Rev. Dec 18 20	TAX ON INC		CT TO PREF		RATES		20	20
Taxpayer's name			, and on any		Fill in one:		Social Secu	rity Number
				1 Taxpayer	◯ 2 Spous	e 🔿 3 Both		
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
	Taxed at	Taxed at	Taxed at	Taxed at	Taxed at	Taxed at	Taxed at	Taxed at
	Regular Rates	20%	15%	10%	4%	%	%	%
1. Adjusted Gross Income	(1) 00							
2. Add: Alimony paid (Part 1, line 4 of the return or Part I, line 5, Colur	n							
B or C of Schedule CO Individual)	(2) 00							
3. Adjusted Gross Income before the deduction for alimony paid (A								
lines 1 and 2)	(3) 00							
4. Income subject to preferential rates:								
a) Net long-term capital gain (See instructions)			00			00	00	00
b) Interests from IRA on deposits in accounts from certain finance								
institutions (Schedule FF Individual, Part I, line 4, Column B) (10				00				
c) Interests on deposits in accounts from certain financial institutio								
(Schedule FF Individual, Part I, line 4, Column C) (10%)				00				
d) Interests from distributions of IRA to Governmental Pensione								
(Schedule FF Individual, Part I, line 4, Column E) (10%)				00				
e) Non-exempt eligible interests paid or credited on bonds, note								
other obligations or mortgage loans (Schedule FF Individual, Pa								
I, line 4, Column A) (10%)				00				
f) Eligible distribution of dividends (Schedule FF Individual, Part II, li			00			00	00	
3, Column A (15%), Column B (%) or Column C (%)) .			00			100	100	00
g) Income paid by sport teams of international associations		00						
federations (Schedule F Individual, Part V, line 3, Column D)		00						
h) Total distributions from qualified retirement plans (Schedule		00		00				
Individual)								
i) Gain taxable at a reduced rate under an Incentives Act (Schedul								
J, K, L, M, or N Individual, as applicable) or wages received a qualified physician under Act 14-2017 or Act 60-2019 (See ins		00	00	00	00	00	00	loc
j) Distributable share on net income subject to preferential rates fro					100			00
pass-through entities		00	00	00	00	00	00	00
k) Others		00	00		00	00	00	00
 I) Distributions for reason of a disaster declared by the Governor 		100	100		100	100	100	
Puerto Rico (Schedule F Individual, Part VI, line 5) (See instructions				00				
m) Total (Add lines 4a through 4l of Columns B through H)	/	00	00		00	00	00	00
5. Total income subject to preferential rates (Add line 4m		100	1 100	00	100			00
Columns B through H) (If this line is less than \$20,000, enter 100								
on line 7A and zero on lines 7B through 7H, and enter the total of lines 7B through 7H.								
8a on line 8b)								
6. Income subject to regular tax (Subtract line 5 from line 3)								
7. Proportion of income according to each tax rate (Column A								
Divide line 6 by line 3; Columns B through H - Divide line 4								
by line 3) (Round to the nearest whole number)		%	%	%	%	%	%	%

8. Deductions and Exemptions: Column B Column C Column D Column E Column G Column H Column A Column F Taxed at a) Deductions applicable to individual taxpayers Taxed at **Regular Rates** 20% 15% 10% 4% % % (See instructions)\$ (8a) b) Allowed deduction (Multiply line 8a by line 7 for each 00 00 100 00 00 00 00 00 00 d) Exemption for dependents (Line 8, Part 2 of the 00 e) Additional personal exemption for veterans (Line 9, Part 2 of 00 f) Total deductions and exemptions (Add lines 8b through 8e of 00 00 100 00 00 00 00 9. Deduction for alimony paid (Part 1, line 4 of the return or Part I, line 5. Column B or C of Schedule CO Individual. See instructions) 00 00 00 00 00 100 00 \$ 00 10. Allowable deduction for Private Equity investment (See instructions) 00 00 00 00 00 100 00 00 \$ 11. Nettaxable income (Column A-Subtract lines 8f, 9 and 10 from line 00 00 00 00 00 00 100 00 6; Columns B through H - Subtract lines 8f, 9 and 10 from line 4m) (11) 12. NormalTax: 00 00 b) Add: Gradual adjustment amount (Schedule P Individual, line 7)(12b) 00 d) Multiply line 12c by 95% or 92%, as applicable (See 00 13. Tax according to the corresponding rate for Columns B through 00 00 00 100 00 00 14. Total normal tax and tax at preferential rates (Add line 12d and line 13 of Columns B through H) (14) 00 16. Tax on line 15 according to regular tax rates: 00 a) Regular tax (See instructions) 00 b) Add: Gradual adjustment amount (Schedule P Individual, line 7) 00 c) Total normal tax (Add lines 16a and 16b) (16c) 00 d) Multiply line 16c by 95% or 92%, as applicable (See instructions) (16ď 17. Tax determined (Enter the smaller between line 14 and line 16d. Transfer to page 2, Part 3, line 14 of the return or to Part III, line 1, Column B or C of Schedule CO Individual and fill in () "Preferential rates"

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Schedule A2 Individual - Page 2



Taxpayer's name

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

Taxable year beginning on _

_____, ____ and ending on _

Social Security Number

2020

Part I	Recapture o	f Credits Claimed in Exc	cess					_
	Γ	Column A		Column B			Column C	
Name of entity:								
•	F							-
Employer identification No:	L							
Credit for:	ont		1 —		1		4 -	_
Solid Waste Dispo	ent							\prec
Canital Investment	Fund						3	\preccurlyeq
Theatrical District of	f Santurce							5
Film Industry Deve	lopment				5 🔿			\supset
Housing Infrastruct	ure		6 O		6 O		6 C	\supset
Construction or Reha	abilitation of Re	ntal Housing Projects for Low	or					
	e Families						······ / C	2
Economic Incentives	Research ar	nd Development)						$\vec{}$
Economic Incentives	s (Strategic P	roiects)	10		10			5
Economic Incentives	s (Industrial Inv	/estment)			110			5
	tives (Researc	h and Development)	120		120			\supset
Other:								
1. Total credit claimed ir	nexcess					(1)		00
2. Recapture of credit	t claimed in	excess paid in previou	s year, if appli	cable		(2)		00
3. Recapture of credit	claimed in	excess paid this year (1	ransfer to Part	3, line 24 of the return. See	instructions)	(3)		00
4. Excess of credit due t	to next year,	if applicable (Subtract line	es 2 and 3 from	line 1. See instructions)		(4)		00
Part II	Tax Credits	(Do not include estimated	tax payments. In	clude such payments in Part I	II of this Schedule)			
A. CREDITS SUBJECT	TO MORA	TORIUM		· · ·				
			estment Fund (See instructions)		(1)	(00
				See instructions)			(00
				ordable rental housing to the				
							(00
				nded) (See instructions)			(00
				ion of eligible land (Act 183-2				
							(00
							(00
								00
8. Other credits subject	to moratoriur	n not included on the prec	edina lines (Sul	omit detail)		(8)		00
							(00
				the return by .50)				00
				e 9 or 10)				00
B. CREDITS NOT SUE								
			nd Act 74-2010)			(12)	(00
				1997 (See instructions)			(00
14. Credit for investment in	n film industry	development (Act 27-201	1): O Film Pr	oject or O Infrastructure	Project (See instruct	tions) (14)		00
				Puerto Rico (Section 1051.14			(00
				```````````````````````````````````````			(	00
				Members of Employees-Ow				
(See instructions)	· · · · ·	·····				(17)	(	00
18. Credit for contribution	ns to: 🔿 1	Santa Catalina's Palace	Patronage	> 2 Patronage of the State	Capitol of the Legisl	ative		
								00
								00
20. Credit for investment	in opportunit	y zones (Act 60-2019)				(20)		00
								00
22. Credits carried from p	previous vear	s (Submit detail)				(22)		00
23. Other credits not subj	ject to morate	prium not included on the p	preceding lines	(Submit detail)		(23)		00
24. Total credits not sub	ject to mora	torium to be claimed (A	dd lines 12 throu	igh 23)		(24)		00
				• •				00
26. Total tax determined	(Part 3, lines	22 and 23 of the return).				(26)		00
27. Credit to be claimed	d (Enter the s	maller of line 25 or 26. Ti	ransfer to page	2, Part 3, line 25 of the retur	m)	(27)	(	00
							(	00

Part III **Other Payments and Withholdings** 1. Estimated tax payments for 2020 (1) 4. Tax withheld to nonresidents (Form 480.6C)
 (a) Dividends subject to 15% under Section 1062.08. 5. Tax withheld to nonresidents on IRA distributions (Form 480.7) (5) 6. Tax withheld on interests 11. Tax withheld at source on distributable share to stockholders or partners of pass-through entities (Form 480.60 EC) on: (b) Eligible distribution of dividends from corporations (See instructions)...... (c) Net income (or loss) from the entity's industry or business (See instructions) ...... (11c) (d) Net income (or loss) on partially exempt income (See instructions) ...... (11d) (e) Net income (or loss) on income subject to preferential rate (See instructions) ...... (11e) 12. Tax withheld at source on distributable share to trustees of revocable trusts or grantor trusts (Form 480.60 F) on: (b) Eligible distribution of dividends from corporations (See instructions) ...... (12b) 13. Tax withheld at source on distributable share to members of an employees-owned special corporation (Form 480.60 CPT) (See instructions): 14. Tax withheld on IRA or Educational Contribution Accounts distributions of income from sources within Puerto Rico: (14a) (a) Form 480.7 (14b) (b) Form 480.7B ..... 16. Tax withheld at source on distributions from deferred compensation plans (Non qualified) (Form 480.7C) 17. Tax withheld at source on qualified pension plans distributions (Form 480.7C) 19. Tax withheld on distributions and transfers from Governmental Plans (Form 480.7C) ......(19) 21. Other payments and withholdings not included on the preceding lines: (c) Tax withheld at source on distributions for reason of a disaster declared by the Governor of Puerto Rico (See instructions) ...... Total other payments and withholdings (Add lines 1 through 21. Transfer to page 2, Part 3, line 27B of the return) ...... (22) 

 Part IV
 Breakdown of the Purchase of Tax Credits

 Fill in the oval corresponding to the act (or acts) under which you acquired the credit and enter the amount:
 (1)

 A. CREDITS SUBJECT TO MORATORIUM
 (1)

 2. Capital Investment Fund (Act 46-2000)
 (2)

 3. Housing Infrastructure (Act 98-2001)
 (3)

 4. Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families or Investment in the Acquisition, Construction or Rehabilitation of Affordable Rental Housing to the Elderly (Act 140-2001, as amended)
 (4)

 5. Conservation Easement (Act 183-2001)
 (5)

 6. Revitalization of Urban Centers (Act 212-2002)
 (6)

 7. Other:
 (Submit detail)
 (7)

 7. Other:
 (Submit detail)
 (7)

 8. CREDITS NOT SUBJECT TO MORATORIUM
 (9)
 (9)

 9. Tourism Development (Act 78-1993 and Act 74-2010)
 (9)

 10. Tourism Eligible Investment (Act 60-2019)
 (10)

 11. Creative Industries (Act 60-2019)
 (12)

 12. Creative Industries (Act 60-2019)
 (13)

 13. Economic Incentives (Research and Development) (Section 5(c) of Act 73-2008)
 (14)

 14. Creative Industries (Act 60-2019)
 (15)

 15. Green Energy Incentives (Research and Development) (Act 8 Breakdown of the Purchase of Tax Credits Part IV 

Schedule B Individual - Page

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Schedule C Individual         Rev. Dec 18 20         CREDIT FOR TAXES         UNITED STATES         Taxable year beginning on         Taxpayer's name         1 Taxpayer       2 Spouse       3 Both         Resident of:       1 Puerto Rico       2 United States       3	, ITS STATES, POSSESSION	TERRITORIES	, AND	202 Social Security	Number
Citizen of:	•				
Part I         Determination of Net Income from Sources           Name of the country, state, territory or possession		o Rico tate, Territory or Po <u>United States</u> B	ssession of the C	United States (See instructions)	Total (See instructions)
1. Gross income subject to tax from sources of the country, state, territory or possession:       (1a)         a) Interests       (1a)         b) Dividends       (1b)         c) Rental income       (1c)         d) Capital gain (See instructions)       (1d)         e) Fiduciary income       (1e)         f) Wages       (1f)         g) Professions, industry or business       (1g)         h) Others       (1h)         i) Total gross income subject to tax (Add lines 1(a) through 1(h))       (1i)         2. Deductions and losses:       (2a)         a) Expenses directly related to the income on line 1(i)       (2a)         b) Losses from foreign sources (See instructions)       (2b)         c) Determination of pro rata share of deductions and exemptions not directly related:       (i) Deductions applicable to individual taxpayers (Part 2, line 6 of the return or Part II, line 3 of Schedule CO Individual)       (2ci)       (00         (ii) Personal exemption, for dependents and additional exemption for veterans (Add lines 7 through 9, Part 2 of the return or lines 5, 6D and 7, Part II of Schedule CO Individual)       (2ci)       (00         (iii) Other deductions claimed (See instructions)       (2ci)       (00         (iv) Total deductions and exemptions (Add lines 2(c)(ii through 2(c)(iii)).       (2ci)       (00         (iv) Total deductions and exemptions <td></td> <td></td> <td></td> <td></td> <td>20 20 20 20 20 20 20 20 20 20 20 20 20 2</td>					20 20 20 20 20 20 20 20 20 20 20 20 20 2
1(i) by line 2(c)(v). Enter the result rounded to two decimal places)       (2cvi)         (vii) Pro rata share of deductions and exemptions not directly related (Multiply line 2(c)(iv) by line 2(c)(vi))       (2cvi)         (d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(vii))       (2d)         3. Net income from sources of the country, state, territory or possession (Subtract line 2(d) from line 1(i))       (3)	% 00 00 00	% 00 00	% 00 00 00	% 00 00 00	% 0C 0C

