

Liquidator:	Reviewer:	19	COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY	19	Serial Number
Field audited by:		Corporation Income Tax Return			AMENDED RETURN <input type="checkbox"/>
Date ___/___/___		TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____			Payment Stamp
R	M	N			
Taxpayer's Name			Employer's Identification Number		
Postal Address			Department of State Registry No.		
Zip Code			Industrial Code	Municipal Code	
"Place Label here".					
Location of Principal Industry or Business - Number, Street, City			Telephone Number - Extension		
Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.)			Date Incorporated		
Check the corresponding box, if applicable		Change of Address		Day ___ / Month ___ / Year ___	
<input type="checkbox"/> First return	<input type="checkbox"/> Last return	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Place Incorporated	
Contracts with Governmental Entities		2000 Return		FOR COLLECTOR'S USE ONLY Receipt Control Number No. _____ Amount: _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Spanish	<input type="checkbox"/> English		

Part I	1. Net operating income (or loss) (From Part V, line 48)	(1)		00
	2. Less: Net operating loss deduction from preceding year (Submit detail)	(2)		00
	3. Net income (or loss)	(3)		00
Part II	4. Less: Dividends or profits received from domestic corporations or partnerships	(4)		00
	5. Net income subject to normal tax (Subtract line 4 from line 3)	(5)		00
	6. Less: Surtax net income credit	(6)		00
	7. Net income subject to surtax (Subtract line 6 from line 5)	(7)		00
Part III	8. Normal tax (Multiply line 5 by 20%)	(8)		00
	9. Surtax (See instructions).....	(9)		00
	10. Amount of recapture (See instructions).....	(10)		00
	11. Total Tax (Add lines 8 through 10)	(11)		00
	12. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part IV, line 26)	(12)		00
	13. Tax Determined (Line 11 or 12, whichever is smaller)	(13)		00
	14. Recapture of investment credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3)	(14)		00
	15. Tax credits (Schedule B Corporation and Partnership, Part II, line 11)	(15)		00
	16. Tax liability before alternative minimum tax (Subtract line 15 from the sum of lines 13 and 14).....	(16)		00
	17. Alternative minimum tax (Schedule A Corporation and Partnership, Part V, line 32)	(17)		00
	18. Branch profits tax (Form AS 2879, line 11)	(18)		00
	19. Total Tax Liability (Add lines 16 through 18)	(19)		00
	20. Less: Other Payments and Withholdings (Schedule B Corporation and Partnership, Part III, line 7)	(20)		00
	21. Balance of tax due (If line 19 is larger than line 20, enter the difference here, otherwise, on line 23)			00
	a) Tax	(21a)		00
	b) Interest	(21b)		00
	c) Surcharges	(21c)		00
d) Total (Add lines 21(a) through 21(c))	(21d)		00	
22. Amount paid with this return	(22)		00	
23. Amount overpaid (If line 19 is smaller than line 20, distribute the difference between line A or B)				
A. To be credited to estimated tax for 2000	(23A)		00	
B. To be refunded	(23B)		00	

Part IV	1. Netsales..... (1)		00
	Less: Cost of goods sold or direct costs of production		
	2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"		
	(a) Materials (2a)		00
	(b) Goods in process (2b)		00
	(c) Finished goods or merchandise (2c)		00
	3. Purchase of materials or merchandise (3)		00
	4. Direct wages (4)		00
	5. Other direct costs (Detail in Part VI) (5)		00
	6. Total cost of goods available for sale (Add lines 2 through 5)..... (6)		00
	7. Less: Inventory at the end of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"		
	(a) Materials (7a)		00
	(b) Goods in process (7b)		00
	(c) Finished goods or merchandise (7c)		00
	8. Gross profit on sales or production (Subtract the result of line 6 less line 7, from line 1)..... (8)		00
	9. Net capital gain (Schedule D Corporation and Partnership, Part III, line 14) (9)		00
	10. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corp. and Part., Part V, line 27) (10)		00
	11. Rent..... (11)		00
	12. Interest..... (12)		00
	13. Commissions..... (13)		00
14. Dividends from corporations and profits from partnerships: (a) Domestic _____ (b) Foreign _____ (14)		00	
15. Distributable share on net income from special partnerships (Schedule R, Part II, line 8) (15)		00	
16. Distributable share on net losses from special partnerships (Schedule R, Part II, line 13) (16)		00	
17. Taxable farming profit (Schedule S Corporation and Partnership, Part I, line 9) (17)		00	
18. Freight and fares (18)		00	
19. Miscellaneous income (19)		00	
20. Total gross income (Add lines 8 through 19) (20)		00	

Part V	21. Compensation to officers (See instructions for Part X) (21)		00
	22. Salaries, commissions and bonuses to employees (22)		00
	23. Commissions to businesses (23)		00
	24. Social security tax (FICA) (24)		00
	25. Unemployment tax..... (25)		00
	26. State Insurance Fund premium (26)		00
	27. Medical or hospitalization insurance (27)		00
	28. Insurance (28)		00
	29. Interest (See instructions)..... (29)		00
	30. Rent..... (30)		00
	31. Property tax: (a) Personal _____ (b) Real _____ (31)		00
	32. Other taxes, patents and licenses (See instructions) (32)		00
	33. Losses from fire, storm, other casualties or theft (33)		00
	34. Motor vehicle expenses..... (34)		00
	35. Meal and entertainment expenses (Total _____) (See instructions) (35)		00
	36. Travel expenses (36)		00
	37. Professional services (37)		00
	38. Contributions to pension or other qualified plans (See instructions)..... (38)		00
	39. Flexible depreciation (See instructions. Submit Schedule E) (39)		00
	40. Accelerated depreciation (See instructions. Submit Schedule E) (40)		00
	41. Current depreciation and amortization (See instructions. Submit Schedule E) (41)		00
	42. Bad debts (See instructions)..... (42)		00
	43. Charitable contributions (See instructions) (43)		00
	44. Repairs (See instructions)..... (44)		00
	45. Deduction for employers who employ handicapped persons (See instructions) (45)		00
	46. Other deductions (See instructions) (46)		00
	47. Total deductions (Add lines 21 through 46) (47)		00
	48. Net operating income (or loss) for the year (Subtract line 47 from line 20. Enter here and in Part I, line 1) (48)		00

