

Schedule B Individual

Rev. Dec 18 20



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

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I**Recapture of Credits Claimed in Excess**

Column A

Column B

Column C

Name of entity:

Employer identification No:

Credit for:

| | | | | | | | | |
|---|----|-----------------------|-------|----|-----------------------|-------|----|-----------------------|
| Tourism Development | 1 | <input type="radio"/> | | 1 | <input type="radio"/> | | 1 | <input type="radio"/> |
| Solid Waste Disposal | 2 | <input type="radio"/> | | 2 | <input type="radio"/> | | 2 | <input type="radio"/> |
| Capital Investment Fund | 3 | <input type="radio"/> | | 3 | <input type="radio"/> | | 3 | <input type="radio"/> |
| Theatrical District of Santurce | 4 | <input type="radio"/> | | 4 | <input type="radio"/> | | 4 | <input type="radio"/> |
| Film Industry Development | 5 | <input type="radio"/> | | 5 | <input type="radio"/> | | 5 | <input type="radio"/> |
| Housing Infrastructure | 6 | <input type="radio"/> | | 6 | <input type="radio"/> | | 6 | <input type="radio"/> |
| Construction or Rehabilitation of Rental Housing Projects for Lower Moderate Income Families | 7 | <input type="radio"/> | | 7 | <input type="radio"/> | | 7 | <input type="radio"/> |
| Conservation Easement | 8 | <input type="radio"/> | | 8 | <input type="radio"/> | | 8 | <input type="radio"/> |
| Economic Incentives (Research and Development) | 9 | <input type="radio"/> | | 9 | <input type="radio"/> | | 9 | <input type="radio"/> |
| Economic Incentives (Strategic Projects) | 10 | <input type="radio"/> | | 10 | <input type="radio"/> | | 10 | <input type="radio"/> |
| Economic Incentives (Industrial Investment) | 11 | <input type="radio"/> | | 11 | <input type="radio"/> | | 11 | <input type="radio"/> |
| Green Energy Incentives (Research and Development) | 12 | <input type="radio"/> | | 12 | <input type="radio"/> | | 12 | <input type="radio"/> |
| Other: | 13 | <input type="radio"/> | | 13 | <input type="radio"/> | | 13 | <input type="radio"/> |

| | | | |
|---|-----|--|----|
| 1. Total credit claimed in excess | (1) | | 00 |
| 2. Recapture of credit claimed in excess paid in previous year, if applicable | (2) | | 00 |
| 3. Recapture of credit claimed in excess paid this year (Transfer to Part 3, line 24 of the return. See instructions) | (3) | | 00 |
| 4. Excess of credit due to next year, if applicable (Subtract lines 2 and 3 from line 1. See instructions) | (4) | | 00 |

Part II**Tax Credits** (Do not include estimated tax payments. Include such payments in Part III of this Schedule)**A. CREDITS SUBJECT TO MORATORIUM**

| | | | |
|--|------|--|----|
| 1. Credit attributable to losses or for investment in the Capital Investment Fund (See instructions) | (1) | | 00 |
| 2. Credit for investment in housing infrastructure (Act 98-2001, as amended) (See instructions) | (2) | | 00 |
| 3. Credit for investment in the acquisition, construction or rehabilitation of affordable rental housing to the elderly (Chapter 2 of Act 140-2001, as amended) (See instructions) | (3) | | 00 |
| 4. Credit for construction investment in urban centers (Act 212-2002, as amended) (See instructions) | (4) | | 00 |
| 5. Credit for the establishment of an eligible conservation easement or donation of eligible land (Act 183-2001, as amended) (See instructions) | (5) | | 00 |
| 6. Credit for the purchase of tax credits (Complete Part IV) (See instructions) | (6) | | 00 |
| 7. Credits carried from previous years (Submit detail) | (7) | | 00 |
| 8. Other credits subject to moratorium not included on the preceding lines (Submit detail) | (8) | | 00 |
| 9. Total credits subject to moratorium (Add lines 1 through 8) | (9) | | 00 |
| 10. 50% of the tax determined (Multiply the amount in Part 3, lines 22 and 23 of the return by .50) | (10) | | 00 |
| 11. Total credits subject to moratorium to be claimed (Enter the smaller of line 9 or 10) | (11) | | 00 |

B. CREDITS NOT SUBJECT TO MORATORIUM

| | | | |
|--|------|--|----|
| 12. Credit for investment in Tourism Development (Act 78-1993 and Act 74-2010) | (12) | | 00 |
| 13. Credit for: <input type="radio"/> Section 4(a) of Act 8 of 1987 or <input type="radio"/> Section 3(b) of Act 135-1997 (See instructions) | (13) | | 00 |
| 14. Credit for investment in film industry development (Act 27-2011): <input type="radio"/> Film Project or <input type="radio"/> Infrastructure Project (See instructions) | (14) | | 00 |
| 15. Credit for the purchase or transmission of television programming made in Puerto Rico (Section 1051.14) (See instructions) | (15) | | 00 |
| 16. Credit for contributions to former governors foundations (See instructions) | (16) | | 00 |
| 17. Credit for payments of Membership Certificates by Ordinary and Extraordinary Members of Employees-Owned Special Corporations (See instructions) | (17) | | 00 |
| 18. Credit for contributions to: <input type="radio"/> 1 Santa Catalina's Palace Patronage <input type="radio"/> 2 Patronage of the State Capitol of the Legislative Assembly (See instructions) | (18) | | 00 |
| 19. Credit for investment (Section 6 of Act 73-2008) | (19) | | 00 |
| 20. Credit for investment in opportunity zones (Act 60-2019) | (20) | | 00 |
| 21. Credit for the purchase of tax credits (Complete Part IV) (See instructions) | (21) | | 00 |
| 22. Credits carried from previous years (Submit detail) | (22) | | 00 |
| 23. Other credits not subject to moratorium not included on the preceding lines (Submit detail) | (23) | | 00 |
| 24. Total credits not subject to moratorium to be claimed (Add lines 12 through 23) | (24) | | 00 |
| 25. Total tax credits (Add lines 11 and 24) | (25) | | 00 |
| 26. Total tax determined (Part 3, lines 22 and 23 of the return) | (26) | | 00 |
| 27. Credit to be claimed (Enter the smaller of line 25 or 26. Transfer to page 2, Part 3, line 25 of the return) | (27) | | 00 |
| 28. Carryforward credits (Subtract line 27 from the sum of lines 9 and 24) | (28) | | 00 |

Part III Other Payments and Withholdings

| | | | |
|--|-------|--|----|
| 1. Estimated tax payments for 2020 | (1) | | 00 |
| 2. Tax paid in excess in prior years credited to estimated tax | (2) | | 00 |
| 3. Payment with original return (Applies only if you are filing an amended return. See instructions) | (3) | | 00 |
| 4. Tax withheld to nonresidents (Form 480.6C) | | | |
| (a) Dividends subject to 15% under Section 1062.08 | (4a) | | 00 |
| (b) Dividends subject to preferential rate under special act | (4b) | | 00 |
| (c) Royalties subject to special rate under incentives acts | (4c) | | 00 |
| (d) Other withholdings | (4d) | | 00 |
| 5. Tax withheld to nonresidents on IRA distributions (Form 480.7) | (5) | | 00 |
| 6. Tax withheld on interests | | | |
| (a) Form 480.6B | (6a) | | 00 |
| (b) Form 480.7 | (6b) | | 00 |
| (c) Form 480.7B | (6c) | | 00 |
| 7. Dividends from corporations (Form 480.6B) | (7) | | 00 |
| 8. Dividends subject to preferential rate under special act (Form 480.6B) | (8) | | 00 |
| 9. Services rendered by individuals (Form 480.6SP) (Total of Informative Returns <input type="text"/>) | (9) | | 00 |
| 10. Payments for judicial or extrajudicial indemnification (Form 480.6B) | (10) | | 00 |
| 11. Tax withheld at source on distributable share to stockholders or partners of pass-through entities (Form 480.60 EC) on: | | | |
| (a) Interest income subject to preferential rate (See instructions) | (11a) | | 00 |
| (b) Eligible distribution of dividends from corporations (See instructions) | (11b) | | 00 |
| (c) Net income (or loss) from the entity's industry or business (See instructions) | (11c) | | 00 |
| (d) Net income (or loss) on partially exempt income (See instructions) | (11d) | | 00 |
| (e) Net income (or loss) on income subject to preferential rate (See instructions) | (11e) | | 00 |
| (f) Other items (See instructions) | (11f) | | 00 |
| 12. Tax withheld at source on distributable share to trustees of revocable trusts or grantor trusts (Form 480.60 F) on: | | | |
| (a) Interest income subject to preferential rate (See instructions) | (12a) | | 00 |
| (b) Eligible distribution of dividends from corporations (See instructions) | (12b) | | 00 |
| (c) Total distributions from qualified retirement plans (See instructions) | (12c) | | 00 |
| (d) Other items (See instructions) | (12d) | | 00 |
| 13. Tax withheld at source on distributable share to members of an employees-owned special corporation (Form 480.60 CPT) (See instructions): | | | |
| (a) Eligible distribution of benefits or dividends (Line 1, Part V of Form 480.60 CPT) | (13a) | | 00 |
| (b) Other items | (13b) | | 00 |
| 14. Tax withheld on IRA or Educational Contribution Accounts distributions of income from sources within Puerto Rico: | | | |
| (a) Form 480.7 | (14a) | | 00 |
| (b) Form 480.7B | (14b) | | 00 |
| 15. Tax withheld on IRA distributions to Governmental pensioners (Form 480.7) | (15) | | 00 |
| 16. Tax withheld at source on distributions from deferred compensation plans (Non qualified) (Form 480.7C) | (16) | | 00 |
| 17. Tax withheld at source on qualified pension plans distributions (Form 480.7C) | (17) | | 00 |
| 18. Tax withheld at source on pension plan distributions received as an annuity or periodic payments (Form 480.7C) | (18) | | 00 |
| 19. Tax withheld on distributions and transfers from Governmental Plans (Form 480.7C) | (19) | | 00 |
| 20. Income tax withheld on income from sport teams of international associations or federations (Forms 480.6B or 480.6C) | (20) | | 00 |
| 21. Other payments and withholdings not included on the preceding lines: | | | |
| (a) Reported in an Informative Return (See instructions) | (21a) | | 00 |
| (b) Not reported in an Informative Return (Submit detail) | (21b) | | 00 |
| (c) Tax withheld at source on distributions for reason of a disaster declared by the Governor of Puerto Rico (See instructions) | (21c) | | 00 |
| 22. Total other payments and withholdings (Add lines 1 through 21. Transfer to page 2, Part 3, line 27B of the return) | (22) | | 00 |

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:

| | | | |
|--|------|--|----|
| A. CREDITS SUBJECT TO MORATORIUM | | | |
| 1. <input type="radio"/> Solid Waste Disposal (Act 159-2011) | (1) | | 00 |
| 2. <input type="radio"/> Capital Investment Fund (Act 46-2000) | (2) | | 00 |
| 3. <input type="radio"/> Housing Infrastructure (Act 98-2001) | (3) | | 00 |
| 4. <input type="radio"/> 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) | | 00 |
| 5. <input type="radio"/> Conservation Easement (Act 183-2001) | (5) | | 00 |
| 6. <input type="radio"/> Revitalization of Urban Centers (Act 212-2002) | (6) | | 00 |
| 7. <input type="radio"/> Other: (Submit detail) | (7) | | 00 |
| 8. Total credit for the purchase of tax credits subject to moratorium (Add lines 1 through 7. Transfer to Part II, line 6) | (8) | | 00 |
| B. CREDITS NOT SUBJECT TO MORATORIUM | | | |
| 9. <input type="radio"/> Tourism Development (Act 78-1993 and Act 74-2010) | (9) | | 00 |
| 10. <input type="radio"/> Tourism Eligible Investment (Act 60-2019) | (10) | | 00 |
| 11. <input type="radio"/> Film Industry Development (Act 27-2011) | (11) | | 00 |
| 12. <input type="radio"/> Creative Industries (Act 60-2019) | (12) | | 00 |
| 13. <input type="radio"/> Economic Incentives (Research and Development) (Section 5(c) of Act 73-2008) | (13) | | 00 |
| 14. <input type="radio"/> Economic Incentives (Industrial Investment) (Section 6 of Act 73-2008) | (14) | | 00 |
| 15. <input type="radio"/> Green Energy Incentives (Research and Development) (Act 83-2010) | (15) | | 00 |
| 16. <input type="radio"/> Research and Development Investment (Act 60-2019) | (16) | | 00 |
| 17. <input type="radio"/> Opportunity Zones (Act 60-2019) | (17) | | 00 |
| 18. <input type="radio"/> Other: (Submit detail) | (18) | | 00 |
| 19. Total credit for the purchase of tax credits not subject to moratorium (Add lines 9 through 18. Transfer to Part II, line 21) | (19) | | 00 |

Schedule C Individual

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

Taxable year beginning on _____ and ending on _____

2020

Taxpayer's name

Social Security Number

☐ 1 Taxpayer ☐ 2 Spouse ☐ 3 BothComputed for the: ☐ 1 Regular tax ☐ 3 Optional tax
☐ 2 Alternate basic taxResident of: ☐ 1 Puerto Rico ☐ 2 United States ☐ 3 Other (Indicate state, territory, possession or country) _____Citizen of: ☐ 1 United States ☐ 2 Other (Indicate) _____