Rev. Dec 18 20					Schedule C Individual - Page
Part II Taxes Paid to the United States, it	ts States, Territorie				
◯ 1 Taxpayer ◯ 2 Spouse ◯ 3 Bot	th	Computed for the			3 Optional tax
	Foreign Country, Sta	te Territory or Poss	2 Alternat	e dasic tax	
Credit for taxes:		States			<b>T</b> . 4 . 1
○ 1 Paid ○ 2 Accrued	A	В	С	United States (See instructions)	Total (See instructions)
Name of the country state territory or personalion					
Name of the country, state, territory or possession	<b>A</b> Farm 4000	<b>— 4 - - - - - - - - - -</b>	<b>A</b> Farm 1000	<b>1</b> Form 1099	
Type of Form (See instructions):	1 Form 1099 2 Form 1040 3 Other document	1 Form 1099 2 Form 1040 3 Other document	1 Form 1099 2 Form 1040 3 Other document	2 Form 1040 3 Other document	
1. Date paid or accrued(1)					
2. Total tax paid or accrued during the year (2)	00	00	00	00	00
Part III Reduction in Credit for Tax Paid of	r Accrued				
<ol> <li>Income from sources of the country, state, territory or possession not subject to tax in Puerto Rico less deductions attributable to such income (See instructions)</li></ol>	00	00	00	00	00
3. Limitation (Divide line 1 by line 2)	%	%	%	%	%
(Multiply line 3 by the amount reflected on line 2 of	00	00	00	00	00
Part II)					
(Subtract line 4 from the amount reflected on line 2 of	00				
Part II)	00	00	00	00	00
Part IV Determination of Credit					
<ol> <li>Net income from sources of the country, state, territory or possession (Part I, line 3)⁽¹⁾</li> <li>Net income from all sources (See instructions)⁽²⁾</li> </ol>	00	00	00	00	00
3. Limitation (Divide line 1 by line 2. Enter the result					
rounded to two decimal places)	%	%	%	%	%
(See instructions)					
5. Limitation by country, state, territory or possession: a) Multiply line 4 by line 3	00	00	00	00	00
b) Enter the smaller of line 5(a) or Part III, line 5 (50)	00	00	00	00	00
6. Total limitation:					
a) Limitation (Divide line 1 of the Total Column by line	2)				%
<ul><li>b) Multiply line 6(a) by line 4</li><li>c) Credit to be claimed (Enter the smaller of the Total 0</li></ul>			Dort 2 line 19 of the	(6b)	00
line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule CO Individu	Schedule X Individual	as applicable)	Parts, line to of the	(6c) return, to Part III,	00
Part V Determination of Credit Attributat	ole to Long-Term C	apital Gain of Res	ident Individual In	vestors	00
		State, Territory or Po			
	A	United States B	С	United States	Total
Name of the country, state, territory or possession				(See instructions)	(See instructions)
Type of Form (See instructions):	2 Form 1099 2 Form 1040	1 Form 1099 2 Form 1040	1Form 1099 2Form 1040	1Form 1099 2Form 1040	
1. Gross income subject to tax from sources of the	3 Other document	3 Other document	3 Other document	3 Other document	
country, state, territory or possession:					
a) Long-term capital gain of Resident Individual Investors	00	00	00	00	00
<ol> <li>Amount of tax paid or accrued to the country, state, territory or possession corresponding to the capital gain attributable to the period prior to the residence in Puerto Rico (See instructions)</li></ol>	00	00	00	00	00
<ol> <li>Limitation by country, state, territory or possession:</li> <li>a) Tax to be paid in Puerto Rico attributable to the</li> </ol>					
long-term capital gain of Resident Individual					
Investors (See instructions)	00	00	00	00	00
b) Enter the smaller of line 2 or line 3(a)	00	00	00	00	00
4. Total credit to be claimed (Enter the amount of line 3( line 5 of Schedule CO Individual)					00

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20. Net long-term capital gain (or loss) under Act:

### CAPITAL ASSETS GAINS AND LOSSES, TOTAL DISTRIBUTIONS FROM QUALIFIED PENSION PLANS AND ANNUITY CONTRACTS

2020
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(20)

_) .....

00

00

TANK OF PULL		Tavable vear beginning o	on,	and ending on				
Faxpayer's name		Taxable year beginning (	,,,				Social So	ecurity Number
Part I Short-Term Cap	oital Assets Ga	ins and Losses (H	leld one year or less	5)				
Description and Location	ofProperty	(A) Date Acqui (Day/Month/				(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
					0	0 00	00	0
								0
					0	0 00	00	C
1. Net short-term capital gain								0
<ol><li>Net short-term capital gain on applicable. See instructions)</li></ol>								C
<ol> <li>Distributable share on net short-</li> <li>Distributable share on net short-</li> </ol>								
5. Net short-term capital gain (or lo	ss) on investme	nt funds or attributa	ble to direct investme	nt and not through a	aCa	pital Investment Fund	l, or distributable	
share on net short-term capital g 6. Excess of deductions over the i								
7. Net short-term capital gain			<b>,</b> , ,		,	,		0
Part II Long-Term Capit	al Assets Gain		leld more than one			I		
Description and Location of Property	Fill in if you Dat Prepaid (D	(A) (B) te Acquired Date Sol ay/Month/ (Day/Mont Year) Year)		(D) Adjusted Basis		(E) Selling Expenses	(F) Gain or Loss (Act 132-2010 and Act 216-2011. See inst.)	(G) Gain or Loss
	0		0	0	00	00	00	0
	0		0	0	00	00	00	C
	0		0	0	00	00	00	C
3. Net long-term capital gain							(8)	0
<ol> <li>Netlong-term capital gain (or loss See instructions)</li> </ol>								0
0. Distributable share on net long-	term capital gai	n (or loss) from Esta	ates or Trusts (See in	structions)			(10)	0
<ol> <li>Distributable share on net long-to</li> <li>Lump-sum distributions from a</li> </ol>								0
13. Lump-sum distributions from a	nnuity contracts	a: O 1 Variable	2 Fixed - Spot	use (See instruction	าร) .		(13)	0
<ol> <li>Net long-term capital gain (or loss on net long-term capital gain (or</li> </ol>								0
15. Net long-term capital gain (or los								0
<ol> <li>Excess of deductions over the in</li> <li>Net long-term capital gain (</li> </ol>								0
Part III Long-Term Capi	tal Assets Gai	ns and Losses Re	alized under Specia	I Legislation (Se	e in	structions)		I
Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price		(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	0				00	00	00	0
18. Net long-term capital gain (	or loss) under	Act:	(I	Decree No		)		0
Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	_	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	0				00	00	00	0
19. Net long-term capital gain (	or loss) under			Decree No		).	(19)	0
Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	_	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	0				00	00	00	0

(Decree No.

Rev. Dec 18 20								Scheo	lule D Individual - Page 2
Part IV Total Distributions from	n Qualified Pensi	on Plans (See	instructions	)				1	
Description	Fill in if you Prepaid	Distributio (Day/Mont			(A) Total Distribution	Bas	(B) is and ot Income	Ta	(C) kable Amount
21. Taxable at 20% - Taxpayer	0				C	00	00		00
22. Taxable at 20% - Spouse					C	00	00		00 00
23. Taxable at 10% - Taxpayer						00	00		00
24. Taxable at 10% - Spouse						00	00		00
<ol> <li>Total distributions from qualified pension B and C of Schedule CO Individual,</li> </ol>									00
Part V Net Capital Gains or I	,								00
			Column		Column B	Column C	Colum	n D	Column E
Gains or Los	SSES		Short-Ter		Long-Term	Under Special Legislation		pecial	Under Special Legislation
26. Enter the gains determined on lines 7, corresponding Column	17 and 18 throug	n 20 in the (26)		00	00		00	00	00
27. Enter the losses determined on lines 7, corresponding Column	, 17 and 18 throug	h 20 in the (27)		00	00		00	00	00
28. If <b>one or more</b> of Columns B through E them and apply the total proportionally to t (See instructions)	he gains in the othe	r Columns			00		00	00	00
29. Subtract line 28 from line 26. If any Col 27, enter zero here	lumn reflected a lo	oss on line			00		00	00	00
30. Apply the loss from line 27, Column A in Columns B through E (See instru				-	00		00	00	00
31. Subtract line 30 from line 29		(31)			00		00	00	00
32. Add the total of Columns B through E, does not reflect <b>any</b> gain in Columns B the total amount of line 27, Columns A t	B through E, you n	nustenter							00
33. Net capital gain (or loss) for the current y If the result is less than zero, do not comp							(33)	_	00
34. Less: Net capital loss carryover (Enter i Column E the smaller between the amoun							(34)	00	00
35. Net capital gain (Subtract line 34, Colur Individual, as applicable. If line 33 is m									00
36. If line 33 is a net loss, enter here and in Pa amounts:	art 1, line 2B of the r	eturn or in Part I	, line 3B of Sc	hedule (	CO Individual, as app	plicable, the sma	aller of the follow	ving	
a) the net loss indicated on line 33, or b) (\$1,000)								(36)	00
<ul> <li>37. Capital loss available for next year (If lin</li> <li>33 and 34D less line 36)</li> </ul>									00
Part VI Determination of the N	let Capital Loss C	arryover					(2)	1	
Year		(A) Accumulated	Capital Loss		(B) Amount Used	Capital Los (Column A	(C) s Carryforward A - Column B)	-	piration Date
			00			00	00		
			00			00	00		
			00			00	00		
			00			00	00		
			00			00	00		
			00			00	00		
38. Total net capital loss carryover (Transfer this amount to Part V, line 3-	4, Column D of thi	s Schedule)				(38)	00		

lev. Dec 18 20 Taxpayer's name					Social	Security Number	edule D Individual - Pag
Part VII Determination of the Net Long-Term Capital Gain - For Each	Tax Rate Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Short-Term	Long-Term	Special	Special	Special	Total Long-Term	Total Net
	Short-term	(15%)	Legislation (%)	Legislation (%)	Legislation (%)	(Add Columns B through E)	Capital Gain (Add Columns A and F
1. Net Capital Gain (In the case of short-term gains, transfer the amount on line 26, Column A, Part V. In the case of long-term gains, transfer the amount on line 31, Columns B through E, Part V, as it corresponds)	00	00	00	00	00	00	0
<ol> <li>Allowable amount as net capital loss not used in previous years claimed on Schedule D Individual (Transfer the amount included on line 34, Column E, Part V) (The amount entered on this line cannot exceed 90% of the amount reflected on line 1, Column G of this Part)</li></ol>	00						
<ol> <li>Subtract in Column A, line 2 from line 1 (If the result is more than zero, this is the net short-term capital gain. Therefore, enter zero on line 5 of Columns B through E. If the result is less than zero, continue on line 4)</li></ol>	00						1
<ol> <li>Proportion of the gains according to each tax rate (Divide the amount on line 1, Columns B through E, by the total long-term gains indicated on line 1 of Column F. Enter the result rounded to two decimal places). Add the percentages in Columns B through E and enter the total in Column F. The total shall be 100%</li></ol>		%	%	%		%	2
5. Capital loss carryforward attributable to long-term transactions (Columns B through E) (Multiply line 3 - Column A by line 4 of each Column)		00	00	00	00	00	_
6. Net long-term capital gain -							_
(a) Net Long-Term Capital Gain subject to <b>15%</b> (Column B – Subtract line 5 from line 1. Transfer the result to Column C, line 4(a) of Schedule A2 Individual) ^(Ga)		00				00	_
(b) Net Long-Term Capital Gain subject to the tax rate provided by Special Legislation (Columns C through E – Subtract line 5 from line 1. Transfer the result to Columns F, G and H, as it corresponds, line4(a) of Schedule A2 Individual) ^(6b)			00	00	00	0	-
7. Total net long-term capital gain (Column F - Add lines 6(a) and 6(b). Transfer this result to Column A – line 4(a) of Schedule A2 Individual)						00	
<ol> <li>Net capital gain (If line 3 is more than zero, add lines 3 and 7 and enter the result here. Otherwise, enter here the amount on line 7. This amount must be the same amount reported on line 35, Part V of this Schedule)</li></ol>							C

Schedule E Rev. Dec 18 20		D	EPRECIATION					2020	
NAMENT OF PUT	Taxable year begi	nning on	, and ending on	n			ScheduleE	Noof	
Taxpayer's name			,					r Employer Identification Num	ıber
<ol> <li>Type of property (in case of a specify the material used in th construction).</li> </ol>		.Date acquired.	<ol> <li>Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$30,000 per vehicle.</li> </ol>		4.Depreciation claimed in prior years.	ļ	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year.	
(a) Current Depreciation			I						
			0	0	0	0			00
			0		0	0			00
			0	0	0	0			00
Total					0	0			00
(b) Flexible Depreciation									
			00	0	0	0			00
			0	0	0	0			00
			0	0	0	0			00
Total					0	0			00
(c) Accelerated Depreciation								-	
			0	0	0	0			00
			0	0	0	0			00
			0	0	0	0			00
Total					0	0			00
(d) Amortization (i.e. Goodwill	)								
			0	0	0	0			00
			0	0	0	0			00
			0	0	0	0			00
Total					0	0			00
(e) Automobiles (See instructi	ions)			-				1	_
			0	0	0	0			00
			0	0	0	0			00
			0	0	0	0			00
Total				T	0	0			00
(f) Vehicles under financial le	ease (Form 480.7D) (/	Amount of v	ehicles )	 )					00
TOTAL: (Add total of lines (a	a) through (f) of Colum	n 6. Transfe	er to Schedules J, K, L, M	ar	nd N Individual, whicheve	er	applies,or		
to the corresponding	g line of other returns)								00

Schedule E1



# DEPRECIATION FOR BUSINESSES WITH VOLUME OF \$3,000,000 OR LESS

2020

THE REAL PROPERTY OF RULES	5	Taxable year begi	nning on	_,	and ending on		,	Schedul	e E1 No	_of
Taxpayer's name	1						Social Secur	ity or Emp	loyer Identificati	ion Number
1. Type of property		Date acquired	3. Original cost or other basis		4. Depreciation claimed in prior years		5. Estimated use life to compute depreciation		6. Deprec claimed year	iation d this
(a) Computer systems (Se	ection 10	33.07(a)(1)(G))						Che	eck here to ele	ect: O
				00	00					00
				00	00					00
				00	00					00
				00	00					00
				00	00					00
Total										00
(b) Ground transportation	equipme	ent, except autom	obiles (Section 1033.0	7(a)(	(1)(H))			Che	eck here to ele	
				0.0	00		2			
				00	00		2			00
				00	00		2			00
				00	00		2			00
				00	00		2			00
Total						I				00
	nt, furniture	e and fixtures, and a	iny other fixed asset to be	used	l in the industry or business (S	ectio	n 1033.07(a)(1)	(K)) Ch	eck here to el	
							2			
				00	00		2			00
				00	00		2			00
				00	00		2			00
				00	00		2			00
Tatal				00	00		-			
Total Total (Add total of lines (a	a) throug	h (c) of Colump 6		s.J k	K, L, M and N Individual, w	hiche	ever applies	or to		00
the corresponding line of	other ret	urns)								00
By filing this schedule, assets will not be dedu	i ackno	o determine the	net income subject	to ir	and that in subsequent acome tax.	year	s the deprec	lation o	n the books (	on these