Part VI	Item		Amount	
	Item	Amount	Item	Amount
	1. Salaries, wages and bonuses (1)	00	8. Repairs (8)	00
	2. Social security tax (FICA) (2)	00	9. Utilities (9)	00
	3. Unemployment tax (3)	00	10. Flexible depreciation (Submit Schedule E) (10)	00
	4. State Insurance Fund premiums (4)	00	11. Accelerated depreciation (Submit Schedule E) (11)	00
	5. Medical or hospitalization insurance . (5)	00	12. Current depreciation (Submit Schedule E) (12)	00
	6. Other insurance (6)	00	13. Other expenses (Submit detail) (13)	00
	7. Excise taxes (7)	00	14. Total other direct costs (Add lines 1 through 13. Same as Part IV, line 5) (14)	00

Corporation - Comparative Balance Sheet

	Beginning of the Year				Ending of the Year			
			Total				Total	
Assets								
1. Cash on hand and in banks (1)			00	(1)			00	
2. Accounts receivable (2)	00			(2)	00			
3. Less: Reserve for bad debts (3)	(00)		00	(3)	(00)		00	
4. Notes receivable (4)			00	(4)			00	
5. Inventories (5)			00	(5)			00	
6. Investments (6)			00	(6)			00	
7. Depreciable assets (7)	00			(7)	00			
8. Less: Reserve for depreciation (8)	(00)		00	(8)	(00)		00	
9. Land (9)			00	(9)			00	
10. Other assets (10)			00	(10)			00	
11. Total Assets (11)			00	(11)			00	
Liabilities and Stockholder's Equity								
Liabilities								
12. Accounts payable (12)	00			(12)	00			
13. Notes payable (13)	00			(13)	00			
14. Accrued expenses (14)	00			(14)	00			
15. Other liabilities (15)	00			(15)	00			
16. Total Liabilities (16)			00	(16)			00	
Stockholder's Equity								
17. Capital stock								
(a) Preferred stocks (17a)	00			(17a)	00			
(b) Common stocks (17b)	00			(17b)	00			
18. Additional paid in capital (18)	00			(18)	00			
19. Retained earnings (19)	00			(19)	00			
20. Reserve (20)	00			(20)	00			
21. Total Stockholder's Equity (21)			00	(21)			00	
22. Total Liabilities and Stockholder's Equity (22)			00	(22)			00	

Part VII

Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return

1. Net income (or loss) per books (1)	00	7. Income recorded on books this year not included on this return (Itemize, use schedule if necessary)	
2. Income tax (2)	00	(a) Exempt interest _____	
3. Excess of capital losses over capital gains (3)	00	(b) _____	
4. Taxable income not recorded on books this year (Itemize)		(c) _____	
(a) _____		(d) _____	
(b) _____		Total (7)	00
(c) _____		8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)	
(d) _____		(a) Depreciation _____	
Total (4)	00	(b) _____	
5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)		(c) _____	
(a) Meal and entertainment (amount not claimed) _____		(d) _____	
(b) Depreciation _____		Total (8)	00
(c) _____		9. Total (Add lines 7 and 8) (9)	00
(d) _____		10. Net taxable income (or loss) per return	
Total (5)	00	(Subtract line 9 from line 6) (10)	00
6. Total (Add lines 1 through 5) (6)	00		

Part VIII

Analysis of Retained Earnings per Books

1. Balance at the beginning of the year (1)	00	5. Distributions: (a) Cash (5a)	00
2. Net income per books (2)	00	(b) Property (5b)	00
3. Other increases (Itemize, use schedule if necessary) _____		(c) Stocks (5c)	00
_____		6. Other decreases (Use schedule if necessary) (6)	00
_____		7. Total (Add lines 5 and 6) (7)	00
Total (3)	00	8. Balance at end of year (Subtract line 7 from line 4) (8)	00
4. Total (Add lines 1, 2 and 3) (4)	00		

Part IX

Compensation to Officers

Name of officer	Social security number	Percentage of time devoted to industry or business	Percentage of stock owned		Compensation
			Common	Preferred	
					00
					00
					00
					00
					00
Total compensation to officers (Enter in Part V, line 21)					00

Questionnaire

		Yes	No			Yes	No
Part XI	1. If a foreign corporation, indicate if the trade or business in Puerto Rico was held as a branch..... (1)			9. Number of employees during the year: _____			
	2. If a branch, what <input type="checkbox"/> % represents the income from sources within Puerto Rico from the total income of the corporation?			10. Did the corporation claim a deduction for expenses connected with:			
	3. Is the corporation under Section 936 of the Federal Internal Revenue Code? (3)			(a) Vessels? (10a)			
	4. Did the corporation keep any part of its records on a computerized system during this year? (4)			(b) Living expenses? (10b)			
	5. The corporation's books are in care of:			(c) Employees attending conventions or meetings outside Puerto Rico or the United States? (10c)			
	Name _____			11. Did the corporation distribute dividends other than stock dividends or distributions in liquidation in excess of the corporation's current and accumulated earnings? (11)			
	Address _____			12. Is the corporation a partner in any special partnership? (12)			
	6. Indicate the accounting method used for book (tax) purposes:			Name of the special partnership _____			
	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual			Employer's identification number _____			
	<input type="checkbox"/> Other (specify): _____			13. Is the corporation a member of a controlled group? (13)			
	7. Did the corporation file the following documents?:			14. Enter the amount of exempt interest: _____			
	(a) Informative Return (Forms 480.5, 480.6A, 480.6B) (7a)			15. Enter the amount corresponding to charitable contributions to municipalities included in Part V, line 43: _____			
	(b) Withholding Statement (Form 499R-2/W-2PR) (7b)			16. Indicate if insurance premiums were paid by an unauthorized insurer (16)			
	8. If the gross income exceeds \$1,000,000, are financial statements audited by a CPA licensed in Puerto Rico included with this return? (8)			17. Employer's number assigned by the Department of Labor and Human Resources: _____			
				18. Number of stockholders: _____			

OATH

We, the undersigned, president (or vice-president, or other principal officer) and treasurer (or assistant treasurer), or agent of the corporation for which this income tax return is made, each for himself declare under penalty of perjury, that this return (including schedules and statements attached) has been examined by us, and to the best of our knowledge and belief, is a true, correct, and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 1994, as amended, and the Regulations thereunder.