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

| | Foreign Country, State, Territory or Possession of the United States | | | United States (See instructions) | Total (See instructions) |
|--|--|----|----|-------------------------------------|-----------------------------|
| | A | B | C | | |
| Name of the country, state, territory or possession | | | | | |
| 1. Gross income subject to tax from sources of the country, state, territory or possession: | | | | | |
| a) Interests (1a) | 00 | 00 | 00 | 00 | 00 |
| b) Dividends (1b) | 00 | 00 | 00 | 00 | 00 |
| c) Rental income (1c) | 00 | 00 | 00 | 00 | 00 |
| d) Capital gain (See instructions) (1d) | 00 | 00 | 00 | 00 | 00 |
| e) Fiduciary income (1e) | 00 | 00 | 00 | 00 | 00 |
| f) Wages (1f) | 00 | 00 | 00 | 00 | 00 |
| g) Professions, industry or business (1g) | 00 | 00 | 00 | 00 | 00 |
| h) Others (1h) | 00 | 00 | 00 | 00 | 00 |
| i) Total gross income subject to tax (Add lines 1(a) through 1(h)) (1i) | 00 | 00 | 00 | 00 | 00 |
| 2. Deductions and losses: | | | | | |
| a) Expenses directly related to the income on line 1(i) (2a) | 00 | 00 | 00 | 00 | 00 |
| b) Losses from foreign sources (See instructions) (2b) | 00 | 00 | 00 | 00 | 00 |
| 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) (2cii) | | | | | 00 |
| (iii) Other deductions claimed (See instructions) (2ciii) | | | | | 00 |
| (iv) Total deductions and exemptions (Add lines 2(c)(i) through 2(c)(iii)).. (2civ) | | | | | 00 |
| (v) Gross income subject to tax from all sources (See instructions) (2cv) | | | | | 00 |
| (vi) Attributable percentage of the gross income from all sources to the gross income subject to tax (Divide line 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))..... (2cvii) | 00 | 00 | 00 | 00 | 00 |
| d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(vii))..... (2d) | 00 | 00 | 00 | 00 | 00 |
| 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 |

Retention Period: Ten (10) years

Retention Period: Ten (10) years

Schedule D Individual

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

2020

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

Taxpayer's name

Social Security Number

Part I Short-Term Capital Assets Gains and Losses (Held one year or less)

| Description and Location of Property | (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 |
|--------------------------------------|--|--------------------------------------|-------------------|-----------------------|-------------------------|---------------------|
| | | | 00 | 00 | 00 | 00 |
| | | | 00 | 00 | 00 | 00 |
| | | | 00 | 00 | 00 | 00 |

| | | |
|--|-----|----|
| 1. Net short-term capital gain (or loss) | (1) | 00 |
| 2. Net short-term capital gain on sale of your principal residence or sole proprietorship business (Submit Schedule D1, D3 or G Individual, as applicable. See instructions) | (2) | 00 |
| 3. Distributable share on net short-term capital gain (or loss) from Estates or Trusts (See instructions) | (3) | 00 |
| 4. Distributable share on net short-term capital gain (or loss) from Pass-Through Entities (Submit Form 480.60 EC. See instructions) | (4) | 00 |
| 5. Net short-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net short-term capital gain (or loss) from Employees-Owned Special Corporations (Submit detail. See instructions) | (5) | 00 |
| 6. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions) | (6) | 00 |
| 7. Net short-term capital gain (or loss) (Add lines 1 through 6) | (7) | 00 |

Part II Long-Term Capital Assets Gains and Losses (Held more than one year)

| 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 (Act 132-2010 and Act 216-2011. See inst.) | (G) Gain or Loss |
|--------------------------------------|---------------------------|--|--------------------------------------|-------------------|-----------------------|-------------------------|--|---------------------|
| | <input type="radio"/> | | | 00 | 00 | 00 | 00 | 00 |
| | <input type="radio"/> | | | 00 | 00 | 00 | 00 | 00 |
| | <input type="radio"/> | | | 00 | 00 | 00 | 00 | 00 |

| | | |
|---|------|----|
| 8. Net long-term capital gain (or loss) | (8) | 00 |
| 9. Net long-term capital gain (or loss) on sale of your principal residence or sole proprietorship business (Submit Schedule D1, D3 or G Individual, as applicable. See instructions) | (9) | 00 |
| 10. Distributable share on net long-term capital gain (or loss) from Estates or Trusts (See instructions) | (10) | 00 |
| 11. Distributable share on net long-term capital gain (or loss) from Pass-Through Entities (Submit Form 480.60 EC. See instructions) | (11) | 00 |
| 12. Lump-sum distributions from annuity contracts: <input type="radio"/> 1 Variable <input type="radio"/> 2 Fixed – Taxpayer (See instructions) | (12) | 00 |
| 13. Lump-sum distributions from annuity contracts: <input type="radio"/> 1 Variable <input type="radio"/> 2 Fixed – Spouse (See instructions) | (13) | 00 |
| 14. Net long-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net long-term capital gain (or loss) from Employees-Owned Special Corporations (Submit detail. See instructions) | (14) | 00 |
| 15. Net long-term capital gain (or loss) of Resident Individual Investors (Submit Schedule F1 Individual, Part III, line 1, Column (E)) (See instructions) | (15) | 00 |
| 16. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions) | (16) | 00 |
| 17. Net long-term capital gain (or loss) (Add lines 8 through 16) | (17) | 00 |

Part III Long-Term Capital Assets Gains and Losses Realized under Special Legislation (See instructions)

| 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 |
|--------------------------------------|---------------------------|--|--------------------------------------|-------------------|-----------------------|-------------------------|---------------------|
| | <input type="radio"/> | | | 00 | 00 | 00 | 00 |

18. **Net long-term capital gain (or loss) under Act:** _____ (Decree No. _____) (18) 00

| 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 |
|--------------------------------------|---------------------------|--|--------------------------------------|-------------------|-----------------------|-------------------------|---------------------|
| | <input type="radio"/> | | | 00 | 00 | 00 | 00 |

19. **Net long-term capital gain (or loss) under Act:** _____ (Decree No. _____) (19) 00

| 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 |
|--------------------------------------|---------------------------|--|--------------------------------------|-------------------|-----------------------|-------------------------|---------------------|
| | <input type="radio"/> | | | 00 | 00 | 00 | 00 |

20. **Net long-term capital gain (or loss) under Act:** _____ (Decree No. _____) (20) 00

Part IV Total Distributions from Qualified Pension Plans (See instructions)

| Description | Fill in if you Prepaid | Distribution Date (Day/Month/Year) | (A) Total Distribution | (B) Basis and Exempt Income | (C) Taxable Amount |
|--|------------------------|---------------------------------------|---------------------------|-----------------------------------|-----------------------|
| 21. Taxable at 20% - Taxpayer (21) | <input type="text"/> | | 00 | 00 | 00 |
| 22. Taxable at 20% - Spouse (22) | <input type="text"/> | | 00 | 00 | 00 |
| 23. Taxable at 10% - Taxpayer (23) | <input type="text"/> | | 00 | 00 | 00 |
| 24. Taxable at 10% - Spouse (24) | <input type="text"/> | | 00 | 00 | 00 |
| 25. Total distributions from qualified pension plans (Total of Column C. Transfer this amount to Part 1, line 2A of the return or to Part I, line 3A, Columns B and C of Schedule CO Individual, as applicable) (25) | | | | | 00 |

Part V Net Capital Gains or Losses for Determination of the Adjusted Gross Income

| Gains or Losses | Column A | Column B | Column C | Column D | Column E |
|--|------------|-----------|------------------------------|------------------------------|------------------------------|
| | Short-Term | Long-Term | Under Special Legislation | Under Special Legislation | Under Special Legislation |
| 26. Enter the gains determined on lines 7, 17 and 18 through 20 in the corresponding Column (26) | 00 | 00 | 00 | 00 | 00 |
| 27. Enter the losses determined on lines 7, 17 and 18 through 20 in the corresponding Column (27) | 00 | 00 | 00 | 00 | 00 |
| 28. If one or more of Columns B through E reflects a loss on line 27, add them and apply the total proportionally to the gains in the other Columns (See instructions) (28) | | 00 | 00 | 00 | 00 |
| 29. Subtract line 28 from line 26. If any Column reflected a loss on line 27, enter zero here (29) | | 00 | 00 | 00 | 00 |
| 30. Apply the loss from line 27, Column A proportionally to the gains in Columns B through E (See instructions) (30) | | 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, line 31. However, if line 26 does not reflect any gain in Columns B through E, you must enter the total amount of line 27, Columns A through E (32) | | | | | 00 |
| 33. Net capital gain (or loss) for the current year (Add line 26, Column A and line 32. If the result is more than zero, continue with line 34. If the result is less than zero, do not complete lines 34 and 35 and go to line 36) (33) | | | | | 00 |
| 34. Less: Net capital loss carryover (Enter in Column D the total net capital loss not used in previous years (Part VI, line 38). Enter in Column E the smaller between the amount of line 34, Column D or the result of line 33 by 90%. This is the deductible amount) (34) | | | | 00 | 00 |
| 35. Net capital gain (Subtract line 34, Column E from line 33. Enter the result here and in Part 1, line 2B of the return or in Part I, line 3B of Schedule CO Individual, as applicable. If line 33 is more than zero, complete Part VII) (35) | | | | | 00 |
| 36. If line 33 is a net loss, enter here and in Part 1, line 2B of the return or in Part I, line 3B of Schedule CO Individual, as applicable, the smaller of the following amounts: a) the net loss indicated on line 33, or b) (\$1,000) (36) | | | | | 00 |
| 37. Capital loss available for next year (If line 33 is more than zero, subtract line 34, Column E from line 34, Column D. If line 33 is less than zero, add lines 33 and 34D less line 36) (37) | | | | | 00 |

Part VI Determination of the Net Capital Loss Carryover

| Year | (A) Accumulated Capital Loss | (B) Amount Used | (C) Capital Loss Carryforward (Column A - Column B) | Expiration 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 34, Column D of this Schedule) (38) | | | 00 | |

Taxpayer's name

Social Security Number

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 (15%) | Special Legislation (____%) | Special Legislation (____%) | Special Legislation (____%) | Total Long-Term (Add Columns B through E) | Total Net 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) (1) | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 2. 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) (2) | 00 | | | | | | |
| 3. 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) (3) | 00 | | | | | | |
| 4. 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% (4) | | % | % | % | % | % | |
| 5. Capital loss carryforward attributable to long-term transactions (Columns B through E) (Multiply line 3 - Column A by line 4 of each Column) (5) | | 00 | 00 | 00 | 00 | 00 | |
| 6. Net long-term capital gain - | | | | | | | |
| (a) Net Long-Term Capital Gain subject to 15% (Column B - Subtract line 5 from line 1. Transfer the result to Column C, line 4(a) of Schedule A2 Individual) (6a) | | 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, line 4(a) of Schedule A2 Individual) (6b) | | | 00 | 00 | 00 | 00 | |
| 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) (7) | | | | | | 00 | |
| 8. 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) (8) | | | | | | | 00 |

Retention Period: Ten (10) years

Schedule E

Rev. Dec 18 20

**DEPRECIATION****2020**

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

Schedule E No. _____ of _____

Taxpayer's name

Social Security or Employer Identification Number

1. Type of property (in case of a building, specify the material used in the construction).

2. Date acquired.

3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$30,000 per vehicle.

4. Depreciation claimed in prior years.

5. Estimated useful life to compute the depreciation.

6. Depreciation claimed this year.

(a) Current Depreciation

| | | | | | | | |
|-------|--|--|----|--|----|--|----|
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| Total | | | | | 00 | | 00 |

(b) Flexible Depreciation

| | | | | | | | |
|-------|--|--|----|--|----|--|----|
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| Total | | | | | 00 | | 00 |

(c) Accelerated Depreciation

| | | | | | | | |
|-------|--|--|----|--|----|--|----|
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| Total | | | | | 00 | | 00 |

(d) Amortization (i.e. Goodwill)

| | | | | | | | |
|-------|--|--|----|--|----|--|----|
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| Total | | | | | 00 | | 00 |

(e) Automobiles (See instructions)

| | | | | | | | |
|-------|--|--|----|--|----|--|----|
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| | | | 00 | | 00 | | 00 |
| Total | | | | | 00 | | 00 |

(f) Vehicles under financial lease (Form 480.7D) (Amount of vehicles _____)

00

TOTAL: (Add total of lines (a) through (f) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or to the corresponding line of other returns)

00

Schedule E1

Rev. Dec 18 20

**DEPRECIATION FOR BUSINESSES WITH
VOLUME OF \$3,000,000 OR LESS****2020**

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

Schedule E1 No. _____ of _____

Taxpayer's name _____

Social Security or Employer Identification Number _____

| 1. Type of property | 2. Date acquired | 3. Original cost or other basis | 4. Depreciation claimed in prior years | 5. Estimated useful life to compute the depreciation | 6. Depreciation claimed this year |
|--|------------------|---------------------------------|--|--|-----------------------------------|
| (a) Computer systems (Section 1033.07(a)(1)(G)) Check here to elect: <input type="radio"/> | | | | | |
| | | 00 | 00 | | 00 |
| | | 00 | 00 | | 00 |
| | | 00 | 00 | | 00 |
| | | 00 | 00 | | 00 |
| | | 00 | 00 | | 00 |
| Total | | | | | 00 |
| (b) Ground transportation equipment, except automobiles (Section 1033.07(a)(1)(H)) Check here to elect: <input type="radio"/> | | | | | |
| | | 00 | 00 | 2 | 00 |
| | | 00 | 00 | 2 | 00 |
| | | 00 | 00 | 2 | 00 |
| | | 00 | 00 | 2 | 00 |
| | | 00 | 00 | 2 | 00 |
| Total | | | | | 00 |
| (c) Machinery and equipment, furniture and fixtures, and any other fixed asset to be used in the industry or business (Section 1033.07(a)(1)(K)) Check here to elect: <input type="radio"/> | | | | | |
| | | 00 | 00 | 2 | 00 |
| | | 00 | 00 | 2 | 00 |
| | | 00 | 00 | 2 | 00 |
| | | 00 | 00 | 2 | 00 |
| | | 00 | 00 | 2 | 00 |
| Total | | | | | 00 |
| Total (Add total of lines (a) through (c) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or to the corresponding line of other returns) | | | | | 00 |

By filing this schedule, I acknowledge that this election is irrevocable and that in subsequent years the depreciation on the books on these assets will not be deductible to determine the net income subject to income tax.

