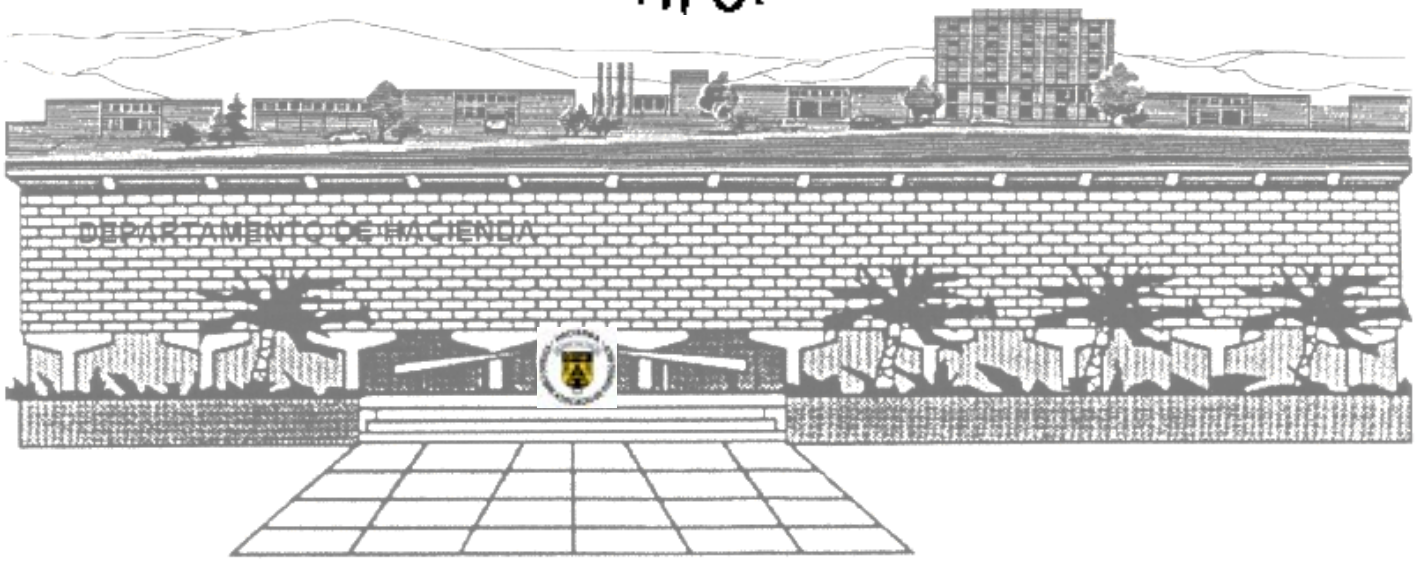
DEPARTMENT OF THE TREASURY
SAN JUAN, PUERTO RICO



INFORMATIVE SYSTEMS REQUIREMENTS FOR FILING INFORMATIVE RETURNS TAXABLE YEAR 2001

CHANGES FOR THE TAXABLE YEAR 2001

- Transaction Code field was deleted from all forms.
- New field in the Form 480.7 record layout:

  (2) Balance Accrued at the Beginning of the Year
- New field in the Forms 480.6A, 480.6B, 480.6C, 480.7 and 480.7A record layout:

  Document Type (D = duplicate and A = amended)
- New field in the Form 480.7A record layout:

  (6) Principal

You must file the informative returns according to the filing due dates indicated on page 1.

Remember to use the corresponding Transmittal Form.

CHECKLIST

- Remember the changes for the taxable year 2001.

- Observe the labeling/file name requirements on page 3 of this publication.

- Use the correct magnetic media specifications on pages 1-2 to create the file (magnetic reel, cartridge or diskette).

- To avoid an error report, verify that the following fields are valid and correct:
  - -Form type
  - -Taxable year
  - -Identification Number, Social Security Number or Account Number
  - -Name
  - -Address
  - -Sequence Number
  - -Record Type
  - -Amounts

- Write the complete information in the records.
  - - Check the Error Report Description on page 5
  - - Check the Record Layouts

- Complete the Transmittal Form.
  The Transmittal Form for the taxable year 2001 must be used.
  (Transmittal Forms corresponding to previous years will not be accepted)

The Department of the Treasury will return all the files that do not meet the specifications detailed in this publication.

Department of the Treasury
Returns Processing Bureau
Requirements for Filing Informative Returns

Purpose

This document provides the specifications for filing informative returns via magnetic media for taxable year 2001. A record layout is included for the following forms :

Form **480.6A**	Informative Return – Income not Subject to Withholding,	(Exhibit A and G)
Form **480.6B**	Informative Return – Income Subject to Withholding,	(Exhibit B and H)
Form **480.6C**	Informative Return – Income Subject to Withholding, Nonresidents,	(Exhibit C and I)
Form **480.7**	Informative Return – Individual Retirement Account,	(Exhibit D and J)
Form **480.7A**	Informative Return – Mortgage Interest,	(Exhibit E and K)
Form **480.5**	Summary of the Informative Return	(Exhibit F and L)

Filing Due Date

Form	Due Date
480.7A	**January 31, 2002**
480.6A, 480.6B and 480.5	**February 28, 2002**
480.6C and 480.5	**April 15, 2002**
480.7 and 480.5	**August 30, 2002**

Definitions

Name	Descriptions
EBCDIC	Extended Binary Coded
ASCII	American Standard Information Interchange
Payee	Person or Organization receiving payments from the reporting entity or for whom the informative return must be filed.
Payer	Person or Organization, including paying agent, making payments.

Magnetic Media Specifications

The data can be supplied in either magnetic reel, cartridge or diskette. Please select one (1) type of magnetic media.

Magnetic reels (9 track) or cartridges (18 track) will have the following characteristics:

- Character code set : EBCDIC
- Record format : Fixed
- Block size : 540
- Record length : 540
- No labels
- No compress

Diskette will have the following characteristics :

- Diskette size : 3.5 HD
- Character code set : ASCII (FILENAME.TXT)
- Record format : Fixed
- No compress

Fields Characteristics

Numeric fields

- Right justified
- No decimal points, commas or dollar signs allowed
- If no data, indicate zero

Example for amount field:
If the format field is 9(9)v99 and the amount is $1,500.50 you will fill the eleven positions with 00000150050.

Alphanumeric fields

- Left justified
- If no data, leave the space in blank

Other Fields Information

Form type :

It is necessary that all forms be identified according to the attached layout. The form types are as follows:

Type **2** Indicates Form 480.6A
Type **3** Indicates Form 480.6B
Type **4** Indicates Form 480.7
Type **5** Indicates Form 480.6C
Type **6** Indicates Form 480.7A

For Form 480.5 see record layout (Exhibit F).

Sequence Number :

A sequence number is required for all records. No duplicate sequence numbers will be allowed and must be right justified. If you have more than one magnetic media, the sequence number must be continuous until end of file. This field must start at 0000000001.

	sequence number
Example : magnetic media 1	0000000001 - 0000002000
magnetic media 2	0000002001 – 0000003000

Shipping Instructions

All reels, cartridges or diskettes must be shipped together with a completed **Transmittal Form.** A blank Transmittal Form has been included for your use.

Each reel, cartridge or diskette submitted must have an external label that contains the following information :

Project Name :Informative Systems 2001
Company Name :
Contact Name :
Telephone Number :
Blocking Factor : 1
Internal Label : No labels
Total of Records :
Magnetic Media Sequence : ____ of ____
Date created :

_____ Original File _____ Corrected File

Please, do not send us the pre-printed forms. These forms must be sent only to the taxpayer.

If you have any questions regarding how to send the magnetic media to the Department of the Treasury, please contact the Informative Returns Section at (787) 721-2020 exts. 2213 or 2564.

Do not ship the transmittal form and the magnetic media separately.

Technical Questions

If you have any **technical** questions (data processing), please contact the Information Systems Support Section at (787) 721-2020 exts. 2278 or 2070.

Informative Returns Questions

If you need information concerning the statutory requirement to file the informative returns, please contact the Consulting Section at (787) 721-2020 ext. 3611.

Other Information

When the information is processed, the magnetic media and a letter will be returned to the address provided on the Transmittal Form.

In case of errors in your data, you will also receive an error report. See Exhibit (M).

NOTE : Please make sure that all information on the record layout is provided.
Required items are defined by an asterisk.

Error Report Description

The error report is a listing of errors detected during the validation process. An asterisk (*) under the field indicates an error. The requirements for the fields on the report are the following:

Sequence Number

- Required field.
- No duplicates allowed.
- Can not be all zeros.
- An error message will appear if you have an incorrect sequence number field.
- Check the positions **01- 10** in all records layout:

Identification Number, Social Security Number or Account Number

- Required field.
- Must be a valid number.
- Examples of incorrect numbers:
  000000000
  123456789
  222222222
- Check the following positions:

Form 480.5	positions 24- 32
Forms 480.6A, 480.6B, 480.6C, 480.7 or 480.7A	positions 32-40 and 167-175

Name

- Required field
- Check the following positions:

Form 480.5	positions 33-62
Forms 480.6A, 480.6B, 480.6C, 480.7 or 480.7A	positions 41-70 and 196-225

Address

- Required field.
- Must start on address line number 1 field.
- Check the following positions:

Form 480.5	positions 63-97 and 133-152
Forms 480.6A, 480.6B, 480.6C, 480.7 or 480.7A	positions 71-105, 141-160, 226-260 and 296-315

In these fields only indicate the address information.

