

|  |           |  |  |
|--|-----------|--|--|
| Liquidator:  | Reviewer: | <b>200</b> COMMONWEALTH OF PUERTO RICO <b>200</b><br>DEPARTMENT OF THE TREASURY<br><br><h2 style="text-align:center;">Corporation Income Tax Return</h2> | Serial Number                                  |
| Field audited by:  |           |  | <input type="checkbox"/> <b>AMENDED RETURN</b> |
| Date ___/___/___   |           | TAXABLE YEAR BEGINNING ON<br>_____, ____ AND ENDING ON _____, _____  | Payment Stamp                                  |
| R  | M         | N  |  |
| Taxpayer's Name  |           | Employer's Identification Number   |  |
| Postal Address   |           | Department of State Registry No.   |  |
| Zip Code   |           | Industrial Code  | Municipal Code                                 |
| "Place Label here".  |           | Telephone Number - Extension   |  |
| Location of Principal Industry or Business - Number, Street, City  |           | ( ) -  |  |
| Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.)  |           | Date Incorporated  |  |
| Check the corresponding box, if applicable<br><input type="checkbox"/> First return <input type="checkbox"/> Last return |           | Day ___ / Month ___ / Year ___<br>Place Incorporated   |  |
| Contracts with Governmental Entities<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         |           | <b>2002 RETURN</b><br><input type="checkbox"/> Spanish <input type="checkbox"/> English  |  |
|  |           | Receipt No. _____  |  |
|  |           | Amount: _____  |  |

|  |   |    |
|--|---|----|
| <b>Part I</b>  | 1. <b>Net operating income (or loss)</b> (From Part V, line 49)..... (1)  | 00 |
|  | 2. Less: Net operating loss deduction from preceding year (Submit detail)..... (2)                                      | 00 |
|  | 3. <b>Net income (or loss)</b> ..... (3)  | 00 |
| <b>Part II</b>   | 4. Less: Dividends or profits received from domestic corporations or partnerships..... (4)                              | 00 |
|  | 5. <b>Net income subject to normal tax</b> (Subtract line 4 from line 3)..... (5)                                       | 00 |
|  | 6. Less: Surtax net income credit..... (6)  | 00 |
|  | 7. <b>Net income subject to surtax</b> (Subtract line 6 from line 5)..... (7)   | 00 |
| <b>Part III</b>  | 8. Normal tax (Multiply line 5 by 20%)..... (8)   | 00 |
|  | 9. Surtax (See instructions)..... (9)   | 00 |
|  | 10. Amount of recapture (See instructions)..... (10)  | 00 |
|  | 11. <b>Total Tax</b> (Add lines 8 through 10)..... (11)   | 00 |
|  | 12. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part VII, line 46)..... (12)               | 00 |
|  | 13. <b>Tax Determined</b> (Line 11 or 12, whichever is smaller)..... (13)   | 00 |
|  | 14. Recapture of investment credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3)..... (14) | 00 |
|  | 15. <b>Tax credits</b> (Schedule B Corporation and Partnership, Part II, line 13)..... (15)                             | 00 |
|  | 16. <b>Tax liability before alternative minimum tax</b> (Subtract line 15 from the sum of lines 13 and 14)..... (16)    | 00 |
|  | 17. Alternative minimum tax (Schedule A Corporation and Partnership, Part V, line 32)..... (17)                         | 00 |
|  | 18. Branch profits tax (Form AS 2879, line 11)..... (18)  | 00 |
|  | 19. <b>Total Tax Liability</b> (Add lines 16 through 18)..... (19)  | 00 |
|  | 20. <b>Less: Other Payments and Withholdings</b> (Schedule B Corporation and Partnership, Part III, line 7)..... (20)   | 00 |
|  | 21. Balance of tax due (If line 19 is larger than line 20, enter the difference here, otherwise, on line 23)            |    |
|  | a) Tax..... (21a)   | 00 |
|  | b) Interest..... (21b)  | 00 |
| c) Surcharges..... (21c)   | 00  |    |
| d) Total (Add lines 21(a) through 21(c))..... (21d)  | 00  |    |
| 22. Amount paid with this return..... (22)   | 00  |    |
| 23. <b>Amount overpaid</b> (If line 19 is smaller than line 20, distribute the difference between line A or B) |   |    |
| A. To be credited to estimated tax for 2002..... (23A)   | 00  |    |
| B. To be refunded..... (23B)   | 00  |    |