Retention Period: Ten (10) years

Schedule F Individual

Rev. Dec 18 20



OTHER INCOME

2020

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

Taxpayer's name

Fill in one:

☐ 1 Taxpayer☐ 2 Spouse☐ 3 Both

Social Security Number

Part I

Distributions from Individual Retirement Accounts and Educational Contribution Accounts

Taxable Amount

| Payer's name | Employer Identification Number | Account Number | Fill in if you Prepaid | Column A | Column B | Column C | Column D | Column E | Column F | Column G | Column H |
|--|--------------------------------|----------------|------------------------|--------------------|--------------------------|---|--|---|--|---|--|
| | | | | Total Distribution | Basis (See instructions) | Interests from IRA of Financial Institutions Not Subject to Withholding (Transfer to Part I, line 1(b), Col. D of Schedule FF Ind.) | Interests from IRA of Financial Institutions (10%) (Transfer to Part I, line 1(b), Col. B of Schedule FF Ind.) | Interests from Distributions to Government Pensioners (10%) (Transfer to Part I, line 1(b), Column E of Schedule FF Individual) | IRA Distributions to Government Pensioners (excluding contributions) (10%) | IRA or Educational Contribution Accounts Distributions of Income from Sources Within P.R. (10%) | IRA or Educational Contribution Accounts Distributions |
| | | | <input type="radio"/> | | | | | | | | |
| | | | <input type="radio"/> | | | | | | | | |
| | | | <input type="radio"/> | | | | | | | | |
| | | | <input type="radio"/> | | | | | | | | |
| Distributions from Individual Retirement Accounts used to acquire your principal residence (Enter the amount of line 3, Schedule D1 Individual or from line 2, Part I of Schedule D3 Individual) | | | | | | | | | | | |
| 1. Subtotal (Transfer the total of Columns F and G to line 4(k), Columns A and D, of Schedule A2 Individual) | | | | | | | | | | | |
| 2. Total distributions from Individual Retirement Accounts and Educational Contribution Accounts (Add the total of Columns F through H. Transfer to Part 1, line 2F of the return or to Part I, line 3F, Column B or C of Schedule CO Individual, as applicable) | | | | | | | | | | | |

Part II

Distributions and Transfers from Governmental Plans

| Description | Fill in if you Prepaid | Distribution Date | (A) Total Distribution | (B) Basis and Exempt Income | (C) Taxable Amount | Taxable Amount - Savings Account | | |
|---|------------------------|-------------------|---------------------------|--------------------------------|-----------------------|-------------------------------------|--|--|
| | | | | | | (D) Distributions under \$10,000 | (E) Lump-sum Distributions (\$10,000 or more) | (F) Transfers under Section 1081.03 |
| 1. Taxable as ordinary income | <input type="radio"/> | | | | | | | |
| 2. Taxable at 10% (Transfer the total of Columns E and F to line 4(k), Columns A and D of Schedule A2 Individual) | <input type="radio"/> | | | | | | | |
| 3. Total distributions and transfers from governmental plans (Add line 1, Columns C and D and line 2, Columns E and F. Transfer to Part 1, line 2E of the return or to Part I, line 3E, Column B or C of Schedule CO Individual, as applicable) | | | | | | | | |

Part III

Distributions from Deferred Compensation Plans (Non Qualified)

| Description | Fill in if you Prepaid | Distribution Date | (A) Total Distribution | (B) Basis and Exempt Income | (C) Taxable Amount |
|---|------------------------|-------------------|---------------------------|--------------------------------|-----------------------|
| 1. Taxable as ordinary income (Transfer the amount of Column C to Part 1, line 2L of the return or to Part I, line 3L of Schedule CO Individual, as applicable) | <input type="radio"/> | | | | |

Retention Period: Ten (10) years

Part IV Distributions from Qualified Retirement Plans (Partial or Lump-Sum) (See instructions)

| Description | Fill in if you Prepaid | Distribution Date | (A) Total Distribution | (B) Basis and Exempt Income | (C) Taxable Amount |
|---|------------------------|-------------------|---------------------------|--------------------------------|-----------------------|
| 1. Taxable as ordinary income (Transfer the amount of Column C to Part 1, line 2L of the return or to Part I, line 3L of Schedule CO Individual, as applicable) (1) | 0 | | 00 | 00 | 00 |

Part V Other Income

| Payer's name | Employer Identification Number | Account Number | Column A Income from Debt Discharge | Column B Income from the Use of Intangibles | Column C Judicial or Extrajudicial Indemnification | Column D Income from Sport Teams of International Associations or Federations | Column E Other Income | Column F Distributable Share on Net Income Subject to Preferential Rates from Pass-Through Entities |
|---|--------------------------------|----------------|--|--|---|--|--------------------------|--|
| | | | 00 | 00 | 00 | 00 | 00 | 00 |
| | | | 00 | 00 | 00 | 00 | 00 | 00 |
| | | | 00 | 00 | 00 | 00 | 00 | 00 |
| | | | 00 | 00 | 00 | 00 | 00 | 00 |
| 1. Amount received (1) | | | 00 | 00 | 00 | 00 | 00 | 00 |
| 2. Less: Expenses related to the production of these income (See instructions) (2) | | | 00 | 00 | 00 | | 00 | |
| 3. Subtotal Columns A through C and E (Subtract line 2 from line 1, as applicable. Transfer the total in Column D to line 4(g), Columns A and B of Schedule A2 Individual, and the total of Column F to line 4(j), Column A and to the one that applies of Columns B through H of Schedule A2 Individual) (3) | | | 00 | 00 | 00 | 00 | 00 | 00 |
| 4. Total other income (Add the total of line 3, Columns A through F. Transfer to Part 1, line 2G of the return or to Part I, line 3G of Schedule CO Individual, as applicable) (4) | | | | | | | | 00 |

Part VI Distributions Due to a Disaster Declared by the Governor of Puerto Rico

| Payer's name | Employer Identification Number | Account Number | Distribution Date | Select the form in which the distribution was reported | Column A Exempt Amount | Column B Amount Subject to Withholding (10%) | Column C Amount over which a Prepayment was Made, Voluntary Contributions and After-Tax Contributions | Column D Total Distribution |
|--|--------------------------------|----------------|-------------------|---|---------------------------|---|--|--------------------------------|
| | | | | 1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C | 00 | 00 | | 00 |
| | | | | 1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C | 00 | 00 | | 00 |
| | | | | 1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C | 00 | 00 | | 00 |
| | | | | 1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C | 00 | 00 | | 00 |
| | | | | 1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C | 00 | 00 | | 00 |
| | | | | 1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C | 00 | 00 | | 00 |
| 1. Amount received (Total of Columns A, B, C and D) (1) | | | | | 00 | 00 | | 00 |
| 2. Less: Amounts over which a prepayment was made, voluntary contributions and after-tax contributions (Transfer the total of line 1, Column C) (2) | | | | | | | | 00 |
| 3. Eligible distribution (Subtract line 2 from line 1, Column D) (See instructions) (3) | | | | | | | | 00 |
| 4. Less: Exempt amount (Enter the smaller of the amount on line 1, Column D or \$10,000. Transfer to line 8, Part I of Schedule IE Individual) (4) | | | | | | | | 00 |
| 5. Amount taxable at 10% (Subtract line 4 from line 3. Transfer to Part 1, line 2O of the return or to Part I, line 3O, Column B or C of Schedule CO Individual, as applicable. Transfer also to line 4(l) of Schedule A2 Individual) (See instructions) (5) | | | | | | | | 00 |
| 6. Tax withheld at source: | | | | | | | | |
| (a) Form 480.7, Box 10 (Total Informative Returns <input type="checkbox"/>) (6a) | | | | | | 00 | | |
| (b) Form 480.7C, Box 22 (Total Informative Returns <input type="checkbox"/>) (6b) | | | | | | 00 | | |
| (c) Total tax withheld on eligible distributions (Add lines 6(a) and 6(b). Enter this amount on Schedule B Individual, Part III, line 21(c)) (6c) | | | | | | | | 00 |

Retention Period: Ten (10) years

Rev. Dec 18 20



2020

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

Taxpayer's name

Social Security Number

| 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 | | | | 00 | | 00 | | 00 |
| | | | | | 00 | | | | 00 | | 00 | | | | 00 | | 00 | | 00 |
| 1. Interests: | | | | | 00 | | | | 00 | | 00 | | | | 00 | | 00 | | |
| a) Subtotal of Columns A, C, D, F and G (1a) | | | | | 00 | | | | 00 | | 00 | | | | 00 | | 00 | | |
| b) Total from Schedule F Individual, Part I, Columns C, D and E (1b) | | | | | 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 investments (See instructions) (2) | | | | | 00 | | | | 00 | | 00 | | | | 00 | | 00 | | |
| 3. Less: Interest exemption (See instructions) (3) | | | | | 00 | | | | 00 | | 00 | | | | 00 | | 00 | | |
| 4. Total interests (Subtract lines 2 and 3 from line 1(c), Columns A through G. Transfer the amounts from line 4, Columns A through C, E and F to line 4, Columns A, D and F through H, as applicable, of Schedule A2 Individual) (4) | | | | | 00 | | | | 00 | | 00 | | | | 00 | | 00 | | |
| 5. Add line 4, Columns A through G. Transfer to Part 1, line 2C of the return or to Part I, line 3C of Schedule CO Individual, as applicable (5) | | | | | | | | | | | | | | | | | 00 | | |

| Part II | | Corporate Dividends | | | | | | | | |
|--|--------------------------------|---------------------|------------------------------|----|---------------------------------|----|---------------------------------|----|----------------------------|----|
| Payer's name | Employer Identification Number | Account Number | Column A | | Column B | | Column C | | Column D | |
| | | | 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 | | 00 | | 00 |
| | | | | 00 | | 00 | | 00 | | 00 |
| | | | | 00 | | 00 | | 00 | | 00 |
| | | | | 00 | | 00 | | 00 | | 00 |
| | | | | 00 | | 00 | | 00 | | 00 |
| | | | | 00 | | 00 | | 00 | | 00 |
| | | | | 00 | | 00 | | 00 | | 00 |
| 1. Dividends distributed amount | | | (1) | 00 | | 00 | | 00 | | 00 |
| 2. Less: Expenses related to the purchase of investments (See instructions) | | | (2) | 00 | | 00 | | 00 | | 00 |
| 3. Subtotal (Subtract line 2 from line 1, Columns A through D. Transfer the total of Columns A through C to line 4(f), Columns A, C and F through H, as applicable, of Schedule A2 Individual) | | | (3) | 00 | | 00 | | 00 | | 00 |
| 4. Total (Add line 3, Columns A through D and transfer to Part 1, line 2D of the return or to Part I, line 3D of Schedule CO Individual) | | | (4) | 00 | | | | | | |

| Part III | | Miscellaneous Income | | | Column A | | Column B | |
|--|--------------------------------|----------------------|----------------------|----|---------------------------------|--|----------|--|
| Payer's name | Employer Identification Number | Account Number | Miscellaneous Income | | Income from Prizes and Contests | | | |
| | | | | 00 | | | 00 | |
| | | | | 00 | | | 00 | |
| | | | | 00 | | | 00 | |
| | | | | 00 | | | 00 | |
| | | | | 00 | | | 00 | |
| 1. Amount received | | | (1) | 00 | | | 00 | |
| 2. Less: Expenses related to the production of these income (See instructions) | | | (2) | 00 | | | 00 | |
| 3. Subtotal (Subtract line 2 from line 1) | | | (3) | 00 | | | 00 | |
| 4. Total miscellaneous income (Add the total of line 3, Columns A and B. Transfer to Part 1, line 2G of the return or to Part I, line 3G of Schedule CO Individual, as applicable) | | | (4) | | | | 00 | |

Schedule IE Individual

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EXCLUDED AND EXEMPT INCOME

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Fill in one:
☐ 1 Taxpayer ☐ 2 Spouse

Social Security Number _____

Part I Exclusions from Gross Income

| | | Items Considered for the Home Mortgage Interests Limitation | Items subject to Alternate Basic Tax |
|--|------|---|--------------------------------------|
| 1. Life insurance | (1) | 00 | |
| 2. Donations, legacies and inheritances | (2) | 00 | |
| 3. Compensation for injuries or sickness | (3) | 00 | |
| 4. Benefits from federal social security for old-age and survivors | (4) | 00 | |
| 5. Income derived from discharge of debts (See instructions) | (5) | 00 | |
| 6. Child support payments..... | (6) | 00 | |
| 7. Compensation or indemnification paid to an employee due to dismissal | (7) | 00 | |
| 8. Compensation, payments or distributions due to a disaster declared by the Governor of Puerto Rico - Reported in a withholding statement or informative return | (8) | 00 | |
| 9. Compensation, payments or distributions due to a disaster declared by the Governor of Puerto Rico - Not reported in a withholding statement or informative return (Submit detail) | (9) | 00 | |
| 10. Amount received from any subsidy or stimulus paid by the Federal Government as a result of COVID-19 (Submit detail) | (10) | 00 | |
| 11. Amount received from any subsidy or stimulus paid by the Government of Puerto Rico as a result of COVID-19 (Submit detail) | (11) | 00 | |
| 12. Interests upon mortgages over residential property located in Puerto Rico granted after January 1, 2014 | (12) | 00 | |
| 13. Other exclusions (Submit detail) | (13) | 00 | 00 |
| 14. Total (Add lines 1 through 13) | (14) | 00 | 00 |