Amounts

- Required field
- At least one amount must be filled for each record. If not filled, an error will result.
- No decimal points, commas or dollar signs are allowed.
- **For the Forms 480.6B and 480.6C check the following:**
  - The amount paid must not be equal to the amount withheld.
  - If amount withheld is included, amount paid must be included.
  - The amount withheld must not be greater than the amount paid.

EXHIBIT A

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 1 OF 2
FILE NAME : F4806A01		FILE NUMBER :	
	RECORD NAME: PAYMENTS MADE USED FORM 480.6A		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
1. SEQUENCE NUMBER	9(10)	C	10	01-10	RIGHT JUSTIFIED	*
2. FILLER	X(2)	C	2	11-12	SPACES	*
3. FORM TYPE	9	C	1	13-13	**2** INDICATES FORM 480.6A	*
4. RECORD TYPE	9	C	1	14-14	1 = DETAIL RECORD	*
5. DOCUMENT TYPE	X	C	1	15-15	D = DUPLICATE A = AMENDED	
6. FILLER	X(2)	C	2	16-17	SPACES	*
7. TAXABLE YEAR	9(4)	C	4	18-21	YEAR IN WHICH THE PAYMENT WAS MADE MUST BE **2001**	*
8. PAYMENT DATE (DDMMCCYY)	9(8)	C	8	22-29	DEC 31 IF DATE IS NOT AVAILABLE	*
9. FILLER	X(2)	C	2	30-31	SPACES	*
PAYER'S INFORMATION						
10. IDENTIFICATION NUMBER	9(9)	C	9	32-40		*
11. NAME	X(30)	C	30	41-70		*
12. ADDRESS LINE NUMBER 1	X(35)	C	35	71-105	ADDRESS LINE NUMBER 1	*
13. ADDRESS LINE NUMBER 2	X(35)	C	35	106-140	ADDRESS LINE NUMBER 2	
14. TOWN	X(13)	C	13	141-153		*
15. STATE	X(2)	C	2	154-155		*
16. ZIP-CODE	9(5)	C	5	156-160		*
17. ZIP-CODE EXTENSION	9(4)	C	4	161-164	ZEROS, IF NOT AVAILABLE	
18. FILLER	X(2)	C	2	165-166	SPACES	*
PAYEE'S INFORMATION						
19. SOCIAL SECURITY NUMBER	9(9)	C	9	167-175	SOCIAL SECURITY NUMBER OR IDENTIFICATION NUMBER	*
20. BANK ACCOUNT NUMBER	X(20)	C	20	176-195		
21. NAME	X(30)	C	30	196-225		*
22. ADDRESS LINE NUMBER 1	X(35)	C	35	226-260		*
23. ADDRESS LINE NUMBER 2	X(35)	C	35	261-295		
24. T0WN	X(13)	C	13	296-308		*
25. STATE	X(2)	C	2	309-310		*
26. ZIP-CODE	9(5)	C	5	311-315		*

* REQUIRED FIELDS

TAXABLE YEAR 2001
FORM 480.6A

EXHIBIT A

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 2 OF 2
FILE NAME : F4806A01		FILE NUMBER :	
	RECORD NAME: PAYMENTS MADE USED FORM 480.6A		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
27. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE	
28. FILLER	X	C	1	320-320	SPACES	*
29. PAYMENTS SERVICES RENDERED BY INDIVIDUALS	9(10)V99	C	12	321-332	SEE FORM 480.6A ITEM 1	
30. PAYMENTS SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS	9(10)V99	C	12	333-344	SEE FORM 480.6A ITEM 2	
31. COMMISSIONS AND FEES	9(10) V99	C	12	345-356	SEE FORM 480.6A ITEM 3	
32. RENTS	9(10) V99	C	12	357-368	SEE FORM 480.6A ITEM 4	
33. INTEREST	9(10)V99	C	12	369-380	SEE FORM 480.6A ITEM 5	
34. PARTNERSHIPS DISTRIBUTIONS	9(10)V99	C	12	381-392	SEE FORM 480.6A ITEM 6	
35. DIVIDENDS	9(10)V99	C	12	393-404	SEE FORM 480.6A ITEM 7	
36. OTHER PAYMENTS	9(10)V99	C	12	405-416	SEE FORM 480.6A ITEM 8	
37. GROSS PROCEEDS	9(10)V99	C	12	417-428	SEE FORM 480.6A ITEM 9	
38. FILLER	X(112)	C	112	429-540	SPACES	*

* REQUIRED FIELDS

TAXABLE YEAR 2001
FORM 480.6A

EXHIBIT B

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 1 OF 2
FILE NAME : F4806B01		FILE NUMBER :	
	RECORD NAME: PAYMENTS MADE AND TAX WITHHELD – FORM TYPE 480.6B		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
1. SEQUENCE NUMBER	9(10)	C	10	01-10	RIGHT JUSTIFIED	*
2. FILLER	X(2)	C	2	11-12	SPACES	*
3. FORM TYPE	9	C	1	13-13	**3** INDICATES FORM 480.6B	*
4. RECORD TYPE	9	C	1	14-14	1 = DETAIL RECORD	*
5. DOCUMENT TYPE	X	C	1	15-15	D = DUPLICATE A = AMENDED	
6. FILLER	X(2)	C	2	16-17	SPACES	*
7. TAXABLE YEAR	9(4)	C	4	18-21	YEAR IN WHICH THE PAYMENT WAS MADE MUST BE **2001**	*
8. PAYMENT DATE (DDMMCCYY)	9(8)	C	8	22-29	DEC 31 IF DATE IS NOT AVAILABLE	*
9. FILLER	X(2)	C	2	30-31	SPACES	*
WITHHOLDING AGENT'S INFORMATION						
10. IDENTIFICATION NUMBER	9(9)	C	9	32-40		*
11. NAME	X(30)	C	30	41-70		*
12. ADDRESS LINE NUMBER 1	X(35)	C	35	71-105	ADDRESS LINE NUMBER 1	*
13. ADDRESS LINE NUMBER 2	X(35)	C	35	106-140	ADDRESS LINE NUMBER 2	
14. TOWN	X(13)	C	13	141-153		*
15. STATE	X(2)	C	2	154-155		*
16. ZIP-CODE	9(5)	C	5	156-160		*
17. ZIP-CODE EXTENSION	9(4)	C	4	161-164	ZEROS, IF NOT AVAILABLE	
18. FILLER	X(2)	C	2	165-166	SPACES	*
PAYEE'S INFORMATION						
19. SOCIAL SECURITY NUMBER	9(9)	C	9	167-175	SOCIAL SECURITY NUMBER OR IDENTIFICATION NUMBER	*
20. BANK ACCOUNT NUMBER	X(20)	C	20	176-195		
21. NAME	X(30)	C	30	196-225		*
22. ADDRESS LINE NUMBER 1	X(35)	C	35	226-260		*
23. ADDRESS LINE NUMBER 2	X(35)	C	35	261-295		
24. T0WN	X(13)	C	13	296-308		*
25. STATE	X(2)	C	2	309-310		*
26. ZIP-CODE	9(5)	C	5	311-315		*

* REQUIRED FIELDS

TAXABLE YEAR 2001
FORM 480.6B

EXHIBIT B

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 2 OF 2
FILE NAME : F4806B01		FILE NUMBER :	
	RECORD NAME: PAYMENTS MADE AND TAX WITHHELD – FORM TYPE 480.6B		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
27. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE	
28. FILLER	X	C	1	320-320	SPACES	*
29. AMOUNT PAID SERVICES RENDERED INDIVIDUALS	9(10)V99	C	12	321-332	SEE FORM 480.6B ITEM 1	
30. AMOUNT WITHHELD SERVICES RENDERED INDIVIDUALS	9(8)V99	C	10	333-342	SEE FORM 480.6B ITEM 1	
31. AMOUNT PAID SERVICES CORPORATIONS PARTNERSHIPS	9(10)V99	C	12	343-354	SEE FORM 480.6B ITEM 2	
32. AMOUNT WITHHELD SERVICES CORPORATIONS PARTNERSHIPS	9(8) V99	C	10	355-364	SEE FORM 480.6B ITEM 2	
33. AMOUNT PAID JUDICIAL - EXTRAJUDICIAL	9(10)V99	C	12	365-376	SEE FORM 480.6B ITEM 3	
34. AMOUNT WITHHELD JUDICIAL - EXTRAJUDICIAL	9(8)V99	C	10	377-386	SEE FORM 480.6B ITEM 3	
35. AMOUNT PAID DIVIDENDS	9(10)V99	C	12	387-398	SEE FORM 480.6B ITEM 4	
36. AMOUNT WITHHELD DIVIDENDS	9(8)V99	C	10	399-408	SEE FORM 4806.B ITEM 4	
37. AMOUNT PAID PARTNERSHIPS DISTRIBUTIONS	9(10)V99	C	12	409-420	SEE FORM 480.6B ITEM 5	
38. AMOUNT WITHHELD PARTNERSHIPS DISTRIBUTIONS	9(8)V99	C	10	421-430	SEE FORM 480.6B ITEM 5	
39. AMOUNT PAID INTEREST	9(10)V99	C	12	431-442	SEE FORM 480.6B ITEM 6	
40. AMOUNT WITHHELD INTEREST	9(8)V99	C	10	443-452	SEE FORM 480.6B ITEM 6	
41. AMOUNT PAID DIVIDENDS IND. DEVEL. (ACT 26 2/6/78)	9(10)V99	C	12	453-464	SEE FORM 480.6B ITEM 7	
42. AMOUNT WITHHELD DIVIDENDS IND.DEVEL (ACT 26 2/6/78)	9(8)V99	C	10	465-474	SEE FORM 480.6B ITEM 7	
43. AMOUNT PAID DIVIDENDS IND. DEVEL. (ACT 8 1/24/87)	9(10)V99	C	12	475-486	SEE FORM 480.6B ITEM 8	
44. AMOUNT WITHHELD DIVIDENDS IND.DEVEL (ACT 8 1/24/87)	9(8)V99	C	10	487-496	SEE FORM 480.6B ITEM 8	
45. AMOUNT PAID PENSION PLANS DISTRIBUTIONS	9(10)V99	C	12	497-508	SEE FORM 480.6B ITEM 9	
46. AMOUNT WITHHELD PENSION PLANS DISTRIBUTIONS	9(8)V99	C	10	509-518	SEE FORM 480.6B ITEM 9	
47. AMOUNT PAID OTHER PAYMENTS	9(10)V99	C	12	519-530	SEE FORM 480.6B ITEM 10	
48. AMOUNT WITHHELD OTHER PAYMENTS	9(8)V99	C	10	531-540	SEE FORM 480.6B ITEM 10	

