



2022

GOVERNMENT OF PUERTO RICO  
DEPARTMENT OF THE TREASURY

2022

**EXCEPTION TO ELECTRONIC FILING  
INFORMATIVE RETURN FOR INCOME TAX EXEMPT  
ORGANIZATIONS**

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Serial Number

Receipt Stamp

**EVERY ORGANIZATION MUST FILE THE INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS ELECTRONICALLY WITH THE EXCEPTIONS INCLUDED IN THIS FORM.**

**IMPORTANT: THIS FORM MUST BE INCLUDED WITH THE TAX RETURN THAT IS BEING FILED ON PAPER.**

Organization's Name

Employer Identification Number

Address

E-mail Address

Telephone

**Exceptions for the Electronic Filing of the Informative Return for Income Tax Exempt Organizations for Taxable Year 2022**

Check the applicable box(es) to indicate the reason(s) this return is not being filed electronically.

- 1.  Organization whose Informative Return for Income Tax Exempt Organizations has not been signed and certified by a Returns, Declarations and Refund Claims Specialist ("Specialist").
- 2.  Organization that files an amended return and whose original return was filed on paper because it qualified under the exception to electronic filing.

**OATH**

We, the undersigned, president, vicepresident or any other official of the organization that is authorized to sign, 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 2011, as amended, and the Regulations thereunder.

I am also aware of the benefits associated with the electronic filing of the Informative Return for Income Tax Exempt Organizations. However, even so, I am choosing to file said return on paper because I qualify under the previously indicated exception.

\_\_\_\_\_  
Authorized official's name

\_\_\_\_\_  
Authorized official's signature

\_\_\_\_\_  
Authorized official's title

\_\_\_\_\_  
Date



Liquidator:	Reviewer:	<b>20</b> __	GOVERNMENT OF PUERTORICO DEPARTMENT OF THE TREASURY	<b>20</b> __	Serial Number
Field Audited by:		<b>Informative Return for Income Tax Exempt Organizations</b>			
Date ____/____/____		UNDER SECTION 1101.01 OF THE PUERTO RICO INTERNAL REVENUE CODE OF 2011, AS AMENDED TAXABLE YEAR BEGINNING ON ____ 20__ AND ENDING ON ____ 20__			
R M N		<input type="checkbox"/> AMENDED RETURN TAXABLE YEAR: 1 <input type="checkbox"/> CALENDAR 2 <input type="checkbox"/> FISCAL 3 <input type="checkbox"/> 52-53 WEEKS: Taxable year beginning on ____/____/____ and ending on ____/____/____ 4 <input type="checkbox"/> SHORT PERIOD: Beginning on ____/____/____ and ending on month ____/____/____			

Organization's Name	Employer's Identification Number	Receipt Stamp
Postal Address	Department of State Registry Number	
Zip Code	Municipal Code	
Location of Organization - Number, Street, City	Merchant's Registration Number	
Type of Activities (i.e. Educational, Charitable, etc.)	Telephone Number ( )	
NAICS Code	Date Incorporated Day _____ Month _____ Year _____ Place Incorporated	

Case No. _____	Type of organization:	Date operations began
Paragraph of Section 1101.01 under which the exemption was granted _____	<input type="checkbox"/> 1. Corporation <input type="checkbox"/> 3. Association not incorporated <input type="checkbox"/> 2. Trust <input type="checkbox"/> 4. Other (Indicate) _____	Day _____ Month _____ Year _____
Date of Treasury Dept. certification granting the exemption _____		Extension of Time: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Summary**