|  |   |  |               |    |   |    |               |    |
|--|---|--|---------------|----|---|----|---------------|----|
| <b>Part IV</b>   | 1. Netsales.....(1)   |  |               |    |   | 00 |               |    |
|  | Less: Cost of goods sold or direct costs of production  |  |               |    |   |    |               |    |
|  | 2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"                           |  |               |    |   |    |               |    |
|  | (a) Materials .....(2a)   |  |               |    |   | 00 |               |    |
|  | (b) Goods in process .....(2b)  |  |               |    |   | 00 |               |    |
|  | (c) Finished goods or merchandise .....(2c)   |  |               |    |   | 00 |               |    |
|  | 3. Purchase of materials or merchandise .....(3)  |  |               |    |   | 00 |               |    |
|  | 4. Direct wages .....(4)  |  |               |    |   | 00 |               |    |
|  | 5. Other direct costs (Detail in Part VI) .....(5)  |  |               |    |   | 00 |               |    |
|  | 6. Total cost of goods available for sale (Add lines 2 through 5).....(6)   |  |               |    |   | 00 |               |    |
|  | 7. Less: Inventory at the end of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"                           |  |               |    |   |    |               |    |
|  | (a) Materials .....(7a)   |  |               |    |   | 00 |               |    |
|  | (b) Goods in process .....(7b)  |  |               |    |   | 00 |               |    |
|  | (c) Finished goods or merchandise .....(7c)   |  |               |    |   | 00 | 00            |    |
|  | 8. Gross profit on sales or production (Subtract the result of line 6 less line 7, from line 1).....(8)                               |  |               |    |   |    | 00            |    |
|  | 9. Net capital gain (Schedule D Corporation and Partnership, Part VI, line 30) .....(9)   |  |               |    |   |    | 00            |    |
|  | 10. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corp. and Part., Part VIII, line 47) .....(10) |  |               |    |   |    | 00            |    |
|  | 11. Rent.....(11)   |  |               |    |   |    | 00            |    |
|  | 12. Interest.....(12)   |  |               |    |   |    | 00            |    |
|  | 13. Commissions.....(13)  |  |               |    |   |    | 00            |    |
| 14. Dividends from corporations and profits from partnerships: (a) Domestic _____ (b) Foreign _____(14)                            |   |  |               |    |   | 00 |               |    |
| 15. Distributable share on net income from special partnerships (Schedule R, Part II, line 8) .....(15)                            |   |  |               |    |   | 00 |               |    |
| 16. Distributable share on net losses from special partnerships (Schedule R, Part II, line 13) .....(16)                           |   |  |               |    |   | 00 |               |    |
| 17. Taxable farming profit (Schedule S Corporation and Partnership, Part I, line 9) .....(17)                                      |   |  |               |    |   | 00 |               |    |
| 18. Freight and fares .....(18)  |   |  |               |    |   | 00 |               |    |
| 19. Miscellaneous income .....(19)   |   |  |               |    |   | 00 |               |    |
| 20. <b>Total gross income</b> (Add lines 8 through 19) .....(20)   |   |  |               |    |   | 00 |               |    |
| <b>Part V</b>  | 21. Compensation to officers (See instructions for Part X) .....(21)  |  |               |    |   | 00 |               |    |
|  | 22. Salaries, commissions and bonuses to employees .....(22)  |  |               |    |   | 00 |               |    |
|  | 23. Commissions to businesses .....(23)   |  |               |    |   | 00 |               |    |
|  | 24. Social security tax (FICA) .....(24)  |  |               |    |   | 00 |               |    |
|  | 25. Unemployment tax.....(25)   |  |               |    |   | 00 |               |    |