Schedule F Rev. Dec 18 20	SURF						ER	INCOME								20	20	
Taxpayer's name	DF ¥C			Taxable ye	ar beginni	ng on		, and endi	ing on			Fill in one:			+	Social Sec	irity Number	
Taxpayer Shame									$\subset$	> 1 Taxpayer		$\supset$ <b>2</b> Spouse	0	3 Both				
Part I Dis	tributions from Indi	vidual Retirement A	ccounts and	Education	al Cont	tribution Accou	ints					Taxab	le Amoi	unt				
				Colum	n A	Column I	В	Column (	2	Column D		Column E	_	olumn F		Column G	Column	H
Payer's name	Employer Identification Number	Account Number	Account if you Total Distribution (Consistence) Subjects Withholding (10%) (Terreferted Days) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%) (10\%							IRA or Educational Contribution Accound Distributions of Incom from Sources Within P.R. (10%)		on ;						
			0		00		00		00		00		00		00	0	)	00
											)	00						
											)	00						
			0		00		00		00		00	1	00		00	0	)	00
Distributions from Inc principal residence (Er line 2, Part I of Schedu	nter the amount of line	<ol><li>Schedule D1 Individu</li></ol>	ual or from		00						_				_			00
1. Subtotal (Transfer th D, of Schedule A2	ne total of Columns F a Individual)	and G to line 4(k), Colur	mns A and (1)		00		00		00		00		00		00	0	)	00
	dule CO Individual	, as applicable)				n Accounts (Ad	dd th	e total of Colum	ins F	through H. Tran	sfer	to Part 1, line 2F o	of the retu	irn or to Pa	art I,	line 3F, Column (2	)	00
Part II	Distributions an	d Transfers from	Governme	ental Plan	S	1 1								Toyok		mount - Savings	Account	
	Descrip	$FIII III II II D III III III D III III III D III IIII IIII IIII III IIII IIII III III IIII III III III III III IIII IIII III III IIII IIII IIII IIII IIII IIII IIII IIIIIIII IIIIIIIII III IIIIIIIII III IIIIIIIII III \mathsf{IIIIIIIII III III \mathsf{IIIIIIIIII$								der								
1. Taxable as ordinar	v income			(1)	Ο			00		00		00		o				
2. Taxable at 10% (Tra	nsfer the total of Colu	umns E and F to line 4			$\supset$			00		00						00		00
3. Total distributions an as applicable)	,				d line 2	, Columns E and	IF.T	ransfer to Part 1	l, line	e 2E of the return	or to	o Part I, line 3E, C	olumn B	or C of Scl	hedu	le CO Individual,		00
Part III	Distributions fro	m Deferred Comp	ensation I	Plans (No	n Qua	alified)	_											
		Description					F	Fill in if you Prep	aid	Distribution	Date	e Total D	(A) istribution	Basis	and	(B) Exempt Income	(C) Taxable Amou	nt
1. Taxable as ordinar line 3L of Schedul		ne amount of Column applicable)					)	0						00		00		00

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Part IV Distributions from (	Qualified Retirement	Plans (Partial or Lu	mp-Sum )	(See ins	tructions)								
	Description			Fill in if	you Prepaid	Distr	ribution Date	To	(A) tal Distribution	Basis	(B) and Exempt Income	(C) Taxable Ai	mount
1. Taxable as ordinary income (Transfer the a I, line 3L of Schedule CO Individual, as				C	0				(	00	00		00
Part V Other Income			Colun	nn A	Colum	n B	Column C		Column	D	Column E	Colun	nn F
Payer's name	Employer Identification Number	AccountNumber	Income DebtDis		Income fro Use o Intangib	of	Judicial or Extrajudicia Indemnificatio	ıl	Income from Teams of Intern Association Federation	national is or	OtherIncome	Distributable Net Income Preferential Pass-Throug	Subject to Rates from
				00		00		00		00		00	00
				00		00		00		00		00	00
				00		00		00		00		00	
1. Amount received	•			00		00		00		00	(	00	00
<ol><li>Less: Expenses related to the production of th</li></ol>	ese income (See instructio	ns)(2)		00		00		00			(	00	
<ol> <li>Subtotal Columns A through C and E (Subtraction in Column D to line 4(g), Columns A and B of to line 4(j), Column A and to the one that applies</li> </ol>	Schedule A2 Individual, ar	nd the total of Column F		00		00		00		00		00	00
4. Total other income (Add the total of line 3,	Columns A through F. Tra	ansfer to Part 1, line 2G o	of the return	or to Part I	, line 3G of So	chedule C	CO Individual, as	applica	able)			(4)	00
Part VI Distributions Due t	to a Disaster Declare	ed by the Governor o	of Puerto F	Rico									
	Employer				Select the	formin	Column A		Column	В	Column C	Colun	nn D
Payer's name	Identification Number	AccountNumber	Distributi	on Date	which the dis was repo	stribution orted	ExemptAmou	unt	Amount Subj Withholding (		Amount over which a Prepayment was Made, Voluntary Contributions and After-Tax Contributio		tribution
								00		00			00
						30.7		00		00			00
						30.7		00		00			00
						30.7		00		00			00
						30.7		00		00	1	1	00
			1		-			00		00		1	00
1. Amount received (Total of Columns A, B, C 2. Less: Amounts over which a prepayment was	and D)	ons and after-tax contributi	ions (Transfe	er the total o	fline 1 Colum	()) n C)						2)	00
3. Eligible distribution (Subtract line 2 from	n line 1, Column D) (Se	ee instructions)	·····			, ,						3)	00
4. Less: Exempt amount (Enter the smaller of th 5. Amount taxable at 10% (Subtract line 4 from	he amount on line 1, Colun	nn D or \$10,000. Transfer	to line 8, Par	t I of Scheo	dule IE Individu	al)	Individual as an	nlicabl	o Transfor also	 to line		,)	00
<ol> <li>Amount taxable at 10% (Subtract me 4 non Individual) (See instructions)</li> <li>6. Tax withheld at source:</li> </ol>													00
(a) Form 480.7, Box 10 (Total Int												00	
(b) Form 480.7C, Box 22 (Total I		·										00	
(c) Total tax withheld on eligible distrib	butions (Add lines 6(a) and	6(b). Enter this amount on S	Schedule B Ir	ndividual, P	art III, line 21(c	:))					(	Sc)	00

# Schedule FF Individual

# ALEASURY ON THE ASURY OF PURCHASE

# INTERESTS, DIVIDENDS AND MISCELLANEOUS INCOME

_ and ending on _

2020

Social Security Number

Taxable year beginning on _____, ___

Taxpayer's name

Part I Interests			Column A	Column B	Column C	Column D	Column E	Column F	Column G
Payer's name	Employer Identification Number	Account Number	Eligible interests subject to withholding (Section 1023.05(b)) (10%)	Interests from IRA from financial institutions subject to withholding (10%)	Interests from financial institutions subject to withholding (Section 1023.04)(10%)	Interests from financial institutions, including interests from IRA, not subject to withholding	Interests from IRA distributions to Government Pensioners (10%)	Other interests subject to withholding %	Other interests
			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
			00		00	00		00	00
			00		00	00		00	00
			00		00	00		00	00
			00		00	00		00	00
<ol> <li>Interests:         <ul> <li>a) Subtotal of Columns A, C, D, F and G</li> <li>b) Total from Schedule F Individual, Part I,</li> </ul> </li> </ol>	Columna C. Dand E	(1a) (1b)	00	00	00	00	00	00	00
c) Total (Add lines 1(a) and 1(b))		(1c)	00		00	00	00		00
2. Less: Expenses related to the purchase of	finvestments (See instructions	s) (2)	00				00		00
3. Less: Interest exemption (See instruc				00			00		
<ol> <li>Total interests (Subtractlines 2 and 3 from from line 4, Columns A through C, E and F t of Schedule A2 Individual)</li> </ol>	00	00			00		00		
5. Add line 4, Columns A through G. Tran 3C of Schedule CO Individual, as applica	sfer to Part 1, line 2C of the r	return or to Part I, line							00

					Coned	
Part II Corporate Dividends			Column A	Column D	Column C	Column D
	Employer		Column A	Column B		
Payer's name	Identification Number	Account Number	Subject to withholding (15%)	Subject to withholding (%)	Subject to withholding (%)	Not subject to withholding
			00	00	00	
	_		00	00	00	
			00			
				00	00	
			00	00	00	
			00	00	00	
			00	00	00	
					0	
			00	00	00	
			00	00	00	
			00	00	00	
			00		00	
<ol> <li>Dividends distributed amount</li> <li>Less: Expenses related to the purchase of investments (See instru</li> </ol>	ations)	(1)	00		00	
<ol> <li>Subtotal (Subtract line 2 from line 1, Columns A through D. Transfer the</li> </ol>	ne total of Columns A through C	to line 4(f), Columns A, C	00	00	00	
and F through H, as applicable, of Schedule A2 Individual)	-		00		00	
4. Total (Add line 3, Columns A through D and transfer to Part 1, line 2D of the second se	ne return or to Part I, line 3D of So	chedule CO Individual) (4)	00			
Part III Miscellaneous Income					Column A	Column B
Payer's name		Employer Identification Number	Accoun	t Number	Miscellaneous Income	Income from Prize and Contests
					00	
					00	
					00	
					00	
- Amount received		1	1	(1)	00	
<ol> <li>Amount received</li> <li>Less: Expenses related to the production of these income (See i</li> </ol>	nstructions)			(1)(2)	00	
3. Subtotal (Subtract line 2 from line 1)	·			(3)	00	
4. Total miscellaneous income (Add the total of line 3, Columns A and B.	Transfer to Part 1, line 2G of the	ne return or to Part I, line 3G of	Schedule CO Individua	l, as applicable)		

#### Schedule F1 Individual Rev. Dec 18 20



# DETAIL OF INCOME OF RESIDENT INDIVIDUAL INVESTORS (Act 22-2012, as amended or Act 60-2019, as amended)

W OF 40.		Taxable	year beginning on		an	d ending on							
Taxpayer's name				ecree number		Date on v reside	ence	h you established in Puerto Rico			Social Se	ecurity Number	
Part I Interests													
			Descri	iption								Amount	
													00
													00
													00
													00
													00
													00
													00
													00
													00
1. Total interests (Transfer	to Schedule	IE Individual	, Part II, line 36)							(1)			00
Part II Dividends										I			
			Descri	iption								Amount	
													00
													00
													00
													00
													00
													00
													00
													00
													00
1. Total dividends (Transfer	to Schedule	IE Individua	al, Part II, line 36	)						(1)			00
Part III Capital A	ssets Gain	s and Loss	ses										
Description and Location of Property	Date Acquired (Day/Month/ Year)	Date Sold (Day/Month/ Year)	(A) Sale Price	(B) Market Value on t Date of Establish Residence in P.I	ing	(C) Adjusted Basis		(D) Gain or Loss (Col. A - Col. C)		(E) Amount Attribu Period Pr Establishing R in P.R. (Col. E	rior to Residence	Period after Establis	shing R.
			0	0	00		00		00		00		00
			0	0	00		00		00		00		00
			v						00		0		
			0	0	00		00		00		00		00
1. Net capital gain or loss (Tra Schedule IE Individual, I			E) to Schedule D I	ndividual, Part II,	line 1	15. Transfer the t	otal	of Column (F) to			00		00
· · · · ·	÷			CERTIFICA								<u> </u>	
By means of the signature on January 17, 2012 and that I be				enalty of perjury th	atlha	ave not been resi			oetv	veen the per	iod of Ja	nuary 17, 2006 a	and

Rev. Dec 18 20	ayer's name								
Taxpayer's name		Social	Security Number						
	Sp	ouse's S	Social Security Number						
<b>31</b> ( )	Annuity O 2 Pension O 1 Government of Puerto Rico O 2 Federal Government								
Pension granted by (fill in one):	fied plar	1							
Place where the service was perform									
Date on which you started to receive Name of the pension payer	nloverid	lentification number							
		ipioyeria							
Form in which the pension or annuity was 1  480.7C: Control Number Form 480.7C Electronic Filing Confirmation									
Part I Determination of	Cost to be Recovered of the Pension or Annuity (See instructions)								
1. Cost of pension or annuity (amo	unt paid). If it is zero, go to Part II and enter zero on line 10	(1)	00						
2. Pension or annuity received in p	revious years:								
	· · · · · · · · · · · · · · · · · · ·								
		(2)	00						
3. Less:		(/							
	ity received in previous years:								
Year:									
Amount:	(3a)	00							
(b) Tax exempt pension rec	eived in previous years:								
Year:									
Amount:	(3b)	00							
4. Total (Add lines 3(a) and 3(b))		(4)	00						
5. Cost of pension or annuity tax ex	empt recovered in previous years (Subtract line 4 from line 2)	(5)	00						
6. Cost of pension or annuity to be re	ecovered (Subtract line 5 from line 1)	(6)	00						
Part II Taxable Income (	,								
7. Total amount of pension or annui	ty received during the year	(7)	00						
8. Tax exempt pension (Enter here you indicated Annuity or Non qua	and on Schedule IE Individual, Part II, line 15. Do not exceed the amount indicated on line 7 lified plan, enter zero on this line)	7. lf ⁽⁸⁾	00						
9. Subtract line 8 from line 7. If it is least	ss than zero, go to line 13	(9)	00						
10. Cost of pension or annuity to be re	ecovered (Same as line 6)	(10)	00						
11. Pension or annuity income in exc	ess of the cost to be recovered (Subtract line 10 from line 9)	(11)	00						
12. Taxable pension or annuity inc amount of line 9). Enter this amount	ome (Enter here the amount of line 11 or 3% of line 1, whichever is larger (but not larger than in Part I, line 2H of the return or in Part I, line 3H, Column Bor C of Schedule CO Individual, as applicat	the ble) ⁽¹²⁾	00						
13. Tax withheld on pension or annu	ity for the taxable year (Enter this amount on Schedule B Individual, Part III, line 18) Retention Period: Ten (10) years	(13)	00						