Activities and Requirements	1. Briefly summarize the organization's mission and the most significant activities and programs: _____		
	2. Check here if you submitted copy of the income statement for the taxable year .....	<input type="checkbox"/>	
	3. Number of members with voting rights in the board of directors of the entity .....	(3)	
	4. Number of independent members with voting rights in the board of directors .....	(4)	
	5. Number of individuals employed during the current taxable year .....	(5)	
	6. Total number of volunteers during the current taxable year .....	(6)	
	7. Indicate the total unrelated business income of the exempt organization, if applicable (Submit Schedule A Exempt Organization) .....	(7)	00
Income		Previous Year	Current Year
	8. Income, dues, contributions (Part II, line 8) .....	00	00
	9. Service Program revenue (Part II, line 9(f)) .....	00	00
	10. Investment income (Part II, line 14) .....	00	00
	11. Other income (Part II, line 19) .....	00	00
	12. Total income (Add lines 8 through 11) .....	00	00
Expenses			
	13. Total expenses related with the income (Part III, line 30) .....	00	00
	14. Contributions, gifts and grants paid (Part III, line 31(d)) .....	00	00
	15. Dividends and other distributions to members, shareholders or depositors .....	00	00
	16. Other expenses (Part III, line 34) .....	00	00
	17. Total expenses (Add lines 13 through 16) .....	00	00
	18. Income less expenses (Subtract line 17 from line 12) .....	00	00
Net Assets		At the Beginning of Current Year	At the End of the Year
	19. Total Assets (Part IV, line 10) .....	00	00
	20. Total Liabilities (Part IV, line 14) .....	00	00
	21. Net Assets (Subtract line 20 from line 19) .....	00	00
Tax and Payments			
	22. Total special tax determined (Part VIII, line 3) .....	00	00
	23. Income tax determined on the exempt organization's unrelated business income (Schedule A Exempt Organization) .....	00	00
	24. Less: (a) Income tax withheld at source on payments for services rendered, interests or dividends for the taxable year (Submit detail) .....	00	00
	(b) Other payments, withholdings and credits: (i) Payments and withholdings (Submit detail) \$ _____ (ii) Credits (Submit detail) \$ _____	00	00
	(c) Total payments, withholdings and credits (Add lines 24(a) and 24(b)) .....	00	00
	25. Balance of tax to be paid by the organization (If the sum of lines 22 and 23 is more than line 24(c), enter here the result of the sum of lines 22 and 23 less line 24(c). Otherwise, enter zero on this line and continue with line 26) .....	00	00
	26. Balance to be refunded (If line 24(c) is more than the sum of lines 22 and 23, enter the result of line 24(c) less lines 22 and 23. Otherwise, enter zero) .....	00	00

**OATH**

I hereby declare under penalty of perjury that this return (including the schedules and statements attached) has been examined by me, and to the best of my knowledge and belief, the facts in the same are true, correct and complete, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 2011, as amended, and the Regulations thereunder.

\_\_\_\_\_  
Official's signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**SPECIALIST'S USE ONLY**

I hereby 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)	Registration number	Check if self-employed specialist <input type="checkbox"/>
Firm's name	Date	
Specialist's signature	Address	Zip code

