Form 481.0 Rev. 05.03	Ovals must be filled in o	completely. Example (PLEASE ATTACH CHECK H	ERE)		
SHORTFORM Liquidator Reviewer 2003	Commonwealth Department of INDIVIDUAL INCO	THE TREASURY	2003	S	erial Number
R M V1 V2 P1 P2 N D E A G F0	R CALENDAR YEAR 2003 OR	TAXABLE YEAR BEGINNING O	N	RETURN: O	AMENDED
Social Security Number Spouse's Soc	, AND ENI	DING ON,, Sex			DECEASED DURING THE YEAR
			⊃ F	Pa	ayment Stamp
First Name Initial Last Name Se	econd Last Name	Day Month	Year		
PostalAddress		Spouse's Date of Birth			
		Day Month	Year		
Zip Code		Change of Addr			
"Place Label here".		Yes O	NO		
Spouse's First Name Initial Last Name	Second Last Name	2004 Return			
Home Address (Town or Urbanization, Number, Street)	Home Te	elephone		Receipt Number:	
				Amount:	
	OfficeTe	ephone			E-Mail Address
Zip Code					
Part 1 YES NO		Source of Income:		OCUPATION:)
a. \bigcirc \bigcirc ¿United States Citizen?		vernment, Municipalities	and	Taxpayer	
b. C ¿Resident of Puerto Rico at the end of th	0	blic Corporations Employ			
c. O C Tax exempt income from the Lottery of Pu		deral Government Empl		Spouse	
d. O Cilncome from racetrack winnings in Puer		vate Business Employee			
e; Other exempt income?		tired/Pensioner	Г	Re	ceipt Stamp
f. Obligation to make payments to ASUME	?				
FILING STATUS AT THE END OF THE TAXABLE YE	AR.				
1. O Married living with spouse and filing jointly		Head of household (No	t married)		
 Married not living with spouse (Not head of how (Submit spouse's name and social security nu 	usehold) 4. 🔿	Single			
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,	S	A-Income Tax Withheld		B-Wage and	s, Commissions, Allowances Fips
as applicable).			0 0		0 0
•			0 0		0 0
			0 0		0 0
			0 0		0 0
Total (No. of withholding statements with this raturn)	M		0 0		
Total (No. of withholding statements with this return)		Income Tax Withheld		Federal	,
2. Federal Government Wages (See instructions)	(01)		0 0	(02)	0 0
3. Income from Annuities and Pensions (Schedule		12)			
4. Ajusted Gross Income (Add lines 1B, 2B and 3)					
4. AJUSICU SI USS IIICUIIIE (AUU IIIIES ID, 2D aliu 3)		iod: Ten (10) Years		(10)	, 0 0

Form 481.0, Rev. 05.03 - Page 2 Taxpayer's name	Social Security Number	
Part 3		
5. Adjusted Gross Income (From line 4, page 1)		2 (01) 0 0
6. STANDARD DEDUCTION AND PERSONAL EXEMPTION: If you checked Box 2 enter \$3,300, Box 3 enter \$5,600, Box 4 enter \$3,300		(02)