	hedule IE Individual	EXCLUDED AND E	XEMPT INCOME				2	020
Rev.	Dec 18 20	Taxable year beginning on,,	and ending on,				Z	020
Тах	payer's name		Fill in one:			Socia	al Se	ecurity Number
			○1 Taxpayer ○ 2		-		_	
Pa	rt Exclusions from	Gross Income				nsidered for the Home e Interests Limitation		Items subject to Alternate Basic Tax
						00	-	
2.		ances				00	-	
3. 4.		ckness rity for old-age and survivors				00		
4. 5.		of debts (See instructions)				00		
6.						00	-	
7.	Compensation or indemnification	n paid to an employee due to dismissal	(	7)		00	2	
8.	Compensation, payments or distr	ributions due to a disaster declared by the Govern	nor of Puerto Rico - Reported in a			00	h	
٥		tive return ibutions due to a disaster declared by the Governo		8)				
9.		ative return (Submit detail)		(9)		00	D	
10.		osidy or stimulus paid by the Federal Govern						
	(Submit detail)			10)		00	0	
11.		y or stimulus paid by the Government of Puerto Ric				00		
10		aidential property leasted in Dyarte Disc granted a				00		
		sidential property located in Puerto Rico granted a				00		00
						00		00
	rt II Exemptions from		(	,				
1.		oyer in relation to a cafeteria plan		(1)		0	0	
2.	Interests upon the following instrur			1				
	A) Obligations from the United S	tates Government, its states, territories or political				0		
		nment of Puerto Rico				0		
		tructions)				0		00
		st bearing accounts up to \$100 (\$200 for married filin tions under Section 6070.56(h) of Act 60-2019				0		
	F) Other interests subject to alter	nate basic tax reported in a Form 480.6D	(4	2F)		0		00
	G) Other interests not subject to a	alternate basic tax reported in a Form 480.6D		2G)		0		
	H) Other interests subject to altern	nate basic tax not reported in a Form 480.6D (Submit	: detail) (2	2H)		0		00
•		alternate basic tax not reported in a Form 480.6D	) (Submit detail)	21)		0	0	
3.	Dividends:	v reported in a Form 190 CD				0	0	00
		x reported in a Form 480.6D c tax reported in a Form 480.6D				0		
		not reported in a Form 480.6D (Submit detail)				0		00
		c tax not reported in a Form 480.6D (Submit deta				0		
4.		s (See instructions)				0		
5.		IRA or Educational Contribution Account (Form 4				0		
6. 7.	Stipends received by certain phys	sicians during the internship period (Form 499R-2 a Puerto Rico Police member (Form 499R-2/W-2PI	(/W-2PR)	(6)		0		
7. 8.		ergency situations (Form 499R-2/W-2PR)				0	0	00
9.		gible researcher or scientist (See instructions)				0		
		reimbursement of travel, meals, lodging, entertain				0		
11.	Cost of living allowance (COLA)	) (Federal Form W-2)		11)		0		
		ve military service in a combat zone (Federal Forr kes, surcharges and other items				0		00
		Rico and the Additional Lottery				0	0	
		s, up to the applicable limitation (Schedule H Individu				0		
16.	Christmas Bonus, Summer Bonu	us and Medicine Bonus		16)		0		
		cipal residence by certain individuals and qualified prope				0		
18.	Unemployment compensation .	no no no sidente of Duorte Dios for the modulation	( ¹	18)		0		
		ens nonresidents of Puerto Rico for the production Puerto Rico (Nonresidents or part-year residents)				0		
		ees of foreign governments or international organiz				0	0	
		e Government of Puerto Rico for public hospitals, h		Ί				
	public schools (Contracts in force	e at November 22, 2010)		22)		0	0	
23.		rom the resale of personal property or services wh				0		
24		2101 of the Internal Revenue Code of 1994				0		
24. 25	Distributions of amounts previous	ly notified as deemed eligible distributions under S	ection 1023.06(i) and 1023.25	24) 25)		0		
		e Individual Retirement Accounts				0	0	
27.	Certain income related to the ope	ration of employees-owned special corporations	(See instructions)	27)		0	0	00
		ome from pass-through entities (Forms 480.60 EC				0		00
		10,000 under Act 516-2004				0		00
30.	income received by designers and	d translators up to \$6,000 under Act 516-2004		3U)		0	U	00

Continue on back. Retention Period: Ten (10) years

Rev. Dec 18 20		Schedule IE Individual - Page 2
Part II Exemptions from Gross Income (Continued)	Items Considered for the Home Mortgage Interests Limitation	Items subject to Alternate Basic Tax
31. Income derived by young people from wages, services rendered or self-employment with special agreement under Act		
135-2014 from (See instructions):		
A) Wages (Form 499R-2/W-2PR or Federal W-2) \$		
B) Manufacturing income (Schedule J Individual, Part II, line 4) \$		
C) Income from the sale of goods (Schedule K Individual, Part II, line 4) \$		
D) Farming income (Schedule L Individual, Part II, line 4) \$		
E) Income from services rendered (Schedule M Individual, Part II, line 4) \$		
F) Rental income (Schedule N Individual, Part II, line 2) \$	1.00	
G) Total (Add lines 31A through 31F)	00	
32. Exempt salaries of a professional in a hard-to-fill position (Form 499R-2/W-2PR) (See instructions)	00	
33. Other payments subject to alternate basic tax reported in a Form 480.6D	00	00
34. Other payments not subject to alternate basic tax reported in a Form 480.6D	00	
35. Other exemptions subject to alternate basic tax not reported in a Form 480.6D (Submit detail)		00
36. Other exemptions not subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	00	
37. Income from residential rent under Act 132-2010 (Schedule N Individual, Part II, line 2)		
38. Exempt amount from manufacturing income (Schedule J Individual, Part IV, line 4)	00	00
39. Exempt amount on income from the sale of goods (Schedule K Individual, Part IV, line 4)	00	00
40. Exempt amount from farming income (Schedule L Individual, Part IV, line 4)	00	00
41. Exempt amount on income from services rendered (Schedule M Individual, Part IV, line 4)	00	00
42. Exempt amount from rental income (Schedule N Individual, Part IV, line 4)	00	00
43. Total (Add lines 1 through 42)	00	00
Part III Total		
1. Total of items considered for the home mortgage interests limitation (Add line 14 of Part I and line 43 of Part II, first column) (1)	00	
2. Total of items subject to alternate basic tax (Add line 14 of Part I and line 43 of Part II, second column)		00
Retention Period: Ten (10) years		

Schedule J Individu Rev. Dec 18 20		MA Faxable year beginning o						20	)20
Taxpayer's name				, =====		Social Sec	curity Number	Schedule J No	of
Part I Questionn Employer Identification Number Merchant's Registration Number		Fill in one: 1 Taxpayer O f during the taxable y	2 Spouse	Fill in here if this is industry or business	ŝ	Day N	erations began: onth Year	Act No. 8 of 1 Act 135-1997	under: 1978 987
		Manufacturing Busin			sed in your inc	· ·	r of employees	Act 83-2010.	8
Manufacturer Number								Act 135-2014 Act 60-2019:	00
Case or Concession Number		siness: ou include with this ret	um (Caa inat)			Perce	entage%	Other:	$\circ$
Industrial Code Municipal Co	Dele Puerto Rico	o CPA's College Sta e diligence checklist f	amp No form ("DDC")	Accredited Agent-Sp	ecialist No.				
Indicate if the business derived inc Concept	come or claimed e	penses related to th	e ownwership	o, use, maintanance I expenses	and deprecia	tion of the <b>if you de</b>	following conce	pts (fill in as application of the income	ble) (See instructions) from this activity
1 automobiles			Yes O	No		n you uo		O No	
3 airships		0	Yes O	No			O Yes	O No	
4 residential property outside of Part II Manufactur		0	Yes O	No			O Yes	No Regular Tax	Alternate Basic Tax
1. Income	-						(1)	00	00
2. Less: Cost of goods sold (	Complete Part V	) (See instructions	s)				(2)	00	
<ol> <li>Gross income (Subtract line 2 (Gross profit margin percenta</li> <li>Less: Exempt amount under 5. Income for the current year (S</li> </ol>	ge: 2019 Act 135-2014 《	202 1 Up to \$40.0	$0 \bigcirc 2$	. See ins. Up to \$500.000 (S	structions)	ns)	(3) (4)	00	
							(5)	00	00
A Deductions that must be re	Expenses and D	ormativa roturni							
<ul> <li>A. Deductions that must be references on the second second</li></ul>	d bonuses to emp	oloyees (See instru	ctions)					00	
<ol> <li>Salaries paid to young university</li> <li>Payments for services ren</li> </ol>	ersity students ( I c dered in Puerto F	ital \$) Departr lico (See instructior	nentofthe Ire 1s)	easury's Internship	Program (1 of	tal\$	_) (See inst.) (2) (3) [	00	00
<ol> <li>Payments for services rei</li> <li>Lease rent and fees paid (</li> </ol>	ndered outside o	f Puèrto Rico (See	instructions	) \ (Real \$	·····		(4) (5)	00	
6. Insurance premiums (Exc	ept contributions	to health or accider	nt plans) (See	e instructions)	)			00	00
8. Internet and cable or sate	ellite television s	ervices					(8)	00	00
9. Bundles (See instruction 10. Advertising	s)							00	
11. Rovalties								00	00
12. Payments for virtual and t 13. Professional associations	fees and dues pa	aid for the benefit of	emplovees .					00	00
14. Homeowners association 15. Payments for judicial or ex	n fees	nification					(14)	00	
16. Certain other expenses (S	See instructions)							00	00
17. Subtotal (Add lines 1 throu B. Deductions not reported in	an informative	return:						00	) 00
<ol> <li>18. Interests on business debts</li> </ol>	s: Mortgages \$	Auto	omobilelease	es\$	and Other	's\$	(18)	00	) 00
<ul> <li>19. Taxes, patents and license</li> <li>a) Property tax (Personal \$</li> <li>b) Other taxes: Patents \$</li> <li>c) State Insurance Fund</li> </ul>	)	)(Real \$		)			(19a)	00	
c) State Insurance Fund	Policy	Licenses \$		and Others \$		·····	(19b) (19c)	00	00
d) Salac and uca tay							(10~1)	100	
20. Depreciation and amortiza 21. Depreciation for business	es with volume of	\$3,000,000 or less	(Submit Sch	iedule E1 No	of	_)	(21)	00	
22. Electric power 23. Water and sewage							(23)	00	00
24. Contributions to health or 25. Social Security tax (FIC	accident plans.						(24)	00	
26 Unemployment tax	,						(26)	00	00
27. Federal self-employment 28. Contributions to qualified	cax (See Instruct pension plans (Se	e instructions. Sub	mit Form AS	6042.1)				00	00
29. Subtotal (Add lines 18 thr C. Other deductions: Indicate with a DDC sworn by an Ac	ough 28)	s that were valida	ted with an	AUP made by a (	Certified Pu	blic Acc	ountant or	00	00
with a DDC sworn by an Ac	credited Agent	Tax Returns Spe	cialist (See	instructions)					00
30. Automobiles expenses (M 31. Other motor vehicle exp 32. Repairs and maintenan	enses (See inst	ructions)	structions)		A			00 00	00
32. Repairs and maintenan 33. Travel expenses (Total e	cesxpenses \$	)			AA			00	
33. Travel expenses (Total e 34. Meal and entertainment e) 35. Materials and office su	penses (Total ex	penses \$/	)(	See instructions).	A		DDCO(34) DDCO(35)		00
36. Materials directly used i	n the manufact	Jre			A		DDCO(36)	00	00
37. Stamps, vouchers and 38. Postage and shipping	tees charges				A		DDCO(37) DDCO(38)	00	00
39. Uniforms					A	UPO	DDC (39) DDC (40)	00	00
40. Parking and toll 41. Office expenses					A	UPO		00	00
42. Bank fees 43. Bad debts					Δ		DDC (42) DDC (43)	00	00
44. Other expenses (Comp	lete Part VII)				A	ÚPÖ			00
44. Other expenses (Comp 45. Subtotal (Add lines 30 46. <b>Total</b> (Add lines 17, 29	and 45)							00	

Rev. Dec 18 20 Schedule J Individual - Page 2 Alternate Basic Regular Tax Part IV **Determination of Gain or Loss** (1) Net income for the current year (Subtract line 46, Part III from line 5, Part II)..... 

 Net income for the current year (Subtractione 46, Part II) from line 5, Part II).
 (1)

 Less: Net operating loss from previous years (Complete Part VIII).
 (2)

 Adjusted net income (Subtract line 2 from line 1).
 (3)

 Less: Exempt amount _______% of line 3 or \$_______(See instructions).
 (4)

 Gain (or loss) (Subtract line 4 from line 3) (Transfer the total to page 2, Part 1, line 2P of the return or Part I, line 3P, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced

 4 5. rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to such gain) (5) 00 00 Cost of Goods Sold Part V 00 Beginning inventory..... (1) 1 00 (2) 2 Plus: Purchases ..... Direct salaries Other direct costs (Part VI, line 17)..... Total (Add lines 1 through 4)..... 00 (3) 3. 4. (4) 00 5. (6) 6. Less: Ending inventory..... Total Cost of Goods Sold (Subtract line 6 from line 5. Transfer to Part II, line 2 of this Schedule)..... (7) 00 7 Part VI Other Direct Costs 00 11. Water and sewage ..... (11) 00 3. 14. Meal expenses paid to production employees (Total 4. 00 5. 6 Insurance premiums (Except contributions to health or 00 accident plans) .....(6) 00 00 00 (8) 8. Sales and use tax on imports ..... Repairs and maintenance ......(9) 9 to Part V, line 4) ..... (17) 00 Part VII Detail of Other Expenses Amount Alternate Basic Description Regular Tax (1) 00 (2) (3) 00 3 4 (4) (5) Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 44) ..... 6 (6) Net Operating Losses from Previous Years Part VIII Year in which the loss (C) Adjustment by Section (A) Loss incurred (D) Expiration date (Day/Month/Year) was incurred (Day/Month/Year) Amount used in Amount ávailable previous years 1033.14(b)(1)(E) of the Code (Subtract Columns B and C from Column A) 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 00 00 00 00 00 00 Total (Transfer to Part IV, line 2) 00 00 00 00