Part II		Income, Dues, Contributions, etc.				
Income, Dues, Contributions, Etc.	1. Dues, assessments, etc. from members, excluding services and other charges properly included on line 17. (See instructions Parts II and III) .....	(1)			00	
	2. Dues, assessments, etc. from affiliated organizations (See instructions Parts II and III) .....	(2)			00	
	3. Legislative grants and contributions .....	(3)			00	
	4. Contributions, gifts, grants, etc. received (See instructions Parts II and III) .....	(4)			00	
	5. Patronage dividends (or patronage refund) received (See instructions Parts II and III) .....	(5)			00	
	6. Income from fundraising activities .....	(6)			00	
	7. Other non-cash contributions .....	(7)			00	
	8. <b>Total of income, dues, contributions, etc. (Add lines 1 through 7. Transfer this amount to line 8 of Part I)</b> .....	(8)			00	
Service Program Revenues	9. Income from Service Program carried out by the organization (Submit detail if you need additional lines)					
	(a) _____ (9a)			00		
	(b) _____ (9b)			00		
	(c) _____ (9c)			00		
	(d) _____ (9d)			00		
	(e) _____ (9e)			00		
(f) Total income from Service Program carried out by the organization (Add lines 9(a) through 9(e). Transfer this amount to line 9 of Part I) .....	(9f)				00	
Investment Income	10. Interests .....	(10)			00	
	11. Dividends .....	(11)			00	
	12. Gains (losses) from the sale of capital assets (Submit Schedule D Corporation) .....	(12)			00	
	13. Exempt income (Submit Schedule IE Corporation) .....	(13)			00	
14. <b>Total investment income (Add lines 10 through 13. Transfer this amount to line 10 of Part I)</b> .....	(14)				00	
Other Income	15. (a) Gross rents .....	(15a)			00	
	(b) Less: Rental expenses .....	(15b)			00	
	(c) Income (loss) from rent activities .....	(15c)			00	
	16. Royalties .....	(16)			00	
	17. Gross income from commercial activities including the exempt income from a registered investment company or real estate investment trust (Specify which) .....	(17)			00	
	18. Miscellaneous income (Submit detail) .....	(18)			00	
19. <b>Total other income (Add lines 15(c) through 18. Transfer this amount to line 11 of Part I)</b> .....	(19)				00	
20. <b>Total Income (Add lines 8, 9(f), 14 and 19)</b> .....	(20)				00	
Part III		Disposition of Income, Dues, Contributions, etc. (See inst.)				
Expenses Related to Declared Income	21. Compensation to officers, directors, trustees and key employees (Complete Part V) .....	(21)	00	00	00	00
	22. Salaries, wages and commissions to employees. Number of employees _____ .....	(22)	00	00	00	00
	23. Interests.....	(23)	00	00	00	00
	24. Taxes (Such as property, income, social security, unemployment, etc.) .....	(24)	00	00	00	00
	25. Rents .....	(25)	00	00	00	00
	26. Professional services .....	(26)	00	00	00	00
	27. Depreciation .....	(27)	00	00	00	00
	28. Dues, assessments, etc. to affiliated organizations .....	(28)	00	00	00	00
	29. Miscellaneous expenses (Submit detail).....	(29)	00	00	00	00
	30. <b>Total expenses related with the declared income (Add lines 21 through 29. Transfer the total of Column (D) to line 13 of Part I)</b> .....	(30)	00	00	00	00
Contributions	31. Contributions, gifts and grants paid (Include the name and social security number to whom they were paid). Submit detail if you need additional lines.					
	(a) _____ (31a)		00	00	00	00
	(b) _____ (31b)		00	00	00	00
	(c) _____ (31c)		00	00	00	00
(d) <b>Total contributions, gifts and grants paid (Add lines 31(a) through 31(c). Transfer to line 14 of Part I)</b> .....	(31d)		00	00	00	00
Other Expenses	32. Benefits paid to members or their dependents:					
	(a) Death, sickness, hospitalization, disability, life insurance or pensions benefits .....	(32a)				00
	(b) Other benefits (Submit detail) .....	(32b)				00
	33. Additions to surplus and reserves (Submit itemized schedule) .....	(33)				00
34. <b>Total Other Expenses (Add lines 32 and 33. Transfer to line 16 of Part I)</b> .....	(34)				00	
35. <b>Total Expenses (Add lines 30, 31(d) and 34)</b> .....	(35)				00	
36. Excess (deficit) for the year (Subtract line 35 from line 20) .....	(36)				00	
37. Fund's balance at the beginning of the year .....	(37)				00	
38. Other changes in the fund's balance (Submit detail) .....	(38)				00	
39. <b>Fund's balance at the end of the year</b> .....	(39)				00	

<b>Part IV</b>		<b>Balance Sheet</b>					
		Beginning of the year			Ending of the year		
		Total			Total		
<b>Assets</b>							
1. Cash .....	(1)		00			00	
2. Notes and accounts receivable .....	(2)	00			00		
Less: Reserve for bad debts .....		( 00)		00	( 00)		00
3. Inventories .....	(3)		00			00	
4. Investments in governmental obligations .....	(4)		00			00	
5. Investments in non-governmental funds .....	(5)		00			00	
6. Investments in corporate stocks (See instructions Part IV) .....	(6)		00			00	
7. Other investments .....	(7)		00			00	
<b>8. Capital assets:</b>							
(a) Depreciable or depletable assets .....	(8a)	00			00		
Less: Reserve for depreciation (or depletion) .....		( 00)		00	( 00)		00
(b) Land .....	(8b)		00			00	
9. Other assets .....	(9)		00			00	
<b>10. Total Assets</b> .....	<b>(10)</b>		<b>00</b>			<b>00</b>	
<b>Liabilities</b>							
11. Accounts payable .....	(11)	00			00		
<b>12. Bonds, notes and mortgages payable</b>							
(a) with original maturity date of less than 1 year .....	(12a)	00			00		
(b) with original maturity date of 1 year or more .....	(12b)	00			00		
13. Other liabilities .....	(13)	00			00		
<b>14. Total Liabilities</b> .....	<b>(14)</b>		<b>00</b>			<b>00</b>	
<b>Stockholder's Equity</b>							
<b>15. Capital stock</b>							
(a) Preferred stocks .....	(15a)	00			00		
(b) Common stocks .....	(15b)	00			00		
16. Membership certificates .....	(16)	00			00		
17. Paid-in capital or capital surplus (donated capital if a trust) .....	(17)	00			00		
18. Surplus reserve .....	(18)	00			00		
19. Surplus from operations and retained earnings .....	(19)	00			00		
<b>20. Total Stockholder's Equity</b> .....	<b>(20)</b>		<b>00</b>			<b>00</b>	
<b>21. Total Liabilities and Stockholder's Equity</b> .....	<b>(21)</b>		<b>00</b>			<b>00</b>	