* REQUIRED FIELDS

TAXABLE YEAR 2001
FORM 480.6B

EXHIBIT C

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 1 OF 2
FILE NAME : F4806C01		FILE NUMBER :	
	RECORD NAME: PAYMENTS MADE AND TAX WITHHELD – FORM TYPE 480.6C		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
1. SEQUENCE NUMBER	9(10)	C	10	01-10	RIGHT JUSTIFIED	*
2. FILLER	X(2)	C	2	11-12	SPACES	*
3. FORM TYPE	9	C	1	13-13	**5** INDICATES FORM 480.6C	*
4. RECORD TYPE	9	C	1	14-14	1 = DETAIL RECORD	*
5. DOCUMENT TYPE	X	C	1	15-15	D = DUPLICATE A = AMENDED	
6. FILLER	X(2)	C	2	16-17	SPACES	*
7. TAXABLE YEAR	9(4)	C	4	18-21	YEAR IN WHICH THE PAYMENT WAS MADE MUST BE **2001**	*
8. PAYMENT DATE (DDMMCCYY)	9(8)	C	8	22-29	DEC 31 IF DATE IS NOT AVAILABLE	*
9. FILLER	X(2)	C	2	30-31	SPACES	*
WITHHOLDING AGENT'S INFORMATION						
10. IDENTIFICATION NUMBER	9(9)	C	9	32-40		*
11. NAME	X(30)	C	30	41-70		*
12. ADDRESS LINE NUMBER 1	X(35)	C	35	71-105	ADDRESS LINE NUMBER 1	*
13. ADDRESS LINE NUMBER 2	X(35)	C	35	106-140	ADDRESS LINE NUMBER 2	
14. TOWN	X(13)	C	13	141-153		*
15. STATE	X(2)	C	2	154-155		*
16. ZIP-CODE	9(5)	C	5	156-160		*
17. ZIP-CODE EXTENSION	9(4)	C	4	161-164	ZEROS, IF NOT AVAILABLE	
18. FILLER	X(2)	C	2	165-166	SPACES	*
PAYEE'S INFORMATION						
19. SOCIAL SECURITY NUMBER	9(9)	C	9	167-175	SOCIAL SECURITY NUMBER OR IDENTIFICATION NUMBER	*
20. BANK ACCOUNT NUMBER	X(20)	C	20	176-195		
21. NAME	X(30)	C	30	196-225		*
22. ADDRESS LINE NUMBER 1	X(35)	C	35	226-260		*
23. ADDRESS LINE NUMBER 2	X(35)	C	35	261-295		
24. T0WN	X(13)	C	13	296-308		*
25. STATE	X(2)	C	2	309-310		*
26. ZIP-CODE	9(5)	C	5	311-315		*

* REQUIRED FIELDS

TAXABLE YEAR 2001
FORM 480.6C

EXHIBIT C

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 2 OF 2
FILE NAME : F4806C01		FILE NUMBER :	
	RECORD NAME: PAYMENTS MADE AND TAX WITHHELD – FORM TYPE 480.6C		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
27. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE	
28. FILLER	X	C	1	320-320	SPACES	*
29. AMOUNT PAID SALARIES ,WAGES OR COMPENSATIONS	9(10)V99	C	12	321-332	SEE FORM 480.6C ITEM 1	
30. AMOUNT WITHHELD SALARIES ,WAGES OR COMPENSATIONS	9(8)V99	C	10	333-342	SEE FORM 480.6C ITEM 1	
31. AMOUNT PAID PARTNERSHIPS DISTRIBUTIONS	9(10)V99	C	12	343-354	SEE FORM 480.6C ITEM 2	
32. AMOUNT WITHHELD PARTNERSHIPS DISTRIBUTIONS	9(8) V99	C	10	355-364	SEE FORM 480.6C ITEM 2	
33. AMOUNT PAID SALE OF PROPERTY	9(10)V99	C	12	365-376	SEE FORM 480.6C ITEM 3	
34. AMOUNT WITHHELD SALE OF PROPERTY	9(8)V99	C	10	377-386	SEE FORM 480.6C ITEM 3	
35. AMOUNT PAID DIVIDENDS	9(10)V99	C	12	387-398	SEE FORM 480.6C ITEM 4	
36. AMOUNT WITHHELD DIVIDENDS	9(8)V99	C	10	399-408	SEE FORM 4806.C ITEM 4	
37. AMOUNT PAID ROYALTIES	9(10)V99	C	12	409-420	SEE FORM 480.6C ITEM 5	
38. AMOUNT WITHHELD ROYALTIES	9(8)V99	C	10	421-430	SEE FORM 480.6C ITEM 5	
39. AMOUNT PAID INTEREST	9(10)V99	C	12	431-442	SEE FORM 480.6C ITEM 6	
40. AMOUNT WITHHELD INTEREST	9(8)V99	C	10	443-452	SEE FORM 480.6C ITEM 6	
41. AMOUNT PAID RENTS	9(10)V99	C	12	453-464	SEE FORM 480.6C ITEM 7	
42. AMOUNT WITHHELD RENTS	9(8)V99	C	10	465-474	SEE FORM 480.6C ITEM 7	
43. AMOUNT PAID PENSION PLANS DISTRIBUTIONS	9(10)V99	C	12	475-486	SEE FORM 480.6C ITEM 8	
44. AMOUNT WITHHELD PENSION PLANS DISTRIBUTIONS	9(8)V99	C	10	487-496	SEE FORM 480.6C ITEM 8	
45. AMOUNT PAID PUBLIC SHOWS	9(10)V99	C	12	497-508	SEE FORM 480.6C ITEM 9	
46. AMOUNT WITHHELD PUBLIC SHOWS	9(8)V99	C	10	509-518	SEE FORM 480.6C ITEM 9	
47. AMOUNT PAID OTHERS	9(10)V99	C	12	519-530	SEE FORM 480.6C ITEM 10	
48. AMOUNT WITHHELD OTHERS	9(8)V99	C	10	531-540	SEE FORM 480.6C ITEM 10	

* REQUIRED FIELDS

TAXABLE YEAR 2001
FORM 480.6C

EXHIBIT D

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 1 OF 2
FILE NAME : F4807Y01		FILE NUMBER :	
	RECORD NAME: PAYMENTS MADE AND TAX WITHHELD – FORM 480.7		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
1. SEQUENCE NUMBER	9(10)	C	10	01-10	RIGHT JUSTIFIED	*
2. FILLER	X(2)	C	2	11-12	SPACES	*
3. FORM TYPE	9	C	1	13-13	**4** INDICATES FORM 480.7	*
4. RECORD TYPE	9	C	1	14-14	1 = DETAIL RECORD	*
5. DOCUMENT TYPE	X	C	1	15-15	D = DUPLICATE A = AMENDED	
6. FILLER	X(2)	C	2	16-17	SPACES	*
7. TAXABLE YEAR	9(4)	C	4	18-21	YEAR IN WHICH THE PAYMENT WAS MADE MUST BE **2001**	*
8. PAYMENT DATE (DDMMCCYY)	9(8)	C	8	22-29	DEC 31 IF DATE IS NOT AVAILABLE	*
9. FILLER	X(2)	C	2	30-31	SPACES	*
WITHHOLDING AGENT'S INFORMATION						
10. IDENTIFICATION NUMBER	9(9)	C	9	32-40		*
11. NAME	X(30)	C	30	41-70		*
12. ADDRESS LINE NUMBER 1	X(35)	C	35	71-105	ADDRESS LINE NUMBER 1	*
13. ADDRESS LINE NUMBER 2	X(35)	C	35	106-140	ADDRESS LINE NUMBER 2	
14. TOWN	X(13)	C	13	141-153		*
15. STATE	X(2)	C	2	154-155		*
16. ZIP-CODE	9(5)	C	5	156-160		*
17. ZIP-CODE EXTENSION	9(4)	C	4	161-164	ZEROS, IF NOT AVAILABLE	
18. FILLER	X(2)	C	2	165-166	SPACES	*
PAYEE'S INFORMATION						
19. SOCIAL SECURITY NUMBER	9(9)	C	9	167-175	SOCIAL SECURITY NUMBER OR IDENTIFICATION NUMBER	*
20. BANK ACCOUNT NUMBER	X(20)	C	20	176-195		
21. NAME	X(30)	C	30	196-225		*
22. ADDRESS LINE NUMBER 1	X(35)	C	35	226-260		*
23. ADDRESS LINE NUMBER 2	X(35)	C	35	261-295		
24. T0WN	X(13)	C	13	296-308		*
25. STATE	X(2)	C	2	309-310		*
26. ZIP-CODE	9(5)	C	5	311-315		*