President's or vice-president's signature

Treasurer's or assistant treasurer's signature

Agent

Affidavit No. _____

Sworn and subscribed before me by _____, of legal age, _____ [civil status], _____ [occupation], and resident of _____, _____, and by _____, of legal age, _____ [civil status], _____ [occupation], and resident of _____, _____, personally known to me or identified by means of _____, at _____, _____, this ____ day of _____, ____.

Title of the person administering oath

Signature of the person administering oath

Specialist's Use Only

I declare under penalty of perjury that this return (including schedules and statements attached) has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return. The declaration of the person who prepares this return is with respect to the information received, and this information may be verified.

Specialist's name (Print letter)	Registration number	Date	Check if self-employed <input type="checkbox"/>	Specialist's social security number
Firm's name				Employer's identification number
Specialist's signature				
Address				Zip Code

Liquidator:	Reviewer:	19 COMMONWEALTH OF PUERTO RICO 19 DEPARTMENT OF THE TREASURY	Serial Number
Field audited by:		Partnership Income Tax Return	AMENDED RETURN <input type="checkbox"/>
Date ___/___/___		TAXABLE YEAR BEGINNING ON _____, ____ AND ENDING ON _____, ____	Payment Stamp
R	M	N	

Taxpayer's Name Postal Address Zip Code "Place Label here". Location of Principal Industry or Business - Number, Street, City Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.)	Employer's Identification Number Industrial Code Municipal Code Telephone Number - Extension Date Created Day ___/Month ___/Year ___ Place Created
Check the corresponding box, if applicable <input type="checkbox"/> First return <input type="checkbox"/> Last return Change of Address <input type="checkbox"/> Yes <input type="checkbox"/> No Contracts with Governmental Entities <input type="checkbox"/> Yes <input type="checkbox"/> No 2000 Return <input type="checkbox"/> Spanish <input type="checkbox"/> English	FOR COLLECTOR'S USE ONLY Receipt Control Number No. _____ Amount: _____

Part I	1. Net operating income (or loss) (From Part V, line 48) (1)	00
	2. Less: Net operating loss deduction from preceding year (Submit detail) (2)	00
	3. Net income (or loss) (3)	00
Part II	4. Less: Dividends or profits received from domestic corporations or partnerships (4)	00
	5. Net income subject to normal tax (Subtract line 4 from line 3) (5)	00
	6. Less: Surtax net income credit (6)	00
	7. Net income subject to surtax (Subtract line 6 from line 5) (7)	00
Part III	8. Normal tax (Multiply line 5 by 20%)..... (8)	00
	9. Surtax (See instructions)..... (9)	00
	10. Amount of recapture (See instructions)..... (10)	00
	11. Total Tax (Add lines 8 through 10) (11)	00
	12. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part IV, line 26) (12)	00
	13. Tax Determined (Line 11 or 12, whichever is smaller) (13)	00
	14. Recapture of investment credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3) (14)	00
	15. Tax credits (Schedule B Corporation and Partnership, Part II, line 11) (15)	00
	16. Tax liability before alternative minimum tax (Subtract line 15 from the sum of lines 13 and 14)..... (16)	00
	17. Alternative minimum tax (Schedule A Corporation and Partnership, Part V, line 32) (17)	00
	18. Branch profits tax (Form AS2879, line 11) (18)	00
	19. Total Tax Liability (Add lines 16 through 18) (19)	00
	20. Less: Other Payments and Withholdings (Schedule B Corporation and Partnership, Part III, line 7) (20)	00
	21. Balance of tax due (If line 19 is larger than line 20, enter the difference here, otherwise, on line 23)	
	a) Tax (21a)	00
	b) Interest (21b)	00
	c) Surcharges (21c)	00
	d) Total (Add lines 21(a) through 21(c)) (21d)	00
	22. Amount paid with this return (22)	00
	23. Amount overpaid (If line 19 is smaller than line 20, distribute the difference between line A or B)	
	A. To be credited to estimated tax for 2000 (23A)	00
	B. To be refunded (23B)	00

Part IV	1. Net sales (1)		00
	Less: Cost of goods sold or direct costs of production		
	2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"		
	(a) Materials (2a)	00	
	(b) Goods in process (2b)	00	
	(c) Finished goods or merchandise (2c)	00	
	3. Purchase of materials or merchandise (3)	00	
	4. Direct wages (4)	00	
	5. Other direct costs (Detail in Part VI)..... (5)	00	
	6. Total cost of goods available for sale (Add lines 2 through 5)..... (6)	00	
	7. Less: Inventory at the end of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"		
	(a) Materials (7a)	00	
	(b) Goods in process (7b)	00	
	(c) Finished goods or merchandise (7c)	00	00
	8. Gross profit on sales or production (Subtract the result of line 6 less line 7, from line 1) (8)		00
	9. Net capital gain (Schedule D Corporation and Partnership, Part III, line 14) (9)		00
	10. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corp. and Part., Part V, line 27) (10)		00
	11. Rent (11)		00
	12. Interest (12)		00
	13. Commissions (13)		00
14. Dividends from corporations and profits from partnerships: (a) Domestic _____ (b) Foreign _____ (14)		00	
15. Distributable share on net income from special partnerships (Schedule R, Part II, line 8) (15)		00	
16. Distributable share on net losses from special partnerships (Schedule R, Part II, line 13) (16)		00	
17. Taxable farming profit (Schedule S Corporation and Partnership, Part I, line 9) (17)		00	
18. Freight and fares (18)		00	
19. Miscellaneous income (19)		00	
20. Total gross income (Add lines 8 through 19) (20)		00	