<b>Part V</b>		<b>List of Officers, Directors or Key Employees</b>					
Name and title	Social security number	Number of weekly hours dedicated to the institution	Compensation	Contributions to pension or deferred compensation plans		Allowances or expenses account	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	

Part VI Compensation in Excess of \$5,000 Paid to Independent Contractors for Professional Services			
Name and address	Social security or employer identification number	Type of service	Compensation
			00
			00
			00
			00
			00

**Part VII Questionnaire**

**Section A. Board of Director and Management**

	Yes	No
1. (a) Indicate the number of members with voting rights in the board of directors at the end of the taxable year ..... (1a) (If there is a significant difference in the voting rights among the members of the board of directors, or if board of directors delegates sufficient authority to an executive committee or to a committee of similar nature, submit explanation)		
(b) Provide the number of members with voting rights included on line 1(a) who are independent ..... (1b)		
2. Indicate if any officer, director, trustee or key employee keep a familiar or commercial relation with any other officer, director or key employee ..... (2)		
3. Indicate if the organization delegates the control of the entity management aspects, customarily performed by and under the direct supervision of officers, directors, trustees or key employees, to management companies or other persons outside the entity ..... (3)		
4. Indicate if the organization made significant changes to the entity's constitutive documents after the filing of the informative return for income tax exempt organizations corresponding to the previous taxable year ..... (4)		
5. Indicate if the organization became aware during the year of a significant deviation of the organization's assets ..... (5)		
6. Does the organization have members or stockholders? ..... (6)		
7. (a) Does the organization have members, stockholders or other persons with power to elect or appoint one or more members of the board of director? ..... (7a)		
(b) Is any management decision reserved to (or subject to approval by) members, stockholders or persons other than the board of directors? ..... (7b)		
8. Indicate if the organization contemporaneously documents the meetings or actions undertaken during the year by the following: (a) The board of directors ..... (8a)		
(b) Each committee with authority to act in representation of the board of directors ..... (8b)		
9. Indicate if there is any director, officer, trustee or key employee that cannot be reached at the entity's electronic mail address (If the answer is "Yes", provide the name and electronic mail address) ..... (9)		

**Section B. Organization's Policies**

10. (a) Indicate if the organization has local chapters, branches or affiliates ..... (10a)		
(b) If "Yes", indicate if the organization has written policies and procedures that govern the activities of such chapters, affiliates and branches to ensure that its operations are consistent with the exempt organization's purposes ..... (10b)		
11. (a) Indicate if the organization provided a complete copy of this Form 480.70(OE) to all members of the board of directors before filing the form ..... (11a)		
(b) Describe the process, if any, used by the organization to review Form 480.70(OE): ..... .....		
12. (a) Indicate if the organization has a written conflict of interest policy ..... (12a)		
(b) Indicate if the officers, directors, trustees and key employees are required to annually disclose interests that could give rise to conflicts with the organization ..... (12b)		
(c) Indicate if the organization regularly monitors and enforces the compliance of these policies. If "Yes", provide examples of how this monitoring is performed ..... (12c)		
13. Indicate if the organization has a written whistleblowing policy ..... (13)		
14. Indicate if the organization has a written document retention and destruction policy ..... (14)		
15. Indicate if the process for determining compensation of the following persons includes the review and approval by an independent person, the review of comparative information, and contemporaneous substantiation of the deliberation: (a) The organization's Chief Executive Officer (CEO), Executive Director and top management officials ..... (15a)		
(b) Other officers and key employees of the organization ..... (15b) (If "Yes", describe the process to determine the compensation of these officers)		
16. (a) Indicate if the organization invests in, contributes assets to, or participates in a joint venture or similar arrangement with a taxable entity during the year ..... (16a)		
(b) If "Yes", indicate if the organization follows a written policy or procedure requiring the evaluation of the arrangements under the applicable tax law, and takes steps to safeguard the organization's exempt status with respect to such arrangements ..... (16b)		