* REQUIRED FIELDS

TAXABLE YEAR 2001
FORM 480.7

EXHIBIT D

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 2 OF 2
FILE NAME : F4807Y01		FILE NUMBER :	
	RECORD NAME: PAYMENTS MADE AND TAX WITHHELD – FORM TYPE 480.7		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
27. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE	
28. FILLER	X	C	1	320-320	SPACES	*
29. CONTRIBUTIONS – CURRENT YEAR	9(10)V99	C	12	321-332	SEE FORM 480.7 ITEM 1	
30. BALANCE ACCRUED – BEGINNING OF YEAR	9(10)V99	C	12	333-344	SEE FORM 480.7 ITEM 2	
31. CONTRIBUTIONS THROUGH TRANSFER	9(10) V99	C	12	345-356	SEE FORM 480.7 ITEM 3	
32. WITHDRAWALS THROUGH TRANSFER	9(10) V99	C	12	357-368	SEE FORM 480.7 ITEM 4	
33. REFUND OF EXCESS CONTRIBUTIONS	9(10) V99	C	12	369-380	SEE FORM 480.7 ITEM 5	
34. PENALTY WITHHELD (10% LINE 9F)	9(10) V99	C	12	381-392	SEE FORM 480.7 ITEM 6	
35. TAX WITHHELD FROM INTEREST (17%)	9(10) V99	C	12	393-404	SEE FORM 480.7 ITEM 7	
36. TAX WITHHELD FROM DISTRIBUTIONS OF INCOME FROM SOURCES WITHIN P.R.	9(10) V99	C	12	405-416	SEE FORM 480.7 ITEM 8	
BREAKDOWN OF AMOUNT DISTRIBUTED						
37. A- PRINCIPAL	9(10) V99	C	12	417-428	SEE FORM 480.7 ITEM 9A	
38. B- TAXABLE INTEREST	9(10) V99	C	12	429-440	SEE FORM 480.7 ITEM 9B	
39. C- EXEMPT INTEREST	9(10) V99	C	12	441-452	SEE FORM 480.7 ITEM 9C	
40. D- IRA DISTRIBUTIONS OF INCOME FROM SOURCES WITHIN P.R.	9(10) V99	C	12	453-464	SEE FORM 480.7 ITEM 9D	
41. E - IRA DISTRIBUTIONS OF INCOME FROM SOURCES WITHOUT P.R.	9(10) V99	C	12	465-476	SEE FORM 480.7 ITEM 9E	
42. F- TOTAL (ADD LINES 9A,B ,C,D AND E)	9(10) V99	C	12	477-488	SEE FORM 480.7 ITEM 9F	
43. FILLER	X(52)	C	52	489-540	SPACES	*

TAXABLE YEAR 2001
FORM 480.7

EXHIBIT E

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 1 OF 2
FILE NAME : F4807AY01		FILE NUMBER :	
	RECORD NAME: MORTGAGE INTEREST – FORM 480.7A		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
1. SEQUENCE NUMBER	9(10)	C	10	01-10	RIGHT JUSTIFIED	*
2. FILLER	X(2)	C	2	11-12	SPACES	*
3. FORM TYPE	9	C	1	13-13	**6** INDICATES FORM 480.7A	*
4. RECORD TYPE	9	C	1	14-14	1 = DETAIL RECORD	*
5. DOCUMENT TYPE	X	C	1	15-15	D = DUPLICATE A = AMENDED	
6. FILLER	X(2)	C	2	16-17	SPACES	*
7. TAXABLE YEAR	9(4)	C	4	18-21	YEAR IN WHICH THE PAYMENT WAS MADE MUST BE **2001**	*
8. PAYMENT DATE (DDMMCCYY)	9(8)	C	8	22-29	DEC 31 IF DATE IS NOT AVAILABLE	*
9. FILLER	X(2)	C	2	30-31	SPACES	*
RECIPIENT'S INFORMATION						
10. EMPLOYER'S IDENTIFICATION NUMBER	9(9)	C	9	32-40		*
11. NAME	X(30)	C	30	41-70		*
12. ADDRESS LINE NUMBER 1	X(35)	C	35	71-105	ADDRESS LINE NUMBER 1	*
13. ADDRESS LINE NUMBER 2	X(35)	C	35	106-140	ADDRESS LINE NUMBER 2	
14. TOWN	X(13)	C	13	141-153		*
15. STATE	X(2)	C	2	154-155		*
16. ZIP-CODE	9(5)	C	5	156-160		*
17. ZIP-CODE EXTENSION	9(4)	C	4	161-164	ZEROS, IF NOT AVAILABLE	
18. FILLER	X(2)	C	2	165-166	SPACES	*
BORROWER'S INFORMATION						
19. SOCIAL SECURITY NUMBER	9(9)	C	9	167-175	SOCIAL SECURITY NUMBER OR IDENTIFICATION NUMBER	*
20. NAME	X(30)	C	30	176-205		*
21. ADDRESS LINE NUMBER 1	X(35)	C	35	206-240		*
22. ADDRESS LINE NUMBER 2	X(35)	C	35	241-275		
23. T0WN	X(13)	C	13	276-288		*
24. STATE	X(2)	C	2	289-290		*
25. ZIP-CODE	9(5)	C	5	291-295		*
26. ZIP-CODE EXTENSION	9(4)	C	4	296-299	ZEROS, IF NOT AVAILABLE	

* REQUIRED FIELDS

TAXABLE YEAR 2001
FORM 480.7A

EXHIBIT E

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 2 OF 2
FILE NAME : F4807AY01		FILE NUMBER :	
	RECORD NAME: MORTGAGE INTEREST - FORM TYPE 480.7A		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
27. FILLER	X	C	1	300-300	SPACES	*
28. INTEREST PAID BY BORROWER	9(10)V99	C	12	301-312	SEE FORM 480.7A ITEM 1	*
29. LOAN ORIGINATION FEES(POINTS) PAID DIRECTLY BY BORROWER	9(10)V99	C	12	313-324	SEE FORM 480.7A ITEM 2	
30. LOAN DISCOUNT (POINTS) PAID DIRECTLY BY BORROWER	9(10) V99	C	12	325-336	SEE FORM 480.7A ITEM 3	
31. REFUND OF INTEREST	9(10) V99	C	12	337-348	SEE FORM 480.7A ITEM 4	
32. PROPERTY TAXES	9(10) V99	C	12	349-360	SEE FORM 480.7A ITEM 5	
33. PRINCIPAL	9(10) V99	C	12	361-372	SEE FORM 480.7A ITEM 6	
34. FILLER	X	C	1	373-373	SPACES	*
35. LOAN ACCOUNT NUMBER	X(25)	C	25	374-398		*
36. FILLER	X(142)	C	142	399-540	SPACES	*

TAXABLE YEAR 2001
FORM 480.7A

EXHIBIT F

FILE DESCRIPTION	ANALYST :	DATE : SEPTEMBER 2001	PAGE : 1 OF 1
FILE NAME : F4805Y01		FILE NUMBER :	
	RECORD NAME: PAYMENTS MADE AND TAX WITHHELD – SUMMARY RECORD 480.5		RECORD LENGTH : 540

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	SEC
1. SEQUENCE NUMBER	9(10)	C	10	01-10	RIGHT JUSTIFIED	*
2. FILLER	X(2)	C	2	11-12	SPACES	*
3. FORM TYPE	9	C	1	13-13	**2**= 460.6A **3**= 480.6B **4**= 480.7 **5**= 480.6C	*
4. RECORD TYPE	9	C	1	14-14	2= SUMMARY	*
5. FILLER	X	C	1	15-15	SPACES	*
6. FILLER	X(2)	C	2	16-17	SPACES	*
7. TAXABLE YEAR	9(4)	C	4	18-21	YEAR IN WHICH THE PAYMENT WAS MADE MUST BE **2001**	*
8. FILLER	X(2)	C	2	22-23	SPACES	*
WITHHOLDING AGENT'S INFORMATION						
9. IDENTIFICATION NUMBER	9(9)	C	9	24-32		*
10. NAME	X(30)	C	30	33-62		*
11. ADDRESS LINE NUMBER 1	X(35)	C	35	63-97	ADDRESS LINE NUMBER 1	*
12. ADDRESS LINE NUMBER 2	X(35)	C	35	98-132	ADDRESS LINE NUMBER 2	
13. TOWN	X(13)	C	13	133-145		*
14. STATE	X(2)	C	2	146-147		*
15. ZIP-CODE	9(5)	C	5	148-152		*
16. ZIP-CODE EXTENSION	9(4)	C	4	153-156	ZEROS, IF NOT AVAILABLE	
17. FILLER	X(2)	C	2	157-158	SPACES	*
18. NUMBER OF DOCUMENTS	9(10)	C	10	159-168	NUMBER OF DOCUMENTS BY TYPE OF FORM RIGHT JUSTIFIED	*
19. TOTAL AMOUNT WITHHELD	9(13)V99	C	15	169-183	TOTAL WITHHELD BY TYPE OF FORM	*
20. TOTAL AMOUNT PAID	9(13)V99	C	15	184-198	TOTAL PAID BY TYPE OF FORM	*
21. FILLER	X(342)	C	342	199-540	SPACES	*