	KIndividual		INCO	ME FR	OM THE	SALE	OF GOOD	S	2	000
Rev. Dec 18 20	CONTRACT CONTRACT	Та	axable vear begin	ining on		andendi	ina on		Ζ	020
Taxpayer's nam	e Wrorrow			J*	Social Secu		er l		Fully Taxable	
Part I	Questionnaire						Schedule K IN	o of	Act 14-1996	
Employer Identi			Fill in one:		ill in here if this is		Date operations be	egan:	Act 1/8-2000 Act 1-2013	
		1 Taxpa	, —	z spouse	dustry or busines		Day Month_		Act 60-2019 -	Sec
Merchant's Regi	stration Number		during the taxa Business - Nun			e assets use	ed in your industry or	business O	Other:	
Number of	employees			,	<b>,</b>				if you are:	Multilevel Business
Industrial Code	Municipal Code	Nature of b		ia ratura (Caa	inst); 1	Audited Fig	ancial Statement			Percentage%
Industrial Code	Municipal Code	Puerto Rico	CPA's Colleg	e Stamp No	)			Z Agreed Up	on Procedures Rep	ort ( AUP )
Indicate if the husin	and derived income	O 3 Due	diligence check	klist form ("D	DC") Accredited	Agent-Spe	cialist No.	the following conce	nto (fill in an annlia	able) (See instructions)
	Concept				laimed expension		Indicate if you d	lerived 80% or me	ore of the income	
1 automobiles 2 vessels										
3 airships				O Yes	O No					
	erty outside of Puer Income from the			O Yes					Regular Tax	Alternate Basic Tax
1. Income from the	e sale of goods and	d construction	n work (See ir	nstructions)				(1)	0	00 00
<ol> <li>Less: Cost of g</li> <li>Gross income (</li> </ol>	goods sold (Comple	ete Part V) (S	See instructio	ns)				(2)		00 00
(Gross profit ma 4. Less: Exempt	argin percentage: 2	2019		2020	- 2 Lin to 05	See ins	tructions)	(3)		00 00 00
5. Income for the	current year (Subtr	ract line 4 froi	ې m line 3)	40,000 C	Z Ob 10 \$0			(5)		00 00
Part III	Operating Expe	nses and De	eductions							
1. Salaries, co	nat must be report commissions and bor	nuses to emp	ormative reti loyees (See ii	u <b>rn:</b> nstructions)	)			(1)	(	00
<ol> <li>Salaries paid</li> <li>Payments for</li> </ol>	at must be report of to young university or services rendere or services rendere and fees paid (See premiums (Except c unication services	students (Tot d in Puerto Ri	tal\$) De ico (See instru	epartment of	the Treasury's	Internship F	Program (Total \$	) (See inst.) (2)	(	
4. Payments f	or services rendere	ed outside of	Puerto Rico (	(See instruc	tions)				(	
<u>6</u> . Insurance p	premiums (Except c	ontributions	to health or ac	cidentplans	s) (See instruc	tions)	))			00
	unication services . d cable or satellite								(	
9. Bundles (S	ee instructions)									
11 Rovalties									(	
13. Professiona	or virtual and techr al associations fees	and dues pa	id for the bene	efit of employ	yees					00
15. Payments f	ers association fee or judicial or extraju	ıdicial indemı	nification						(	00 00
16. Certain oth	er expenses (See i dd lines 1 through 1	nstructions).								
B Deductions n	ot reported in an business debts: Mo	informative	refurn							
10 Tayoc nato	inte and licenses.									
a) Property b) Othertax	tax (Personal \$ es: Patents \$ surance Fund Poli		) (Real \$_ Licenses \$		) and C	Others\$			(	00
c) State Ins d) Sales ar	surance Fund Poli nd use tax	су						(19c) (19d)		
e) Special o	nd use tax contribution for prof	fessional and	advisory ser	vices under	Act 48-2013,	as amende	əd			
21. Depreciatio	on and amortization on for businesses wi	ith volume of	\$3,000,000 ol	rless (Subm	nit Schedule E	1 No	of)		(	00
23. Water and	sewage								(	00 00
24. Contribution	ns to health or acci curity tax (FICA)	ident plans								
26 Unemployn	nent tax `							(26)	(	
28. Contribution	f-employment tax ( ns to qualified pens	ion plans (Se	e instructions	. Submit Fo	rm AS 6042.1)					00
29 Subtotal (A	dd lines 18 throug ions: Indicate the vorn by an Accred	1h 281						(29)		00 00
with a DDC sw 30 Automobile	vorn by an Accred	lited Agent-	Tax Returns	Specialist	(See instruct	ions)				
31. Other moto	es expenses (Mileacor vehicle expenses) or vehicle expenses ad maintenance	es (See instr	ructions)						(	
33. Travel expe	enses (Total expentent	nses_\$	·····	<u>)</u>					(	00
35. Materials a	and office supplie	S					AUP			
36. Materials d	lirectly used in the ouchers and fees	e sale of go	ods				AUP⊂	DDCO(36)		
38. Postage a	nd shipping charg	ges					AUP⊂	DDCO(38)	(	
40. Parking ar	nd toll						AUP⊂	$\rightarrow DDCO(40)$	(	00
42. Bank fees	enses						AUP⊂	DDCO(42)		
43. Bad debts	enses (Complete						AUP⊂	DDCO(43)		
45. Subtotal (A	Add lines 30 throu I lines 17, 29 an	ugh 44)						(45)	(	
40. I UIdi (A00	i illes II, 29 an	u 40)	•••••						L L	

lev. D	ec 18 20								Sched	lule K Individual - Pa	ige 2
	Part IV D	etermination of Gain or Los	S				Re	gular Tax		Alternate Basic Tax	
1.	Net income for the	e current year (Subtract line 46	Part III from line 5, Part II)			(1)			00		00
2	less. Net operation	na loss from previous vears (Co	omolete Part VII)			(2)			00		00
3.	Adjusted net incol	me (Subtract line 2 from line 1	)			(3)			00		00
4.	Less: Exemptamo	ount%ofline3or\$_	(9	See	instructions)	(4)			00		00
5.	Gain (or loss) (Sul Column B or C of S	btract line 4 from line 3) (If it is a Schedule CO Individual, as ap nder an Incentives Act, transfer th	a gain, transfer the total to pay plicable. If it is a loss, see ins	stru	ctions. On the other hand, if it	is a gain taxable					
	to the tax rate a	oplicable to such gain)							00		00
		ost of Goods Sold									
1.	Beginning invent	tory							(1)		00
2.	Plus: Purchases	· · · · · · · · · · · · · · · · · · ·							(2)		00
3.	Total (Add lines '	1 and 2)							(3)		00
4.	Less: Ending inv	ventorv							(4)		00
5.	Total Cost of Goo	ds Sold (Subtract line 4 from lir	ne 3. Transfer to Part II, line 2	2 of	this Schedule)				(5)		00
	Part VI D	etail of Other Expenses							Amo	Alternate Basic	
			Description				Re	egular Tax		Tax	_
1.						(1)			00		00
2.						(2)			00		00
3.						(3)			00		00
4.						(4)			00		00
5.			Treasfer to Deat III line (4)			(5)			00		00 00
		enses (Add lines 1 through 5 let Operating Losses from F		)		(0)			00		100
	in which the loss	(A)	(B)		(C)	(D)					
	was incurred	Loss incurred	Amount used in		Adjustment by Section	Amount availab	ole			piration date	
(D	ay/Month/Year)		previous years		1033.14(b)(1)(E) of the Code			A)	(Day	/Month/Year)	
		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	00		-	00			
		00		00	00			00			
		00		00	00			00			
		00		00	00			00			
		00		00				50			_
	otal (Transfer to										
	Part IV, line 2)	00		00	00		0	00			

Schedule L Individual Rev. Dec 18 20									
ិងភូតិស្រី Taxpayer's name	la	xable year beginning on	, and ending	Social Security	Number	Schedule L No.	of		
Part Questionnaire							O 2 Spouse		
Employer Identification Number		r business O Day	e operations began: _ Month Year	Number	of employees	Fully Taxable	er:		
Merchant's Registration Number		if during the taxable year you dispos f Farming Business - Number, Stre	ed all the assets used	in your industry or	business 🔘	Act135-2014	000		
Case or Concession Number	Nature of	husiness:	NAICS	Perc	entage%	Adt 60-2019 - Sec.	0		
Industrial Code Municipal Code	Indicate if y Puerto Ric	rou include with this return (See inst.): co CPA's College Stamp No. le diligence checklist form ("DDC") /	1 Audited Finan	ncial Statement			oort ("AUP")		
Indicate if the business derived income or	claimed ex	penses related to the ownwership, i	use, maintanance and	depreciation of the	following concer	ots (fill in as applicat	le) (See instructions)		
Concept 1 automobiles		Indicate if you claimed e	xpenses lr	ndicate if you de	rived 80% or m	ore of the income	rom this activity		
2 vessels			0		O Yes	O No			
<ul><li>3 airships</li><li>4 residential property outside of Puerto</li></ul>	Rico	Yes ON Yes ON							
Part II Farming Income						Regular Tax	Alternate Basic Tax		
1. Income					(1)	00			
2. Less: Cost of goods sold (Complete 3. Gross income (Subtract line 2 from line	e Part V) (8	See instructions)			(2)	00	00		
<ol> <li>Gross income (Subtract line 2 from lin (Gross profit margin percentage: 2014.</li> <li>Less: Exempt amount under Act 13</li> </ol>	9	2020	. See instruct	tions)	(3)	00			
<ol> <li>Less: Exempt amount under Act 13</li> <li>Income for the current year (Subtract</li> </ol>	5-2014 C	☐ 1 Up to \$40,000	to \$500,000 (See in	structions)	(4) (5)	00			
Part III Onorating Expons	as and Do	ductions							
A. Deductions that must be reported 1. Salaries, commissions and bonu 2. Salaries, paid to young university str 3. Payments for services rendered in 4. Payments for services rendered 5. Lease, rent and fees paid (See ins 6. Insurance premiums (Except con 7. Telecommunication services 9. Insurance of color services	l in an info	prmative return:							
<ol> <li>Salaries, commissions and bonu</li> <li>Salaries paid to young university str</li> </ol>	ses to emp idents (Tot	oloyees (See instructions) al \$) Department of the Trea	surv's Internshin Prog	 ram(Total\$	(1) ) (See inst ) (2)	00	00		
3. Payments for services rendered in	n Puerto Ri	co (See instructions)			_) (OCC III3t.) (2) (3)	00	00		
<ol> <li>Payments for services rendered</li> <li>Lease rent and fees paid (See instant)</li> </ol>	outside of tructions) (	Puerto Rico (See instructions) Personal \$	Real\$	)	(4) [ (5)	00	00		
6. Insurance premiums (Except con	tributions t	o health or accident plans) (See in	nstructions)	/		00	00		
<ol> <li>I elecommunication services</li> <li>Internet and cable or satellite te</li> </ol>	evision se	rvices		•••••	(7)	00	00		
<ol><li>Bundles (See instructions)</li></ol>						00	00		
10. Advertising 11. Royalties					(11)	00	00		
12. Payments for virtual and technol 13. Professional associations fees ar	ogy tools a	nd other subscriptions			(12)	00	00 00 00		
13. Protessional associations tees at 14. Homeowners, association, fees	nd dues par	id for the benefit of employees			(13) (14)	00	00		
14. Homeowners association fees 15. Payments for judicial or extrajudi	cial indemr	nification			(15)	00	00		
16. Certain other expenses (See ins 17. Subtotal (Add lines 1 through 16)					(17)	00	00		
B. Deductions not reported in an inf 18. Interests on business debts: Mortg	ormative	return:	¢ or	nd Othorn [©]	(40)	00	00		
19. Taxes, patents and licenses:	ages ş	Automobile leases	¢ai		(18)	00	00		
<ul> <li>19. Taxes, patents and licenses:</li> <li>a) Property tax (Personal \$</li> <li>b) Other taxes: Patents \$</li> <li>c) State Insurance Fund Policy.</li> </ul>		)(Real \$	_)		(19a)_ (19b)	00	00		
c) State Insurance Fund Policy					(190) (19c)	00	00		
d) Sales and use tax 20. Depreciation and amortization (S	ubmit Sch	adula E Na of )			(19d)_ (20)	00	00		
21. Depreciation for businesses with	volume of 3	\$3.000.000 or less (Submit Sche	duleE1No. o	of )	(21)	00	00		
22. Electric power						00	00 00		
23. Water and sewage 24. Contributions to health or accide	nt plans				(24)	00	00		
25. Social Security tax (FICA) 26. Unemployment tax						00	00		
27. Federal self-employment tax (Se 28. Contributions to qualified pension	e instructi	ons)		•••••••	(20)	00	00		
28. Contributions to qualified pension	plans (Se	e instructions. Submit Form AS 6	042.1)			00	00		
29. Planting insurance 30. Subtotal (Add lines 18 through C. Other deductions: Indicate the de	29)					00	00		
C. Other deductions: Indicate the de with a DDC sworn by an Accredite	ductions	that were validated with an A	UP made by a Certin	fied Public Acc	ountant or				
31. Automobiles expenses (Mileage 32. Other motor vehicle expenses	a Agent-	(See instructions)				00	00		
32. Other motor vehicle expenses	(See instr	ructions)				00	00		
33. Repairs and maintenance 34. Travel expenses (Total expenses 35. Meal and entertainment expenses 26. Metariale and entertainment expenses	es_\$	)			DDCO(34)	00	00 00 00		
35. Meal and entertainment expenses 36. Materials and office supplies	s(Iotalexp	penses \$) (Se	einstructions)			00	00		
37. Materials directly used in farm	ning				DDCO(37)	00	00 00		
38. Stamps, vouchers and fees . 39. Postage and shipping charges						00	00		
40. Uniforms				AUPO		00	00 00		
41. Parking and toll 42. Office expenses						00	00		
43. Bank fees					DDCO(43)	00	00		
44. Bad debts 45. Other expenses (Complete Pa	art VII)					00	00		
46. Subtotal (Add lines 31 through 47. Total (Add lines 17, 30 and	1 45)					00	00		
47. Iotal (Add lines 17, 30 and	46)				(47)	00	00		