7. ADDITIONAL DEDUCTIONS

A. Contributions to individual retirement accounts (Do not exceed from \$4,000 or \$8,000 if married):

(03)	Employer's Identification Number	Amount	Financial institution	Account number
(03)	(06	00		
(04)	Employer's Identification Number	Amount 0 0	Financial institution	Account number
	Employer's Identification Number	Amount	Financial institution	Account number
(05)	(80)	0 0		
	tal contributions to individual retirement ac lected on line 7A)		(09)	0 0
B.	Contributions to governmental pension or reti	rement systems	(10)	0 0
C.	Deduction when both spouses work		(11)	0 0
D.	Deduction for Veterans		(12)	0 0
E.	Ordinary and necessary expenses (Schedule I	Individual, Part I, line 8)	(13)	0 0
F.	Automobile loan interest: (Do not exceed from \$	1,200)		
Ba	nk Loan Numbe	r	-	
Er	nployer's Ident. Number (14)		(15)	0 0
G	Young people who work (See instructions)		(16)	0 0
H.	Educational Contribution Account (Schedule A1 Indivi	dual, Part II, line (10))(See instructions)	(17)	0 0
I.	Acquisition and installation of a personal comput	er used by dependents	(18)	0 0
J.	Total Additional Deductions (Add lines 7A th	rough 7 l)		(19) 0 0
3. E	KEMPTION FOR DEPENDENTS (Complete Sc)	
A)	Non university: Category (N)	(20) x \$1,300	. (23)	0 0
B)	University student: Category (U)	(21) x \$1,600	. (24)	0 0
C)	Disabled, blind or age 65 or older: Category (I)	(22) x \$1,300	. (25)	0 0
D)	Total Exemption for Dependents (Add lines 8	A through 8C)		(26) 0 0
). To	tal Deductions and Exemptions (Add lines 6,	7J and 8D)		(27) 0 0
). NI	TTAXABLE INCOME (Subtract line 9 from line 5	. If line 9 is larger than line 5, enter zero)		(28)
		Conservation Derived: Ten (10)	Varia	

Form 481.0, Rev. 05.03 - Page 3	Social Sec	urity Number				
Taxpayer's name Part 4		īĪ		E I I BEIER I	II∎I■ III ₀ ■II■ <u>3</u> 11■ II ■ II ₂ 1 ■■II <u>0</u> ■	1
11. TAX DETERMINED (Determine your tax on the amount of line 10 t	using the Tax Table)			(29)		0 0
12. Credit for Salaried Taxpayers (See instructions)				(30)		0 0
13. Credit for Contributions to the Educational Foundation for Fre	ee Selection of Schoo	ls		(31)		0 0
14. Tax Liability (Subtract line 12 or 13, whichever applies, from line	11. If it is less than zer	o, enter zero)		. (32)		0 0
15. TAX WITHHELD:						
A) Tax Withheld on Wages (Add lines 1A and 2A of Part 2)		(33)		0 0		
B) Tax Withheld on Annuities and Pensions (Schedule H Individual	, Part II, line 13)	(34)		0 0		
C) Total Tax Withheld (Add lines 15A and 15B)				(35)		0 0
16. AMOUNT OF TAX DUE (If line 14 is larger than line 15C, enter the otherwise, enter on line 21)				(36)		0 0
17. Less: Amount paid with automatic extension of time				(37)		0 0
18. Balance of Tax Due (If line 16 is larger than line 17, enter the difference of Tax Due (If line 16 is larger than line 17, enter the difference of the d	rence here, otherwise,	enter on line 21)		(38)		0 0
19. Less: Amount paid (a) With Return				(39)		0 0
(b) Through Electronic Transfer. Transaction N	Number:	÷		(40)		0 0
(c) Interest		(41)		0 0		
(d) Surcharges and Penalties	;	(42)		0 0		
20. BALANCE OF TAX DUE (Subtract line 19(a) and 19(b) from line	e 18)			(43)		0 0
21. AMOUNT TO BE REFUNDED (If you want your refund to be	deposited directly to	an account, co	omplete Part 5)	(50)		0 0
Part 5 AUTORIZATION FOR THE DIRECT DEPOSIT OF THE REFU	ND					
	e/transit number	Account	number			
Account in the name of						an I
(Complete name in print letter as it appears on your accou	Int. If married and filing ioin	tly, include vour sp	ouse's name)			
	OATH					
I hereby declare under penalty of perjury that this return (incl me and to the best of my knowledge and belief is a true, corre for all dependents claimed. The declaration of the person that this information has been verified.	prepares this return (except the taxp	nd other documer re that I have pro payer) is with resp	its attach vided mo bect to th	ne information received	ed by pport I, and
Taxpayer's Signature Date		's Signature			Date	
04 Specialist's Name (Print Letter)	Name	of the Firm or Busines	SS			
Address	Registration Number		Employer's Identifica	ation Numbe	er	
	Self - employed Fill in here)	Specialist's	Signature		Date	
	ΝΟΤΕ ΤΟ ΤΑΧΡΑΥ					
If you paid a Specialist to prepare your return, he	(she) must sign and w	rite his (her) re	gistration number	in the sp	bace provided.	