* REQUIRED FIELDS

TAXABLE YEAR 2001
FORM 480.5

Formulario **480.6A**
Form
Rev. 05.99
Rep. 05.01

ESTADO LIBRE ASOCIADO DE PUERTO RICO - COMMONWEALTH OF PUERTO RICO
Departamento de Hacienda - Department of the Treasury

DECLARACION INFORMATIVA - INGRESOS NO SUJETOS A RETENCION
INFORMATIVE RETURN - INCOME NOT SUBJECT TO WITHHOLDING

Uso Oficial - Official Use

EXHIBIT G

AÑO CONTRIBUTIVO -TAXABLE YEAR: _____ **Duplicado -** Duplicate: ☐ **Enmendado -** Amended: ☐

Número de Serie

INFORMACION DEL PAGADOR - PAYER'S INFORMATION

Número de Identificación Patronal - Employer's Identification Number

Nombre - Name

Dirección - Address

Código Postal - Zip Code

INFORMACION DE QUIEN RECIBE EL PAGO - PAYEE`S INFORMATION

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

Nombre - Name

Dirección - Address

Código Postal - Zip Code

Clase de Ingreso Type of Income	**Cantidad Pagada** Amount Paid
1. Pagos por Servicios Prestados por Individuos Payments for Services Rendered by Individuals	
2. Pagos por Servicios Prestados por Corporaciones y Sociedades Payments for Services Rendered by Corporations and Partnerships	
3. Comisiones y Honorarios Commissions and Fees	
4. Rentas Rents	
5. Intereses (excepto IRA) Interest (except IRA)	
6. Distribuciones de Sociedades (Ver instrucciones) Partnerships Distributions (See instructions)	
7. Dividendos Dividends	
8. Otros Pagos Other Payments	
9. Rédito Bruto Gross Proceeds	

Número de Cuenta Bancaria
Bank Account Number

FECHA DE RADICACION: 28 DE FEBRERO, VEA INSTRUCCIONES AL DORSO - FILING DATE: FEBRUARY 28, SEE INSTRUCTIONS ON BACK
ORIGINAL PARA EL NEGOCIADO DE PROCESAMIENTO DE PLANILLAS - ORIGINAL FOR THE RETURNS PROCESSING BUREAU

INSTRUCCIONES

Declaración Informativa - Ingresos No Sujetos a Retención

Todas las personas dedicadas a industria o negocio en Puerto Rico que hicieran pagos a corporaciones y sociedades por concepto de servicios prestados o a individuos por cualesquiera de los siguientes conceptos, deben preparar el Formulario 480.6A:

1. Pagos por servicios prestados por individuos entre $500 y $1,000; y aquellos mayores de $1,000 que poseen un relevo total de retención;
2. Pagos por servicios prestados por corporaciones y sociedades que poseen un relevo total de retención;
3. Honorarios, comisiones (cuando no exista la relación obrero patronal), y otra compensación ascendentes a $500 ó más, que no hayan sido informados en el Comprobante de Retención (Formulario 499R-2/W-2PR) o en el Formulario 480.6B;
4. Rentas, primas, anualidades, regalías y otros ingresos fijos o determinables ascendentes a $500 ó más hechos a individuos;
5. Intereses (que no sean los exentos de tributación) ascendentes a $500 ó más hechos a individuos, no informados en el Formulario 480.6B. Los intereses pagados a una Cuenta de Retiro Individual (IRA) deberán ser informados en el Formulario 480.7;
6. Distribuciones de sociedades hechas a individuos; no incluya distribuciones de planes de pensiones. En este caso tiene que utilizar el Formulario 480.6B;
7. Dividendos (que no sean distribuciones en liquidación) ascendentes a $500 ó más hechos a individuos, no informados en el Formulario 480.6B.

La declaración deberá prepararse a base de año natural y deberá entregarse a la persona y rendirse al Departamento de Hacienda, no más tarde del 28 de febrero del año siguiente al año natural en que se efectúan los pagos. El original de la declaración deberá ser enviado al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501. En caso de que la copia original se envíe en cinta magnética, **no envíe la copia original en papel**.

El Código impone penalidades por dejar de informar los ingresos en el Formulario 480.6A o por dejar de rendir el mismo.

INSTRUCTIONS

Informative Return - Income Not Subject to Withholding

All persons engaged in trade or business within Puerto Rico, that made payments to corporations and partnerships for services rendered or to individuals for any of the following items, must prepare Form 480.6A:

1. Payments for services rendered by individuals between $500 and $1,000; and those over $1,000 that have total waiver from withholding;
2. Payments for services rendered by corporations and partnerships that have total waiver from withholding;
3. Fees, commissions (when an employer-employee relation does not exist), and other compensation amounting to $500 or more, that have not been reported on the Withholding Statement (Form 499R-2/W-2PR) or Form 480.6B;
4. Rents, premiums, annuities, royalties and other fixed or determinable income amounting to $500 or more made to individuals;
5. Interest (other than tax exempt interest) amounting to $500 or more made to individuals, not reported on Form 480.6B. Interest paid to an Individual Retirement Account (IRA) must be informed on Form 480.7;
6. Partnerships distributions made to individuals; do not include pension plans distributions. In this case you must use Form 480.6B;
7. Dividends (other than distributions in liquidation) amounting to $500 or more made to individuals, not reported on Form 480.6B.

The return must be prepared on the basis of a calendar year and must be given to the person and filed with the Department of the Treasury, not later than February 28 of the year following the calendar year in which payments were made. The original of this return must be filed with the: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501. In case that the original copy is sent through magnetic tape, **do not send the original paper copy**.

The Code imposes penalties for not reporting the income on Form 480.6A or for not filing such return.

Formulario 480.6B
Form
Rev. 05.00
Rep. 05.01

ESTADO LIBRE ASOCIADO DE PUERTO RICO - COMMONWEALTH OF PUERTO RICO
Departamento de Hacienda - Department of the Treasury

DECLARACION INFORMATIVA - INGRESOS SUJETOS A RETENCION
INFORMATIVE RETURN - INCOME SUBJECT TO WITHHOLDING

Uso Oficial - Official Use

EXHIBIT H

AÑO CONTRIBUTIVO - TAXABLE YEAR: _____

Duplicado - Duplicate: ☐ **Enmendado -** Amended: ☐

Número de Serie

INFORMACION DEL AGENTE RETENEDOR - WITHHOLDING AGENT'S INFORMATION

Número de Identificación Patronal - Employer's Identification Number

Nombre - Name

Dirección - Address

Código Postal - Zip Code

INFORMACION DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION

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

Nombre - Name

Dirección - Address

Código Postal - Zip Code

Número de Cuenta Bancaria
Bank Account Number

Número Control - Control Number

Clase de Ingreso Type of Income	**Cantidad Pagada** Amount Paid	**Cantidad Retenida** Amount Withheld
1. Pagos por Servicios Prestados por Individuos Payments for Services Rendered by Individuals		
2. Pagos por Servicios Prestados por Corporaciones y Sociedades - Payments for Services Rendered by Corporations and Partnerships		
3. Pagos por Indemnización Judicial o Extrajudicial Payments for Judicial or Extrajudicial Indemnification		
4. Dividendos Dividends		
5. Distribuciones de Sociedades Partnerships Distributions		
6. Intereses (excepto IRA) Interest (except IRA)		
7. Dividendos de Ingresos de Fomento Industrial (Ley 26 del 2 de junio de 1978) - Dividends from Industrial Development Income (Act 26 of June 2, 1978)		
8. Dividendos de Ingresos de Fomento Industrial (Ley 8 del 24 de enero de 1987) - Dividends from Industrial Development Income (Act 8 of January 24, 1987)		
9. Distribuciones de Planes de Pensiones Pension Plans Distributions		
10. Otros Pagos Other Payments		

FECHA DE RADICACION: 28 DE FEBRERO, VEA INSTRUCCIONES AL DORSO - FILING DATE: FEBRUARY 28, SEE INSTRUCTIONS ON BACK
ORIGINAL PARA EL NEGOCIADO DE PROCESAMIENTO DE PLANILLAS - ORIGINAL FOR THE RETURNS PROCESSING BUREAU

EXHIBIT H

INSTRUCCIONES

Declaración Informativa - Ingresos Sujetos a Retención

Prepare el Formulario 480.6B para cada persona, natural o jurídica, a quien le retuvo contribución en el origen con respecto a pagos por Servicios Prestados, Indemnización Judicial o Extrajudicial, Dividendos, Distribuciones de Sociedades, Intereses, Dividendos de Ingresos de Fomento Industrial (Ley 26 del 2 de junio de 1978 ó Ley 8 del 24 de enero de 1987) y Distribuciones de Planes de Pensiones recibidas en suma global (un solo pago o en varios pagos dentro de un solo año). Además, se informarán otros pagos sujetos a retención no contemplados bajo las clases de ingresos antes mencionadas.