|  | 26. State Insurance Fund premiums .....(26)   |  |               |    |   | 00 |               |    |
|  | 27. Medical or hospitalization insurance .....(27)  |  |               |    |   | 00 |               |    |
|  | 28. Insurances .....(28)  |  |               |    |   | 00 |               |    |
|  | 29. Interest (See instructions).....(29)  |  |               |    |   | 00 |               |    |
|  | 30. Rent.....(30)   |  |               |    |   | 00 |               |    |
|  | 31. Property tax: (a) Personal _____ (b) Real _____(31)   |  |               |    |   | 00 |               |    |
|  | 32. Other taxes, patents and licenses (See instructions) .....(32)  |  |               |    |   | 00 |               |    |
|  | 33. Losses from fire, storm, other casualties or theft .....(33)  |  |               |    |   | 00 |               |    |
|  | 34. Motor vehicle expenses .....(34)  |  |               |    |   | 00 |               |    |
|  | 35. Meal and entertainment expenses (Total _____) (See instructions) (35)   |  |               |    |   | 00 |               |    |
|  | 36. Travel expenses.....(36)  |  |               |    |   | 00 |               |    |
|  | 37. Professional services.....(37)  |  |               |    |   | 00 |               |    |
|  | 38. Contributions to pension or other qualified plans (See instructions).....(38)   |  |               |    |   | 00 |               |    |
|  | 39. Flexible depreciation (See instructions. Submit Schedule E) .....(39)   |  |               |    |   | 00 |               |    |
|  | 40. Accelerated depreciation (See instructions. Submit Schedule E) .....(40)  |  |               |    |   | 00 |               |    |
|  | 41. Current depreciation and amortization (See instructions. Submit Schedule E) .....(41)   |  |               |    |   | 00 |               |    |
|  | 42. Bad debts (See instructions) .....(42)  |  |               |    |   | 00 |               |    |
|  | 43. Charitable contributions (See instructions) .....(43)   |  |               |    |   | 00 |               |    |
|  | 44. Repairs (See instructions).....(44)   |  |               |    |   | 00 |               |    |
|  | 45. Deduction for employers who employ handicapped persons (See instructions) .....(45)   |  |               |    |   | 00 |               |    |
|  | 46. Contributions to educational contribution accounts for the employees' beneficiaries .....(46)                                     |  |               |    |   | 00 |               |    |
|  | 47. Other deductions (See instructions) .....(47)   |  |               |    |   | 00 |               |    |
|  | 48. <b>Total deductions</b> (Add lines 21 through 47) .....(48)   |  |               |    |   |    | 00            |    |
| 49. <b>Net operating income (or loss) for the year</b> (Subtract line 48 from line 20. Enter here and in Part I, line 1) .....(49) |   |  |               |    |   | 00 |               |    |
| <b>Part VI</b>   | <b>Item</b>   |  | <b>Amount</b> |    | <b>Item</b>   |    | <b>Amount</b> |    |
|  | 1. Salaries, wages and bonuses .....(1)   |  |               | 00 | 8. Repairs.....(8)  |    |               | 00 |
|  | 2. Social security tax (FICA) .....(2)  |  |               | 00 | 9. Utilities.....(9)  |    |               | 00 |
|  | 3. Unemployment tax .....(3)  |  |               | 00 | 10. Flexible depreciation (Submit Schedule E) (10)  |    |               | 00 |
|  | 4. State Insurance Fund premiums .....(4)   |  |               | 00 | 11. Accelerated depreciation (Submit Schedule E) (11)   |    |               | 00 |
|  | 5. Medical or hospitalization insurance .(5)  |  |               | 00 | 12. Current depreciation (Submit Schedule E) (12)   |    |               | 00 |
|  | 6. Other insurance .....(6)   |  |               | 00 | 13. Other expenses (Submit detail) .....(13)  |    |               | 00 |
|  | 7. Excise taxes .....(7)  |  |               | 00 | 14. <b>Total other direct costs</b> (Add lines 1 through 13. Same as Part IV, line 5) .....(14) |    |               | 00 |