Part II Exemptions from Gross Income

| | | | |
|---|------|----|----|
| 1. Fringe benefits paid by the employer in relation to a cafeteria plan | (1) | 00 | |
| 2. Interests upon the following instruments: | | | |
| A) Obligations from the United States Government, its states, territories or political subdivisions | (2A) | 00 | |
| B) Obligations from the Government of Puerto Rico | (2B) | 00 | |
| C) Certain mortgages (See instructions)..... | (2C) | 00 | 00 |
| D) Deposits in Puerto Rico interest bearing accounts up to \$100 (\$200 for married filing jointly) (Schedule FF Individual)... | (2D) | 00 | 00 |
| E) Bonds, notes or other obligations under Section 6070.56(h) of Act 60-2019 | (2E) | 00 | |
| F) Other interests subject to alternate basic tax reported in a Form 480.6D | (2F) | 00 | 00 |
| G) Other interests not subject to alternate basic tax reported in a Form 480.6D | (2G) | 00 | |
| H) Other interests subject to alternate basic tax not reported in a Form 480.6D (Submit detail) | (2H) | 00 | 00 |
| I) Other interests not subject to alternate basic tax not reported in a Form 480.6D (Submit detail) | (2I) | 00 | |
| 3. Dividends: | | | |
| A) Subject to alternate basic tax reported in a Form 480.6D | (3A) | 00 | 00 |
| B) Not subject to alternate basic tax reported in a Form 480.6D | (3B) | 00 | |
| C) Subject to alternate basic tax not reported in a Form 480.6D (Submit detail) | (3C) | 00 | 00 |
| D) Not subject to alternate basic tax not reported in a Form 480.6D (Submit detail) | (3D) | 00 | |
| 4. Expenses of priests or ministers (See instructions) | (4) | 00 | |
| 5. Exempt interests distributed from IRA or Educational Contribution Account (Form 480.7 or 480.7B) | (5) | 00 | |
| 6. Stipends received by certain physicians during the internship period (Form 499R-2/W-2PR) | (6) | 00 | |
| 7. Income from overtime worked by a Puerto Rico Police member (Form 499R-2/W-2PR) | (7) | 00 | |
| 8. Salaries from overtime during emergency situations (Form 499R-2/W-2PR) | (8) | 00 | 00 |
| 9. Compensation received by an eligible researcher or scientist (See instructions) | (9) | 00 | |
| 10. Amounts paid by an employer for reimbursement of travel, meals, lodging, entertainment and other expenses | (10) | 00 | |
| 11. Cost of living allowance (COLA) (Federal Form W-2) | (11) | 00 | |
| 12. Compensation received from active military service in a combat zone (Federal Form W-2) | (12) | 00 | |
| 13. Recapture of bad debts, prior taxes, surcharges and other items | (13) | 00 | 00 |
| 14. Prizes from the Lottery of Puerto Rico and the Additional Lottery | (14) | 00 | |
| 15. Income from pensions or annuities, up to the applicable limitation (Schedule H Individual, Part II, line 8) | (15) | 00 | |
| 16. Christmas Bonus, Summer Bonus and Medicine Bonus | (16) | 00 | |
| 17. Gain from the sale or exchange of principal residence by certain individuals and qualified property (Schedule D1 or D3 Individual) | (17) | 00 | |
| 18. Unemployment compensation | (18) | 00 | |
| 19. Compensation to citizens and aliens nonresidents of Puerto Rico for the production of film projects | (19) | 00 | |
| 20. Income from sources outside of Puerto Rico (Nonresidents or part-year residents) | (20) | 00 | |
| 21. Remuneration received by employees of foreign governments or international organizations | (21) | 00 | |
| 22. Income from buildings rented to the Government of Puerto Rico for public hospitals, health or convalescent homes, and public schools (Contracts in force at November 22, 2010) | (22) | 00 | |
| 23. Income derived by the taxpayer from the resale of personal property or services which acquisition was subject to tax under Section 3070.01 or Section 2101 of the Internal Revenue Code of 1994 | (23) | 00 | |
| 24. Accumulated gain in non-qualified options | (24) | 00 | |
| 25. Distributions of amounts previously notified as deemed eligible distributions under Section 1023.06(j) and 1023.25 | (25) | 00 | |
| 26. Distributions from Non Deductible Individual Retirement Accounts | (26) | 00 | |
| 27. Certain income related to the operation of employees-owned special corporations (See instructions) | (27) | 00 | 00 |
| 28. Distributable share on exempt income from pass-through entities (Forms 480.60 EC and 480.60 F. See instructions) ... | (28) | 00 | 00 |
| 29. Income from copyrights up to \$10,000 under Act 516-2004 | (29) | 00 | 00 |
| 30. Income received by designers and translators up to \$6,000 under Act 516-2004 | (30) | 00 | 00 |

Continue on back.

Retention Period: Ten (10) years

| 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) \$ _____ | | | |
| G) Total (Add lines 31A through 31F) (31G) | | 00 | |
| 32. Exempt salaries of a professional in a hard-to-fill position (Form 499R-2/W-2PR) (See instructions) (32) | | 00 | |
| 33. Other payments subject to alternate basic tax reported in a Form 480.6D (33) | | 00 | 00 |
| 34. Other payments not subject to alternate basic tax reported in a Form 480.6D (34) | | 00 | |
| 35. Other exemptions subject to alternate basic tax not reported in a Form 480.6D (Submit detail) (35) | | 00 | 00 |
| 36. Other exemptions not subject to alternate basic tax not reported in a Form 480.6D (Submit detail) (36) | | 00 | |
| 37. Income from residential rent under Act 132-2010 (Schedule N Individual, Part II, line 2) (37) | | 00 | |
| 38. Exempt amount from manufacturing income (Schedule J Individual, Part IV, line 4) (38) | | 00 | 00 |
| 39. Exempt amount on income from the sale of goods (Schedule K Individual, Part IV, line 4) (39) | | 00 | 00 |
| 40. Exempt amount from farming income (Schedule L Individual, Part IV, line 4) (40) | | 00 | 00 |
| 41. Exempt amount on income from services rendered (Schedule M Individual, Part IV, line 4) (41) | | 00 | 00 |
| 42. Exempt amount from rental income (Schedule N Individual, Part IV, line 4) (42) | | 00 | 00 |
| 43. Total (Add lines 1 through 42) (43) | | 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) (2) | | | 00 |

Retention Period: Ten (10) years

| | | | | | |
|---|--|---|------------------------------|---|-------------------------------|
| Schedule J Individual Rev. Dec 18 20 | | MANUFACTURING INCOME Taxable year beginning on _____, _____ and ending on _____, _____ | | 2020 | |
| Taxpayer's name _____ | | | Social Security Number _____ | | Schedule J No. _____ of _____ |
| Part I Questionnaire | | | | | |
| Employer Identification Number _____ | | Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse | | Fill in here if this is your principal industry or business <input type="radio"/> | |
| Merchant's Registration Number _____ | | Date operations began: Day _____ Month _____ Year _____ | | | |
| Manufacturer Number _____ | | Fill in here if during the taxable year you disposed all the assets used in your industry or business <input type="radio"/> | | | |
| Case or Concession Number _____ | | Location of Manufacturing Business - Number, Street and City _____ | | Number of employees _____ | |
| Industrial Code _____ Municipal Code _____ | | Nature of business: NAICS _____ Percentage _____ % | | Indicate if you include with this return (See inst.): <input type="radio"/> 1 Audited Financial Statement <input type="radio"/> 2 Agreed Upon Procedures Report ("AUP") <input type="radio"/> 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. _____ | |
| Indicate if you include with this return (See inst.): <input type="radio"/> 1 Audited Financial Statement <input type="radio"/> 2 Agreed Upon Procedures Report ("AUP") <input type="radio"/> 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. _____ | | | | | |
| Indicate if the business derived income or claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable) (See instructions) | | | | | |
| Concept | | Indicate if you claimed expenses | | Indicate if you derived 80% or more of the income from this activity | |
| 1 automobiles | | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | |
| 2 vessels | | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | |
| 3 airships | | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | |
| 4 residential property outside of Puerto Rico | | <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | |
| Part II Manufacturing Income | | | | | |
| 1. Income _____ (1) | | | | Regular Tax | Alternate Basic Tax |
| 2. Less: Cost of goods sold (Complete Part V) (See instructions) _____ (2) | | | | 00 | 00 |
| 3. Gross income (Subtract line 2 from line 1) (Gross profit margin percentage: 2019 _____ 2020 _____ See instructions) _____ (3) | | | | 00 | 00 |
| 4. Less: Exempt amount under Act 135-2014 <input type="radio"/> 1 Up to \$40,000 <input type="radio"/> 2 Up to \$500,000 (See instructions) _____ (4) | | | | 00 | 00 |
| 5. Income for the current year (Subtract line 4 from line 3) _____ (5) | | | | 00 | 00 |
| Part III Operating Expenses and Deductions | | | | | |
| A. Deductions that must be reported in an informative return: | | | | | |
| 1. Salaries, commissions and bonuses to employees (See instructions) _____ (1) | | | | 00 | 00 |
| 2. Salaries paid to young university students (Total \$ _____) Department of the Treasury's Internship Program (Total \$ _____) (See inst.) _____ (2) | | | | 00 | 00 |
| 3. Payments for services rendered in Puerto Rico (See instructions) _____ (3) | | | | 00 | 00 |
| 4. Payments for services rendered outside of Puerto Rico (See instructions) _____ (4) | | | | 00 | 00 |
| 5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____) _____ (5) | | | | 00 | 00 |
| 6. Insurance premiums (Except contributions to health or accident plans) (See instructions) _____ (6) | | | | 00 | 00 |
| 7. Telecommunication services _____ (7) | | | | 00 | 00 |
| 8. Internet and cable or satellite television services _____ (8) | | | | 00 | 00 |
| 9. Bundles (See instructions) _____ (9) | | | | 00 | 00 |
| 10. Advertising _____ (10) | | | | 00 | 00 |
| 11. Royalties _____ (11) | | | | 00 | 00 |
| 12. Payments for virtual and technology tools and other subscriptions _____ (12) | | | | 00 | 00 |
| 13. Professional associations fees and dues paid for the benefit of employees _____ (13) | | | | 00 | 00 |
| 14. Homeowners association fees _____ (14) | | | | 00 | 00 |
| 15. Payments for judicial or extrajudicial indemnification _____ (15) | | | | 00 | 00 |
| 16. Certain other expenses (See instructions) _____ (16) | | | | 00 | 00 |
| 17. Subtotal (Add lines 1 through 16) _____ (17) | | | | 00 | 00 |
| B. Deductions not reported in an informative return: | | | | | |
| 18. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____ (18) | | | | 00 | 00 |
| 19. Taxes, patents and licenses: | | | | | |
| a) Property tax (Personal \$ _____) (Real \$ _____) _____ (19a) | | | | 00 | 00 |
| b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____ (19b) | | | | 00 | 00 |
| c) State Insurance Fund Policy _____ (19c) | | | | 00 | 00 |
| d) Sales and use tax _____ (19d) | | | | 00 | 00 |
| 20. Depreciation and amortization (Submit Schedule E No. _____ of _____) _____ (20) | | | | 00 | 00 |
| 21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____ of _____) _____ (21) | | | | 00 | 00 |
| 22. Electric power _____ (22) | | | | 00 | 00 |
| 23. Water and sewage _____ (23) | | | | 00 | 00 |
| 24. Contributions to health or accident plans _____ (24) | | | | 00 | 00 |
| 25. Social Security tax (FICA) _____ (25) | | | | 00 | 00 |
| 26. Unemployment tax _____ (26) | | | | 00 | 00 |
| 27. Federal self-employment tax (See instructions) _____ (27) | | | | 00 | 00 |
| 28. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1) _____ (28) | | | | 00 | 00 |
| 29. Subtotal (Add lines 18 through 28) _____ (29) | | | | 00 | 00 |
| C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions) | | | | | |
| 30. Automobile expenses (Mileage _____) (See instructions) _____ AUP <input type="radio"/> DDC <input type="radio"/> (30) | | | | 00 | 00 |
| 31. Other motor vehicle expenses (See instructions) _____ AUP <input type="radio"/> DDC <input type="radio"/> (31) | | | | 00 | 00 |
| 32. Repairs and maintenance _____ AUP <input type="radio"/> DDC <input type="radio"/> (32) | | | | 00 | 00 |
| 33. Travel expenses (Total expenses \$ _____) _____ AUP <input type="radio"/> DDC <input type="radio"/> (33) | | | | 00 | 00 |
| 34. Meal and entertainment expenses (Total expenses \$ _____) (See instructions) _____ AUP <input type="radio"/> DDC <input type="radio"/> (34) | | | | 00 | 00 |
| 35. Materials and office supplies _____ AUP <input type="radio"/> DDC <input type="radio"/> (35) | | | | 00 | 00 |
| 36. Materials directly used in the manufacture _____ AUP <input type="radio"/> DDC <input type="radio"/> (36) | | | | 00 | 00 |
| 37. Stamps, vouchers and fees _____ AUP <input type="radio"/> DDC <input type="radio"/> (37) | | | | 00 | 00 |
| 38. Postage and shipping charges _____ AUP <input type="radio"/> DDC <input type="radio"/> (38) | | | | 00 | 00 |
| 39. Uniforms _____ AUP <input type="radio"/> DDC <input type="radio"/> (39) | | | | 00 | 00 |
| 40. Parking and toll _____ AUP <input type="radio"/> DDC <input type="radio"/> (40) | | | | 00 | 00 |
| 41. Office expenses _____ AUP <input type="radio"/> DDC <input type="radio"/> (41) | | | | 00 | 00 |
| 42. Bank fees _____ AUP <input type="radio"/> DDC <input type="radio"/> (42) | | | | 00 | 00 |
| 43. Bad debts _____ AUP <input type="radio"/> DDC <input type="radio"/> (43) | | | | 00 | 00 |
| 44. Other expenses (Complete Part VII) _____ AUP <input type="radio"/> DDC <input type="radio"/> (44) | | | | 00 | 00 |
| 45. Subtotal (Add lines 30 through 44) _____ (45) | | | | 00 | 00 |
| 46. Total (Add lines 17, 29 and 45) _____ (46) | | | | 00 | 00 |

| Part IV | | Determination of Gain or Loss | | Regular Tax | | Alternate Basic Tax | |
|---------|---|-------------------------------|--|-------------|--|---------------------|--|
| 1. | Net income for the current year (Subtract line 46, Part III from line 5, Part II)..... | (1) | | 00 | | 00 | |
| 2. | Less: Net operating loss from previous years (Complete Part VIII)..... | (2) | | 00 | | 00 | |
| 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) (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 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 | |

| Part V | | Cost of Goods Sold | |
|--------|---|--------------------|----|
| 1. | Beginning inventory..... | (1) | 00 |
| 2. | Plus: Purchases..... | (2) | 00 |
| 3. | Direct salaries..... | (3) | 00 |
| 4. | Other direct costs (Part VI, line 17)..... | (4) | 00 |
| 5. | Total (Add lines 1 through 4)..... | (5) | 00 |
| 6. | Less: Ending inventory..... | (6) | 00 |
| 7. | Total Cost of Goods Sold (Subtract line 6 from line 5. Transfer to Part II, line 2 of this Schedule)..... | (7) | 00 |