Rev. 05.03



DEPENDENTS AND BENEFICIARIES OF EDUCATIONAL CONTRIBUTION ACCOUNTS

57

2003

Taxable year beginning on	, and ending on			
		Social Secu	irity Number	
Taxpayer's name			+ +	
Part I: Dependents Information (See instructions)	55			

IMPORTANT INFORMATION PART I

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 R not include the wife's name in the box for head of household (line 01).

If a dependent entitles you the head of household filing status, do not claim him/her as a dependent. R

In order to consider the exemption for dependents you must include this schedule with your return. R.

Name, Initial	Last Name	Second Last Name	Relationship	Category (N) (U) (I) See instructions.	Day	Date of Birth Month	Year	Social Security Number							
Head of Ho (01)	DUSEHOID NOT TAXPAYER / I	NOT SPOUSE		J				- I I	ł						
(02)								<u> </u>	ł						
(03)						ł		L L L	ŀ						
(04)						ł		L L İ	ł						
(05)					H				I ł I						
(06)								<u> </u>	ŀ						
(07)								<u> </u>	ł						
(08)								<u> </u>	ł						
(09)								<u> </u>	I I I						
(10)								<u> </u>	ļļ						

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

IMPORTANT INFORMATION PART II

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

Name, Initial	Last	Second Last	1	Date of	f Birth	Relationship	Social Security Number	Contributed Amount
	Name	Name	Day	Month	Year			
(01)						_		
								0 0
(02)								,
				-				0 0
(03)								,
								0 0
(04)								2
			-					0 0
(05)								,
				<u>i Li</u>				0 0
_(10) Total contributions (Add lines (01) through (05) and transfer to Part 3, line 7H of the Short Form)							Short Form)	0 0
		(01)	unougn	(00) and the			, Short 1 only	

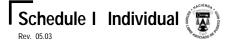
RELEASE OF CLAIM TO EXEMPTION FOR CHILD (CHILDREN) OF DIVORCED OR SEPARATED PARENTS	Schedule CH Individual		
Name of parent claiming the exemption			REN) OF DIVORCED OR
Name of parent claiming the exemption	Taxable year beginning on	, and ending on	
Part 1: Release of Claim to Exemption for Dependents for Current Year (See Instructions) I			
I,	Name of parent claiming the exemption		
the taxable year 2003 for (enter the name(s) of child (children)):	Part I: Release of Claim to Exemption for Dependents for Currer	nt Year (See instructions)	
(1)	I,Name of parent releasing claim to exemption	_ , agree and compromise myse	elf not to claim an exemption for dependents for
(2)	the taxable year 2003 for (enter the name(s) of child (children)):		
(3)			
(4)			
(5)			
Signature of parent releasing claim to exemption Social Security Number Date If you choose not to claim an exemption for this (these) child (children) for future taxable years, complete Part II. Part II: Release of Claim to Exemption for Dependents for Future Years (See instructions) I,			
If you choose not to claim an exemption for this (these) child (children) for future taxable years, complete Part II. Part II: Release of Claim to Exemption for Dependents for Future Years (See instructions) I,, agree and compromise myself not to claim an exemption for dependents for Name of parent releasing claim to exemption the taxable year(s)for (enter the name(s) of child (children)): (Specify) (1)			
Part II: Release of Claim to Exemption for Dependents for Future Years (See Instructions) I,	Signature of parent releasing claim to exemption	Social Security Number	Date
I,	If you choose not to claim an exemption for this (these	e) child (children) for future taxa	able years, complete Part II.
Name of parent releasing claim to exemption the taxable year(s) for (enter the name(s) of child (children)): (Specify) (1)	Part II: Release of Claim to Exemption for Dependents for Future	e Years (See instructions)	
(Specify) (1)(2)	I, Name of parent releasing claim to exemption	_ , agree and compromise myse	elf not to claim an exemption for dependents for
(2)	(Specify)		
	(3)		
(4)			
(5)	(כ)		
Signature of parent releasing claim to exemption Social Security Number Date	Signature of parent releasing claim to exemption	Social Security Number	Date
Conservation Period: Ten (10) Years	Conserva		



