

B) Tax Withheld on Annuities and Pensions (Schedule H Individual, Part II, line 13) ..... (48)

C) Compensatory Credit for Low Income Pensioners ..... (49)

D) Employment Credit ..... (50)

E) American Opportunity Tax Credit (Submit Schedule B2 Individual) ..... (51)

F) Additional Credit (See instructions) ..... (52)

G) Total Tax Withheld, Reimbursable Credits and Additional Credit (Add lines 16A through 16F) ..... (53)

17. **AMOUNT OF TAX DUE** (If line 15 is larger than line 16G, enter the difference here, otherwise, enter on line 22) ..... (54)

18. **Less:** Amount paid with automatic extension of time ..... (55)

19. **Balance of Tax Due** (If line 17 is larger than line 18, enter the difference here, otherwise, enter on line 22) ..... (56)

20. **Less:** Amount paid

(a) **With Return or Electronic Transfer through a Certified Program** ..... (57)

(b) **Other Electronic Transfers** ..... Transaction Number: (58)

(c) **Interest** ..... (59)

(d) **Surcharges** _____ **and Penalties** _____ .. (60)

21. **BALANCE OF TAX DUE** (Subtract lines 20(a) and 20(b) from line 19) ..... (61)

22. **AMOUNT OVERPAID** (Subtract lines 16G and 18 from line 15. Indicate distribution on lines A and B) ..... (62)

A) Contribution to the San Juan Bay Estuary Special Fund ..... (63)

B) **TO BE REFUNDED** (If you want your refund to be deposited directly into an account, complete Part 5) ..... (64)

Taxpayer's Social Security Number

Part 5 Taxpayer's name _____

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
04 Specialist's Name (Print)		Name of the Firm or Business	
Address Zip Code	Registration Number	Employer Identification Number	
	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.

Retention Period: Ten (10) years

Schedule A1 Individual

Rev. 12.10

2010

DEPENDENTS AND BENEFICIARIES OF EDUCATIONAL CONTRIBUTION ACCOUNTS

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

Social Security Number

Taxpayer's name _____

Part I: Dependent's Information (See instructions)

55

☞ Do not include the spouse on this schedule. A married individual who lives with his/her spouse is not a head of household for tax purposes, therefore, you should not include the spouse'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) (I)	Date of Birth Day Month Year	Social Security Number
Head of Household (01) NOT TAXPAYER / NOT SPOUSE		J	- -	- -
(02)			- -	- -
(03)			- -	- -
(04)			- -	- -
(05)			- -	- -
(06)			- -	- -
(07)			- -	- -
(08)			- -	- -
(09)			- -	- -
(10)			- -	- -

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

57

☞ 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.

	Date of Birth (Day/Month/Year)	Relationship *	Social Security Number	Contributed Amount (Not to exceed from $500 each)
(01) Name, Initial Last Name Second Last Name	- -		- -	0 0
Financial institution	Account number		Employer Identification Number -	
(02) Name, Initial Last Name Second Last Name	- -		- -	0 0
Financial institution	Account number		Employer Identification Number -	
(03) Name, Initial Last Name Second Last Name	- -		- -	0 0
Financial institution	Account number		Employer Identification Number -	

(10) **Total contributions** (Add lines (01) through (03) and transfer to Part 3, line 6H of the Short Form or line 6H of Schedule CO Individual) , 0 0

* See instructions.

Retention Period: Ten (10) years

Schedule CH Individual

Rev. 12.10

2010

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 _____

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 2010 for (enter the name(s) of child (children)):

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

_____ Social Security Number _____
Signature of parent releasing claim to exemption 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)_____

_____ Social Security Number _____
Signature of parent releasing claim to exemption Date

Retention Period: Ten (10) years

Schedule CO Individual

Rev. 12.10

2010

OPTIONAL COMPUTATION OF TAX

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

Social Security Number

Taxpayer's name _____

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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		A - INCOME TAX WITHHELD	WAGES, COMMISSIONS, ALLOWANCES AND TIPS B - TAXPAYER	WAGES, COMMISSIONS, ALLOWANCES AND TIPS 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).				
Total of withholding statements with this schedule ...				
Total	(01)		(03)	(26)
2. **Federal Government Wages** (See instructions)	(02)		(04)	(27)
3. **Income from Annuities and Pensions** (Schedule H Individual, Part II, line 12)	(05)			
4. **Adjusted Gross Income** (Add total of lines 1, 2 and 3 of Columns B and C, respectively)	(06)			
5. **STANDARD DEDUCTION AND PERSONAL EXEMPTION**	(07)		3075	3075