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

| Part VII | | Detail of Other Expenses | | Amount | |
|-------------|---|--------------------------|----|---------------------|--|
| Description | | Regular Tax | | 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 Expenses (Add lines 1 through 5. Transfer to Part III, line 44)..... | (6) | 00 | | |

| Part VIII | | 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 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 | |
| Total (Transfer to Part IV, line 2) | 00 | 00 | 00 | 00 | |

Retention Period: Ten (10) years

Schedule K Individual

Rev. Dec 18 20



INCOME FROM THE SALE OF GOODS

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Social Security Number _____

Schedule K No. _____ of _____

Fully Taxable 00
Tax Incentives under:
Act 14-1996 00
Act 178-2000 00
Act 1-2013 00
Act 135-2014 00
Act 60-2019 - Sec. 00
Other: 00

Part I Questionnaire

Employer Identification Number _____

Fill in one:

☐ 1 Taxpayer ☐ 2 SpouseFill in here if this is your principal
industry or business ☐

Date operations began:

Day _____ Month _____ Year _____

Merchant's Registration Number _____

Fill in here if during the taxable year you disposed all the assets used in your industry or business ☐

Location of Business - Number, Street and City _____

Number of employees _____

Nature of business:

NAICS _____

Percentage _____ %

Industrial Code _____

Municipal Code _____

Indicate if you include with this return (See inst.): ☐ 1 Audited Financial Statement ☐ 2 Agreed Upon Procedures Report ("AUP")

Puerto Rico CPA's College Stamp No. _____

☐ 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. _____

Indicate if the business derived income or claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable) (See instructions)

| Concept | Indicate if you claimed expenses | Indicate if you derived 80% or more of the income from this activity |
|---|--|--|
| 1 automobiles | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 2 vessels | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 3 airships | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 4 residential property outside of Puerto Rico | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Part II Income from the Sale of Goods

| | Regular Tax | Alternate Basic Tax |
|---|-------------|---------------------|
| 1. Income from the sale of goods and construction work (See instructions)..... (1) | 00 | 00 |
| 2. Less: Cost of goods sold (Complete Part V) (See instructions) (2) | 00 | 00 |
| 3. Gross income (Subtract line 2 from line 1) (Gross profit margin percentage: 2019 _____ 2020 _____ See instructions) (3) | 00 | 00 |
| 4. Less: Exempt amount under Act 135-2014 <input type="radio"/> 1 Up to \$40,000 <input type="radio"/> 2 Up to \$500,000 (See instructions) (4) | 00 | 00 |
| 5. Income for the current year (Subtract line 4 from line 3) (5) | 00 | 00 |

Part III Operating Expenses and Deductions

A. Deductions that must be reported in an informative return:

| | | |
|---|----|----|
| 1. Salaries, commissions and bonuses to employees (See instructions)..... (1) | 00 | 00 |
| 2. Salaries paid to young university students (Total \$ _____) Department of the Treasury's Internship Program (Total \$ _____) (See inst.) (2) | 00 | 00 |
| 3. Payments for services rendered in Puerto Rico (See instructions)..... (3) | 00 | 00 |
| 4. Payments for services rendered outside of Puerto Rico (See instructions)..... (4) | 00 | 00 |
| 5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)..... (5) | 00 | 00 |
| 6. Insurance premiums (Except contributions to health or accident plans) (See instructions)..... (6) | 00 | 00 |
| 7. Telecommunication services..... (7) | 00 | 00 |
| 8. Internet and cable or satellite television services..... (8) | 00 | 00 |
| 9. Bundles (See instructions)..... (9) | 00 | 00 |
| 10. Advertising..... (10) | 00 | 00 |
| 11. Royalties..... (11) | 00 | 00 |
| 12. Payments for virtual and technology tools and other subscriptions..... (12) | 00 | 00 |
| 13. Professional associations fees and dues paid for the benefit of employees..... (13) | 00 | 00 |
| 14. Homeowners association fees..... (14) | 00 | 00 |
| 15. Payments for judicial or extrajudicial indemnification..... (15) | 00 | 00 |
| 16. Certain other expenses (See instructions)..... (16) | 00 | 00 |
| 17. Subtotal (Add lines 1 through 16)..... (17) | 00 | 00 |

B. Deductions not reported in an informative return:

| | | |
|--|----|----|
| 18. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____ (18) | 00 | 00 |
| 19. Taxes, patents and licenses: | | |
| a) Property tax (Personal \$ _____) (Real \$ _____)..... (19a) | 00 | 00 |
| b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____..... (19b) | 00 | 00 |
| c) State Insurance Fund Policy..... (19c) | 00 | 00 |
| d) Sales and use tax..... (19d) | 00 | 00 |
| e) Special contribution for professional and advisory services under Act 48-2013, as amended..... (19e) | 00 | 00 |
| 20. Depreciation and amortization (Submit Schedule E No. _____ of _____)..... (20) | 00 | 00 |
| 21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____ of _____)..... (21) | 00 | 00 |
| 22. Electric power..... (22) | 00 | 00 |
| 23. Water and sewage..... (23) | 00 | 00 |
| 24. Contributions to health or accident plans..... (24) | 00 | 00 |
| 25. Social Security tax (FICA)..... (25) | 00 | 00 |
| 26. Unemployment tax..... (26) | 00 | 00 |
| 27. Federal self-employment tax (See instructions)..... (27) | 00 | 00 |
| 28. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)..... (28) | 00 | 00 |
| 29. Subtotal (Add lines 18 through 28)..... (29) | 00 | 00 |

C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)

| | | |
|--|----|----|
| 30. Automobile expenses (Mileage _____) (See instructions)..... AUP <input type="radio"/> DDC <input type="radio"/> (30) | 00 | 00 |
| 31. Other motor vehicle expenses (See instructions)..... AUP <input type="radio"/> DDC <input type="radio"/> (31) | 00 | 00 |
| 32. Repairs and maintenance..... AUP <input type="radio"/> DDC <input type="radio"/> (32) | 00 | 00 |
| 33. Travel expenses (Total expenses \$ _____)..... AUP <input type="radio"/> DDC <input type="radio"/> (33) | 00 | 00 |
| 34. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)..... AUP <input type="radio"/> DDC <input type="radio"/> (34) | 00 | 00 |
| 35. Materials and office supplies..... AUP <input type="radio"/> DDC <input type="radio"/> (35) | 00 | 00 |
| 36. Materials directly used in the sale of goods..... AUP <input type="radio"/> DDC <input type="radio"/> (36) | 00 | 00 |
| 37. Stamps, vouchers and fees..... AUP <input type="radio"/> DDC <input type="radio"/> (37) | 00 | 00 |
| 38. Postage and shipping charges..... AUP <input type="radio"/> DDC <input type="radio"/> (38) | 00 | 00 |
| 39. Uniforms..... AUP <input type="radio"/> DDC <input type="radio"/> (39) | 00 | 00 |
| 40. Parking and toll..... AUP <input type="radio"/> DDC <input type="radio"/> (40) | 00 | 00 |
| 41. Office expenses..... AUP <input type="radio"/> DDC <input type="radio"/> (41) | 00 | 00 |
| 42. Bank fees..... AUP <input type="radio"/> DDC <input type="radio"/> (42) | 00 | 00 |
| 43. Bad debts..... AUP <input type="radio"/> DDC <input type="radio"/> (43) | 00 | 00 |
| 44. Other expenses (Complete Part VI)..... AUP <input type="radio"/> DDC <input type="radio"/> (44) | 00 | 00 |
| 45. Subtotal (Add lines 30 through 44)..... (45) | 00 | 00 |
| 46. Total (Add lines 17, 29 and 45)..... (46) | 00 | 00 |

| Part IV | | Determination of Gain or Loss | | Regular Tax | | Alternate Basic Tax | |
|--|---|--------------------------------------|---|--|----------------------------------|---------------------|--|
| 1. | Net income for the current year (Subtract line 46, Part III from line 5, Part II)..... | (1) | | 00 | | 00 | |
| 2. | Less: Net operating loss from previous years (Complete Part VII)..... | (2) | | 00 | | 00 | |
| 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 2Q of the return or Part I, line 3Q, 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 to the tax rate applicable to such gain) | (5) | | 00 | | 00 | |
| Part V Cost of Goods Sold | | | | | | | |
| 1. | Beginning inventory..... | (1) | | | | 00 | |
| 2. | Plus: Purchases | (2) | | | | 00 | |
| 3. | Total (Add lines 1 and 2)..... | (3) | | | | 00 | |
| 4. | Less: Ending inventory..... | (4) | | | | 00 | |
| 5. | Total Cost of Goods Sold (Subtract line 4 from line 3. Transfer to Part II, line 2 of this Schedule)..... | (5) | | | | 00 | |
| Part VI Detail of Other Expenses | | | | Amount | | | |
| Description | | | | Regular Tax | | 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 Expenses (Add lines 1 through 5. Transfer to Part III, line 44) | (6) | | 00 | | 00 | |
| Part VII 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 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 | | | |
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| | 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 | | | |

Retention Period: Ten (10) years

Schedule L Individual

Rev. Dec 18 20



FARMING INCOME

2020

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

Taxpayer's name _____

Social Security Number _____

Schedule L No. _____ of _____

Part I Questionnaire

| | | | | |
|--------------------------------|--|---|---------------------------------------|---|
| Employer Identification Number | Fill in here if this is your principal industry or business <input type="checkbox"/> | Date operations began: Day _____ Month _____ Year _____ | Number of employees _____ | <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse |
| Merchant's Registration Number | Fill in here if during the taxable year you disposed all the assets used in your industry or business <input type="checkbox"/> | | | Fully Taxable <input type="checkbox"/> |
| Case or Concession Number | Location of Farming Business - Number, Street and City _____ | | | Tax Incentives under: |
| Industrial Code | Municipal Code | Nature of business: NAICS _____ Percentage _____ % | Act 1-2013 <input type="checkbox"/> | Act 135-2014 <input type="checkbox"/> |
| | | Indicate if you include with this return (See inst.): <input type="checkbox"/> 1 Audited Financial Statement <input type="checkbox"/> 2 Agreed Upon Procedures Report ("AUP") | Act 225-1995 <input type="checkbox"/> | Act 60-2019 - Sec. _____ <input type="checkbox"/> |
| | | Puerto Rico CPA's College Stamp No. _____ | Other: _____ <input type="checkbox"/> | |
| | | <input type="checkbox"/> 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. | | |

Indicate if the business derived income or claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable) (See instructions)

| Concept | Indicate if you claimed expenses | Indicate if you derived 80% or more of the income from this activity |
|---|--|--|
| 1 automobiles | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 vessels | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 airships | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 residential property outside of Puerto Rico | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Farming Income

| | Regular Tax | Alternate Basic Tax |
|---|-------------|---------------------|
| 1. Income (1) | 00 | 00 |
| 2. Less: Cost of goods sold (Complete Part V) (See instructions) (2) | 00 | 00 |
| 3. Gross income (Subtract line 2 from line 1) (Gross profit margin percentage: 2019 _____ 2020 _____ See instructions) (3) | 00 | 00 |
| 4. Less: Exempt amount under Act 135-2014 <input type="checkbox"/> 1 Up to \$40,000 <input type="checkbox"/> 2 Up to \$500,000 (See instructions) (4) | 00 | 00 |
| 5. Income for the current year (Subtract line 4 from line 3) (5) | 00 | 00 |