**Corporation - Comparative Balance Sheet**

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

Part VII

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

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

Part VIII

**Analysis of Retained Earnings per Books**

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

Part IX

**Compensation to Officers**

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

Part X

**Questionnaire**

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

Part XI

**OATH**

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

\_\_\_\_\_  
President's or vice-president's signature

\_\_\_\_\_  
Treasurer's or assistant treasurer's signature

\_\_\_\_\_  
Agent

Affidavit No. \_\_\_\_\_

**NOTARY SEAL**

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

\_\_\_\_\_  
Title of the person administering oath

\_\_\_\_\_  
Signature of the person administering oath

**SPECIALIST'S USE ONLY**

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

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

|  |  |   |  |  |
|--|--|---|--|--|
| Liquidator:  | Reviewer:  | <b>200</b> COMMONWEALTH OF PUERTO RICO <b>200</b><br>DEPARTMENT OF THE TREASURY   | Serial Number                                  |  |
| Field audited by:  |  | <h2 style="margin:0;">Partnership Income Tax Return</h2> <p style="margin:0;">TAXABLE YEAR BEGINNING ON _____, _____ AND ENDING ON _____, _____</p> | <input type="checkbox"/> <b>AMENDED RETURN</b> |  |
| Date ___/___/___   |  |   | Payment Stamp                                  |  |
| R  | M  |   | N  |  |
|  |  |   |  |  |
| Taxpayer's Name  |  | Employer's Identification Number  |  |  |
| Postal Address   |  | Industrial Code   | Municipal Code                                 |  |
| Zip Code   |  | Telephone Number - Extension  |  |  |
| <b>"Place Label here".</b>   |  | ( ) -   |  |  |
| Location of Principal Industry or Business - Number, Street, City  |  | Date Created  |  |  |
| Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.)  |  | Day ___/Month ___/Year ___  |  |  |
| Check the corresponding box, if applicable<br><input type="checkbox"/> First return <input type="checkbox"/> Last return |  | <b>CHANGE OF ADDRESS</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Contracts with Governmental Entities<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         |  | <b>2002 RETURN</b><br><input type="checkbox"/> Spanish <input type="checkbox"/> English   |  |  |
|  |  | Receipt No. _____<br>Amount: _____  |  |  |
| <b>Part I</b>  | 1. <b>Net operating income (or loss)</b> (From Part V, line 49) ..... (1)  |   | 00   |  |
|  | 2. Less: Net operating loss deduction from preceding year (Submit detail) ..... (2)                                      |   | 00   |  |
|  | 3. <b>Net income (or loss)</b> ..... (3)   |   | 00   |  |
| <b>Part II</b>   | 4. Less: Dividends or profits received from domestic corporations or partnerships ..... (4)                              |   | 00   |  |
|  | 5. <b>Net income subject to normal tax</b> (Subtract line 4 from line 3) ..... (5)                                       |   | 00   |  |
|  | 6. Less: Surtax net income credit ..... (6)  |   | 00   |  |
|  | 7. <b>Net income subject to surtax</b> (Subtract line 6 from line 5) ..... (7)   |   | 00   |  |
| <b>Part III</b>  | 8. Normal tax (Multiply line 5 by 20%) ..... (8)   |   | 00   |  |
|  | 9. Surtax (See instructions) ..... (9)   |   | 00   |  |
|  | 10. Amount of recapture (See instructions) ..... (10)  |   | 00   |  |
|  | 11. <b>Total Tax</b> (Add lines 8 through 10) ..... (11)   |   | 00   |  |
|  | 12. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part VII, line 46) ..... (12)               |   | 00   |  |
|  | 13. <b>Tax Determined</b> (Line 11 or 12, whichever is smaller) ..... (13)   |   | 00   |  |
|  | 14. Recapture of investment credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3) ..... (14) |   | 00   |  |
|  | 15. <b>Tax credits</b> (Schedule B Corporation and Partnership, Part II, line 13) ..... (15)                             |   | 00   |  |
|  | 16. <b>Tax liability before alternative minimum tax</b> (Subtract line 15 from the sum of lines 13 and 14) ..... (16)    |   | 00   |  |
|  | 17. Alternative minimum tax (Schedule A Corporation and Partnership, Part V, line 32) ..... (17)                         |   | 00   |  |
|  | 18. Branch profits tax (Form AS 2879, line 11) ..... (18)  |   | 00   |  |
|  | 19. <b>Total Tax Liability</b> (Add lines 16 through 18) ..... (19)  |   | 00   |  |
|  | 20. <b>Less: Other Payments and Withholdings</b> (Schedule B Corporation and Partnership, Part III, line 7) ..... (20)   |   | 00   |  |
|  | 21. Balance of tax due (If line 19 is larger than line 20, enter the difference here, otherwise, on line 23)             |   |  |  |
|  | a) Tax ..... (21a)   | 00  |  |  |
|  | b) Interest ..... (21b)  | 00  |  |  |
|  | c) Surcharges ..... (21c)  | 00  |  |  |
|  | d) Total (Add lines 21(a) through 21(c)) ..... (21d)   | 00  |  |  |
|  | 22. Amount paid with this return ..... (22)  |   | 00   |  |
|  | 23. <b>Amount overpaid</b> (If line 19 is smaller than line 20, distribute the difference between line A or B)           |   |  |  |
|  | A. To be credited to estimated tax for 2002 ..... (23A)  | 00  |  |  |
|  | B. To be refunded ..... (23B)  | 00  |  |  |