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	Part IV D	etermination of Gain or Los	S				Regular Ta	x	Alternate Basic Tax
2	less. Net operation	current year (Subtract line 47, ng loss from previous years (Come (Subtract line 2 from line 1 punt% of line 3 or \$ btract line 4 from line 3) (Trans	molete Part VIII)	,		(2)		00 00 00 00	00 00 00 00
5.	rate under an Ince tax rate applicabl	Individual, as applicable. If it ntives Act, transfer the total to te to such gain)	is a loss, see instruction he corresponding Colu	ns. On th mn of line	e other hand, if it is a gain taxa 4(i) of Schedule A2 Individual	ble at a reduced according to the		00	00
	Part V Co	ost of Goods Sold							
3. 4. 5.	Plus: Purchases Direct salaries . Other direct costs Total (Add lines 1	torys ss s (Part VI, line 17) through 4)						(2) (3) (4) (5)	00 00 00 00 00
6.	Less: Ending in	ventory						(6)	00
1.		ds Sold (Subtract line 6 from li Dther Direct Costs	ne 5. Transfer to Part II	l, line 2 of	this Schedule)			(7)	00
	Part VI O	ither Direct Costs			10 Electric neuror			(10)	00
1.	Salaries, wages a	and bonuses	(1)		10. Electric power 11. Water and sewage				00
2	Social security ta	ax (FICA)	(2)		00 12. Rent			(12)	00
3. ⊿	Unemployment t	ax Fund Premiums	(3)		13.Packing products ex 14. Meal expenses paid	penses	lovoos (Total	(13)	00
4. 5.	Contributions to h	ealth or accident plans	(5)				ioyees (Total	(14)	00
6.	Insurance premiu	ims (Except contributions to	health or		00 \$) 15. Depreciation (Submit	Schedule E No.	ofor	(15)	00
7	accident plans)	e taxes	(0)		00 Schedule E1 No 00 16. Other direct costs (S	01)) ubmit detail)		(15)	00
8.	Sales and use tax	x on imports	(8)		00 17. Total other direct cos	ts (Add lines 1 throug	h 16. Transfer	(10)	
9.	Repairs and mair	ntenance	(9)		to Part V, line 4)			(17)	00
	Part VII	Detail of Other Expenses	<b>D</b>					Amo	
4			Description			(4)	Regular Tax	_	Alternate Basic Tax
<u> </u>						(1)		00	00
3.						(3)		00	00
4.						(4)		00	00
5.	Total of Other Eve	enses (Add lines 1 through 5.	Transfor to Dart III, lina	45)		(5)		00	00
		Net Operating Losses from		43)				00	00
	ar in which the loss	(A)	(B)		(C)	(D)			
([	was incurred Day/Month/Year)	Loss incurred	Amount úsed ir previous years	3	Adjustment by Section 1033.14(b)(1)(E) of the Code	Amount availat	m Column A)		biration date /Month/Year)
		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		00		
		00		00	00		00		
т	Total (Transfer to			00			50		
	Part IV, line 2)	00		00	00		00		

Schedule M Individual Rev. Dec 18 20	INCOME FROM SERVICES		2020
Taxpayer's name		Social Security Number	Schedule M No of
Part I Questionnaire (* Employer Identification Number Merchant's Registration Number	You must fill out one schedule for each source of income) Fill in here if this is your principal industry or business DayMonthY Fill in here if during the taxable year you disposed all the asse	ear	Fully Taxable Tax Incentives under: Act 1-2013 Act 135-2014 Act 14-2017 Act 60-2019: Section O
Fill in here if Lottery Seller you are: Multilevel Business Industrial Code Municipal Code	Location of Principal Office - Number, Street and City Nature of service: NAICS Indicate if you include with this return (See inst.): 1 Audit	Percentage%	Other:O Case or Concession Number Optional Tax : O Yes O No
Indicate if the business derived income or Concept	Puerto Rico CPA's College Stamp No. 3 Due diligence checklist form ("DDC") Accredited Age claimed expenses related to the ownwership, use, maintanand Indicate if you claimed expenses	ent-Specialist No ce and depreciation of the following concep Indicate if you derived 80% or mo	ots (fill in as applicable) (See instructions) ore of the income from this activity
1 automobiles 2 vessels 3 airships 4 Residential property outside of Puerto F	Yes No Yes No	O Yes	<u>No</u> No
Part II         Income from Servi           1. Income	ices ee instructions) 35-2014 O1 Up to \$40,000 O2 Up to \$500,000 ( 135-2014 (Subtract line 4 from line 3, if applicable. Otherwise individuals, partnerships and special partnerships (Pass-Th	(1) (2) (3) See instructions)	Regular Tax         Alternate Basic Tax           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00
And the information of the current year (Add the part III Operating Expension of the current year (Add the part III Operating Expension of the part of the pa	es and Deductions	(1) p Program (Total \$) (See inst.) (2) (3) (4) (5) (6) (7) (8) (9)	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           00         00
<ol> <li>Payments for virtual and technological associations fees an 14. Homeowners association fees an 14. Homeowners association fees 15. Payments for judicial or extrajudic 16. Certain other expenses (See inst 17. Subtotal (Add lines 1 through 16).</li> <li>B. Deductions not reported in an information of the payments on business debts: Mortgate 19. Interests on business debts: Mortgate 19. Inte</li></ol>	by tools and other subscriptions	(12) (13) (14) (15) (16) (17) and Others \$(18)	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
a) Property tax (Personal \$b) Other taxes: Patents \$c) State Insurance Fund Policy. d) Sales and use taxe) Special contribution for profess 20 Depreciation and amortization (St	) (Real \$)and Others \$ Licenses \$and Others \$ sional and advisory services under Act 48-2013, as ameno ubmit Schedule E Noof) volume of \$3,000,000 or less (Submit Schedule E1 No	(19a) (19b) (19c) (19d) (19d) (19d) (19d) (19d)	00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00
<ol> <li>Water and sewage</li></ol>	nt plans e instructions). plans (See instructions. Submit Form AS 6042.1)	(23) (24) (25) (26)	00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00
<ul> <li>C. Other deductions: Indicate the dewith a DDC sworn by an Accredite 30. Automobiles expenses (Mileage 31. Other motor vehicle expenses of 32. Repairs and maintenance</li></ul>	ductions that were validated with an AUP made by a d Agent-Tax Returns Specialist (See instructions) (See instructions) (See instructions) (Total expenses \$) (See instructions) (See instructions)	AUPO         DDCO         (30)           AUPO         DDCO         (31)           AUPO         DDCO         (32)           AUPO         DDCO         (32)           AUPO         DDCO         (34)           AUPO         DDCO         (35)           AUPO         DDCO         (36)           AUPO         DDCO         (36)           AUPO         DDCO         (36)           AUPO         DDCO         (36)           AUPO         DDCO         (37)           AUPO         DDCO         (39)           AUPO         DDCO         (39)	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
41. Office expenses 42. Bank fees 43. Bad debts 44. Other expenses (Complete Pa 45. Subtotal (Add lines 30 through	rt V) 1 44) 45)	AUPO DDCO (41) AUPO DDCO (42) AUPO DDCO (43) AUPO DDCO (44) 	00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00           00         00

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Schedule M Individual - Page 2

3. Adjusted net income (Subtract line 2 from line 1)       (3)       00       00         4. Less: Exempt amount% of line 3 or \$(See instructions)       (4)       00       00         5. Gain (or loss) (Subtract line 4 from line 3) (If it is a gain, transfer the total to page 2, Part 1, line 2S of the return or Part I, line 3S, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according	Rev. Dec 18 20					Sci	nedule M Individual - Page 2	
Part V       Detail of Other Expenses       Description       Amount       Amount         1.       0.       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0						Regular Tax	Basic Tax	
Part V       Detail of Other Expenses       Description       Amount       Amount         1.       0.       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0	1. Net income for the	e current vear (Subtract line 46	Part III from line 7. Part II)		(1)	0	0 00	
Part V       Description       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V <th c<="" td=""><td>2. Less: Net operation</td><td>ng loss from previous years (Con</td><td>plete Part VI)</td><td></td><td>(2)</td><td></td><td>0 00</td></th>	<td>2. Less: Net operation</td> <td>ng loss from previous years (Con</td> <td>plete Part VI)</td> <td></td> <td>(2)</td> <td></td> <td>0 00</td>	2. Less: Net operation	ng loss from previous years (Con	plete Part VI)		(2)		0 00
Part V       Description       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V <th c<="" td=""><td>3. Adjusted net inco</td><td>ome (Subtract line 2 from line</td><td>1)</td><td></td><td>(3)</td><td>0</td><td>0 00</td></th>	<td>3. Adjusted net inco</td> <td>ome (Subtract line 2 from line</td> <td>1)</td> <td></td> <td>(3)</td> <td>0</td> <td>0 00</td>	3. Adjusted net inco	ome (Subtract line 2 from line	1)		(3)	0	0 00
Part V       Detail of Other Expenses       Description       Amount       Amount         1.       0.       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0       0.0	4. Less: Exempt am	ount % of line 3 o	or\$ (See	instructions)	(4)	0	0 00	
Description       Regular Tax       Alternate Basic Tax       Alternate Basic 00       Operation 00         1.	<ol> <li>Gain (or loss) (Sul Column B or C of at a reduced rate ur to the tax rate approximation</li> </ol>	btract line 4 from line 3) (If it is a g Schedule CO Individual, as appl nder an Incentives Act, transfer the f oplicable to such gain)	ain, transfer the total to page icable. If it is a loss, see instru total to the corresponding Colur	2, Part 1, liné 2S of the return uctions. On the other hand, if it nn of line 4(i) of Schedule A2 Ind	or Part I, line 3S, is a gain taxable ividual, according (5)	C	0 00	
Image: Instant of the loss incurred (Day/Month/Year)         Image: Instant of the los incurred (Day/Month/Year)	Part V D	Detail of Other Expenses				Ai	nount	
2.		•	Description			Regular Tax	Alternate Basic Tax	
3.	1.				(1)	0	0 00	
4.	2.				(2)	0	0 00	
5.       00       00         6. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 44)	3.				(3)	0	00	
6. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 44)       (b)       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       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       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       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00	4.				(4)		0 00	
Part VI         Net Operating Losses from Previous Years           Year in which the loss was incurred (Day/Month/Year)         (A) Loss incurred         (B) Amount used in previous years         (C) Adjustment by Section 1033.14(b)(1)(E) of the Code         (D) Amount available (Subtract Column A)         Expiration date (Day/Month/Year)           0         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           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         00         00           00         00         00         00         00         00         00						-		
Year in which the loss was incurred (Day/Month/Year)         (A) Loss incurred         (B) Amount used in previous years         (C) Adjustment by Section 1033.14(b)(1)(E) of the Code         (D) Amount available (Subtract Columns B and C from Column A)         Expiration date (Day/Month/Year)            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         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         00            00         00         00         00	6. Total of Other Expe	enses (Add lines 1 through 5. Tra	ansfer to Part III, line 44)		(6)	0	0 00	
was incurred (Day/Month/Year)Loss incurredAmount used in previous yearsAdjustment by Section 1033.14(b)(1)(E) of the CodeAmount available (Day/Month/Year)Expiration date (Day/Month/Year)00000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000 <td>Part VI</td> <td>Net Operating Losses from Pro</td> <td>evious Years</td> <td></td> <td></td> <td></td> <td></td>	Part VI	Net Operating Losses from Pro	evious Years					
was incurred (Day/Month/Year)         Loss incurred         Amount used in previous years         Adjustment by Section 1033.14(b)(1)(E) of the Code         Amount available (Subtract Columns B and C from Column A)         Expiration to det (Day/Month/Year)           1         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		(A)	(B)	(C)	(D)	r	· · · · · · · · · · · · · · · · · · ·	
(Day/Workin/Year)		Loss incurred			Amount availab			
Image: Constraint of the constraint	(Day/Month/Year)		previous years	1033.14(b)(1)(E) of the Code	(Subtract Columns B and C fror	m Column A)	ay/worth/rear)	
Image: Solution of the second seco		00	00	00		00		
Image: Sector		00	00	00		00		
Image: Second		00	00	00		00		
Image: Constraint of the constraint		00	00	00		00		
Image: Colored		00				10.00		
Image: Colored		00						
00       00       00       00       00         00       00       00       00       00         00       00       00       00       00         00       00       00       00       00         Total (Transfer to       0       0       0       0								
Image: Color         Image: Color<								
OD         OD         OD         OD         OD           Image: Constraint of the second sec								
OO         OO         OO         OO           Total (Transfer to         Image: Contract of the second sec								
Total (Transfer to								
		00	00	00		00		
	Total (Transfer to							
	Part IV, line 2)	00	00	00		00		