**Section C. Other Information**

Yes No

17. If you do not have the case number, did you request the exemption under Section 1101.01 of the Code? If "Yes", indicate the date requested and the paragraph of Section 1101.01 under which you requested it: \_\_\_\_\_ (17)

If you have not requested tax exemption, do not complete this form. You must file Form 480.20 (Corporation Income Tax Return).

18. Indicate if the organization have an administrative opinion under which the tax exemption was granted with special conditions (Submit copy) .. (18)

19. Indicate if the organization have exemption under the Federal Internal Revenue Code. If "Yes", indicate the date it was granted (Submit copy): \_\_\_\_\_ (19)

20. Has the organization been audited or is currently under investigation by the Department of the Treasury? ..... (20)

21. The books are in care of \_\_\_\_\_

Address: \_\_\_\_\_

22. Accounting method used:

Cash       Accrual       Other(s)

If you checked other(s) explain: \_\_\_\_\_

23. (a) During this year, did the organization derive income from unrelated activities? ..... (23a)

(b) If "Yes", did you include the duly completed Schedule A Exempt Organization with this return? ..... (23b)

Indicate the unrelated business activities, the NAICS code and the merchant's registration number, if applicable, of such activities. In addition, indicate the purpose of such activities in the organization. Submit detail, if you need additional space.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. (a) Indicate if the organization have employees ..... (24a)

(b) If "Yes", did you file the Withholding Statements (Forms 499R-2/W-2PR or 499R-2c/W-2cPR)? ..... (24b)

25. (a) Indicate if the organization have contracted professional services ..... (25a)

(b) If "Yes", did you file the Informative Returns (Forms 480.5, 480.6SP, 480.6C)? ..... (25b)

(c) Have you made any withholding at source? ..... (25c)

(d) If "Yes", indicate the tax rate applied: \_\_\_\_\_

26. (a) Indicate if you made payments to entities not engaged in trade or business in Puerto Rico ..... (26a)

(b) If "Yes", have you made the withholding at source? ..... (26b)

27. If the organization is exempt under Section 1101.01(10) of the Code, indicate the name of the organization that holds the title of the property: \_\_\_\_\_

28. Indicate if the organization is a successor from another organization that previously existed ..... (28)

Name of the previous organization: \_\_\_\_\_

Address: \_\_\_\_\_

29. Indicate if the organization leased real property to (or) from other person or groups of persons related to the organization ..... (29)

30. Indicate the number of members or participants \_\_\_\_\_

31. Indicate if the organization is in good standing with the filing of the Department of State's Annual Reports ..... (31)

32. (a) Indicate if during the taxable year the organization established or discontinued any service program ..... (32a)

(b) If "Yes", did you notify the same to the Department of the Treasury? Indicate the notification date: \_\_\_\_\_ (32b)

33. Indicate whether the organization had any changes in the type of income, character, purpose for which it was organized or form of operating, that has not been previously informed to the Secretary of the Department of the Treasury (Submit detail of the changes) ..... (33)

34. Indicate if during the year the organization was liquidated, dissolved or finished ..... (34)

If "Yes", submit detail and a copy of the Department of the State's dissolution.