Los intereses pagados a una Cuenta de Retiro Individual (IRA) deberán ser informados en el Formulario 480.7.

La declaración deberá entregarse a la persona natural o jurídica, y rendirse al Departamento de Hacienda no más tarde del 28 de febrero del año siguiente al año natural para el cual se efectuó la retención. El original de la declaración deberá ser enviado al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501. En el caso que la copia original se envíe en cinta magnética, **no envíe la copia original en papel**.

INSTRUCTIONS

Informative Return - Income Subject to Withholding

Prepare Form 480.6B for each person, natural or juridical, from whom you withheld tax at source for payments for Services Rendered, Judicial or Extrajudicial Indemnification, Dividends, Partnerships Distributions, Interest, Dividends from Industrial Development Income (Act 26 of June 2, 1978 or Act 8 of January 24, 1987) and Pension Plans Distributions received in a lump sum (one payment or various payments during one year). Also, it must be prepared for other payments subject to withholding not considered under the above mentioned types of income.

Interest paid to an Individual Retirement Account (IRA) must be informed on Form 480.7.

The return must be given to each natural or juridical person, and filed to the Department of the Treasury not later than February 28 of the year following the calendar year for which the withholding was made. The original of this return must be sent to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501. In the case that the original copy is sent through magnetic tape, **do not send the original paper copy**.

Formulario 480.6C

Form
Rev. 05.00
Rep. 05.01

ESTADO LIBRE ASOCIADO DE PUERTO RICO - COMMONWEALTH OF PUERTO RICO
Departamento de Hacienda - Department of the Treasury

DECLARACION INFORMATIVA - INGRESOS SUJETOS A RETENCION - NO RESIDENTES

INFORMATIVE RETURN - INCOME SUBJECT TO WITHHOLDING - NONRESIDENTS

AÑO CONTRIBUTIVO - TAXABLE YEAR: _____ **Duplicado -** Duplicate: ☐ **Enmendado -** Amended: ☐

Uso Oficial - Official Use

EXHIBIT I

Número Serie

INFORMACION DEL AGENTE RETENEDOR-WITHHOLDING AGENT'S INFORMATION

Número de Identificación Patronal - Employer's Identification Number

Nombre - Name

Dirección - Address

Código Postal - Zip Code

INFORMACION DE QUIEN RECIBE EL PAGO - PAYEE`S INFORMATION

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

Nombre - Name

Dirección - Address

Código Postal - Zip Code

Número de Cuenta Bancaria
Bank Account Number

Número Control - Control Number

Clase de Ingreso Type of Income	Cantidad Pagada Amount Paid	Cantidad Retenida Amount Withheld
1. Salarios, Jornales o Compensaciones Salaries, Wages or Compensations		
2. Distribuciones de Sociedades Partnerships Distributions		
3. Venta de Propiedad Sale of Property		
4. Dividendos Dividends		
5. Regalías Royalties		
6. Intereses Interest		
7. Rentas Rents		
8. Distribuciones de Planes de Pensiones Pension Plans Distributions		
9. Espectáculos Públicos Public Shows		
10. Otros Others		

FECHA DE RADICACION: 15 DE ABRIL, VEA INSTRUCCIONES AL DORSO - FILING DATE: APRIL 15, SEE INSTRUCTIONS ON BACK
ORIGINAL PARA EL NEGOCIADO DE PROCESAMIENTO DE PLANILLAS - ORIGINAL FOR THE RETURNS PROCESSING BUREAU

(Original Color Azul Claro)

INSTRUCCIONES

EXHIBIT I

Declaración Informativa - Ingresos Sujetos a Retención - No Residentes

Prepare el Formulario 480.6C por cada individuo o fiduciario no residente o extranjero no residente y por cada corporación o sociedad extranjera no dedicada a industria o negocio en Puerto Rico, a quien le retuvo contribución sobre ingresos en el origen con respecto a Salarios, Jornales o Compensaciones, Distribuciones de Sociedades, Venta de Propiedad, Dividendos, Regalías, Intereses, Rentas, Distribuciones de Planes de Pensiones, Espectáculos Públicos u Otros (como por ejemplo, pagos por Indemnización Judicial o Extrajudicial).

La declaración deberá prepararse a base de año natural y deberá entregarse a la persona y rendirse al Departamento de Hacienda, no más tarde del 15 de abril del año siguiente al año natural en que se efectúan los pagos. El original de la declaración deberá ser enviado al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501. En el caso de que la copia original se envíe en cinta magnética, **no envíe la copia original en papel**.

INSTRUCTIONS

Informative Return - Income Subject to Withholding - Nonresidents

Prepare Form 480.6C for each nonresident individual or fiduciary or nonresident alien and for each foreign corporation or partnership not engaged in trade or business in Puerto Rico, from whom you withheld tax at source for Salaries, Wages or Compensations, Partnerships Distributions, Sale of Property, Dividends, Royalties, Interest, Rents, Pension Plans Distributions, Public Shows or Others (for example, payments for Judicial or Extrajudicial Indemnification).

The return must be prepared on a calendar year basis and must be given to the person and filed with the Department of the Treasury, not later than April 15 of the year following the calendar year in which payments were made. The original of the return must be sent to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501. In the case that the original copy is sent through magnetic tape, **do not send the original paper copy**.

Formulario 480.7
Form
Rev. 05.01

ESTADO LIBRE ASOCIADO DE PUERTO RICO - COMMONWEALTH OF PUERTO RICO
Departamento de Hacienda - Department of the Treasury
DECLARACION INFORMATIVA - CUENTA DE RETIRO INDIVIDUAL
INFORMATIVE RETURN - INDIVIDUAL RETIREMENT ACCOUNT

AÑO CONTRIBUTIVO - TAXABLE YEAR: ____

Duplicado - Duplicate: ☐ **Enmendado -** Amended: ☐

Uso Oficial - Official Use

EXHIBIT J

Número de Serie

INFORMACION DEL AGENTE RETENEDOR - WITHHOLDING AGENT'S INFORMATION

Núm. de Identificación Patronal - Employer's Identification Number

Nombre - Name

Dirección - Address

Código Postal - Zip Code

INFORMACION DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION

Núm. de Seguro Social - Social Security No.

Nombre - Name

Dirección - Address

Código Postal - Zip Code

Número de Cuenta Bancaria
Bank Account Number

Número Control - Control Number

Descripción - Description	**Cantidad** - Amount
1. Aportaciones - Año Corriente Contributions - Current Year	
2. Balance Acumulado a Principio del Año Balance Accrued at the Beginning of the Year	
3. Aportaciones Vía Transferencia Contributions Through Transfer	
4. Retiros Vía Transferencia Withdrawals Through Transfer	
5. Reembolso de Aportaciones en Exceso Refund of Excess Contributions	
6. Penalidad Retenida (10% línea 9F) Penalty Withheld (10% line 9F)	
7. Contribución Retenida de Intereses (17%) Tax Withheld from Interest (17%)	
8. Contribución Retenida de Distribuciones que Consistan de Ingresos de Fuentes Dentro de Puerto Rico (17%) - Tax Withheld from Distributions of Income from Sources Within Puerto Rico (17%)	

Distribuciones - Distributions	
9. Desglose de Cantidad Distribuida Breakdown of Amount Distributed	
A. Principal Principal	
B. Intereses Tributables Taxable Interest	
C. Intereses Exentos Exempt Interest	
D. Distribuciones de IRA que Consistan de Ingresos de Fuentes Dentro de Puerto Rico IRA Distributions of Income from Sources Within Puerto Rico	
E. Distribuciones de IRA que Consistan de Ingresos de Fuentes Fuera de Puerto Rico IRA Distributions of Income from Sources Without Puerto Rico	
F. Total (Sume líneas 9A, B, C, D y E) Total (Add lines 9A, B, C, D and E)	

FECHA DE RADICACION: 30 DE AGOSTO, VEA INSTRUCCIONES AL DORSO - FILING DATE: AUGUST 30, SEE INSTRUCTIONS ON BACK
ORIGINAL PARA EL NEGOCIADO DE PROCESAMIENTO DE PLANILLAS - ORIGINAL FOR THE RETURNS PROCESSING BUREAU

(Original Violeta Claro)

EXHIBIT J

INSTRUCCIONES

Declaración Informativa - Cuenta de Retiro Individual

Prepare el Formulario 480.7 por cada dueño o beneficiario de una Cuenta de Retiro Individual (IRA) que haya realizado cualesquiera de las transacciones numeradas en el formulario.

En el encasillado 6, anote la penalidad retenida sobre la IRA por el total de distribuciones realizadas con anterioridad a que el dueño o beneficiario alcance la edad de 60 años, a menos que dichas distribuciones se hayan efectuado por alguna de las siguientes razones: (I) compra o construcción de la primera residencia principal; (II) incapacidad del dueño de la cuenta que le impida emplearse nuevamente; (III) pérdida de empleo del dueño de la cuenta y el Departamento del Trabajo emite certificación al respecto; (IV) estudios universitarios de un dependiente directo del dueño de la cuenta; (V) reparación o reconstrucción de la residencia principal que haya sido afectada por fuego, huracán, terremoto, u otra causa fortuita; y (VI) hasta $1,200 y una vez cada 6 años, para la adquisición o compra de una computadora para el disfrute de un dependiente hasta el segundo grado de consanguinidad que esté cursando estudios hasta nivel universitario. Anote el 10% del encasillado 9F, si aplica.