Part V	21. Compensation to partners (See instructions for Part X) (21)		00
	22. Salaries, commissions and bonuses to employees (22)		00
	23. Commissions to businesses (23)		00
	24. Social security tax (FICA) (24)		00
	25. Unemployment tax (25)		00
	26. State Insurance Fund premium (26)		00
	27. Medical or hospitalization insurance (27)		00
	28. Insurance (28)		00
	29. Interest (See instructions)..... (29)		00
	30. Rent (30)		00
	31. Property tax: (a) Personal _____ (b) Real _____ (31)		00
	32. Other taxes, patents and licenses (See instructions) (32)		00
	33. Losses from fire, storm, other casualties or theft (33)		00
	34. Motor vehicle expenses (34)		00
	35. Meal and entertainment expenses (Total _____) (See instructions) (35)		00
	36. Travel expenses (36)		00
	37. Professional services (37)		00
	38. Contributions to pensions or other qualified plans (See instructions) (38)		00
	39. Flexible depreciation (See instructions. Submit Schedule E) (39)		00
	40. Accelerated depreciation (See instructions. Submit Schedule E) (40)		00
	41. Current depreciation and amortization (See instructions. Submit Schedule E)..... (41)		00
	42. Bad debts (See instructions) (42)		00
	43. Charitable contributions (See instructions) (43)		00
	44. Repairs (See instructions)..... (44)		00
	45. Deduction for employers who employ handicapped persons (See instructions)..... (45)		00
	46. Other deductions (See instructions)..... (46)		00
	47. Total deductions (Add lines 21 through 46) (47)		00
48. Net operating income (or loss) for the year (Subtract line 47 from line 20. Enter here and in Part I, line 1)..... (48)		00	

Part VI	Item	Amount	Item	Amount
	1. Salaries, wages and bonuses (1)	00	8. Repairs (8)	00
	2. Social security tax (FICA) (2)	00	9. Utilities (9)	00
	3. Unemployment tax (3)	00	10. Flexible depreciation (Submit Schedule E) .. (10)	00
	4. State Insurance Fund premiums (4)	00	11. Accelerated depreciation (Submit Schedule E) (11)	00
	5. Medical or hospitalization insurance (5)	00	12. Current depreciation (Submit Schedule E) .. (12)	00
	6. Other insurance (6)	00	13. Other expenses (Submit detail) (13)	00
	7. Excise taxes (7)	00	14. Total other direct costs (Add lines 1 through 13. Same as Part IV, line 5) (14)	00

Partnership - Comparative Balance Sheet

	Beginning of the Year		Ending of the Year	
		Total		Total
Assets				
1. Cash on hand and in banks (1)		00	(1)	00
2. Accounts receivable (2)	00		(2)	00
3. Less: Reserve for bad debts (3)	(00)	00	(3)	(00)
4. Notes receivable (4)		00	(4)	00
5. Inventories (5)		00	(5)	00
6. Investments (6)		00	(6)	00
7. Depreciable assets (7)	00		(7)	00
8. Less: Reserve for depreciation (8)	(00)	00	(8)	(00)
9. Land (9)		00	(9)	00
10. Other assets (10)		00	(10)	00
11. Total Assets (11)		00	(11)	00
Liabilities and Net Worth				
Liabilities				
12. Accounts payable (12)	00		(12)	00
13. Notes payable (13)	00		(13)	00
14. Accrued expenses (14)	00		(14)	00
15. Other liabilities (15)	00		(15)	00
16. Total Liabilities (16)		00	(16)	00
Net Worth				
17. Partner's interest (17)	00		(17)	00
18. Undistributed profits (18)	00		(18)	00
19. Total Net Worth (19)		00	(19)	00
20. Total Liabilities and Net Worth .. (20)		00	(20)	00

Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return

1. Net income (or loss) per books (1)	00	7. Income recorded on books this year not included on this return (Itemize, use schedule if necessary)	
2. Income tax (2)	00	(a) Tax-exempt interest _____	
3. Excess of capital losses over capital gains (3)	00	(b) _____	
4. Taxable income not recorded on books this year (Itemize)		(c) _____	
(a) _____		(d) _____	
(b) _____		Total (7)	00
(c) _____		8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)	
(d) _____		(a) Depreciation _____	
Total (4)	00	(b) _____	
5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)		(c) _____	
(a) Meal and entertainment (amount not claimed) _____		(d) _____	
(b) Depreciation _____		Total (8)	00
(c) _____		9. Total (Add lines 7 and 8) (9)	00
(d) _____		10. Net taxable income (or loss) per return	
Total (5)	00	(Subtract line 9 from line 6) (10)	00
6. Total (Add lines 1 through 5) (6)	00		

Reconciliation of Distributable Profit Among Partners

1. Net taxable income (1)	00
2. Less: Non deductible expenses (2)	00
3. Plus: Non taxable income (3)	00
4. Net profit per books (4)	00
5. Less: Income tax (5)	00
6. Distributable profit among partners (6)	00

Compensation to Partners

	Name of partner	Social security number	Percentage of time devoted to industry or business	Percentage of partnership ownership	Compensation
Part X					00
					00
					00
					00
					00
					00
Total compensation to partners (Enter in Part V, line 21)					00

Questionnaire

	Question	Yes	No		Yes	No
Part XI	1. Did the partnership keep any part of its records on a computerized system during this year? (1)					
	2. The partnership's books are in care of: Name _____ Address _____					
	3. Indicate the accounting method used for book (tax) purposes: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify): _____					
	4. Did the partnership file the following documents?: (a) Informative Return (Forms 480.5, 480.6A, 480.6B) (4a)					
	(b) Withholding Statement (Form 499R-2/W-2PR) (4b)					
	5. If the gross income exceeds \$1,000,000, are financial statements audited by a CPA licensed in Puerto Rico included with this return? (5)					
	6. Number of employees during the year: _____					
	7. Did the partnership claim a deduction for expenses connected with: (a) Vessels? (7a)					
	(b) Living expenses? (7b)					
	(c) Employees attending conventions or meetings outside Puerto Rico or the United States? (7c)					
	8. Did the partnership distribute profits in excess of the partnership's current and accumulated profits during the tax year?.... (8)					
	9. Is the partnership a partner in any special partnership? (9) Name of special partnership _____ Employer's identification number _____					
	10. Is the partnership a member of a controlled group? (10)					
	11. Enter the amount of exempt interest: _____					
	12. Enter the amount corresponding to charitable contributions to municipalities included in Part V, line 43: _____					
13. Indicate if insurance premiums were paid by an unauthorized insurer..... (13)						
14. Employer's number assigned by the Department of Labor and Human Resources: _____						
15. Number of partners: _____						

OATH

I, _____, managing partner of the partnership for which this income tax return is made, declare under penalty of perjury, that this return (including schedules and statements attached) has been examined by me, and to the best of my knowledge and belief, is a true, correct and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 1994, as amended, and the Regulations thereunder.