35. Indicate whether the organization is controlled, or if it controls another institution ..... (35)

If "Yes", indicate the name and the employer identification number of said institution: \_\_\_\_\_

36. Indicate if any entity withheld income tax at source to the organization on any payment for services rendered during the taxable year. If "Yes", include such amount in line 24(a) of Part I ..... (36)

<b>Part VIII</b>		<b>Computation of Special Taxes</b>	
1. Special tax to the compensation received by officers, directors and highly paid employees:			
(a) Compensations paid in excess of \$250,000 (See instructions) .....	(1a)		00
(b) Compensations paid in excess of \$500,000 (See instructions) .....	(1b)		00
(c) Compensations paid in excess of \$750,000 (See instructions) .....	(1c)		00
(d) Compensations paid in excess of \$1,000,000 (See instructions) .....	(1d)		00
(e) Total compensations paid (Add lines 1(a) through 1(d)) .....	(1e)		00
(f) Tax (Multiply line 1(e) by 37.5%) .....	(1f)		00
2. Special tax for indemnification payments for harassment and related expenses:			
(a) Total compensations paid (See instructions) .....	(2a)		00
(b) Tax (Multiply line 2(a) by 37.5%) .....	(2b)		00
3. Total special tax determined (Add lines 1(f) and 2(b). Transfer the result to line 22 of Part I) .....	(3)		00

Retention Period: Ten (10) years

MUST BE FILED WITH FORM 483.60



**Schedule A Exempt Organization**

Rev. 02.23



**TAX COMPUTATION ON THE NET UNRELATED BUSINESS INCOME (OR LOSS)**

**20**\_\_

TAXABLE YEAR BEGINNING ON \_\_\_\_\_ AND ENDING ON \_\_\_\_\_

Taxpayer's name		Employer's Identification Number
Name of industry or business		Merchant's Registration Number

**Part I Determination of the Unrelated Business Income**

1. Net sales of goods or products (See instructions) .....	(1)		00
2. Less: Cost of goods sold or direct costs of production (Part V, line 7) .....	(2)		00
3. Gross profit (or loss) on sales of goods or products (Subtract line 2 from line 1) .....	(3)		00
(Gross profit margin percentage: 2021 _____% 2022 _____%. See instructions)			
4. Gross income on sales of services .....	(4)		00
5. Rent income .....	(5)		00
6. Miscellaneous income (Submit detail) .....	(6)		00

**Part II Determination of the Net Unrelated Business Income (or Loss) Subject to Tax**

		Regular Tax	Alternative Minimum Tax
7. Total income (Add lines 3 through 6 of Part I) .....	(7)	00	00
8. Total deductions (From Part IV, line 57) .....	(8)	00	00
9. Net unrelated business income (or loss) (Subtract line 8 from line 7) .....	(9)	00	00
10. Less: Net operating loss deduction from preceding year (See instructions) .....	(10)	00	
11. Net unrelated business income (or loss) before the deduction for dividends or benefits received from domestic corporations (Subtract line 10 from line 9. If line 9 is less than line 10, enter zero) .....	(11)	00	00
12. Less: Dividends or benefits received from domestic corporations (See instructions) .....	(12)	00	
13. Net unrelated business income (or loss) before the specific deduction (Subtract line 12 from line 11. If the result is less than zero, enter zero) .....	(13)	00	
14. Less: Specific deduction (See instructions) .....	(14)	00	
15. Net unrelated business income subject to normal tax (Subtract line 14 from line 13. If the result is less than zero, enter zero) .....	(15)	00	
16. Less: Surtax deduction (See instructions) .....	(16)	00	
17. Net income subject to surtax (Subtract line 16 from line 15. If the result is less than zero, enter zero) .....	(17)	00	

**Part III Computation of Tax**

**If the organization is taxed at corporate rates, complete line 18 and leave line 19 in blank. Otherwise, complete line 19 and leave line 18 in blank.**

18. Charitable and other organizations taxable at corporate rates (See instructions)			
(a) Normal tax (See instructions) .....	(18a)		00
(b) Surtax (See instructions) .....	(18b)		00
(c) Tax determined before the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Add lines 18(a) and 18(b)) .....	(18c)		00
(d) Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Corporation) .....	(18d)		00
(e) Tax determined before the alternative minimum tax (Subtract line 18(d) from line 18(c)) .....	(18e)		00
(f) Alternative minimum tax in excess of the regular tax (Submit Schedule A Corporation) .....	(18f)		00
(g) Tax determined (Add lines 18(e) and 18(f). Transfer the result to line 23 of Part I of the return) .....	(18g)		00
19. Charitable and other purposes trusts (See instructions)			
(a) Normal tax (See instructions) .....	(19a)		00
(b) Gradual adjustment amount (Submit Schedule P Individual) .....	(19b)		00
(c) Regular tax before the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (See instructions) .....	(19c)		00
(d) Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) .....	(19d)		00
(e) Tax determined (Subtract line 19(d) from line 19(c). Transfer the result to line 23 of Part I of the return) .....	(19e)		00