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)		
(09)		(12)		
(10)		(13)		

Total contributions to individual retirement accounts (Distribute the amount as it corresponds to the taxpayer and his spouse) (14) (31)

B. Contributions to health savings accounts with a high annual deductible medical plan (See instructions):

	Employer Identification Number	Contribution	Annual deductible	Effective date (Day Month Year)	Institution	Account number	Type of coverage
(15)		(19)	(16)	(20)			(23) 1 Individual, 2 Individual and age 55 or older, 3 Family, 4 Family and age 55 or older
(17)		(21)	(18)	(22)			(24) 1 Individual, 2 Individual and age 55 or older, 3 Family, 4 Family and age 55 or older

Total contributions (Add the smaller amount between the contribution and the annual deductible of each account. Distribute the amount as it corresponds to the taxpayer and his spouse) (25) (32)

		B - TAXPAYER		C - SPOUSE
C. Contributions to governmental pension or retirement systems	(33)	0 0	(55)	0 0
D. Deduction for Veterans (See instructions)	(34)	0 0	(56)	0 0
E. Ordinary and necessary expenses (Schedule I Individual, Part I, line 8)	(35)	0 0	(57)	0 0
F. Automobile loan interest (Do not exceed from a total of $1,200. See instructions)				
Financial Institution _____ Loan Number _____				
Employer Identification Number (36) –	(37)	0 0	(58)	0 0
G. Young people who work (See instructions)	(38)	0 0	(59)	0 0
H. Educational Contribution Account (Schedule A1 Individual, Part II, line (10)) (See instructions)	(39)	0 0	(60)	0 0
I. Acquisition and installation of a personal computer used by dependents (See instructions)	(40)	0 0	(61)	0 0
J. Contributions to the Endowment Fund of the University of Puerto Rico	(41)	0 0	(62)	0 0
K. **Total Additional Deductions** (Add lines 6A through 6J, Columns B and C, respectively).	(42)	0 0	(63)	0 0
7. **Telephone service payment for communication with military personnel in combat zone** (See instructions)	(43)	0 0	(64)	0 0

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

		TOTAL		
A) Non university: **Category (N)**	(44)		x $2,500 (47)	0 0
B) University student: **Category (U)**	(45)		x $2,500 (48)	0 0
C) Disabled, blind or age 65 or older: **Category (I)**	(46)		x $2,500 (49)	0 0
D) **Total Exemption for Dependents** (Add lines 8A through 8C)	(50)			0 0

		B - TAXPAYER		C - SPOUSE
E) Enter 50% of the total on line 8D in Columns B and C	(51)	0 0	(65)	0 0
9. **Total Deductions and Exemptions** (Add lines 5, 6K, 7 and 8E, Columns B and C, respectively)	(52)	0 0	(66)	0 0
10. **NET TAXABLE INCOME** (Subtract line 9 from line 4. If line 9 is larger than line 4, enter zero)	(53)	0 0	(67)	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)	(54)	0 0	(68)	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) (69) 0 0

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

Retention Period: Ten (10) years

Schedule H Individual

Rev. 12.10

2010

INCOME FROM ANNUITIES OR PENSIONS

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

Taxpayer's name _____ Social Security Number

Recipient of pension (fill in one): ⬭ 1 Taxpayer ⬭ 2 Spouse

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Pension granted by (fill in one): ⬭ 1 ELA ⬭ 2 Federal ⬭ 3 Private Business Employer

Place where the service was performed: ⬭ 1 Puerto Rico ⬭ 2 United States ⬭ 3 Others _____

Date on which you started to receive the pension: Day Month Year

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 ..... (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

Part 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. If it is less than zero, go to 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 from line 9) ..... (12) 0 0