Managing partner's signature

NOTARY SEAL

Affidavit No. _____

Sworn and subscribed before me by _____, of legal age, _____ [civil status], _____ [occupation], and resident of _____, _____, personally known to me or identified by means of _____, at _____, this ____ day of _____.

Title of the person administering oath

Signature of the person administering oath

Specialist's Use Only

I declare under penalty of perjury that this return (including schedules and statements attached) has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return. The declaration of the person who prepares this return is with respect to the information received and this information may be verified.

Specialist's name (Print letter)	Registration number	Date	Check if self-employed <input type="checkbox"/>	Specialist's social security number
Firm's name				Employer's identification number
Specialist's signature				
Address				Zip Code

Schedule A Corporation and Partnership
Rev. 05.99



ALTERNATIVE MINIMUM TAX

19__

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

Taxpayer's Name	Employer's Identification Number
-----------------	----------------------------------

Part I Adjustments in the Computation of the Alternative Minimum Net Income Before Books Adjustments and Operating Losses

1. Net income subject to normal tax excluding net operating loss from preceding years	(1)		00
2. Adjustments:			
a. Flexible depreciation	(2a)	00	
b. Installment sales	(2b)	00	
c. Long - term contracts	(2c)	00	
d. Bad debts	(2d)	00	
e. Expenses related with exempt interest	(2e)	00	
f. Accelerated depreciation	(2f)	00	
g. Total adjustments (Add lines 2(a) through 2(f))	(2g)		00
3. Alternative minimum net income before the adjustments of Part II and the operating losses (Add lines 1 and 2(g)).	(3)		00

Part II Adjustment for the Excess of the Net Income per Books over the Alternative Minimum Net Income Before Adjustments

4. Net income (or loss) per books	(4)	00	
5. Goodwill amortization expense	(5)	00	
6. Income tax expense per books	(6)	00	
7. Add lines 4, 5 and 6	(7)		00
8. Exempt interest income net of related expenses	(8)	00	
9. Dividends and profit distributions received from domestic corporations or partnerships, or from industrial or tourism development income	(9)	00	
10. Industrial development income, exempt tourism development income or bona fide agricultural business income	(10)	00	
11. Income (or loss) recognized under the equity method	(11)	00	
12. Reserve for catastrophic losses	(12)	00	
13. Add lines 8 through 12	(13)		00
14. Subtract line 13 from line 7	(14)		00
15. Subtract line 3 from line 14. If line 3 is larger than line 14, enter zero	(15)		00
16. Adjustment for the excess of the adjusted net income per books over the alternative minimum net income of line 3 (Multiply line 15 by 50%)	(16)		00

Part III Computation of the Alternative Minimum Net Income

17. Alternative minimum net income before the net operating loss (Add lines 3 and 16)	(17)		00
18. Net operating loss to determine the alternative minimum tax (See instructions)	(18)		00
19. Subtract line 18 from line 17 (Enter here the difference, but not less than 10% of line 17)	(19)		00
20. Exempt amount (See instructions)	(20)		00
21. Alternative minimum net income (Subtract line 20 from line 19)	(21)		00

Part IV Computation of the Alternative Minimum Credit for Foreign Taxes Paid

22. Tentative minimum tax (Multiply line 21 by 22%)	(22)		00
23. Alternative minimum net income before net operating loss deduction (Line 17)	(23)	00	
24. Allowable exempt amount without considering the net operating loss (See instructions)	(24)	00	
25. Subtract line 24 from line 23	(25)	00	
26. Multiply line 25 by 22%	(26)	00	
27. Multiply line 26 by 10%	(27)		00
28. Credit limitation (Subtract line 27 from line 22)	(28)		00
29. Alternative minimum credit for foreign taxes paid (This amount cannot exceed the amount on line 28. See instructions)	(29)		00

Part V Computation of the Alternative Minimum Tax

30. Tentative minimum tax (Subtract line 29 from line 22)	(30)		00
31. Adjusted regular tax (See instructions)	(31)		00
32. Alternative minimum tax (Subtract line 31 from line 30. If line 31 is larger than line 30, enter zero, otherwise, enter the difference on Form 480.10 or 480.20, Part III, line 17)	(32)		00

**Schedule B Corporation
and Partnership**

Rev. 05.99



**RECAPTURE OF INVESTMENT CREDIT
CLAIMED IN EXCESS, TAX CREDITS, AND
OTHER PAYMENTS AND WITHHOLDINGS**

19 _____

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

Taxpayer's Name

Employer's Identification Number

Part I Recapture of Investment Credit Claimed in Excess

1. Total investment credit claimed in excess	(1)		00														
		<table border="1"> <thead> <tr> <th>Column A</th> <th>Column B</th> </tr> </thead> <tbody> <tr> <td>Name of entity:</td> <td></td> </tr> <tr> <td>Employer's identification number:</td> <td></td> </tr> <tr> <td>TOURISM INVESTMENT CREDIT 1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> </tr> <tr> <td>SOLIDWASTE DISPOSAL INVESTMENT CREDIT 2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>AGRICULTURAL DEVELOPMENT INVESTMENT CREDIT 3 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>OTHER INVESTMENT FUNDS CREDIT 4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>	Column A	Column B	Name of entity:		Employer's identification number:		TOURISM INVESTMENT CREDIT 1 <input type="checkbox"/>	1 <input type="checkbox"/>	SOLIDWASTE DISPOSAL INVESTMENT CREDIT 2 <input type="checkbox"/>	2 <input type="checkbox"/>	AGRICULTURAL DEVELOPMENT INVESTMENT CREDIT 3 <input type="checkbox"/>	3 <input type="checkbox"/>	OTHER INVESTMENT FUNDS CREDIT 4 <input type="checkbox"/>	4 <input type="checkbox"/>	
Column A	Column B																
Name of entity:																	
Employer's identification number:																	
TOURISM INVESTMENT CREDIT 1 <input type="checkbox"/>	1 <input type="checkbox"/>																
SOLIDWASTE DISPOSAL INVESTMENT CREDIT 2 <input type="checkbox"/>	2 <input type="checkbox"/>																
AGRICULTURAL DEVELOPMENT INVESTMENT CREDIT 3 <input type="checkbox"/>	3 <input type="checkbox"/>																
OTHER INVESTMENT FUNDS CREDIT 4 <input type="checkbox"/>	4 <input type="checkbox"/>																
2. Recapture of investment credit claimed in excess paid in previous year	(2)		00														
3. Recapture of investment credit claimed in excess paid this year (Enter on Form 480.10 or 480.20, Part III, line 14. See instructions)	(3)		00														
4. Excess of credit due next year, if applicable (Subtract line 3 from line 1. See instructions)	(4)		00														