Part IV Deductions		Regular Tax	Alternate Minimum Tax
<b>A. Deductions that must be reported on informative return:</b>			
1. Compensation to directors (See instructions Part VII) .....	(1)	00	00
2. Compensation to officers (See instructions Part VIII) .....	(2)	00	00
3. Salaries, commissions and bonuses to employees (See instructions) .....	(3)	00	00
4. Salaries paid to young university students (Total \$ _____) "Internship Program of the Department of the Treasury" (Total \$ _____) (See instructions) .....	(4)	00	00
5. Payments for services rendered in Puerto Rico (See instructions) .....	(5)	00	00
6. Payments for services rendered outside of Puerto Rico (See instructions) .....	(6)	00	00
7. Services subcontracted .....	(7)	00	00
8. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____) .....	(8)	00	00
9. Insurance premiums (Except contributions to health or accident plans) (See instructions) .....	(9)	00	00
10. Telecommunication services .....	(10)	00	00
11. Internet and cable or satellite television services .....	(11)	00	00
12. Bundles (See instructions) .....	(12)	00	00
13. Advertising .....	(13)	00	00
14. Royalties .....	(14)	00	00
15. Payments for virtual and technological tools and other subscriptions .....	(15)	00	00
16. Professional associations fees and memberships paid for the benefit of employees .....	(16)	00	00
17. Homeowners association fees .....	(17)	00	00
18. Payments for judicial or extrajudicial indemnification .....	(18)	00	00
19. Certain other expenses (See instructions) .....	(19)	00	00
20. Subtotal (Add lines 1 through 19) .....	(20)	00	00
<b>B. Deductions not reported on informative returns:</b>			
21. Interests on business debts: Mortgages \$ _____ Automobiles leases \$ _____ and Others \$ _____ .....	(21)	00	00
22. Taxes, patents and licenses:			
(a) Property tax: (Personal \$ _____) (Real \$ _____) .....	(22a)	00	00
(b) Other taxes: Patents \$ _____ Licenses \$ _____ Others \$ _____ .....	(22b)	00	00
(c) State Insurance Fund Policy .....	(22c)	00	00
(d) Sales and use tax .....	(22d)	00	00
(e) Special contribution for professional and advisory services under Act 48-2013, as amended .....	(22e)	00	00
23. Depreciation and amortization (Submit Schedule E No. _____) .....	(23)	00	00
24. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____) .....	(24)	00	00
25. Electric power .....	(25)	00	00
26. Water and sewage .....	(26)	00	00
27. Contributions to health or accident plans .....	(27)	00	00
28. Social Security tax (FICA) .....	(28)	00	00
29. Unemployment tax .....	(29)	00	00
30. Contributions to qualified pensions plans (See instructions. Submit Form AS 6042.1) .....	(30)	00	00
31. Deduction to employers for: Handicapped persons \$ _____ and Breastfeeding period \$ _____ (See inst.) .....	(31)	00	00
32. Subtotal (Add lines 21 through 31) .....	(32)	00	00
<b>C. Other deductions: Indicate if you include with this return (See instructions): <input checked="" type="radio"/> 1 Audited Financial Statement <input type="radio"/> 2 Agreed Upon Procedures Report ("AUP") Number of the Puerto Rico CPA Association Stamp _____</b>			
33. Automobile expenses (Mileage _____) (See instructions) .....	AUP <input type="radio"/> (33)	00	00
34. Other motor vehicle expenses (See instructions) .....	AUP <input type="radio"/> (34)	00	00
35. Repairs and maintenance .....	AUP <input type="radio"/> (35)	00	00
36. Travel expenses (Total expenses \$ _____) .....	AUP <input type="radio"/> (36)	00	00
37. Meal and entertainment expenses (Total expenses \$ _____) (See instructions) .....	AUP <input type="radio"/> (37)	00	00
38. Materials and office supplies .....	AUP <input type="radio"/> (38)	00	00
39. Materials used directly in the trade or business .....	AUP <input type="radio"/> (39)	00	00
40. Stamps, vouchers and fees .....	AUP <input type="radio"/> (40)	00	00
41. Postage and shipping charges .....	AUP <input type="radio"/> (41)	00	00
42. Uniforms .....	AUP <input type="radio"/> (42)	00	00
43. Parking and toll .....	AUP <input type="radio"/> (43)	00	00
44. Office expenses .....	AUP <input type="radio"/> (44)	00	00
45. Bank fees .....	AUP <input type="radio"/> (45)	00	00
46. Bad debts .....	AUP <input type="radio"/> (46)	00	00
47. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions) .....	AUP <input type="radio"/> (47)	00	00
48. Expenses incurred or paid to stockholders, persons or related entities outside of Puerto Rico (See instructions) (Total \$ _____) .....	AUP <input type="radio"/> (48)	00	00
49. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions) .....	AUP <input type="radio"/> (49)	00	00
50. Losses from fires, storms, other casualties, or theft (See instructions) .....	AUP <input type="radio"/> (50)	00	00
51. Management fees .....	AUP <input type="radio"/> (51)	00	00
52. Expenses in property leased to the Puerto Rico Industrial Development Company or Warehouse of the Puerto Rico Trade and Export Company (See instructions) .....	AUP <input type="radio"/> (52)	00	00
53. Other deductions (Submit detail) .....	AUP <input type="radio"/> (53)	00	00
54. Subtotal (Add lines 33 through 53) .....	(54)	00	00
55. Charitable contributions (Submit detail) .....	AUP <input type="radio"/> (55)	00	00
56. Allowable deduction for investment in a Private Equity Fund (See instructions) .....	AUP <input type="radio"/> (56)	00	00
57. <b>Total deductions</b> (Add lines 20, 32, 54, 55 and 56. Transfer to Part II, line 8) .....	(57)	00	00