|   |  |  |    |    |
|---|--|--|----|----|
| Part IV   | 1. Net sales ..... (1)   |  | 00 |    |
|   | Less: Cost of goods sold or direct costs of production   |  |    |    |
|   | 2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"                            |  |    |    |
|   | (a) Materials ..... (2a)   |  | 00 |    |
|   | (b) Goods in process ..... (2b)  |  | 00 |    |
|   | (c) Finished goods or merchandise ..... (2c)   |  | 00 |    |
|   | 3. Purchase of materials or merchandise ..... (3)  |  | 00 |    |
|   | 4. Direct wages ..... (4)  |  | 00 |    |
|   | 5. Other direct costs (Detail in Part VI)..... (5)   |  | 00 |    |
|   | 6. Total cost of goods available for sale (Add lines 2 through 5)..... (6)   |  | 00 |    |
|   | 7. Less: Inventory at the end of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"                            |  |    |    |
|   | (a) Materials ..... (7a)   |  | 00 |    |
|   | (b) Goods in process ..... (7b)  |  | 00 |    |
|   | (c) Finished goods or merchandise ..... (7c)   |  | 00 | 00 |
|   | 8. Gross profit on sales or production (Subtract the result of line 6 less line 7, from line 1) ..... (8)                              |  |    | 00 |
|   | 9. Net capital gain (Schedule D Corporation and Partnership, Part VI, line 30) ..... (9)   |  |    | 00 |
|   | 10. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corp. and Part., Part VIII, line 47) ..... (10) |  |    | 00 |
|   | 11. Rent ..... (11)  |  |    | 00 |
|   | 12. Interest ..... (12)  |  |    | 00 |
|   | 13. Commissions ..... (13)   |  |    | 00 |
| 14. Dividends from corporations and profits from partnerships: (a) Domestic _____ (b) Foreign _____ (14)  |  |  | 00 |    |
| 15. Distributable share on net income from special partnerships (Schedule R, Part II, line 8) ..... (15)  |  |  | 00 |    |
| 16. Distributable share on net losses from special partnerships (Schedule R, Part II, line 13) ..... (16) |  |  | 00 |    |
| 17. Taxable farming profit (Schedule S Corporation and Partnership, Part I, line 9) ..... (17)            |  |  | 00 |    |
| 18. Freight and fares ..... (18)  |  |  | 00 |    |
| 19. Miscellaneous income ..... (19)   |  |  | 00 |    |
| 20. <b>Total gross income</b> (Add lines 8 through 19) ..... (20)   |  |  | 00 |    |

|  |  |  |    |    |
|--|--|--|----|----|
| Part V   | 21. Compensation to partners (See instructions for Part X) ..... (21)                              |  | 00 |    |
|  | 22. Salaries, commissions and bonuses to employees ..... (22)                                      |  | 00 |    |
|  | 23. Commissions to businesses ..... (23)   |  | 00 |    |
|  | 24. Social security tax (FICA) ..... (24)  |  | 00 |    |
|  | 25. Unemployment tax ..... (25)  |  | 00 |    |
|  | 26. State Insurance Fund premiums ..... (26)   |  | 00 |    |
|  | 27. Medical or hospitalization insurance ..... (27)  |  | 00 |    |
|  | 28. Insurances ..... (28)  |  | 00 |    |
|  | 29. Interest (See instructions)..... (29)  |  | 00 |    |
|  | 30. Rent ..... (30)  |  | 00 |    |
|  | 31. Property tax: (a) Personal _____ (b) Real _____ ..... (31)                                     |  | 00 |    |
|  | 32. Other taxes, patents and licenses (See instructions) ..... (32)                                |  | 00 |    |
|  | 33. Losses from fire, storm, other casualties or theft ..... (33)                                  |  | 00 |    |
|  | 34. Motor vehicle expenses ..... (34)  |  | 00 |    |
|  | 35. Meal and entertainment expenses (Total _____) (See instructions) (35)                          |  | 00 |    |
|  | 36. Travel expenses ..... (36)   |  | 00 |    |
|  | 37. Professional services ..... (37)   |  | 00 |    |
|  | 38. Contributions to pensions or other qualified plans (See instructions) ..... (38)               |  | 00 |    |
|  | 39. Flexible depreciation (See instructions. Submit Schedule E) ..... (39)                         |  | 00 |    |
|  | 40. Accelerated depreciation (See instructions. Submit Schedule E) ..... (40)                      |  | 00 |    |
|  | 41. Current depreciation and amortization (See instructions. Submit Schedule E)..... (41)          |  | 00 |    |
|  | 42. Bad debts (See instructions) ..... (42)  |  | 00 |    |
|  | 43. Charitable contributions (See instructions) ..... (43)   |  | 00 |    |
|  | 44. Repairs (See instructions)..... (44)   |  | 00 |    |
|  | 45. Deduction for employers who employ handicapped persons (See instructions)..... (45)            |  | 00 |    |
|  | 46. Contributions to educational contribution accounts for the employees' beneficiaries ..... (46) |  | 00 |    |
|  | 47. Other deductions (See instructions)..... (47)  |  | 00 |    |
|  | 48. <b>Total deductions</b> (Add lines 21 through 47) ..... (48)                                   |  |    | 00 |
| 49. <b>Net operating income (or loss) for the year</b> (Subtract line 48 from line 20. Enter here and in Part I, line 1)..... (49) |  |  | 00 |    |