12. **Taxable pension income** (Enter here the amount of line 11 or 3% of line 1, whichever is larger (but not larger than the amount of line 9). Enter this amount in Part 2, line 3 of the Short Form or line 3 of Schedule CO Individual, as applicable) ..... (13) 0 0

13. Tax withheld on annuity or pension for the taxable year (Enter this amount in Part 4, line 16B of the Short Form) ..... (14) 0 0

Schedule B2 Individual
Rev. 12.10 (Short Form)

2010

AMERICAN OPPORTUNITY TAX CREDIT
(American Recovery and Reinvesment Act of 2009)

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

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Social Security Number ___-___-____

Taxpayer's name _____

Determination of Credit

(A) Student's name	(B) Student's Social Security Number	(C) Qualified Educational Expenses (Do not exceed $4,000 per student)	(D) Enter the smaller of the amount in Column (C) or $2,000	(E) Enter the difference between Columns (C) and (D) (Column C - Column D)	(F) Multiply the amount in Column (E) by 25% (Column E x .25)	(G) Add the amount of Columns (D) and (F) (Column D + Column F)	(H) Multiply the amount in Column (G) by 40% (Column G x .40)
	(01)	(06) 00	(11) 00	(16) 00	(21) 00	(26) 00	(31) 00
	(02)	(07) 00	(12) 00	(17) 00	(22) 00	(27) 00	(32) 00
	(03)	(08) 00	(13) 00	(18) 00	(23) 00	(28) 00	(33) 00
	(04)	(09) 00	(14) 00	(19) 00	(24) 00	(29) 00	(34) 00
	(05)	(10) 00	(15) 00	(20) 00	(25) 00	(30) 00	(35) 00

1. Total credit for eligible students (Enter the total of Column (H)). Transfer this amount to page 3, Part 4, line 16E of the return ..... (36) , .00

Retention Period: Ten (10) years

Schedule I Individual

Rev. 12.10

2010

ORDINARY AND NECESSARY EXPENSES

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

Social Security Number

Taxpayer's name _____

Part I: Detail of Expenses (See instructions) Fill in one: (01) ⬭ **1** Taxpayer ⬭ **2** Spouse 58

1. Meals and entertainment

A. Total expenses incurred or paid ..... (02) 0 0

B. Reimbursed expenses (meals and entertainment) ..... (03) 0 0

C. Difference (If line 1B exceeds line 1A, refer to Schedule I Individual of the Long Form) ..... (04) 0 0

D. Difference (If line 1A exceeds line 1B, enter the excess here) ..... (05) 0 0

E. Enter 50% of line 1D (See instructions) ..... (06) 0 0

2. Other expenses

A. Cost and maintenance of uniforms ..... (11) 0 0

B. Dues paid to unions, college memberships and professional associations ..... (12) 0 0

C. Purchase of educational materials by teachers ..... (13) 0 0

D. Purchase of technical books related to professional or technical work ..... (14) 0 0

E. Educational and improvement expenses of your profession or occupation ..... (15) 0 0

F. Depreciation (Part II of this Schedule) ..... (16) 0 0

G. Other expenses related to your profession or occupation ..... (17) 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 Individual of the Long Form) ..... (20) 0 0

K. If line 2H exceeds line 2 I, enter the excess on this line ..... (30) 0 0

3. Total ordinary and necessary expenses (Add lines 1E and 2K. Enter the amount on this line) ..... (31) 0 0

4. Wages, Commissions, Allowances and Tips (Part 2, line 1B of the Short Form or line 1B or 1C, as applicable, of Schedule CO Individual) ..... (32) 0 0

5. Federal Government Wages (Part 2, line 2B of the Short Form or line 2B or 2C, as applicable, of Schedule CO Individual) ..... (33) 0 0

6. Total wages (Add lines 4 and 5) ..... (34) 0 0

7. Multiply line 6 by 4% and enter here ..... (35) 0 0

8. **Deduction for ordinary and necessary expenses** (Enter here and in Part 3, line 6E of the Short Form or line 6E, Column B or C, as applicable, 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) 0 0

Part II: Detail of Depreciation

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1. 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.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. 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

Total (Transfer this amount to Part I, line 2F of this Schedule)..... (10) , . 0 0