Part III Operating Expenses and Deductions

| | | | |
|--|--|----|----|
| A. Deductions that must be reported in an informative return: | | | |
| 1. Salaries, commissions and bonuses to employees (See instructions)..... (1) | | 00 | 00 |
| 2. Salaries paid to young university students (Total \$ _____) Department of the Treasury's Internship Program (Total \$ _____) (See inst.) (2) | | 00 | 00 |
| 3. Payments for services rendered in Puerto Rico (See instructions)..... (3) | | 00 | 00 |
| 4. Payments for services rendered outside of Puerto Rico (See instructions)..... (4) | | 00 | 00 |
| 5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)..... (5) | | 00 | 00 |
| 6. Insurance premiums (Except contributions to health or accident plans) (See instructions)..... (6) | | 00 | 00 |
| 7. Telecommunication services..... (7) | | 00 | 00 |
| 8. Internet and cable or satellite television services..... (8) | | 00 | 00 |
| 9. Bundles (See instructions)..... (9) | | 00 | 00 |
| 10. Advertising..... (10) | | 00 | 00 |
| 11. Royalties..... (11) | | 00 | 00 |
| 12. Payments for virtual and technology tools and other subscriptions..... (12) | | 00 | 00 |
| 13. Professional associations fees and dues paid for the benefit of employees..... (13) | | 00 | 00 |
| 14. Homeowners association fees..... (14) | | 00 | 00 |
| 15. Payments for judicial or extrajudicial indemnification..... (15) | | 00 | 00 |
| 16. Certain other expenses (See instructions)..... (16) | | 00 | 00 |
| 17. Subtotal (Add lines 1 through 16)..... (17) | | 00 | 00 |
| B. Deductions not reported in an informative return: | | | |
| 18. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____ (18) | | 00 | 00 |
| 19. Taxes, patents and licenses: | | | |
| a) Property tax (Personal \$ _____) (Real \$ _____)..... (19a) | | 00 | 00 |
| b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____..... (19b) | | 00 | 00 |
| c) State Insurance Fund Policy..... (19c) | | 00 | 00 |
| d) Sales and use tax..... (19d) | | 00 | 00 |
| 20. Depreciation and amortization (Submit Schedule E No. _____ of _____)..... (20) | | 00 | 00 |
| 21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E 1 No. _____ of _____)..... (21) | | 00 | 00 |
| 22. Electric power..... (22) | | 00 | 00 |
| 23. Water and sewage..... (23) | | 00 | 00 |
| 24. Contributions to health or accident plans..... (24) | | 00 | 00 |
| 25. Social Security tax (FICA)..... (25) | | 00 | 00 |
| 26. Unemployment tax..... (26) | | 00 | 00 |
| 27. Federal self-employment tax (See instructions)..... (27) | | 00 | 00 |
| 28. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)..... (28) | | 00 | 00 |
| 29. Planting insurance..... (29) | | 00 | 00 |
| 30. Subtotal (Add lines 18 through 29)..... (30) | | 00 | 00 |
| C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions) | | | |
| 31. Automobiles expenses (Mileage _____) (See instructions)..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (31) | | 00 | 00 |
| 32. Other motor vehicle expenses (See instructions)..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (32) | | 00 | 00 |
| 33. Repairs and maintenance..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (33) | | 00 | 00 |
| 34. Travel expenses (Total expenses \$ _____)..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (34) | | 00 | 00 |
| 35. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (35) | | 00 | 00 |
| 36. Materials and office supplies..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (36) | | 00 | 00 |
| 37. Materials directly used in farming..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (37) | | 00 | 00 |
| 38. Stamps, vouchers and fees..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (38) | | 00 | 00 |
| 39. Postage and shipping charges..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (39) | | 00 | 00 |
| 40. Uniforms..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (40) | | 00 | 00 |
| 41. Parking and toll..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (41) | | 00 | 00 |
| 42. Office expenses..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (42) | | 00 | 00 |
| 43. Bank fees..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (43) | | 00 | 00 |
| 44. Bad debts..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (44) | | 00 | 00 |
| 45. Other expenses (Complete Part VII)..... AUP <input type="checkbox"/> DDC <input type="checkbox"/> (45) | | 00 | 00 |
| 46. Subtotal (Add lines 31 through 45)..... (46) | | 00 | 00 |
| 47. Total (Add lines 17, 30 and 46)..... (47) | | 00 | 00 |

| Part IV | | Determination of Gain or Loss | | Regular Tax | | Alternate Basic Tax | |
|---------|---|-------------------------------|--|-------------|--|---------------------|--|
| 1. | Net income for the current year (Subtract line 47, Part III from line 5, Part II)..... | (1) | | 00 | | 00 | |
| 2. | Less: Net operating loss from previous years (Complete Part VIII)..... | (2) | | 00 | | 00 | |
| 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) (Transfer the total to page 2, Part 1, line 2R of the return or Part I, line 3R, 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 to the tax rate applicable to such gain)..... | (5) | | 00 | | 00 | |

| Part V | | Cost of Goods Sold | |
|--------|---|--------------------|----|
| 1. | Beginning inventory..... | (1) | 00 |
| 2. | Plus: Purchases..... | (2) | 00 |
| 3. | Direct salaries..... | (3) | 00 |
| 4. | Other direct costs (Part VI, line 17)..... | (4) | 00 |
| 5. | Total (Add lines 1 through 4)..... | (5) | 00 |
| 6. | Less: Ending inventory..... | (6) | 00 |
| 7. | Total Cost of Goods Sold (Subtract line 6 from line 5. Transfer to Part II, line 2 of this Schedule)..... | (7) | 00 |

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

| Part VII | | Detail of Other Expenses | | Amount | |
|-------------|---|--------------------------|----|---------------------|--|
| Description | | Regular Tax | | 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 Expenses (Add lines 1 through 5. Transfer to Part III, line 45)..... | (6) | 00 | 00 | |

| Part VIII | | 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 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 | |
| Total (Transfer to Part IV, line 2) | 00 | 00 | 00 | 00 | |

Retention Period: Ten (10) years

Schedule M Individual

Rev. Dec 18 20



INCOME FROM SERVICES RENDERED

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

2020

Taxpayer's name _____

Social Security Number _____

Schedule M No. _____ of _____

Part I Questionnaire

(You must fill out one schedule for each source of income)

☐ 1 Taxpayer☐ 2 SpouseFully Taxable ☐

Employer Identification Number _____

Fill in here if this is your
principal industry or business ☐

Date operations began:

Day _____ Month _____ Year _____

Number of employees _____

Merchant's Registration Number _____

Fill in here if during the taxable year you disposed all the assets used in your industry or business ☐

Location of Principal Office - Number, Street and City _____

Fill in here if ☐ Lottery Seller
you are: ☐ Multilevel Business

Industrial Code _____

Municipal Code _____

Nature of service: _____

NAICS _____

Percentage _____ %

Optional Tax: ☐ Yes ☐ NoIndicate if you include with this return (See inst.): ☐ 1 Audited Financial Statement☐ 2 Agreed Upon Procedures Report ("AUP")

Puerto Rico CPA's College Stamp No. _____

☐ 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. _____

Indicate if the business derived income or claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable) (See instructions)

| Concept | Indicate if you claimed expenses | Indicate if you derived 80% or more of the income from this activity |
|---|--|--|
| 1 automobiles | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 2 vessels | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 3 airships | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 4 Residential property outside of Puerto Rico | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Part II Income from Services

Regular Tax

Alternate Basic Tax

| | | | |
|---|-----|----|----|
| 1. Income | (1) | 00 | 00 |
| 2. Less: Subcontracted services (See instructions) | (2) | 00 | 00 |
| 3. Subtotal (Subtract line 2 from line 1) | (3) | 00 | 00 |
| 4. Less: Exempt amount under Act 135-2014 <input type="radio"/> 1 Up to \$40,000 <input type="radio"/> 2 Up to \$500,000 (See instructions) | (4) | 00 | 00 |
| 5. Income after the exemption under Act 135-2014 (Subtract line 4 from line 3, if applicable. Otherwise, enter the amount of line 3) | (5) | 00 | 00 |
| 6. Income earned through corporation of individuals, partnerships and special partnerships (Pass-Through Entities) | (6) | 00 | 00 |
| 7. Income for the current year (Add lines 5 and 6) | (7) | 00 | 00 |

Part III Operating Expenses and Deductions**A. Deductions that must be reported in an informative return:**

| | | | |
|---|------|----|----|
| 1. Salaries, commissions and bonuses to employees (See instructions) | (1) | 00 | 00 |
| 2. Salaries paid to young university students (Total \$ _____) Department of the Treasury's Internship Program (Total \$ _____) (See inst.) | (2) | 00 | 00 |
| 3. Payments for services rendered in Puerto Rico (See instructions) | (3) | 00 | 00 |
| 4. Payments for services rendered outside of Puerto Rico (See instructions) | (4) | 00 | 00 |
| 5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____) | (5) | 00 | 00 |
| 6. Insurance premiums (Except contributions to health or accident plans) (See instructions) | (6) | 00 | 00 |
| 7. Telecommunication services | (7) | 00 | 00 |
| 8. Internet and cable or satellite television services | (8) | 00 | 00 |
| 9. Bundles (See instructions) | (9) | 00 | 00 |
| 10. Advertising | (10) | 00 | 00 |
| 11. Royalties | (11) | 00 | 00 |
| 12. Payments for virtual and technology tools and other subscriptions | (12) | 00 | 00 |
| 13. Professional associations fees and dues paid for the benefit of employees | (13) | 00 | 00 |
| 14. Homeowners association fees | (14) | 00 | 00 |
| 15. Payments for judicial or extrajudicial indemnification | (15) | 00 | 00 |
| 16. Certain other expenses (See instructions) | (16) | 00 | 00 |
| 17. Subtotal (Add lines 1 through 16) | (17) | 00 | 00 |

B. Deductions not reported in an informative return:

| | | | |
|--|-------|----|----|
| 18. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____ | (18) | 00 | 00 |
| 19. Taxes, patents and licenses: | | | |
| a) Property tax (Personal \$ _____) (Real \$ _____) | (19a) | 00 | 00 |
| b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____ | (19b) | 00 | 00 |
| c) State Insurance Fund Policy | (19c) | 00 | 00 |
| d) Sales and use tax | (19d) | 00 | 00 |
| e) Special contribution for professional and advisory services under Act 48-2013, as amended | (19e) | 00 | 00 |
| 20. Depreciation and amortization (Submit Schedule E No. _____ of _____) | (20) | 00 | 00 |
| 21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____ of _____) | (21) | 00 | 00 |
| 22. Electric power | (22) | 00 | 00 |
| 23. Water and sewage | (23) | 00 | 00 |
| 24. Contributions to health or accident plans | (24) | 00 | 00 |
| 25. Social Security tax (FICA) | (25) | 00 | 00 |
| 26. Unemployment tax | (26) | 00 | 00 |
| 27. Federal self-employment tax (See instructions) | (27) | 00 | 00 |
| 28. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1) | (28) | 00 | 00 |
| 29. Subtotal (Add lines 18 through 28) | (29) | 00 | 00 |

C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)

| | | | | |
|--|---|------|----|----|
| 30. Automobile expenses (Mileage _____) (See instructions) | AUP <input type="radio"/> DDC <input type="radio"/> | (30) | 00 | 00 |
| 31. Other motor vehicle expenses (See instructions) | AUP <input type="radio"/> DDC <input type="radio"/> | (31) | 00 | 00 |
| 32. Repairs and maintenance | AUP <input type="radio"/> DDC <input type="radio"/> | (32) | 00 | 00 |
| 33. Travel expenses (Total expenses \$ _____) | AUP <input type="radio"/> DDC <input type="radio"/> | (33) | 00 | 00 |
| 34. Meal and entertainment expenses (Total expenses \$ _____) (See instructions) | AUP <input type="radio"/> DDC <input type="radio"/> | (34) | 00 | 00 |
| 35. Materials and office supplies | AUP <input type="radio"/> DDC <input type="radio"/> | (35) | 00 | 00 |
| 36. Materials directly used in services rendered | AUP <input type="radio"/> DDC <input type="radio"/> | (36) | 00 | 00 |
| 37. Stamps, vouchers and fees | AUP <input type="radio"/> DDC <input type="radio"/> | (37) | 00 | 00 |
| 38. Postage and shipping charges | AUP <input type="radio"/> DDC <input type="radio"/> | (38) | 00 | 00 |
| 39. Uniforms | AUP <input type="radio"/> DDC <input type="radio"/> | (39) | 00 | 00 |
| 40. Parking and toll | AUP <input type="radio"/> DDC <input type="radio"/> | (40) | 00 | 00 |
| 41. Office expenses | AUP <input type="radio"/> DDC <input type="radio"/> | (41) | 00 | 00 |
| 42. Bank fees | AUP <input type="radio"/> DDC <input type="radio"/> | (42) | 00 | 00 |
| 43. Bad debts | AUP <input type="radio"/> DDC <input type="radio"/> | (43) | 00 | 00 |
| 44. Other expenses (Complete Part V) | AUP <input type="radio"/> DDC <input type="radio"/> | (44) | 00 | 00 |
| 45. Subtotal (Add lines 30 through 44) | | (45) | 00 | 00 |
| 46. Total (Add lines 17, 29 and 45) | | (46) | 00 | 00 |

| Part IV | | Determination of Gain or Loss | | Regular Tax | | Alternate Basic Tax | |
|--|---|--|---|--|----------------------------------|---------------------|----|
| 1. | Net income for the current year (Subtract line 46, Part III from line 7, Part II) | (1) | | 00 | | 00 | |
| 2. | Less: Net operating loss from previous years (Complete Part VI) | (2) | | 00 | | 00 | |
| 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 to the tax rate applicable to such gain) | (5) | | 00 | | 00 | |
| Part V | | | | Detail of Other Expenses | | | |
| | | | | Amount | | | |
| Description | | | | Regular Tax | | 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 Expenses (Add lines 1 through 5. Transfer to Part III, line 44) | | | (6) | 00 | | 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 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 | | | |
| Total (Transfer to Part IV, line 2) | 00 | 00 | 00 | 00 | | | |

Retention Period: Ten (10) years

Schedule N Individual

Rev. Dec 18 20



RENTAL INCOME

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule N No. _____ of _____

Part I Questionnaire

| | | | | |
|---|--|---|--|--|
| Employer Identification Number | Fill in here if this is your principal industry or business <input type="radio"/> | Date operations began: Day _____ Month _____ Year _____ | Number of employees <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse | Fully Taxable <input type="radio"/> Fully Exempt: Act 132-2010 <input type="radio"/> Section 1031.02(a)(35)(F) of the Code.. <input type="radio"/> Tax Incentives under: Act 52 of 1983 <input type="radio"/> Act 78-1993 <input type="radio"/> Act 74-2010 <input type="radio"/> Act 83-2010 <input type="radio"/> Act 1-2013 <input type="radio"/> Act 135-2014 <input type="radio"/> Act 60-2019: Section _____ <input type="radio"/> Other: _____ <input type="radio"/> Case or Concession Number _____ |
| Merchant's Registration Number | Location of rented property - Number, Street and City | | Property (Fill in one): <input type="radio"/> 1 Residential <input type="radio"/> 2 Commercial | |
| Accounting Method: <input type="radio"/> 1 Cash <input type="radio"/> 2 Accrual | Indicate if the rented property is located outside of Puerto Rico <input type="radio"/> | | | |
| Fill in here if during the taxable year you disposed all the assets used in your industry or business <input type="radio"/> | Nature of business: NAICS _____ Percentage _____ % | | | |
| Municipal Code | Indicate if you include with this return (See inst.): <input type="radio"/> 1 Audited Financial Statement <input type="radio"/> 2 Agreed Upon Procedures Report ("AUP") Puerto Rico CPA's College Stamp No. _____ <input type="radio"/> 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. _____ | | | |