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

**Partnership - Comparative Balance Sheet**

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

Part VII

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

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

Part VIII

**Reconciliation of Distributable Profit Among Partners**

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

Part IX

**Compensation to Partners**

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

**Questionnaire**

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

**OATH**

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

\_\_\_\_\_  
Managing partner's signature

**NOTARY SEAL**

Affidavit No. \_\_\_\_\_

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

\_\_\_\_\_  
Title of the person administering oath

\_\_\_\_\_  
Signature of the person administering oath

**SPECIALIST'S USE ONLY**

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

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

**Schedule A Corporation and Partnership**  
Rev. 05.01



**ALTERNATIVE MINIMUM TAX**

**200** \_\_\_\_\_

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

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

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

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

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

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

**Part III Computation of the Alternative Minimum Net Income**

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

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

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

**Part V Computation of the Alternative Minimum Tax**

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

**Schedule B Corporation and Partnership**

Rev. 05.01



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

**200** \_\_\_\_\_

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

Taxpayer's Name

Employer's Identification Number

**Part I Recapture of Investment Credit Claimed in Excess**

| 1. Total investment credit claimed in excess .....  | (1)                        |                            | 00 |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
|---|----------------------------|----------------------------|----|--|----------|----------|------------------------|--|--|--|--|--|---------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|--|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|---------------------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|----------------------------------|----------------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%; text-align: center;">Column A</th> <th style="width:20%; text-align: center;">Column B</th> </tr> </thead> <tbody> <tr> <td><b>Name of entity:</b></td> <td></td> <td></td> </tr> <tr> <td><b>Employer's identification number:</b></td> <td></td> <td></td> </tr> <tr> <td>TOURISM INVESTMENT CREDIT</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">1 <input type="checkbox"/></td> </tr> <tr> <td>SOLID WASTE DISPOSAL INVESTMENT CREDIT</td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>AGRICULTURAL DEVELOPMENT INVESTMENT CREDIT</td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> <tr> <td>FILM ENTITY INVESTMENT CREDIT</td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>THEATRICAL BUSINESS INVESTMENT CREDIT</td> <td style="text-align: center;">5 <input type="checkbox"/></td> <td style="text-align: center;">5 <input type="checkbox"/></td> </tr> <tr> <td>HOUSING INFRASTRUCTURE INVESTMENT CREDIT</td> <td style="text-align: center;">6 <input type="checkbox"/></td> <td style="text-align: center;">6 <input type="checkbox"/></td> </tr> <tr> <td>RENTAL HOUSING INVESTMENT CREDIT</td> <td style="text-align: center;">7 <input type="checkbox"/></td> <td style="text-align: center;">7 <input type="checkbox"/></td> </tr> <tr> <td>TAX INCENTIVES ACT INVESTMENT CREDIT</td> <td style="text-align: center;">8 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>OTHER INVESTMENT FUNDS CREDIT</td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table> |                            |                            |    |  | Column A | Column B | <b>Name of entity:</b> |  |  | <b>Employer's identification number:</b> |  |  | TOURISM INVESTMENT CREDIT | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | SOLID WASTE DISPOSAL INVESTMENT CREDIT | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | AGRICULTURAL DEVELOPMENT INVESTMENT CREDIT | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | FILM ENTITY INVESTMENT CREDIT | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | THEATRICAL BUSINESS INVESTMENT CREDIT | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | HOUSING INFRASTRUCTURE INVESTMENT CREDIT | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | RENTAL HOUSING INVESTMENT CREDIT | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | TAX INCENTIVES ACT INVESTMENT CREDIT | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | OTHER INVESTMENT FUNDS CREDIT | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|   | Column A                   | Column B                   |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| <b>Name of entity:</b>  |                            |                            |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| <b>Employer's identification number:</b>  |                            |                            |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| TOURISM INVESTMENT CREDIT   | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| SOLID WASTE DISPOSAL INVESTMENT CREDIT  | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| AGRICULTURAL DEVELOPMENT INVESTMENT CREDIT  | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| FILM ENTITY INVESTMENT CREDIT   | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| THEATRICAL BUSINESS INVESTMENT CREDIT   | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| HOUSING INFRASTRUCTURE INVESTMENT CREDIT  | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| RENTAL HOUSING INVESTMENT CREDIT  | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| TAX INCENTIVES ACT INVESTMENT CREDIT  | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| OTHER INVESTMENT FUNDS CREDIT   | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |    |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| 2. <b>Recapture of investment credit claimed in excess paid in previous year</b> .....  | (2)                        |                            | 00 |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| 3. <b>Recapture of investment credit claimed in excess paid this year</b> (Enter on Form 480.10 or 480.20, Part III, line 14. See instructions) .....   | (3)                        |                            | 00 |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |
| 4. Excess of credit due next year, if applicable (Subtract line 3 from line 1. See instructions) .....  | (4)                        |                            | 00 |  |          |          |                        |  |  |  |  |  |                           |                            |                            |  |                            |                            |  |                            |                            |                               |                            |                            |                                       |                            |                            |  |                            |                            |                                  |                            |                            |                                      |                            |                            |                               |                            |                            |