Schedule N Individua				ental II						202	0
Taxpayer's name		Taxable year begini	ning on		and end	Social Secu	rity Numbe				
							, 		ç	Schedule N No	of
Part I Questionnair	-	if this is your	Data ana	rations began:	Number	of employees			Full	y Taxable	0
Employer identification Number		if this is your industry or		onthYear		or employees	01 Ta 02 Sp		Ac	y Exempt: ct 132-2010 ection 1031.02(a)(35)(F)	
Merchant's Registration Number		of rented proper	,				Property		Tax	Incentives under:	
			,	*	,		(Fill in or	ie):	Ac	ct 52 of 1983 ct 78-1993	
Accounting Method: <b>1</b> Cash								lesidential commercial	Ac	ct 74-2010 ct 83-2010	0
<b>2</b> Accrual Fill in here if during the taxable year	Indicate if	the rented pro	perty is loc	cated outside o		Rico O	<u> </u>		Ac Ac	ct 1-2013 ct 135-2014	00
you disposed all the assets used in your industry or business	Nature of t	you include with	this return (S	see inst ):	NAICS _		Percentage	%	Ac	ct 60-2019: Section ther:	0
Municipal Code	$\bigcirc 2$ Å	areed Upon Pro	cedures Rei	port ("AUP")					0	Case or Concess	
	$\bigcirc$ 3 D	erto Rico CPA's ue diligence chec	:klist form ("D	DC")						Case of Concess	son number
Indicate if the business derived income	Acc or claimed e	redited Agent-Spe expenses related	to the own	wership, use, ma	aintanance	e and deprecia	ation of the	following co	ncept	ts (fill in as applicable	) (See instructions)
Concept 1 automobiles			e if you clai	imed expenses	;	Indicate i	f you deri			e of the income from	n this activity
2 vessels		(	◯ Yes	O No				O Ye	es	O No	
<ul><li>3 airships</li><li>4 residential property outside of Puert</li></ul>	o Rico		O Yes							$\frac{O N_0}{O N_0}$	
Part II Rental Incon	ne								(0)	Regular Tax	Alternate Basic Tax
1. Income 2. Less: O 1 Exemptamountu	Inder Act 1	35-2014 up to \$	500.000:\$						(1)	00	00
2. Less: 1Exemptamountu 2Exemptamountu 3. Income for the current year (Sub	Inder Act	132-2010: \$			.>				(2) (3)	00	00
Part III Operating Ex	penses a	nd Deductions	6						(-7		
A. Deductions that must be report 1. Salaries, commissions and bon 2. Salaries paid to young university	<b>ed in an in</b> nuses to en	formative retungloyees (See	urn: instructions	s)					(1)	00	00
<ol><li>Payments for services rendered</li></ol>	d in Puerto	Rico (See instru	uctions)						(3)	00	00
<ol><li>Payments for services rendered</li></ol>	ed outside o	of Puèrto Rico	(See instrue	ctions)					(4)	00	00
<ol> <li>Lease, rent and fees paid (See i</li> <li>Insurance premiums (Except c</li> <li>Telecommunication services .</li> </ol>	ontribution	s to health or ac	cidentplan	s) (See instruct	tions)	,			(6) (7)	00	00
<ol> <li>8. Internet and cable or satellite</li> <li>9. Bundles (See instructions)</li> </ol>	television :	services							(8)	00	00 00 00
10. Advertising 11. Royalties									(10)	00	00
12. Payments for virtual and techn 13. Professional associations fees	oloav tools	and other sub	scriptions						(12)	00	00
14. Homeowners association fee	S	nification		•					(14)	00	00
16. Certain other expenses (See in 17. Subtotal (Add lines 1 through 1 <b>B. Deductions not reported in an</b>	structions	)							(15) (16)	00	00 00
B. Deductions not reported in an i	nformativ	e return:	Automobil	¢		and Otho	¢		(17)	00	00
B. Deductions not reported in an in 18. Interests on business debts: Mo 19. Taxes, patents and licenses:	iyayes ş	)/Deel¢	_Automobile	v ledses p			ιsφ		(10)	00	00
<ul> <li>a) Property tax (Personal \$)</li> <li>b) Other taxes: Patents \$</li> <li>c) State Insurance Fund Police</li> </ul>		) (Real \$) Licenses \$_		) and C	Others\$				(19a) (19b)	00	00
d) Sales and use tax	у 	·····							(19C) (19d)	00	00
<ul> <li>d) Sales and use tax</li> <li>20. Depreciation and amortization</li> <li>21. Depreciation for businesses with</li> </ul>	(Submit Sc th volume c	nedule E No of\$3,000,000 o	of r less (Subn	nit Schedule E	1 No	of	_)		(20) (21)	00	00
22. Electric power 23. Water and sewage									(23)	00	00
24. Contributions to health or acci 25. Social Security tax (FICA)									(25)	00	00
26. Unemployment fax 27. Subtotal (Add lines 18 through C. Other deductions: Indicate the d	26)								(26) (27)	00	00 00
a DDC sworn by an Accredited /	Adent-Lax	Returns Spec	cialist (See	instructions)							
28. Automobiles expenses (Mileag 29. Other motor vehicle expense	es (See ins	)(S structions)	ee instructi	ons)		A A				00	00
30 Renairs and maintenance						Δ			(30) (31)	00	00
31. Travel expenses (Total expenses) 32. Meal and entertainment expenses 33. Materials and office supplie 34. Materials directly used in the	ses (Total e	xpenses\$	/	) (See inst	ructions)	A			(32)	00	00
34. Materials directly used in the 35. Stamps, vouchers and fees	rental bu	siness				A			(34) (35)	00	00
36. Postage and shipping charge 37. Uniforms	les					A	UPO		(36) (37)	00	00
38. Parking and toll 39. Office expenses						A	UPO		(38)	00	00
40. Bank fees						A	UPO	DDCO	(40) (41)	00	00
41. Bad debts 42. Other expenses (Complete 43. Subtotal (Add lines 28 throu	Part V)					A	ŬP O		(41) (42) (43)	00	00
43. Subtotal (Add lines 28 throu 44. <b>Total</b> (Add lines 17, 27 and	gii 4 <i>2)</i> 1 43)								(43) (44)	00	00

Rev. Dec 18 20						Scheo	ule N Individual - Page 2
Part IV De	termination of Gain or Loss	i i			Regular T	ax	Alternate Basic Tax
1. Net income for the	current vear (Subtract line 44.	Part III from line 3. Part II)		(1)		00	00
2. Less: Net operatir	ng loss from previous years (Co	omplete Part VI)		(2)		00	00
3. Adjusted net incor	ne (Subtract line 2 from line 1)			(3)		00	00
4. Less: Exemptamo	unt%ofline3or\$	(See	e instructions)	(4)		00	00
<ol> <li>Gain (or loss) (Sub C of Schedule CO rate under an Incer tax rate applicable</li> </ol>	otract line 4 from line 3) (Transf Individual, as applicable. If it i tives Act, transfer the total to th e to such gain)	er the total to page 2, Part 1, lir s a loss, see instructions. On the scorresponding Column of line	e 2T of the return or Part I, line ne other hand, if it is a gain taxa e 4(i) of Schedule A2 Individual	3T, Column B or able at a reduced , according to the		00	00
Part V D	etail of Other Expenses					Amo	
		Description			Regular T	ax	Alternate Basic Tax
1.				(1)		00	00
2.				(2)		00	00
3.				(3)		00	00
4.				(4)		00	00
5.				(5)		00	00
6. Total of Other Expe	enses (Add lines 1 through 5. T	ransfer to Part III, line 42)		(6)		00	00
	Net Operating Losses from F	Previous Years		1			
Year in which the loss	(A)	(B)	(C)	(D)		Evr	piration date
was incurred (Day/Month/Year)	Loss incurred	Amount used in	Adjustment by Section	Amount availal			/Month/Year)
(Day/Wonth/Tear)		previous years	1033.14(b)(1)(E) of the Code	(Subtract Columns B and C fro.	m Column A)	(=)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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	00		00		
	00	00	00		00		
	00	00	00		00		
	00	00	00		00		
	00	00	00		00		
Total (Transfer to							
Part IV, line 2)	00	00	00		00		

Schedule O Individua	I				
Rev. Dec 18 20	A	LTERNATE BASIC	ТАХ		2020
۳۸۰۲ _{of ۲} ۰۶۳ Taxpayer's name	Taxable year beginning on	,and ending	on, Fill in one:	Soci	al Security Number
raxpayer shame		0	1 Taxpayer <b>2</b> Spouse <b>3</b> Both	0008	
Part I Determination	of Net Income Subject to Alterr	nate Basic Tax			
1. Net income from manufacturing b	ousiness (Schedule J Individual, P	art IV, line 1, Column of Alternat	e Basic Tax)		00
2. Net income from the sale of good					00
3. Netincome from farming busines					
<ol> <li>Net income from services render</li> <li>Net income from rental business</li> </ol>					00
6. Other income received (Add lines					
	.,	. ,		(6)	00
7. Add: Deductions granted under s					00
8. Add (Less): Distributable share in t					00
9. Add (Less): Adjustment for determ			snips under the percentage of comp		loc
10. Add (Less): Distributable share in					
	, , , ,				00
11. Add: Excluded and exempt inco					00
12. Less: Other items not subject to a					00
13. Less: Distributable share on net in					00
14. Less: Wages received by a qualif					
15. Less: Allowable deduction for F 16. Subtract lines 12 through 15 from					00
17. Less: Deductions and personal ex					00
18. Net Income Subject to Alternate E					00
	Tax Computation	,			
1. Total Regular Tax before the crec	it for taxes paid to foreign countries	s, the United States, its states, te	rritories and possessions (Part 3, line	e17 of	
					00
2. Credit for taxes paid to foreign co					
<ol> <li>Net regular tax (Subtract line 2</li> <li>Determine the Alternate Basic Ta</li> </ol>				(3)	
	rnate Basic Tax (Line 18 of Part I)	ie.			
	er \$50,000, multiply line 18 of Par				
b) Over \$50,000 but not over	er \$75,000, multiply line 18 of Par	t I by 3%.			
	er \$150,000, multiply line 18 of Pa				
	ver \$250,000, multiply line 18 of F	Part I by 10%.			
e) Over \$250,000, multiply		on this line)		(4)	oc
5. Credit for taxes paid to foreign co					00
6. Net alternate basic tax (Subtrac					00
7. Excess of Net Alternate Basic	<b>.</b> (				
			ne 20 of the return or Part III, line 7, Co		
				(7)	00
	f the Credit for Alternate Basic		of this Cohedula, If line Cof Dout II is		
1. Excess of regular tax over alternative 3 of Part II. enter zero an			of this Schedule. If line 6 of Part II is		00
2. Multiply line 1 by .25 and enter					00
3. Amount of alternate basic tax pair					00
4. Amount of credit to be claimed (Er					
, , ,				(4)	00
Part IV Determination	of the Amount of Alternate Ba				
	(A) Iternate Basic Tax Paid in Excess of Regular Tax	(B) Adjustment under Section 1021.02(a)(6)(B)(iii)	(C) Amount Used as Credit in Previous Years		(D) Balance
1. 2009	00		00	00	00
2. 2010 3. 2011	00		00	00	00
4. 2012	00		00	00	00
5. 2013	00			00	00
6. Total (Transfer to Part III, line				(6)	00

Schedule P Individual Rev. Dec 18 20	GRADUAL ADJ	2020		
Taxpayer's name		_ and ending on, Fill in one: 1 Taxpayer 2 Spouse 3 Both	Social Security Number	
	3 of the return, Part II, line 11, Column B or C of S A2 Individual, as applicable)			00
2. Maximum amount of taxable net i	ncome to determine the gradual adjustment		500,000	00
3. Subtract line 2 from line 1 (If it is le	ess than zero, enter zero and do not continue wit	h the form) (3)		00
4. 5% of line 3				00
5. Limit:				
(a) Basis to determine the adjustm	ent limit	^(5a) 8,895 00	<u>)</u>	
exemption for dependents (Li	tion, additional personal exemption for veterans nes 7, 8 and 9 from Part 2 of the return or lines 5 , of Schedule CO Individual)	5, 6D		_
6. Total limit (Add lines 5(a) and 5(b	))			00
	er of line 4 or 6. Enter here and in Part 3, line 15 c , as applicable) Retention Period: Ten			00

Schedule Q1	INVESTMENT FU	NDS				
Rev. 12.20	DETERMINATION OF ADJUSTED B ORDINARY INCOME AND S	SPECIA	LTAX		1	20
Taxpayer's name		-		5		ecurity or Employer tification Number
Part I Computation of A	Adjusted Basis and Taxable Distributions					
Computation of A			Column A	Column B		Column C
Entity's Name						
Employer Identification	Number					
	tment at the beginning of the taxable year		00		00	00
	uring the year		00		00	00
	ns on reinvestments (See instructions)		00		00	00
	credit (Subtract line 3 from the sum of lines 1 and 2)		00		00	00
	year (See instructions)		00		00	00
6. Adjusted basis before dist	ributions of the year (Subtract line 5 from line 4)	(6)	00		00	00
7. Exempt distributions rece	eived from the Fund or Designated Entity during the taxable year	from				
corporations and partners	hips under the Tax Incentives Act (according to Form 480.6B)	(7)	00		00	00
8. Adjusted basis before the r	non-exempt distributions (Subtract line 7 from line 6. If it is less than a	zero,				
enter zero)		(8)	00		00	00
9. Non-exempt distributions	received during the taxable year	(9)	00		00	00
10. Adjusted basis at the end of	of the taxable year:					
<ul> <li>If line 8 is more that</li> </ul>	n line 9, enter the difference and do not complete the rest of the	form				
(See instructions).						
• If line 9 is more than	line 8, enter zero and transfer the difference to line 11	(10)	00		00	00
11. Excess of distributions ove	r the adjusted basis (Transfer to Part 1, line 2I of the return or to Sche	dule				
	3I, as applicable)		00		00	00
	clude as ordinary income (See instructions)		00		00	00
	ect to include as ordinary income (Add line 12 of Column A thro				. (13)	00
	cial Tax (Add line 11, Columns A, B and C less line 13. Enter here and					00
	a 14 by 10%. Enter the amount here)					00
	or taxable distributions (See instructions). Transfer to Schedule B					00

Rev. 12.20 Schedule Q1- Page 2 NOTE: Use Part II, III and IV to determine the capital gain (or loss) attributable to the investment through a fund. The losses under Act 46-2000 will not be reported on this schedule. The same will be reported on Schedule D Individual or D Corporation, whichever applies. Part II Determination of Short-term Capital Gain or Loss (See instructions) (A) (C) (D) (F) (B) (E) Date Date Sales Price Adjusted Basis Sales Expenses Gain or Loss Description of Property Acauired Sold 00 00 00 00 00 00 00 0000 00 00 001. Net short-term capital gain (or loss) in the sale or exchange of securities of a fund: • If it is a gain, transfer to Schedule D Individual, Part I (See instructions). 00 Determination of Long-term Capital Gain or Loss (See instructions) Part III (A) (B) (C) (D) (E) (F) Date Date Sales Price Adjusted Basis Sales Expenses Gain or Loss Description of Property Sold Acquired 00 00 00 00 00 00 00 00 00 00 00 00 1. Net long-term capital gain (or loss) in the sale or exchange of securities of a fund: • If it is a gain, transfer to Part IV, line 1 of this Schedule. 00 Special Tax Computation over Long-term Capital Gains of an Investment Fund Part IV 1. Long-term capital gain in the sale or exchange of securities of a fund (See instructions)......(1) 00 00 3. Net capital gain to be recognized (Subtract line 2 from line 1. If it is less than zero, transfer to Schedule Q, Part IV, line 1(a)). If it is more than zero, transfer to Part 1, line 2J of the return or to Schedule CO Individual, Part I, line 3J, as applicable, and to Schedule A2 Individual, 