Part V Cost of Goods Sold			
1. Inventory at the beginning of the year	1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" o "MV"	(1)	00
2. Purchase of materials or merchandise		(2)	00
3. Direct wages		(3)	00
4. Other direct costs (From Part VI, line 17)		(4)	00
5. Cost of good available for sale (Add lines 1 through 4)		(5)	00
6. Less: Inventory at the end of the year	1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" o "MV"	(6)	00
7. Total cost of goods sold or direct costs of production (Subtract line 6 from line 5. Transfer to Part I, line 2)		(7)	00

Part VI Other Direct Costs			
Item	Amount	Item	Amount
1. Salaries, wages and bonuses	(1) 00	11. Water and sewage	(11) 00
2. Social security tax (FICA)	(2) 00	12. Rent	(12) 00
3. Unemployment tax	(3) 00	13. Packing products expenses	(13) 00
4. State Insurance Fund Premiums	(4) 00	14. Meals expenses paid to production employees	
5. Contributions to health or accident plans	(5) 00	Total \$	(14) 00
6. Insurances premiums (Except contributions to health or accidents plans)	(6) 00	15. Depreciation (Submit Schedule E No. ____ or Schedule E1 No. ____)	(15) 00
7. Excise taxes / Use taxes	(7) 00	16. Other direct costs (Submit detail)	(16) 00
8. Sales and use tax on imports	(8) 00	17. Total other direct costs (Add lines 1 through 16. Transfer to Part V, line 4)	(17) 00
9. Repairs and maintenance	(9) 00		
10. Electric power	(10) 00		

Part VII Compensation to Directors Attributable to the Unrelated Business Income			
Name and title	Social security number	Percentage of the time dedicated to the unrelated business income	Compensation attributable to the unrelated business income
		%	00
		%	00
		%	00
		%	00
Total compensation to directors (Transfer to Part IV, line 1)			00

Part VIII Compensation to Officers and Key Employees Attributable to the Unrelated Business Income			
Name and title	Social security number	Percentage of the time dedicated to the unrelated business income	Compensation attributable to the unrelated business income
		%	00
		%	00
		%	00
		%	00
Total compensation to officers and key employees attributable to the unrelated business income (Transfer to Part IV, line 2)			00

Retention Period: Ten (10) years

MUST BE FILED WITH FORM 990