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

|  |      |  |    |
|--|------|--|----|
| 1. Credit for taxes paid to the United States, its possessions and foreign countries (Schedule C Corporation and Partnership, Part IV, line 7) ..... | (1)  |  | 00 |
| 2. Credit for increase in investment (See instructions) .....  | (2)  |  | 00 |
| 3. Credit for investment in Capital Investment, Tourism, or other funds, or direct investment (Submit Schedule Q) .....                              | (3)  |  | 00 |
| 4. Credit attributable to losses in Capital Investment, Tourism or other funds (Submit Schedules Q and Q1) .....                                     | (4)  |  | 00 |
| 5. Credit for Contribution to the Educational Foundation for Free Selection of Schools .....   | (5)  |  | 00 |
| 6. Credit for alternative minimum tax paid in previous years (See instructions).....   | (6)  |  | 00 |
| 7. Credit for the purchase of tax credits (Submit detail) .....  | (7)  |  | 00 |
| 8. Credits carried from previous years (Submit detail) .....   | (8)  |  | 00 |
| 9. Credit for investment Act No. 362 of 1999: <input type="checkbox"/> Film Project and/or <input type="checkbox"/> Infrastructure Project ...       | (9)  |  | 00 |
| 10. Other credits not included on the preceding lines (Submit detail) (See instructions) .....   | (10) |  | 00 |
| 11. Total Tax Credits (Add lines 1 through 10) .....   | (11) |  | 00 |
| 12. Total tax determined (Form 480.10 or 480.20, Part III, line 13) .....  | (12) |  | 00 |
| 13. <b>Credit to be claimed</b> (The smaller of line 11 or 12. Enter on Form 480.10 or 480.20, Part III, line 15) .....                              | (13) |  | 00 |
| 14. Carryforward credits (Subtract line 13 from line 11. Submit detail) .....  | (14) |  | 00 |

**Part III Other Payments and Withholdings**

|  |     |  |    |
|--|-----|--|----|
| 1. Tax paid with automatic extension of time .....   | (1) |  | 00 |
| 2. Estimated tax payments for 2001 .....   | (2) |  | 00 |
| 3. Tax paid in excess on previous years credited to estimated tax .....  | (3) |  | 00 |
| 4. Tax withheld at source .....  | (4) |  | 00 |
| 5. Services rendered (Form 480.6B) .....   | (5) |  | 00 |
| 6. Tax withheld at source on distributable share to partners of special partnerships (Form 480.6 SE) .....                       | (6) |  | 00 |
| 7. <b>Total Other Payments and Withholdings</b> (Add lines 1 through 6. Enter on Form 480.10 or 480.20, Part III, line 20) ..... | (7) |  | 00 |

**Schedule C Corporation  
and Partnership**

Rev. 05.01



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

**200**\_\_

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

Taxpayer's Name

Employer's Identification Number

Name of place to which taxes were paid

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

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

**Part II Determination of Net Income from All Sources**

|   |     |  |    |
|---|-----|--|----|
| 1. Gross income from all sources .....                                    | (1) |  | 00 |
| 2. Deductions attributable to income from all sources .....               | (2) |  | 00 |
| 3. <b>Net Income from all sources</b> (Subtract line 2 from line 1) ..... | (3) |  | 00 |