Indicate if the business derived income or claimed expenses related to the ownership, use, maintenance and depreciation of the following concepts (fill in as applicable) (See instructions)

| Concept | Indicate if you claimed expenses | Indicate if you derived 80% or more of the income from this activity |
|---|--|--|
| 1 automobiles | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 2 vessels | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 3 airships | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 4 residential property outside of Puerto Rico | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Part II Rental Income

| | Regular Tax | Alternate Basic Tax |
|--|-------------|---------------------|
| 1. Income | 00 | 00 |
| 2. Less: <input type="radio"/> 1 Exempt amount under Act 135-2014 up to \$500,000: \$ _____ <input type="radio"/> 2 Exempt amount under Act 132-2010: \$ _____ > _____ | 00 | 00 |
| 3. Income for the current year (Subtract line 2 from line 1) | 00 | 00 |

Part III Operating Expenses and Deductions

| | | | | |
|--|--|----|----|----|
| A. Deductions that must be reported in an informative return: | | | | |
| 1. Salaries, commissions and bonuses to employees (See instructions) | (1) | 00 | 00 | 00 |
| 2. Salaries paid to young university students (Total \$ _____) Department of the Treasury's Internship Program (Total \$ _____) (See inst.) | (2) | 00 | 00 | 00 |
| 3. Payments for services rendered in Puerto Rico (See instructions) | (3) | 00 | 00 | 00 |
| 4. Payments for services rendered outside of Puerto Rico (See instructions) | (4) | 00 | 00 | 00 |
| 5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____) | (5) | 00 | 00 | 00 |
| 6. Insurance premiums (Except contributions to health or accident plans) (See instructions) | (6) | 00 | 00 | 00 |
| 7. Telecommunication services | (7) | 00 | 00 | 00 |
| 8. Internet and cable or satellite television services | (8) | 00 | 00 | 00 |
| 9. Bundles (See instructions) | (9) | 00 | 00 | 00 |
| 10. Advertising | (10) | 00 | 00 | 00 |
| 11. Royalties | (11) | 00 | 00 | 00 |
| 12. Payments for virtual and technology tools and other subscriptions | (12) | 00 | 00 | 00 |
| 13. Professional associations fees and dues paid for the benefit of employees | (13) | 00 | 00 | 00 |
| 14. Homeowners association fees | (14) | 00 | 00 | 00 |
| 15. Payments for judicial or extrajudicial indemnification | (15) | 00 | 00 | 00 |
| 16. Certain other expenses (See instructions) | (16) | 00 | 00 | 00 |
| 17. Subtotal (Add lines 1 through 16) | (17) | 00 | 00 | 00 |
| B. Deductions not reported in an informative return: | | | | |
| 18. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____ | (18) | 00 | 00 | 00 |
| 19. Taxes, patents and licenses: | | | | |
| a) Property tax (Personal \$ _____) (Real \$ _____) | (19a) | 00 | 00 | 00 |
| b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____ | (19b) | 00 | 00 | 00 |
| c) State Insurance Fund Policy | (19c) | 00 | 00 | 00 |
| d) Sales and use tax | (19d) | 00 | 00 | 00 |
| 20. Depreciation and amortization (Submit Schedule E No. _____ of _____) | (20) | 00 | 00 | 00 |
| 21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____ of _____) | (21) | 00 | 00 | 00 |
| 22. Electric power | (22) | 00 | 00 | 00 |
| 23. Water and sewage | (23) | 00 | 00 | 00 |
| 24. Contributions to health or accident plans | (24) | 00 | 00 | 00 |
| 25. Social Security tax (FICA) | (25) | 00 | 00 | 00 |
| 26. Unemployment tax | (26) | 00 | 00 | 00 |
| 27. Subtotal (Add lines 18 through 26) | (27) | 00 | 00 | 00 |
| C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions) | | | | |
| 28. Automobile expenses (Mileage _____) (See instructions) | AUP <input type="radio"/> DDC <input type="radio"/> (28) | 00 | 00 | 00 |
| 29. Other motor vehicle expenses (See instructions) | AUP <input type="radio"/> DDC <input type="radio"/> (29) | 00 | 00 | 00 |
| 30. Repairs and maintenance | AUP <input type="radio"/> DDC <input type="radio"/> (30) | 00 | 00 | 00 |
| 31. Travel expenses (Total expenses \$ _____) | AUP <input type="radio"/> DDC <input type="radio"/> (31) | 00 | 00 | 00 |
| 32. Meal and entertainment expenses (Total expenses \$ _____) (See instructions) | AUP <input type="radio"/> DDC <input type="radio"/> (32) | 00 | 00 | 00 |
| 33. Materials and office supplies | AUP <input type="radio"/> DDC <input type="radio"/> (33) | 00 | 00 | 00 |
| 34. Materials directly used in the rental business | AUP <input type="radio"/> DDC <input type="radio"/> (34) | 00 | 00 | 00 |
| 35. Stamps, vouchers and fees | AUP <input type="radio"/> DDC <input type="radio"/> (35) | 00 | 00 | 00 |
| 36. Postage and shipping charges | AUP <input type="radio"/> DDC <input type="radio"/> (36) | 00 | 00 | 00 |
| 37. Uniforms | AUP <input type="radio"/> DDC <input type="radio"/> (37) | 00 | 00 | 00 |
| 38. Parking and toll | AUP <input type="radio"/> DDC <input type="radio"/> (38) | 00 | 00 | 00 |
| 39. Office expenses | AUP <input type="radio"/> DDC <input type="radio"/> (39) | 00 | 00 | 00 |
| 40. Bank fees | AUP <input type="radio"/> DDC <input type="radio"/> (40) | 00 | 00 | 00 |
| 41. Bad debts | AUP <input type="radio"/> DDC <input type="radio"/> (41) | 00 | 00 | 00 |
| 42. Other expenses (Complete Part V) | AUP <input type="radio"/> DDC <input type="radio"/> (42) | 00 | 00 | 00 |
| 43. Subtotal (Add lines 28 through 42) | (43) | 00 | 00 | 00 |
| 44. Total (Add lines 17, 27 and 43) | (44) | 00 | 00 | 00 |

| Part IV | | Determination of Gain or Loss | | Regular Tax | | Alternate Basic Tax | |
|--|--|--------------------------------------|---|--|----------------------------------|---------------------|----|
| 1. | Net income for the current year (Subtract line 44, Part III from line 3, Part II)..... | (1) | | 00 | | 00 | |
| 2. | Less: Net operating loss from previous years (Complete Part VI)..... | (2) | | 00 | | 00 | |
| 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) (Transfer the total to page 2, Part 1, line 2T of the return or Part I, line 3T, 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 to the tax rate applicable to such gain) | (5) | | 00 | | 00 | |
| Part V | | | | Detail of Other Expenses | | | |
| Description | | | | Amount | | | |
| | | | | Regular Tax | | Alternate Basic Tax | |
| 1. | (1) | | 00 | | 00 | | 00 |
| 2. | (2) | | 00 | | 00 | | 00 |
| 3. | (3) | | 00 | | 00 | | 00 |
| 4. | (4) | | 00 | | 00 | | 00 |
| 5. | (5) | | 00 | | 00 | | 00 |
| 6. | Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 42) | (6) | | 00 | | 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 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 | | | |
| Total (Transfer to Part IV, line 2) | 00 | 00 | 00 | 00 | | | |

Retention Period: Ten (10) years

Schedule Q

Rev. 02.01
Rep. 12.20



INVESTMENT FUNDS

CREDIT FOR INVESTMENT, LOSSES AND AMOUNT TO CARRYOVER

20_____

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

Taxpayer's name

Social Security or Employer
Identification Number

Part I Questionnaire

Taxpayer (Check one): ☐ 1 Individual ☐ 2 Corporation / Partnership ☐ 3 Special Partnership / Corporation of Individuals

Entity's Name

Employer Identification Number

Type of Investment

(01) **Column A**

(02) **Column B**

(03) **Column C**

☐ 1 Tourist Development Fund

Capital Investment Fund

☐ 2 Act 3 of 1987

☐ 3 Act 46 of 2000

☐ 4 Act 70 of 1978

☐ 5 Act 78 of 1993

☐ 6 Act 225 of 1995

☐ 7 Others _____

Direct Investment and
not through a fund:

☐ 8 Act 70 of 1978

☐ 9 Act 78 of 1993

☐ 10 Act 225 of 1995

☐ 11 Feature films
(Subchapter K of the Code)

☐ 1 Tourist Development Fund

Capital Investment Fund

☐ 2 Act 3 of 1987

☐ 3 Act 46 of 2000

☐ 4 Act 70 of 1978

☐ 5 Act 78 of 1993

☐ 6 Act 225 of 1995

☐ 7 Others _____

Direct Investment and
not through a fund:

☐ 8 Act 70 of 1978

☐ 9 Act 78 of 1993

☐ 10 Act 225 of 1995

☐ 11 Feature Films
(Subchapter K of the Code)

☐ 1 Tourist Development Fund

Capital Investment Fund

☐ 2 Act 3 of 1987

☐ 3 Act 46 of 2000

☐ 4 Act 70 of 1978

☐ 5 Act 78 of 1993

☐ 6 Act 225 of 1995

☐ 7 Others _____

Direct Investment and
not through a fund:

☐ 8 Act 70 of 1978

☐ 9 Act 78 of 1993

☐ 10 Act 225 of 1995

☐ 11 Feature films
(Subchapter K of the Code)

Part II Credit Computation

| | | | |
|---|----|----|----|
| 1. Qualified investment acquired during the taxable year (1) | 00 | 00 | 00 |
| 2. Allowable credit percentage: | | | |
| a) Multiply line 1 x 25% (See instructions) (2a) | 00 | 00 | 00 |
| b) Multiply line 1 x 50% (See instructions) (2b) | 00 | 00 | 00 |
| 3. Credit available for investment: | | | |
| a) Credit attributable to first year (See instructions) (3a) | 00 | 00 | 00 |
| b) Carryover investment credit from previous years (Submit detail) (3b) | 00 | 00 | 00 |
| c) Total (Add lines 3(a) and 3(b)) (3c) | 00 | 00 | 00 |
| 4. Total of credit available for investment (Add line 3(c), Columns A, B and C. Transfer to Part III, line 5) (4) | | | 00 |

Part III Computation of Amount to be Claimed

| | | | |
|---|-------|--|----|
| 5. Total credit available for investment (From Part II, line 4) | (5) | | 00 |
| 6. Tax determined in the return (See instructions) | (6) | | 00 |
| 7. Credit for deductible portion of taxes paid to the United States, its possessions and foreign countries and for contribution to the Educational Foundation for Free Selection of Schools (See instructions)..... | (7) | | 00 |
| 8. Excess of Alternate Basic Tax or Alternative Minimum Tax over the Regular Tax (See instructions) | (8) | | 00 |
| 9. Adjusted tax (Line 6 less the sum of lines 7 and 8)..... | (9) | | 00 |
| 10. Credit to claim (Enter the smaller of line 5 or 9. See instructions) | (10) | | 00 |
| 11. Prescribed credits from previous years (See instructions) | (11) | | 00 |
| 12. Carryover credit (See instructions): | | | |
| (a) Line 5 less the sum of lines 10 and 11..... | (12a) | | 00 |
| (b) Attributable credit for the second year..... | (12b) | | 00 |
| (c) Total..... | (12c) | | 00 |

Part IV Determination of Credit and Carryover of Losses in the Sale, Exchange or any other Investment Disposition

| | | | |
|--|------|--|----|
| 1. Total of losses during the taxable year (See instructions): | | | |
| a) Short-term (Schedule Q1, Part IV, line 3) | (1a) | | 00 |
| b) Long-term (Schedule Q1, Part III, line 1) | (1b) | | 00 |
| c) Total | (1c) | | 00 |
| 2. Carryover losses not claimed in previous years (Submit detail. See instructions) | (2) | | 00 |
| 3. Total of losses (Add lines 1(c) and 2) | (3) | | 00 |
| 4. Total losses incurred in each one of previous years (See instructions) | (4) | | 00 |
| 5. Add lines 1(c) and 4 | (5) | | 00 |
| 6. Maximum amount that you may claim as credit attributable to losses (Multiply line 5 by 33.33%. See instructions) | (6) | | 00 |
| 7. Available credit for the year (The smaller of line 3 or 6) | (7) | | 00 |
| 8. Tax determined in the return (See instructions) | (8) | | 00 |
| 9. Credit for taxes paid to the United States, its possessions and foreign countries and for contribution to the Educational Foundation for Free Selection of Schools (See instructions) | (9) | | 00 |
| 10. Investment credit claimed during the taxable year related to the investment subject to loss, if any..... | (10) | | 00 |
| 11. Adjusted tax (Line 8 less the sum of lines 9 and 10) | (11) | | 00 |
| 12. Credit to claim (Enter the smaller of line 7 or 11. See instructions) | (12) | | 00 |
| 13. Prescribed credits from previous years | (13) | | 00 |
| 14. Carryover credit (Line 3 less the sum of lines 12 and 13)..... | (14) | | 00 |