2003

INCOME FROM ANNUITIES OR PENSIONS

Taxable year beginning on		and ending on			,	-		
		Sor	cial Se	ecurity N	lumber			
Taxpayer's name			<u> </u>		Li			
Recipient of pension (fill in one):	1 Taxpayer	2 Spouse						35
Place where the service was performed:	O Puerto Rico	O United States	Other	<u>rs</u>				_
Pension granted by (fill in one):	◯ 1 ELA	2 Federal	<u> </u>	Private	e Busine	ess Em	ıployer	
Date in which you began receiving the pension:	Day Month	Year						
Part I: Determination of Cost to be Recov	· · · · · · · · · · · · · · · · · · ·	i Cai						
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
 Less: (a) Taxable pension received in previo Year:	,	-				,		
Amount:		(03)	0 0					
(b) Tax exempt pension received in pre 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 prev	vious years (Subtract line 4	from line 2)	(06)			,		0 0
6. Cost to be recovered (Subtract line 5 from line	91)		(07)			,		0 0
Part II: Taxable Income (See instructions)								
7. Total amount received in the year								0 0
8. Tax exempt amount			(09)			,		0 0
9. Pension income less the exempt amount (S line 13)			(10)					0 0
10. Cost to be recovered (Same as line 6)			(11)					0 0
11. Pension income in excess of the cost to be rea	covered (Subtract line 10 fr	rom line 9)	(12)					0 0
12. Taxable pension income (Enter here the a (but not larger than the amount of line 9). Enter line 3 of the Short Form)	er this amount in Part 2,	· · ·	(13)					0 0
13. Tax withheld on annuity or pension for the tay line 15B of the Short Form)			(14)			ļ		0 0
4								



2003

ORDINARY AND NECESSARY EXPENSES

	Taxable year beginning on,, and ending on			·						
		So	cial S	Зесі	urity Nu	umbe	r			
Тах	payer's name				i_					
Pa	art I: Detail of Expenses (See instructions)							58		
1.	Meals and entertainment									
	A. Total expenses incurred or paid		(01)			,			0	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	0
	D. Difference (If line 1A exceeds line 1B, enter the excess here)		(04)			,			0	0
	E. Enter 50% of line 1D (See instructions)		(05)			,			0	0
2.	Other expenses									
	A. Cost and maintenance of uniforms	0	0							
	B. Union dues, college memberships and professional associations	0	0							
	C. Purchase of educational materials by teachers	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	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 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)		(32)			,			0	0
5.	Federal Government Wages (Part 2, line 2B of the Short Form)		(33)			,			0	0
6.	Total wages (Add lines 4 and 5)		(34)			,			0	0
7.	Multiply line 6 by 3% and enter here		(35)			,			0	0
8.	Deduction for ordinary and necessary expenses (Enter here and in Part 3, line 7E of the Short Form the smaller of the following amounts: line 3, line 7, or up to the limit of \$1,500)		(40)						0	0

Schedule I Individual, Rev. 05.03 - Page 2 Part II: Detail of Depreciation				E I		<u> </u>
Part II: Detail of Depreciation		1		1		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.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year.	
Current depreciation						
ourrentuoproolation						
		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

Conservation Period: Ten (10) Years

0