Part II Tax Credits (Do not include estimated tax payments. Refer to Part III of this Schedule)

1. Credit for taxes paid to the United States, its possessions and foreign countries (Schedule C Corporation and Partnership, Part IV, line 7)	(1)		00
2. Credit for increase in investment (See instructions)	(2)		00
3. Credit for investment in Capital Investment, Tourism, or other funds, or direct investment (Submit Schedule Q)	(3)		00
4. Credit attributable to losses in Capital Investment, Tourism or other funds (Submit Schedules Q and Q1)	(4)		00
5. Credit for Contribution to the Educational Foundation for Free Selection of Schools	(5)		00
6. Credit for alternative minimum tax paid in previous years	(6)		00
7. Credit for the purchase of tax credits (Submit detail)	(7)		00
8. Credits carried from previous years (Submit detail)	(8)		00
9. Total Tax Credits (Add lines 1 through 8)	(9)		00
10. Total tax determined (Form 480.10 or 480.20, Part III, line 13)	(10)		00
11. Credit to be claimed (The smaller of line 9 or 10. Enter on Form 480.10 or 480.20, Part III, line 15)	(11)		00
12. Carryforward credits (Subtract line 11 from line 9. Submit detail)	(12)		00

Part III Other Payments and Withholdings

1. Tax paid with automatic extension of time	(1)		00
2. Estimated tax payments for 1999	(2)		00
3. Tax paid in excess on previous years credited to estimated tax	(3)		00
4. Tax withheld at source	(4)		00
5. Services rendered (Form 480.6B)	(5)		00
6. Tax withheld at source on distributable share to partners of special partnerships (Form 480.6 SE)	(6)		00
7. Total Other Payments and Withholdings (Add lines 1 through 6. Enter on Form 480.10 or 480.20, Part III, line 20)	(7)		00

**Schedule C Corporation
and Partnership**

Rev. 05.99



**CREDIT FOR TAXES PAID TO THE
UNITED STATES, ITS POSSESSIONS
AND FOREIGN COUNTRIES**

19__

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

Taxpayer's Name

Employer's Identification Number

Name of place to which taxes were paid:

Part I Determination of Net Income from Sources Outside of Puerto Rico

1. Gross income from sources outside of Puerto Rico (See instructions)	(1)		00
2. Deductions attributable to income from sources outside of Puerto Rico	(2)		00
3. Net Income from sources outside of Puerto Rico (Subtract line 2 from line 1)	(3)		00

Part II Determination of Net Income from All Sources

1. Gross income from all sources	(1)		00
2. Deductions attributable to income from all sources	(2)		00
3. Net Income from all sources (Subtract line 2 from line 1)	(3)		00

Part III Taxes Paid or Accrued to the United States, its Possessions and Foreign Countries

1. Credit claimed for taxes:		<input type="checkbox"/> Paid	<input type="checkbox"/> Accrued
2. (a) Date paid or accrued	(b) Taxes paid or accrued during the year		

Part IV Determination of Credit

1. Net income from sources outside of Puerto Rico (Part I, line 3)	(1)		00
2. Net income from all sources (Part II, line 3)	(2)		00
3. Tax to be paid in Puerto Rico	(3)		00
4. Divide line 1 by line 2	(4)		%
5. CREDIT (Multiply line 3 by line 4)	(5)		00
6. Taxes paid or accrued to the United States, its possessions and foreign countries (Part III, line 2(b))	(6)		00
7. CREDIT TO BE CLAIMED (Enter here and on Schedule B Corporation and Partnership, Part II, line 1, the smaller of line 5 or 6)	(7)		00

LIMITATION: THE CREDIT SHALL NOT EXCEED THE AMOUNT OF TAXES PAID TO THE UNITED STATES, ITS POSSESSIONS AND FOREIGN COUNTRIES.

Schedule E

Rev. 05.99



DEPRECIATION

19__

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

Taxpayer's Name

Social Security or Employer's Identification Number

1. Type of property (In the case of a building, specify the material used in the construction).	2. Date acquired.	3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed \$25,000 per vehicle.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year.
---	-------------------	--	---	---	------------------------------------

(a) Current Depreciation

			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
Total				00	00

(b) Flexible Depreciation

			00	00	00
			00	00	00
			00	00	00
			00	00	00
Total				00	00

(c) Accelerated Depreciation

			00	00	00
			00	00	00
			00	00	00
			00	00	00
Total				00	00

(d) Improvements Amortization

			00	00	00
			00	00	00
			00	00	00
			00	00	00
Total				00	00

Note: Complete next line only if you are filling out Form 482.0 (Individual Income Tax Return - Long Form)

TOTAL: (Add Total of lines (a) through (d) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies)..... 00

**Schedule D Corporation
and Partnership**

Rev. 05.99



**GAINS AND LOSSES FROM SALE
OR EXCHANGE OF PROPERTY**

19__

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

Taxpayer's Name

Employer's Identification Number

Part I Short-Term Capital Assets Gains and Losses (Held 6 months or less)

Description of Property	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
			00	00	00	00
			00	00	00	00
			00	00	00	00
			00	00	00	00

1. Net short-term capital gain (or loss)	(1)	00
2. Net short-term capital gain (or loss) from investment funds (Submit Schedule Q1)	(2)	00
3. Distributable share on net short-term capital gain (or loss) from Special Partnerships	(3)	00
4. Net short-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)	(4)	00
5. Net capital loss carryover (Submit detail)	(5)	00
6. Net short-term capital gain (or loss) (Add lines 1 through 5)	(6)	00