Desglose la cantidad distribuida según las partidas de los encasillados 9A hasta 9E. El principal constituye el total distribuido incluyendo las penalidades.

Si el dueño o beneficiario de la IRA recibe una distribución de intereses tributables, indique la cantidad distribuida en el encasillado 9B. Si ejerce la opción de pagar la contribución del 17% sobre los mismos, indique la cantidad de contribución retenida (17%) en el encasillado 7.

Si el dueño o beneficiario de la IRA recibe una distribución total o parcial **que no sea** una distribución de intereses recibida de instituciones financieras dedicadas a industria o negocio en Puerto Rico (según establece la Sección 1013 del Código), ni una distribución de su aportación a la IRA, y que consista de ingresos de fuentes dentro de Puerto Rico recibidos por dicha IRA, indique la cantidad distribuida en el encasillado 9D. Si ejerce la opción de pagar la contribución del 17% sobre dicha distribución, indique la cantidad de contribución retenida (17%) en el encasillado 8.

Por otro lado, si la distribución consiste de ingresos de fuentes fuera de Puerto Rico recibidos por la IRA, indique la cantidad distribuida en el encasillado 9E.

La declaración deberá entregarse a la persona y al Departamento de Hacienda no más tarde del **30 de agosto** del año siguiente al año natural para el cual se efectuó la transacción. El original de la declaración deberá ser enviado al DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902 - 2501.

INSTRUCTIONS

Informative Return - Individual Retirement Account

Prepare Form 480.7 for each owner or beneficiary of an Individual Retirement Account (IRA) who had realized any of the transactions numbered on the form.

In box 6, enter the penalty withheld on IRA for the total distributions made before the beneficiary attains 60 years, unless said distributions have been realized for any of the following reasons: (I) purchase or construction of the first principal residence; (II) disability of the beneficiary if he/she is incapable of being employed again; (III) loss of the beneficiary's employment and the Department of Labor issues a written statement certifying so; (IV) university studies of a direct dependent of the beneficiary; (V) repair or reconstruction of the principal residence that has been affected by fire, hurricane, earthquake or other fortuitous cause; and (VI) up to $1,200 and once every 6 years, for the acquisition or purchase of a computer for the benefit of a dependent up to second degree blood relationship who is attending studies up to university level. Enter 10% of box 9F, if applies.

Provide a breakdown of the amount distributed according to the items in boxes 9A through 9E. The principal constitutes the total distributed including penalties.

If the owner or beneficiary of the IRA received a distribution of taxable interest, enter the amount distributed in box 9B. If he/she exercised the option to pay the 17% tax on the same, enter the amount of tax withheld (17%) in box 7.

If the owner or beneficiary of the IRA receives a total or partial distribution **that does not** constitute a distribution of interest received from financial institutions engaged in trade or business in Puerto Rico (as provided in Section 1013 of the Code), nor a distribution of your contributions to the IRA, and which consist of income from sources within Puerto Rico received by said IRA, enter the amount distributed in box 9D. If he/she exercised the option to pay the 17% tax on said distribution, enter the amount of tax withheld (17%) in box 8.

On the other hand, if the distribution consists of income from sources without Puerto Rico received by the IRA, enter the amount distributed in box 9E.

The return must be given to the person and the Department of the Treasury not later than **August 30**, of the year following the calendar year for which the transaction was made. The original of this return must be sent to DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902 - 2501.

Formulario 480.7A
Form
Rev. 05.01

ESTADO LIBRE ASOCIADO DE PUERTO RICO - COMMONWEALTH OF PUERTO RICO
Departamento de Hacienda - Department of the Treasury

DECLARACION INFORMATIVA - INTERESES HIPOTECARIOS
INFORMATIVE RETURN - MORTGAGE INTEREST

Uso Oficial - Official Use

EXHIBIT K

AÑO CONTRIBUTIVO - TAXABLE YEAR: _____

Duplicado - Duplicate: ☐ **Enmendado -** Amended: ☐

Número de Serie

INFORMACION DEL RECEPTOR - RECIPIENT'S INFORMATION	**Descripción -** Description	**Cantidad -** Amount
Número de Identificación Patronal - Employer's Identification Number	**1. Intereses Pagados por el Deudor** Interest Paid by Borrower	
Nombre - Name	**2. Honorarios de Originación del Préstamo (Puntos) Pagados Directamente por el Deudor** Loan Origination Fees (Points) Paid Directly by Borrower	
Dirección - Address	**3. Descuentos del Préstamo (Puntos) Pagados Directamente por el Deudor** Loan Discounts (Points) Paid Directly by Borrower	
Código Postal - Zip Code	**4. Reembolsos de Intereses** Refund of Interest	
INFORMACION DEL DEUDOR - BORROWER'S INFORMATION	**5. Contribuciones sobre la Propiedad** Property Taxes	
Número de Seguro Social - Social Security Number	**6. Principal**	
Nombre - Name		
Dirección - Address		
Código Postal - Zip Code		

Número de Cuenta del Préstamo - Loan Account Number	**Número Control -** Control Number

FECHA DE RADICACION: 31 DE ENERO, VEA INSTRUCCIONES AL DORSO - FILING DATE: JANUARY 31, SEE INSTRUCTIONS ON BACK
ORIGINAL PARA EL NEGOCIADO DE PROCESAMIENTO DE PLANILLAS - ORIGINAL FOR THE RETURNS PROCESSING BUREAU

(Original Color Marrón Claro)

EXHIBIT K

INSTRUCCIONES
Declaración Informativa - Intereses Hipotecarios

Cualquier persona (incluyendo a una institución bancaria, unidad gubernamental y cooperativas de vivienda) dedicada a industria o negocio (independientemente de que la industria o negocio sea una de prestar dinero), que en el curso de dicha industria o negocio, reciba de cualquier individuo pagos por concepto de intereses hipotecarios, incluyendo ciertos puntos, o haga algún reembolso de intereses de una hipoteca cualificada en el año natural, deberá rendir esta declaración informativa.

La declaración deberá prepararse a base de año natural y deberá entregarse al deudor hipotecario y rendirse al Departamento de Hacienda no más tarde del **31 de enero** del año siguiente al año natural para el cual recibió los intereses sobre la hipoteca.

Línea 1. Incluya los intereses pagados por el deudor que no sean puntos, con respecto a una hipoteca cualificada para el año contributivo.

Línea 2. Incluya los honorarios de originación del préstamo (puntos) pagados directamente por el deudor hipotecario con respecto a una hipoteca cualificada para el año contributivo.

Línea 3. Incluya los descuentos del préstamo (puntos) pagados directamente por el deudor hipotecario con respecto a una hipoteca cualificada para el año contributivo.

Línea 4. Incluya la cantidad de reembolso de intereses pagados en exceso de una hipoteca cualificada, hechos al deudor hipotecario en el año natural.

Línea 5. Incluya las contribuciones pagadas sobre la propiedad.

Línea 6. Incluya la cantidad original por la cual se efectuó el préstamo hipotecario.

INSTRUCTIONS
Informative Return - Mortgage Interest

Any person (including a financial institution, governmental unit and housing cooperatives) who is engaged in a trade or business (whether or not the trade or business is of lending money), that in the course of such trade or business, received mortgage interest payments from any individual, including certain points, or makes any refund of interest from a qualified mortgage in the calendar year, must file this informative return.

The declaration must be prepared on a calendar year basis and must be furnished to the mortgage borrower and filed to the Department of the Treasury not later than **January 31** of the year following the calendar year on which the mortgage interest were received.

Line 1. Include the mortgage interest paid by the borrower, other than points, with respect to a qualified mortgage for the taxable year.

Line 2. Include the loan origination fees (points) paid directly by the mortgage borrower with respect to a qualified mortgage for the taxable year.

Line 3. Include the loan discounts (points) paid directly by the mortgage borrower with respect to a qualified mortgage for the taxable year.

Line 4. Include the amount of refund of overpaid interest from a qualified mortgage, made to the mortgage borrower during the calendar year.

Line 5. Include the property taxes paid.

Line 6. Include the original amount for which the mortgage loan was made.