Schedule R Individual

Rev. Dec 18 20	AND	CORPORATIONS OF (RECONCILIATI			2	020
ATTANT OF PUT	Taxable year beginni	ng on, and	d ending on			
Taxpayer's name	•		Fill in one:		Social Se	curity Number
		1 Taxpayer	O 2 Spouse	◯ 3 Both		
Amount of Schedules R1 Inc	dividual included	Amount of Forms	480.60 EC	An	nount of Federal Sch	nedules K-1
Part I Questionnaire						
1. Distributable share on gross i	incomo from convigos ron	dered of special partnership	e or partnorships (Ero	m Dart Lof all Sch	odulos	
R1 Individual included)						00
2. Distributable share on gross						
Individual included)					(2)	00
3. Distributable share on gross i						
Individual included)						00
4. Distributable share on gross i				,		00
5. Less: Share of net income att		• •				00
Individual)						00
6. Total distributable share on g (Subtract line 5 from line 4)						00
7. Distributable share in busines						00
8. Distributable share in busines					·	00
9. Distributable share in busines		,		,		00
10. Distributable share in busine	• •	<b>.</b> .			· ·	00
11. Less: Exempt income from		· ·	,			00
12. Less: Exempt income from	corporation of individuals	(From Part III, line 2(d) of al	Schedules R1 Indivi	dual included)	(12)	00
13. Total distributable share in th			line 11 and 12 from lin	ie 10)	(13)	00
	s from Special Partnershi					
1. Total income from Schedule F	<b>`</b>	,		,		00
2. Total losses from Schedule R			Schedules R1 Individ	dual included)	(2)	00
	s from Corporations of In				(4)	00
1. Total income from Schedule F	,			,		00
2. Total losses from Schedule R Part IV Distributable Share	,	ships, Special Partnerships		/	(2)	00
1. Aggregated net income from p		· · · · ·			) (1)	00
2. Multiply line 1 by .90	1 1 1		•		'	00
3. Aggregated net loss from part						00
4. Allowable loss (Enter the sma	1 1 1		,	,		
instructions)						00
5. Subtract line 4 from line 1. Tra	insfer this amount to Part 1	, line 2K of the return or to Sc	hedule CO Individual,	, Part I, line 3K, Co	lumn B	
or C, as applicable						00
6. Carryforward for future years (	(Subtract line 4 from line 3	If line 3 is zero, enter zero or	n this line. See instructi	ions)	(6)	00

Schedule R1 Individual PARTNER	RSHIPS, SPECIAL PARTNERSHIP	S AND CORPORAT	IONS OF INDIVIDUA	LS		2020	
	Taxable year beginning on,	and ending on				2020	
Taxpayer's name			Fill in one:		Socia	al Security Number	
	Schedule R1 Individual of	1 Taxpayer	○ 2 Spouse ○ 3	Both		-	
Part I Adjusted Basis Determination of a Partner in	one or more Special Partnerships or Partnersl	hips	Column A	Co	olumn B	Column C	
Type of form			10480.60 EC 20K-1		60 EC 20K-1	1 • 480.60 EC 2 •	⊃K-1
Type of taxable year			1 Calendar 2 Fiscal				⊃ Fiscal
Type of taxable year Did the entity choose the optional tax of Section 1071.10	of the Code? (See instructions)		10 Yes 20 No	1 Yes	2 🔿 No	10 Yes 20	⊃No
Name of entity							
Name of entity Employer identification number Control number of Form 480.60 EC (Does not apply to F	adaral Sabadula K 1)						
Electronic filing confirmation number of Form 480.60 EC	Cores not apply to Federal Schedule K-1)						
Distributable share on gross income from services repu	dered of the partnership (Form 480.60 FC. Par	t III line 23(a))					
Distributable share on gross income from services rendered Distributable share in the business volume of the partn	d of subsidiary pass-through entities (Form 480.6	0 EC, Part III, line 25(a))					
Distributable share in the business volume of the partn	ership (Subtract line 23(a) from line 23, Part III	of Form 480.60 EC)					
Distributable share in the business volume of subsidiary	/ pass-through entities (Subtract line 25(a) from	1 line 25, Part III of Form					
480.60 EC)							
1. Adjusted basis at the end of the previous taxable ye	ar		00		00		00
2. Basis increase:	ite from our other (Coo instructions)	(22)	00		00		00
<ul> <li>(a) Partner's distributable share on income and prof</li> <li>(b) Contributions made during the year</li> </ul>	its from current year (See Instructions)	(2d) (2h)	00		00		00
(c) Partnership's capital assets gain		(2c)			00		00
(d) Exempt income		(2d)			00		00
(e) Other income or gains (See instructions)		(2e)	00		00		00
(f) Total basis increase (Add lines 2(a) through 2(e)	))	(2f)	00		00		00
3 Basis decrease							
<ul> <li>(a) Partner's distributable share on partnership's lo</li> <li>(b) Partnership's capital assets loss</li> </ul>	ss used in previous year		00		00		00
(b) Partnership's capital assets loss		(3D) (2c)	00		00		00
<ul> <li>(c) Distributions during the year</li> <li>(d) Credits claimed in the preceding year (See instr</li> </ul>	unitions)	(30) (30)			00		00
(e) Withholding at source during the year	uctions)	(3e) (3e)			00		00
(f) Non admissible expenses for the year		(3f)			00		00
<ul> <li>(a) Distributable share on losses from exempt oper</li> </ul>	ations during the year	(3g)	00		00		00
<ul> <li>(h) Contributions (Does not apply to special partner:</li> <li>(i) Partner's debts assumed and guaranteed by the</li> </ul>	ships)	(3h)	00		00		00
(i) Partner's debts assumed and guaranteed by the	e partnership		00		00		00
<ol> <li>Iotal basis decrease (Add lines 3(a) through 3(</li> </ol>	())	(3j)	00		00		00
4. Adjusted Basis (Subtract line 3(j) from the sum of	ines 1 and 2(f). I ransfer this amount to line 6(a	(4) ⁽⁴⁾	00		00		00
Part II Determination of Net Income or Loss in o	ne or more Special Partnerships or Partnership	)S(Fe)		-	00		00
5. (a) Partner's distributable share on partnership's los	s for the year	(5a) (5b)	00		00		00
<ul> <li>(b) Distributable share on the loss of a partnership (</li> <li>(c) Loss carryover from previous years (See instructed)</li> <li>(d) Tatallages (Addiage 5(a) through 5(a))</li> </ul>	bi special partnership owned by the entity	(5c) (5c)	00		00		00
(u) Iotaliosses (Add lines 5(a) Infolion 5(c))		(00)	00		00		00
<ul> <li>6. (a) Adjusted Basis (Part I, line 4)</li> <li>(b) Partnership's debts under Tourism Incentives Act</li> </ul>		(6a)	00		00		00
(b) Partnership's debts under Tourism Incentives Act	or Tourism Development Act attributable to partne	er ^(6b)	00		00		00
(C) Partnership's current debts assumed and guara	nteed by the partner	(6c)	00		00		00
(0) Iotal partner's adjusted basis (Add lines 6(a) thr	pugh 6(c))	(bd)	100		00		00
7. (a) Distributable share on partnership's net income for	or the year (Form 480.60 EC) (See instructions)	(/a) (7b)	00		00		00
<ul> <li>(b) Distributable share in the gain of a partnership o</li> <li>(c) Total income received (Add lines 7(a) and 7(b))</li> </ul>	special partnership owned by the entity	(70) (7c)	00		00		00
(v) Total income received (Add lines 7 (a) and 7 (b)) 8 Available losses (The smaller of lines 5(d) or 6(d))		(70)	00		00		00
<ol> <li>Available losses (The smaller of lines 5(d) or 6(d))</li> <li>Total income (Add the amounts determined on line 7</li> </ol>	(c), Columns A through C. Transfer to Schedule	e R Individual, Part II. line 1	)				00
10. Total losses (Add the losses determined on line 8, C	Columns A through C. Transfer to Schedule R In	ndividual, Part II, line 2)	,	<u></u>	(10)		00

Part III Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals		Column A	Column B	Schedule R1 Individual - Column C
Fill in one:  1 Taxpayer  2 Spouse  3 Both				
ype of taxable year		1 O Calendar 2 O Fiscal	1 O Calendar 2 O Fiscal	1 O Calendar 2 O Fis
Did the entity choose the optional tax of Section 1115.11 of the Code? (See instructions)		1 O Yes 2 O No	1 Yes 2 No	1 Yes 2 No
Name of entity				
Employer identification number				
Control number of Form 480.60 EC (Does not apply to Federal Schedule K-1)				
Electronic filing confirmation number of Form 480.60 EC (Does not apply to Federal Schedule K-1)				
Distributable share on gross income from services rendered of the corporation of individuals (Form 480.60 EC, Part III, line 23)				
Distributable share in the business volume of the corporation of individuals (Subtract line 23(a) from line 23, Part III of Fo				
80.60 EC)				
1. Adjusted basis at the end of the previous taxable year	(1)	00	00	
2. Basis increase:	(20)	00	00	
<ul> <li>(a) Stockholder's distributable share on income and profits from current year (See instructions)</li> <li>(b) Costributions mode during the user</li> </ul>	(2d)	00		
<ul> <li>(b) Contributions made during the year</li> <li>(c) Corporation of individual's capital assets gain</li> </ul>	⁽²⁰⁾			
(d) Exempt income	(20) (2d)			
(e) Other income or gains (See instructions)	(2e)	00		
(f) Total basis increase (Add lines 2(a) through 2(e))	(2f)	00		
3. Basis decrease:	()			
<ul> <li>(a) Stockholder's distributable share on corporation of individual's loss used in previous year</li> </ul>	(3a)	00	00	
(b) Corporation of individual's capital assets loss		00	00	
(c) Distributions during the year	(3c)	00		
(d) Credits claimed in the preceding year (See instructions)	(3d)	00	00	
(e) Withholding at source during the year	(3e)	00	00	
(f) Non admissible expenses for the year	(3f)	00	00	
(g) Distributable share on losses from exempt operations during the year	(3g)	00		
(h) Stockholder's debts assumed and guaranteed by the corporation of individuals	(3h)	00		
(i) Total basis decrease (Add lines 3(a) through 3(h))	(3i)	00		
4. Adjusted Basis (Subtract line 3(i) from the sum of lines 1 and 2(f). Transfer this amount to line 6(a))	(4)	00	00	
Part IV Determination of Net Income or Loss in one or more Corporations of Individuals				
5. (a) Stockholder's distributable share on corporation of individual's loss for the year	(5a)	00		
(b) Loss carryover from previous years (See instructions)				
(c) Total losses (Add lines 5(a) and 5(b))		00		
6. (a) Adjusted Basis (Part III, line 4)		00		
(b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockhold	der (6b)	00		
(c) Corporation of individual's current debts assumed and guaranteed by the stockholder		00		
(d) Total stockholder's adjusted basis (Add lines 6(a) through 6(c))		00		
7. Distributable share on corporation of individual's net income for the year (Form 480.60 EC)(See instructions)		00		
8. Available losses (The smaller of lines 5(c) or 6(d))		00		
<ol> <li>Total income (Add the amounts determined on line 7, Columns A through C. Transfer to Schedule R Individual, Part I</li> <li>Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part III, Ii</li> </ol>	II, IINE 1	1)		

# Schedule X Individual

TREASURE

Rev. Dec 18 20

# **OPTIONAL TAX TO SELF-EMPLOYED INDIVIDUALS**

(Under Section 1021.06 of the Puerto Rico Internal Revenue Code of 2011, as amended)

2020

Image: Control of the section 1021.06 of the Puerto Rico Internal Revenue Code of 2011, as amended)         Taxable year beginning on			ue Code of 2011,	2020
	Taxable year beginning on	, and ending on	,	
Taxpayer's name			Social Security Number	
Spouse's name			Spouse's Social Security Number	
Fill in one:Optional tax election (Section 1021.06 of the Code):1 Taxpayer3 Both1 Partial Waiver - 6% (CC RI 19-16)2 Spouse2 With Return		Merchant's Registration Number		
Part I Determination of	f Eligibility to Pay the Optional Tax			
<ul> <li>B) Income earned through pass-th</li> <li>C) Gross income related to service instructions)</li> <li>D) Total gross income from service</li> </ul>	ome from services rendered: ndered (Line 1, Part II of Schedule M In rough entities (Line 6, Part II of Schedul es rendered by pass-through entities ( ces rendered (Add lines 1A through 1	e M Individual) Line 6, Part I of Schedule R Individua	(1B) al. See 	00 00 00 (1D)
<ul> <li>applicable (See instructions)</li> <li>B) Othergrossincome reported by a Individual. See instructions)</li> <li>C) Other exempt income (Schedu Less: Exempt amounts includ i. Income derived by young peo special agreement under Act 1 ii. Income from residential ren Individual)</li> <li>iii. Exempt amount from mar Individual)</li> <li>iv. Exempt amount from farmingi vi. Exempt amount from framingi vi. Exempt amount from rental individual)</li> <li>v. Exempt amount from farmingi vi. Exempt amount from rental individual)</li> <li>v. Exempt amount from farmingi vi. Exempt amount from rental in D) Total adjustments for exempt a E) Total other income (Subtract I 3. Total gross income received duri</li> </ul>	items reported in Part I, page 2 of the re- partnership, special partnership or corpora le IE Individual, Part II, line 43, first Colu ed as part of the gross income reported ble from wages, services rendered or self- 35-2014 (Line 31G, Part II of Schedule IE I under Act 132-2010 (Line 37, Part II ufacturing income (Line 38, Part II from the sale of goods (Line 39, Part II ncome (Line 40, Part II of Schedule IE Indivi nservices rendered (Line 41, Part II of Sche come (Line 42, Part II of Schedule IE Indivi imounts (Add lines 2Ci through 2Cvii) ine 2D from the sum of lines 2A throu ng the year (Add lines 1D and 2E)	ation of individuals (Line 13, Part I of Schem).         In Part I, page 2 of the return:         employment with         Individual)         of Schedule IE	(2A) edule R (2B) 	(3)
<ul> <li>If it is less than 80%, you are on page 2 of the return or S</li> <li>If it is 80% or more and you</li> </ul>	es rendered on gross income received ( not eligible to choose the optional tax. I chedule CO Individual, as applicable. elect the optional tax, continue with Pa the Optional Tax on Gross Income	Do not complete the rest of this schedu	ule and determine your tax lia	
<ol> <li>Total gross income received during</li> <li>Less: Exempt income (Line 43, Pa</li> <li>Income Subject to Optional Tax (St</li> <li>Determine the Optional Tax as follows)</li> </ol>	the year (Line 3, Part I of this Schedule) art II of Schedule IE Individual) ubtract line 2 from line 1 of this Part II) ows:			(2)
<ul> <li>(c) Over \$200,000 but not over</li> <li>(d) Over \$300,000 but not over</li> <li>(e) Over \$400,000 but not over</li> <li>(f) Over \$500,000, multiply li</li> <li>This is your Optional Tax</li> </ul>	ly line 3 of this Part II by 6%. er \$200,000, multiply line 3 of this Part er \$300,000, multiply line 3 of this Part er \$400,000, multiply line 3 of this Part er \$500,000, multiply line 3 of this Part ne 3 of this Part II by 20%.	II by 13%. II by 15%. II by 17%.		
<ol> <li>Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions).</li> </ol>				
6. Optional tax net of the credit for tax	es paid to foreign countries, the United S ne 23 of the return)	States, its states, territories and posse	ssions (Subtract line 5 from li	ne4.