Part II Long-Term Capital Assets Gains and Losses (Held more than 6 months)

			00	00	00	00
			00	00	00	00
			00	00	00	00
			00	00	00	00

7. Net long-term capital gain (or loss)	(7)	00
8. Distributable share on net long-term capital gain (or loss) from Special Partnerships	(8)	00
9. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)	(9)	00
10. Net long-term capital gain (or loss) (Add lines 7 through 9)	(10)	00

Part III Summary of Capital Gains and Losses

11. Net capital gain (or loss) (Add lines 6 and 10)	(11)	00
12. Enter excess of net short-term capital gain (line 6) over net long-term capital loss (line 10)	(12)	00
13. Enter excess of net long-term capital gain (line 10) over net short-term capital loss (line 6)	(13)	00
14. Net capital gain (Add lines 12 and 13. Enter here and on Form 480.10 or 480.20, Part IV, line 9 or on the appropriate line of other returns)	(14)	00

Part IV Determination of Alternative Tax - Capital Gain

15. Net income	{ (a) Form 480.10 or 480.20, Part II, line 5 (b) Schedule P, line 7 (c) Others - Enter the amount of the appropriate line of the return (15)		00
16. Enter amount from line 13		(16)	00
17. Net income for the purpose of alternative tax - capital gain (Subtract line 16 from line 15)		(17)	00

COMPUTATION OF NET INCOME TO DETERMINE ALTERNATIVE TAX

18. Net income for the purpose of partial normal tax (Enter the amount from line 17)	(18)	00
19. Less: Credit for the purpose of surtax (From the appropriate line of the return)	(19)	00
20. Net income subject to partial surtax	(20)	00

COMPUTATION OF ALTERNATIVE TAX

21. Partial normal tax (Multiply line 18 by 20%)	(21)	00
22. Surtax	(22)	00
23. Amount of recapture	(23)	00
24. Total tax (Add lines 21 through 23)	(24)	00
25. Plus: 25% of the amount on line 16	(25)	00
26. Alternative Tax - Capital gains (Add lines 24 and 25. Enter here and on Form 480.10 or 480.20, Part III, line 12 or on the appropriate line of other returns)	(26)	00

Part V Gains (or Losses) from Property Other than Capital Assets

Description of Property	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss	
			00	00	00	00	
			00	00	00	00	
			00	00	00	00	
			00	00	00	00	
27. Net gain (or loss) from property other than capital assets (Enter here and on Form 480.10 or 480.20, Part IV, line 10 or on the appropriate line of other returns)						(27)	00

Schedule R

Rev. 05.99



SPECIAL PARTNERSHIP

19__

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

Taxpayer's Name

Social Security or Employer's Identification No.

Part I	Adjusted Basis Determination of a Partner in one or more Special Partnerships	Column A	Column B	Column C
Name of entity				
Employer's identification number				
1.	Adjusted basis at the end of the previous taxable year	00	00	00
2.	Basis increase:			
(a)	Partner's distributable share on income and profits claimed on previous year (See instructions)	00	00	00
(b)	Contributions made during the year	00	00	00
(c)	Special partnership's capital assets gain.....	00	00	00
(d)	Exempt income	00	00	00
(e)	Farming income deduction granted by Section 1023(s) of the Code	00	00	00
(f)	Other income or gains (See instructions).....	00	00	00
(g)	Total basis increase (Add lines 2(a) through 2(f))	00	00	00
3.	Basis decrease:			
(a)	Partner's distributable share on partnership's loss claimed on previous year	00	00	00
(b)	Special partnership's capital assets loss	00	00	00
(c)	Distributions during the year	00	00	00
(d)	Credits claimed the preceding year (See instructions)	00	00	00
(e)	Withholding at source during the year	00	00	00
(f)	No admissible expenses for the year	00	00	00
(g)	Distributable share on losses from exempt operations during the year	00	00	00
(h)	Total basis decrease (Add lines 3(a) through 3(g))	00	00	00
4.	Adjusted Basis (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a))	00	00	00
Part II	Determination of Partner's Allowable Losses in one or more Special Partnerships			
5.	(a) Partner's distributable share on partnership's loss for the year	00	00	00
	(b) Loss carryover from previous years (See instructions)	00	00	00
	(c) Total losses (Add lines 5(a) and 5(b))	00	00	00
6.	(a) Adjusted Basis (Part I, line 4)	00	00	00
	(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner	00	00	00
	(c) Total partner's adjusted basis (Add lines 6(a) and 6(b)).....	00	00	00
7.	Distributable share on partnership's net income for the year (See instructions)	00	00	00
8.	Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	00	00	00
• If line 8 is zero or more than zero, do not complete the rest of the form (Transfer this amount to Schedule F Individual, Part III or Form 480.10 or 480.20, Part IV, line 15) • If line 8 is less than zero, continue with line 9.				
9.	Available losses (The smaller of lines 6(c) or 8)	00	00	00
10.	Total losses (Add losses determined on line 9, Columns A through C)			00
11.	Partner's net income without considering losses from special partnerships (See instructions)			00
12.	50% of line 11			00
13.	Allowable Loss (Enter the smaller of line 10 or 12. Enter this amount on Form 482.0, Part 2, line 2C or Form 480.10 or 480.20, Part IV, line 16)..			00
14.	Loss carryforward for next year (Add lines 7 and 13 and subtract this amount from line 5(c))			00

**Schedule S Corporation
and Partnership**
Rev. 05.99



FARMING BUSINESS

19__

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

Taxpayer's Name

Employer's Identification Number

Part I Income

1. Net sales	(1)		00
2. Cost of goods sold or direct costs of production:			
a) Beginning inventory	(2a)	00	
b) Plus: Purchase of material or merchandise	(2b)	00	
c) Direct wages	(2c)	00	
d) Other direct costs (Submit detail)	(2d)	00	
e) Total (Add lines 2(a) through 2(d))	(2e)	00	
f) Less: Ending inventory	(2f)	00	
g) Total cost of goods sold (Subtract line 2(f) from line 2(e)).....	(2g)		00
3. Gross income (Subtract line 2(g) from line 1)	(3)		00
4. Less: Operating expenses and other costs (Part II, line 30)	(4)		00
5. Net income	(5)		00
6. Less: Net operating loss from previous years (Submit detail)	(6)		00
7. Adjusted net income	(7)		00
8. Less: Exempt amount (90% of line 7)	(8)		00
9. Taxable farming profit (Enter on Form 480.10 or 480.20, Part IV, line 17)	(9)		00