Formulario 480.5
Form
Rev. 05.99
Rep. 05.01
AÑO CONTRIBUTIVO - TAXABLE YEAR: _____

ESTADO LIBRE ASOCIADO DE PUERTO RICO - COMMONWEALTH OF PUERTO RICO
Departamento de Hacienda - Department of the Treasury
RESUMEN DE LAS DECLARACIONES INFORMATIVAS
SUMMARY OF THE INFORMATIVE RETURNS

Uso Oficial - Official Use

EXHIBIT L

Núm. Serie

Número de Identificación Patronal - Employer's Identification Number

Clase de Contribuyente - Type of Taxpayer

❑ **Individuo** Individual ❑ **Sociedad** Partnership ❑ **Corporación** Corporation ❑ **Sucesión o Fideicomiso** Estate or Trust ❑ **Otros** Others

Nombre del Pagador - Payer's Name

Dirección - Address

Código Postal - Zip Code

Número de Documentos - Number of Documents	**Cantidad Retenida -** Amount Withheld	**Cantidad Total Pagada -** Total Amount Paid

Marque sólo un encasillado - Check only one box

480.6A ❑ **480.6B** ❑ **480.6C** ❑ **480.7** ❑

JURAMENTO - OATH

Declaro bajo las penalidades de perjurio que esta declaración ha sido examinada por mí y que según mi mejor información y creencia es cierta, correcta y completa.
I declare under the penalties of perjury that this declaration has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Fecha - Date_____ **Firma -** Signature_____ **Título -** Title_____

FECHA DE RADICACION: 28 DE FEBRERO, VEA INSTRUCCIONES AL DORSO - FILING DATE: FEBRUARY 28, SEE INSTRUCTIONS ON BACK
ORIGINAL PARA EL NEGOCIADO DE PROCESAMIENTO DE PLANILLAS - ORIGINAL FOR THE RETURNS PROCESSING BUREAU

EXHIBIT L

INSTRUCCIONES

Resumen de las Declaraciones Informativas

Esta declaración (Formulario 480. 5) se usará para resumir y tramitar los Formularios 480.6A, 480.6B, 480.6C y 480.7. La misma debe enviarse junto con dichas declaraciones al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501. Envíe un Formulario 480.5 con cada clase de declaración informativa, no más tarde del 28 de febrero (Formularios 480.6A y 480.6B), 15 de abril (Formulario 480.6C) o 30 de agosto (Formulario 480.7) del año siguiente al año natural para el cual se efectuaron los pagos.

Firma Autorizada - Las declaraciones de individuos deberán ser firmadas por los individuos o sus agentes autorizados. Las declaraciones de corporaciones y sociedades deberán ser firmadas por un oficial de la corporación o por un miembro autorizado de la sociedad. Las declaraciones de sucesiones y de fideicomisos deberán ser firmadas por la persona debidamente autorizada.

INSTRUCTIONS

Summary of the Informative Returns

This return (Form 480.5) will be used to summarize and process the Forms 480.6A, 480.6B, 480.6C and 480.7. The same must be sent along with said return to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501. A Form 480.5 must be sent with each type of informative return, not later than February 28 (Forms 480.6A and 480.6B), April15 (Form 480.6C) or August 30 (Form 480.7) of the year following the calendar year for which the payments were made.

Authorized Signature - The returns of individuals must be signed by the individuals or their authorized agents. Corporations and partnerships returns must be signed by an officer of the corporation or an authorized member of the partnership. Estate and trust returns must be signed by the duly authorized person.

Program:
Tape # :

Department of the Treasury
Information Systems Support Section
Error Report – Informative 2001

Page No:
Date:
Time:

		Withholding Agent /Payer Information			Payee's Information				
Sequence No.	**Payee's Soc-Sec No.**	**Identification No.**	**Name**	**Address**	**Soc-Sec No.**	**Name**	**Address**	**Amount**	**Message**
0000000001		*	*	*	*		*	*	
0000000002									
0000000003		*							
0000000007			*					*	
0000000007		*							Sequence number error
0000000010									
0000000012		*							
0000000015				*					
0000000017				*	*			*	
0000000019		*							

Total Processed Record : 20

Total Incorrect Record : 10

Total Correct Record : 10

Note: An asterisk (*) under the field that represents an error.

Check the Error Report Description on page 5

EXHIBIT M

Magnetic Media Transmittal Form - Taxable Year 2001

FORM 480.7A

Project: Informative Returns

Due by: 01 - 31 - 2002

Mail the Magnetic Medias and this Form to:

DEPARTMENT OF THE TREASURY
RETURNS PROCESSING BUREAU
INFORMATIVE RETURNS OFFICE
PO BOX 9022501
SAN JUAN P R 00902 – 2501

OR

Bring the Magnetic Medias and this Form to:

DEPARTMENT OF THE TREASURY
RETURNS PROCESSING BUREAU
INFORMATIVE RETURNS SECTION
5TH FLOOR, OFFICE 522
INTENDENTE RAMIREZ BUILDING
10 PASEO COVADONGA
SAN JUAN, PUERTO RICO 00902-2618

From: (Authorized Official to whom all inquiries may be directed regarding this project)

Company Id Number: _____

Company name: _____

_____

Address: _____

_____

_____

_____

Contact Person: _____

Phone: _____

Signature: _____

Date: _____

___ **Original File** ___ **Corrected File**

The Following _____ reels
_____ cartridges are enclosed:
_____ diskettes
(Numbers of Magnetic Medias)

Media Number	Sequence	Number of records
_____	1 of	_____
_____		_____
_____		_____
_____		_____

Official Use Only

Received by _____ Date: MM / DD / YY ____/____/____

Number of reels _____
cartridges _____ received
diskettes _____

Date referred to Control Production Area Date: MM / DD / YY ____/____/____

Magnetic Media Transmittal Form - Taxable Year 2001
FORMS 480.6A, 480.6B, 480.5

Project: Informative Returns

Due by: 02 - 28 - 2002

Mail the Magnetic Medias and this Form to:

DEPARTMENT OF THE TREASURY
RETURNS PROCESSING BUREAU
INFORMATIVE RETURNS OFFICE
PO BOX 9022501
SAN JUAN P R 00902 – 2501

OR

Bring the Magnetic Medias and this Form to:

DEPARTMENT OF THE TREASURY
RETURNS PROCESSING BUREAU
INFORMATIVE RETURNS SECTION
5TH FLOOR, OFFICE 522
INTENDENTE RAMIREZ BUILDING
10 PASEO COVADONGA
SAN JUAN, PUERTO RICO 00902-2618

From: (Authorized Official to whom all inquiries may be directed regarding this project)

Company Id Number: _____

Company name: _____

_____

Address: _____

_____

_____

_____

Contact Person: _____

Phone: _____

Signature: _____

Date: _____

___ **Original File** ___ **Corrected File**

The Following _____ reels
_____ cartridges
_____ diskettes
are enclosed:

(Numbers of Magnetic Medias)

Media Number	Sequence	Number of records
_____	1 of	_____
_____		_____
_____		_____
_____		_____

Official Use Only

Received by _____ Date: MM / DD / YY ____ / ____ / ____

Number of reels _____
cartridges _____
diskettes _____
received

Date referred to Control Production Area Date: MM / DD / YY ____ / ____ / ____

Magnetic Media Transmittal Form - Taxable Year 2001
FORM 480.6C, 480.5

Project: Informative Returns	Due by: 04 - 15 - 2002

Mail the Magnetic Medias and this Form to:

DEPARTMENT OF THE TREASURY
RETURNS PROCESSING BUREAU
INFORMATIVE RETURNS OFFICE
PO BOX 9022501
SAN JUAN P R 00902 – 2501

OR

Bring the Magnetic Medias and this Form to:

DEPARTMENT OF THE TREASURY
RETURNS PROCESSING BUREAU
INFORMATIVE RETURNS SECTION
5TH FLOOR, OFFICE 522
INTENDENTE RAMIREZ BUILDING
10 PASEO COVADONGA
SAN JUAN, PUERTO RICO 00902-2618

From: (Authorized Official to whom all inquiries may be directed regarding this project)

Company Id Number: _____

Company name: _____

_____

Address: _____

_____

_____

_____

Contact Person: _____

Phone: _____

Signature: _____

Date: _____

___ **Original File** ___ **Corrected File**

The Following _____ reels
_____ cartridges are enclosed:
_____ diskettes
(Numbers of Magnetic Medias)

Media Number	Sequence 1 of	Number of records
_____		_____
_____		_____
_____		_____
_____		_____

Official Use Only

Received by _____ Date: MM / DD / YY ____ / ____ / ____

Number of reels _____
cartridges _____ received
diskettes _____

Date referred to Control Production Area Date: MM / DD / YY ____ / ____ / ____

Magnetic Media Transmittal Form - Taxable Year 2001

FORM 480.7, 480.5

Project: Informative Returns	Due by: 08 - 30 - 2002

Mail the Magnetic Medias and this Form to:

DEPARTMENT OF THE TREASURY
RETURNS PROCESSING BUREAU
INFORMATIVE RETURNS OFFICE
PO BOX 9022501
SAN JUAN P R 00902 – 2501

OR

Bring the Magnetic Medias and this Form to:

DEPARTMENT OF THE TREASURY
RETURNS PROCESSING BUREAU
INFORMATIVE RETURNS SECTION
5TH FLOOR, OFFICE 522
INTENDENTE RAMIREZ BUILDING
10 PASEO COVADONGA
SAN JUAN, PUERTO RICO 00902-2618

From: (Authorized Official to whom all inquiries may be directed regarding this project)

Company Id Number: _____

Company name: _____

_____

Address: _____

_____

_____

_____

Contact Person: _____

Phone: _____

Signature: _____

Date: _____

___ **Original File** ___ **Corrected File**

The Following _____ reels
_____ cartridges are enclosed:
_____ diskettes
(Numbers of Magnetic Medias)

Media Number	Sequence	Number of records
_____	1 of	_____
_____		_____
_____		_____
_____		_____

Official Use Only

Received by _____ Date: MM / DD / YY ____/____/____

Number of reels _____
cartridges _____ received
diskettes _____

Date referred to Control Production Area Date: MM / DD / YY ____/____/____