Schedule Q1

Rev. 12.20



INVESTMENT FUNDS

DETERMINATION OF ADJUSTED BASIS, CAPITAL GAIN, ORDINARY INCOME AND SPECIAL TAX

20__

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

Taxpayer's name

Social Security or Employer
Identification Number

Part I Computation of Adjusted Basis and Taxable Distributions

| | Column A | Column B | Column C |
|---|----------|----------|----------|
| Entity's Name | | | |
| Employer Identification Number | | | |
| 1. Adjusted basis of the investment at the beginning of the taxable year (1) | 00 | 00 | 00 |
| 2. Additional investments during the year (2) | 00 | 00 | 00 |
| 3. Less: non-recognized gains on reinvestments (See instructions) (3) | 00 | 00 | 00 |
| 4. Adjusted basis before the credit (Subtract line 3 from the sum of lines 1 and 2) (4) | 00 | 00 | 00 |
| 5. Credit claimed during the year (See instructions) (5) | 00 | 00 | 00 |
| 6. Adjusted basis before distributions of the year (Subtract line 5 from line 4) (6) | 00 | 00 | 00 |
| 7. Exempt distributions received from the Fund or Designated Entity during the taxable year from corporations and partnerships under the Tax Incentives Act (according to Form 480.6B) (7) | 00 | 00 | 00 |
| 8. Adjusted basis before the non-exempt distributions (Subtract line 7 from line 6. If it is less than 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 the taxable year: • If line 8 is more than 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 over the adjusted basis (Transfer to Part 1, line 21 of the return or to Schedule CO Individual, Part I, line 31, as applicable) (11) | 00 | 00 | 00 |
| 12. Distribution you elect to include as ordinary income (See instructions)..... (12) | 00 | 00 | 00 |
| 13. Total distribution you elect to include as ordinary income (Add line 12 of Column A through C) (13) | | | 00 |
| 14. Distribution subject to Special Tax (Add line 11, Columns A, B and C less line 13. Enter here and on Schedule A2 Individual, line 4(k), Column D)..... (14) | | | 00 |
| 15. Special Tax (Multiply line 14 by 10%. Enter the amount here) (15) | | | 00 |
| 16. Tax Withheld over exempt or taxable distributions (See instructions). Transfer to Schedule B Individual, Part III, line 8 (16) | | | 00 |

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)

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

1. 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).
- If it is a loss, transfer to Part IV, line 2 of this Schedule (1)

00

Part III Determination of Long-term Capital Gain or Loss (See instructions)

| Description of Property | (A) Date Acquired | (B) Date Sold | (C) Sales Price | (D) Adjusted Basis | (E) Sales Expenses | (F) Gain or Loss |
|-------------------------|-------------------------|---------------------|--------------------|-----------------------|-----------------------|---------------------|
| | | | 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.
- If it is a loss, transfer to Schedule Q, Part IV, line 1(b) (1)

00

Part IV Special Tax Computation over Long-term Capital Gains of an Investment Fund

| | |
|---|----|
| 1. Long-term capital gain in the sale or exchange of securities of a fund (See instructions)..... (1) | 00 |
| 2. Net short-term capital loss (See instructions)..... (2) | 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, line 4(k). See instructions) (3) | 00 |

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Taxable year beginning on _____ and ending on _____.

Social Security Number

Taxpayer's name

Fill in one:

☐ 1 Taxpayer ☐ 2 Spouse ☐ 3 Both

Amount of Schedules R1 Individual included

Amount of Forms 480.60 FC

Amount of Federal Schedules K-1

Part I Questionnaire

- | | | |
|---|------|----|
| 1. Distributable share on gross income from services rendered of special partnerships or partnerships (From Part I of all Schedules R1 Individual included) | (1) | 00 |
| 2. Distributable share on gross income from services rendered of corporations of individuals (From Part III of all Schedules R1 Individual included) | (2) | 00 |
| 3. Distributable share on gross income from services rendered of subsidiary pass-through entities (From Part I of all Schedules R1 Individual included) | (3) | 00 |
| 4. Distributable share on gross income from services rendered of pass-through entities (Add lines 1 through 3) | (4) | 00 |
| 5. Less: Share of net income attributable to the services rendered by the partners or stockholders (From Part II, line 6 of Schedule M Individual) | (5) | 00 |
| 6. Total distributable share on gross income related to services rendered of pass-through entities for purposes of the optional tax (Subtract line 5 from line 4) | (6) | 00 |
| 7. Distributable share in business volume of special partnerships or partnerships (From Part I of all Schedules R1 Individual included) | (7) | 00 |
| 8. Distributable share in business volume of corporations of individuals (From Part III of all Schedules R1 Individual included) | (8) | 00 |
| 9. Distributable share in business volume of subsidiary pass-through entities (From Part I of all Schedules R1 Individual included) | (9) | 00 |
| 10. Distributable share in business volume of pass-through entities (Add lines 7 through 9) | (10) | 00 |
| 11. Less: Exempt income from special partnerships or partnerships (From Part I, line 2(d) of all Schedules R1 Individual included) | (11) | 00 |
| 12. Less: Exempt income from corporation of individuals (From Part III, line 2(d) of all Schedules R1 Individual included) | (12) | 00 |
| 13. Total distributable share in the business volume of pass-through entities (Subtract line 11 and 12 from line 10) | (13) | 00 |

Part II Net Income or Loss from Special Partnerships or Partnerships

- | | | |
|---|-----|----|
| 1. Total income from Schedule R1 Individual (Enter the total sum of line 9, Part II of all Schedules R1 Individual included) | (1) | 00 |
| 2. Total losses from Schedule R1 Individual (Enter the total sum of line 10, Part II of all Schedules R1 Individual included) | (2) | 00 |

Part III Net Income or Loss from Corporations of Individuals

- | | | |
|---|-----|----|
| 1. Total income from Schedule R1 Individual (Enter the total sum of line 9, Part IV of all Schedules R1 Individual included) | (1) | 00 |
| 2. Total losses from Schedule R1 Individual (Enter the total sum of line 10, Part IV of all Schedules R1 Individual included) | (2) | 00 |

Part IV Distributable Share on Benefits from Partnerships, Special Partnerships and Corporations of Individuals

- | | | |
|---|-----|----|
| 1. Aggregated net income from partnerships, special partnerships and corporations of individuals (Add line 1 from Parts II and III) | (1) | 00 |
| 2. Multiply line 1 by .90..... | (2) | 00 |
| 3. Aggregated net loss from partnerships, special partnerships and corporations of individuals (Add line 2 from Parts II and III) | (3) | 00 |
| 4. Allowable loss (Enter the smaller of the absolute amounts reflected on lines 2 and 3. If line 3 is zero, enter zero on this line. See instructions) | (4) | 00 |
| 5. Subtract line 4 from line 1. Transfer this amount to Part 1, line 2K of the return or to Schedule CO Individual, Part I, line 3K, Column B or C, as applicable | (5) | 00 |
| 6. Carryforward for future years (Subtract line 4 from line 3. If line 3 is zero, enter zero on this line. See instructions) | (6) | 00 |

Retention Period: Ten (10) years

Schedule R1 Individual

Rev. Dec 18 20



PARTNERSHIPS, SPECIAL PARTNERSHIPS AND CORPORATIONS OF INDIVIDUALS

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Schedule R1 Individual _____ of _____

Fill in one:

☐ 1 Taxpayer☐ 2 Spouse☐ 3 Both

Social Security Number

Part I Adjusted Basis Determination of a Partner in one or more Special Partnerships or Partnerships

| | Column A | Column B | Column C |
|---|---|---|---|
| Type of form | 1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1 | 1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1 | 1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1 |
| Type of taxable year | 1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal | 1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal | 1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal |
| Did the entity choose the optional tax of Section 1071.10 of the Code? (See instructions) | 1 <input type="radio"/> Yes 2 <input type="radio"/> No | 1 <input type="radio"/> Yes 2 <input type="radio"/> No | 1 <input type="radio"/> Yes 2 <input type="radio"/> 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 partnership (Form 480.60 EC, Part III, line 23(a)) | | | |
| Distributable share on gross income from services rendered of subsidiary pass-through entities (Form 480.60 EC, Part III, line 25(a)) | | | |
| Distributable share in the business volume of the partnership (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 line 25, Part III of Form 480.60 EC) | | | |
| 1. Adjusted basis at the end of the previous taxable year | (1) 00 | 00 | 00 |
| 2. Basis increase: | | | |
| (a) Partner's distributable share on income and profits from current year (See instructions) | (2a) 00 | 00 | 00 |
| (b) Contributions made during the year | (2b) 00 | 00 | 00 |
| (c) Partnership's capital assets gain | (2c) 00 | 00 | 00 |
| (d) Exempt income | (2d) 00 | 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: | | | |
| (a) Partner's distributable share on partnership's loss used in previous year | (3a) 00 | 00 | 00 |
| (b) Partnership's capital assets loss | (3b) 00 | 00 | 00 |
| (c) Distributions during the year | (3c) 00 | 00 | 00 |
| (d) Credits claimed in the preceding year (See instructions) | (3d) 00 | 00 | 00 |
| (e) Withholding at source during the year | (3e) 00 | 00 | 00 |
| (f) Non admissible expenses for the year | (3f) 00 | 00 | 00 |
| (g) Distributable share on losses from exempt operations during the year | (3g) 00 | 00 | 00 |
| (h) Contributions (Does not apply to special partnerships) | (3h) 00 | 00 | 00 |
| (i) Partner's debts assumed and guaranteed by the partnership | (3i) 00 | 00 | 00 |
| (j) Total basis decrease (Add lines 3(a) through 3(i)) | (3j) 00 | 00 | 00 |
| 4. Adjusted Basis (Subtract line 3(j) from the sum of lines 1 and 2(f). Transfer this amount to line 6(a)) | (4) 00 | 00 | 00 |

Part II Determination of Net Income or Loss in one or more Special Partnerships or Partnerships

| | | | |
|--|---------|----|----|
| 5. (a) Partner's distributable share on partnership's loss for the year | (5a) 00 | 00 | 00 |
| (b) Distributable share on the loss of a partnership or special partnership owned by the entity | (5b) 00 | 00 | 00 |
| (c) Loss carryover from previous years (See instructions) | (5c) 00 | 00 | 00 |
| (d) Total losses (Add lines 5(a) through 5(c)) | (5d) 00 | 00 | 00 |
| 6. (a) Adjusted Basis (Part I, line 4) | (6a) 00 | 00 | 00 |
| (b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner | (6b) 00 | 00 | 00 |
| (c) Partnership's current debts assumed and guaranteed by the partner | (6c) 00 | 00 | 00 |
| (d) Total partner's adjusted basis (Add lines 6(a) through 6(c)) | (6d) 00 | 00 | 00 |
| 7. (a) Distributable share on partnership's net income for the year (Form 480.60 EC) (See instructions) | (7a) 00 | 00 | 00 |
| (b) Distributable share in the gain of a partnership or special partnership owned by the entity | (7b) 00 | 00 | 00 |
| (c) Total income received (Add lines 7(a) and 7(b)) | (7c) 00 | 00 | 00 |
| 8. Available losses (The smaller of lines 5(d) or 6(d)) | (8) 00 | 00 | 00 |
| 9. Total income (Add the amounts determined on line 7(c), Columns A through C. Transfer to Schedule R Individual, Part II, line 1) | (9) 00 | | |
| 10. Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part II, line 2) | (10) 00 | | |

| Part III Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals | | Column A | Column B | Column C |
|---|------|---|---|---|
| Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse <input type="radio"/> 3 Both | | | | |
| Type of taxable year | | 1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal | 1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal | 1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal |
| Did the entity choose the optional tax of Section 1115.11 of the Code? (See instructions) | | 1 <input type="radio"/> Yes 2 <input type="radio"/> No | 1 <input type="radio"/> Yes 2 <input type="radio"/> No | 1 <input type="radio"/> Yes 2 <input type="radio"/> 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(a)) | | | | |
| Distributable share in the business volume of the corporation of individuals (Subtract line 23(a) from line 23, Part III of Form 480.60 EC) | | | | |
| 1. Adjusted basis at the end of the previous taxable year | (1) | 00 | 00 | 00 |
| 2. Basis increase: | | | | |
| (a) Stockholder's distributable share on income and profits from current year (See instructions) | (2a) | 00 | 00 | 00 |
| (b) Contributions made during the year | (2b) | 00 | 00 | 00 |
| (c) Corporation of individual's capital assets gain | (2c) | 00 | 00 | 00 |
| (d) Exempt income | (2d) | 00 | 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: | | | | |
| (a) Stockholder's distributable share on corporation of individual's loss used in previous year | (3a) | 00 | 00 | 00 |
| (b) Corporation of individual's capital assets loss | (3b) | 00 | 00 | 00 |
| (c) Distributions during the year | (3c) | 00 | 00 | 00 |
| (d) Credits claimed in the preceding year (See instructions) | (3d) | 00 | 00 | 00 |
| (e) Withholding at source during the year | (3e) | 00 | 00 | 00 |
| (f) Non admissible expenses for the year | (3f) | 00 | 00 | 00 |
| (g) Distributable share on losses from exempt operations during the year | (3g) | 00 | 00 | 00 |
| (h) Stockholder's debts assumed and guaranteed by the corporation of individuals | (3h) | 00 | 00 | 00 |
| (i) Total basis decrease (Add lines 3(a) through 3(h)) | (3i) | 00 | 00 | 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 | 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 | 00 | 00 |
| (b) Loss carryover from previous years (See instructions) | (5b) | 00 | 00 | 00 |
| (c) Total losses (Add lines 5(a) and 5(b)) | (5c) | 00 | 00 | 00 |
| 6. (a) Adjusted Basis (Part III, line 4) | (6a) | 00 | 00 | 00 |
| (b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockholder | (6b) | 00 | 00 | 00 |
| (c) Corporation of individual's current debts assumed and guaranteed by the stockholder | (6c) | 00 | 00 | 00 |
| (d) Total stockholder's adjusted basis (Add lines 6(a) through 6(c)) | (6d) | 00 | 00 | 00 |
| 7. Distributable share on corporation of individual's net income for the year (Form 480.60 EC)(See instructions) | (7) | 00 | 00 | 00 |
| 8. Available losses (The smaller of lines 5(c) or 6(d)) | (8) | 00 | 00 | 00 |
| 9. Total income (Add the amounts determined on line 7, Columns A through C. Transfer to Schedule R Individual, Part III, line 1) | (9) | | | 00 |
| 10. Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part III, line 2) | (10) | | | 00 |