Part II Operating Expenses and Other Costs

10. Compensation to officers or partners	(10)		00
11. Wages, commissions and bonuses to employees	(11)		00
12. Commissions to businesses	(12)		00
13. Payroll expenses	(13)		00
14. Contributions to pension or other qualified plans	(14)		00
15. Medical or hospitalization insurance	(15)		00
16. Interest	(16)		00
17. Rent	(17)		00
18. Property tax: (a) Personal _____ (b) Real _____	(18)		00
19. Other taxes, patents and licenses	(19)		00
20. Motor vehicles expenses	(20)		00
21. Utilities	(21)		00
22. Insurance	(22)		00
23. Travel expenses	(23)		00
24. Meal and entertainment expenses (Total _____) (See instructions for Part V of the return)	(24)		00
25. Professional services	(25)		00
26. Repairs	(26)		00
27. Depreciation and amortization (Submit Schedule E)	(27)		00
28. Bad debts	(28)		00
29. Other expenses (Submit detail)	(29)		00
30. Total (Add lines 10 through 29. Enter in Part I, line 4 of this Schedule)	(30)		00

Formulario 480-E

Form
Rev. 05.99



DECLARACION DE CONTRIBUCION ESTIMADA
ESTIMATED TAX DECLARATION

PARA USO OFICIAL
FOR OFFICIAL USE

Número de Serie - Serial Number

Número de Seguro Social o Identificación Patronal - Social Security Number or Employer's Identification Number

Año que comienza el - Taxable year beginning on
Día ___ / Mes ___ / Año ___
Day Month Year

Individuo Individual Corporación Corporation Sociedad Partnership

Año que termina el - Taxable year ending on
Día ___ / Mes ___ / Año ___
Day Month Year

Declaración Enmendada Amended Declaration Declaración Original Original Declaration

Si tiene la obligación de rendir una Declaración de Contribución Estimada, no podrá acogerse al beneficio de pagar el balance pendiente de pago de la contribución en dos plazos. - If you are required to file an Estimated Tax Declaration, you are not entitled to the benefit of paying the balance of tax due in two installments.

Nombre y dirección del contribuyente - Taxpayer's name and address

Sello de Recibo
Receipt Stamp

1. Total Contribución Estimada Total Estimated Tax		00
2. Crédito Estimado por Cantidades Retenidas o Pagadas Estimated Credit for Amounts Withheld or Paid		00
3. Contribución Estimada Ajustada (Línea 1 menos línea 2) Adjusted Estimated Tax (Subtract line 2 from line 1)		00
4. Crédito por Contribución Pagada en Exceso Credit for Tax Paid in Excess		00
5. Contribución Estimada a Pagar (Línea 3 menos línea 4) Estimated Tax to be Paid (Subtract line 4 from line 3)		00
6. Importe de cada Plazo Amount of each Installment		00
7. Crédito por Contribución Pagada en Exceso No Reclamado en línea 4 Credit for Tax Paid in Excess not Claimed on line 4		00
8. Balance a Pagar: Balance to be paid:	(a) Primer Plazo First Installment	00
	(b) Segundo Plazo Second Installment	00
	(c) Tercer Plazo Third Installment	00
	(d) Cuarto Plazo Fourth Installment	00

JURAMENTO - OATH

Declaro bajo penalidad de perjurio que esta declaración ha sido examinada por mí y que según mi mejor información y creencia es cierta, correcta y completa.

I hereby declare under penalty of perjury that this declaration has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Título - Title

Firma del Contribuyente o Representante Autorizado
Taxpayer's or Duly Authorized Agent's Signature

Fecha - Date

Nota: Esta declaración no se deberá enviar con la planilla. La misma deberá rendirse por separado en la Colecturía del municipio donde reside o enviarla al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501.

Note: This declaration should not be sent with the return. The same must be filed separately at the Internal Revenue Collections Office of the municipality where you reside or sent to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501.



CAMBIO DE DIRECCION - CHANGE OF ADDRESS

INSTRUCCIONES: Complete las líneas 1 a la 11. Favor de escribir en letra de MOLDE toda la información, excepto la línea 10. INSTRUCTIONS: Complete lines 1 through 11. Please PRINT all information, except line 10.			
1. Marque: <input type="checkbox"/> Dirección Postal - Postal Address Check: <input type="checkbox"/> Dirección Residencial - Home Address	2. El cambio de dirección es para (Marque uno): Change of address is for (Check one):		<input type="checkbox"/> Individuo - Individual <input type="checkbox"/> Negocio - Business <input type="checkbox"/> Corp. o Soc. - Corp. or Partnership
3. Número de Seguro Social o Número de Identificación Patronal: Social Security Number or Employer's Identification Number:			
4. Nombre del Contribuyente (Deje un espacio en blanco entre cada nombre) Taxpayer's Name (Leave a blank space between names)			
5. Nombre de la persona que somete el cambio de dirección (Deje un espacio en blanco entre cada nombre) Name of the person submitting the change of address (Leave a blank space between names)			
6. Dirección Postal Postal Address	Condominio o Urbanización - Condominium or Urbanization		PO BOX _____ RR _____ BOX _____ HC _____ BOX _____
	Número y Calle - Number and Street		Apt _____ Suite _____
	Municipio o Ciudad - Municipality or City	País - Country	Código Postal - Zip Code/+ 4
7. Dirección Residencial Home Address	Condominio o Urbanización - Condominium or Urbanization		
	Número y Calle - Number and Street		Apt _____ Suite _____
	Municipio o Ciudad - Municipality or City	País - Country	Código Postal - Zip Code/+ 4
8. Teléfono de Residencia Home Telephone No.		9. Teléfono de Oficina Office Telephone No.	
10. Firma - Signature		11. Fecha - Date	
12. Iniciador		13. Fecha de entrada	14. Iniciales