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

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

**Part IV Determination of Credit**

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

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

**Schedule E**

Rev. 05.01



**DEPRECIATION**

**200** \_\_\_\_\_

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

Taxpayer's Name \_\_\_\_\_

Social Security or Employer's Identification Number \_\_\_\_\_

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

37

**(a) Current Depreciation**

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

**(b) Flexible Depreciation**

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

**(c) Accelerated Depreciation**

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

**(d) Improvements Amortization**

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

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

**TOTAL:** (Add Total of lines (a) through (d) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies)..... (10) 00

**Schedule D Corporation and Partnership**  
Rev. 05.01



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

**200** \_\_\_\_\_

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

Taxpayer's name

Social Security Number

| Description and Location of Property | (A)<br>Date<br>Acquired | (B)<br>Date<br>Sold | (C)<br>Sale Price | (D)<br>Adjusted Basis | (E)<br>Selling Expenses | (F)<br>Gain or Loss |
|--------------------------------------|-------------------------|---------------------|-------------------|-----------------------|-------------------------|---------------------|
|--------------------------------------|-------------------------|---------------------|-------------------|-----------------------|-------------------------|---------------------|

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

|  |  |  |    |    |    |    |
|--|--|--|----|----|----|----|
|  |  |  | 00 | 00 | 00 | 00 |
|  |  |  | 00 | 00 | 00 | 00 |
|  |  |  | 00 | 00 | 00 | 00 |
|  |  |  | 00 | 00 | 00 | 00 |

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

**Part II Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Property located in PR - Section 1121(c)(2)(A))**

|  |  |  |    |    |    |    |
|--|--|--|----|----|----|----|
|  |  |  | 00 | 00 | 00 | 00 |
|  |  |  | 00 | 00 | 00 | 00 |
|  |  |  | 00 | 00 | 00 | 00 |
|  |  |  | 00 | 00 | 00 | 00 |

|   |      |    |
|---|------|----|
| 7. Net long-term capital gain (or loss) .....   | (7)  | 00 |
| 8. Distributable share on net long-term capital gain (or loss) from Special Partnerships .....  | (8)  | 00 |
| 9. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail) ..... | (9)  | 00 |
| 10. <b>Net long-term capital gain (or loss) from property located in P.R.</b> (Add lines 7 through 9) .....                               | (10) | 00 |

**Part III Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Other Properties - Section 1121(c)(2)(C))**

|  |  |  |    |    |    |    |
|--|--|--|----|----|----|----|
|  |  |  | 00 | 00 | 00 | 00 |
|  |  |  | 00 | 00 | 00 | 00 |
|  |  |  | 00 | 00 | 00 | 00 |
|  |  |  | 00 | 00 | 00 | 00 |

|  |      |    |
|--|------|----|
| 11. Net long-term capital gain (or loss) .....   | (11) | 00 |
| 12. Distributable share on net long-term capital gain (or loss) from Special Partnerships .....  | (12) | 00 |
| 13. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail) ..... | (13) | 00 |
| 14. <b>Net long-term capital gain (or loss) from other properties</b> (Add lines 11 through 13) .....                                      | (14) | 00 |

| <b>Part IV Long-Term Capital Assets Gains and Losses (Held more than 6 months) (Shares from eligible Corp. or Part. - Section 1121(c)(2)(B))</b> |                         |                     |                   |                       |                         |                     |
|--|-------------------------|---------------------|-------------------|-----------------------|-------------------------|---------------------|
| Description of Property  | (A)<br>Date<br>Acquired | (B)<br>Date<br>Sold | (C)<br>Sale Price | (D)<br>Adjusted Basis | (E)<br>Selling Expenses | (F)<br>Gain or Loss |
|  |                         |                     | 00                | 00                    | 00                      | 00                  |
|  |                         |                     | 00                | 00                    | 00                      | 00                  |
|  |                         |                     | 00                | 00                    | 00                      | 00                  |
|  |                         |                     | 00                | 00                    | 00                      | 00                  |
| 15. Net long-term capital gain (or loss) .....   |                         |                     |                   |                       | (15)                    | 00                  |
| 16. Distributable share on net long-term capital gain (or loss) from Special Partnerships .....  |                         |                     |                   |                       | (16)                    | 00                  |
| 17. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail) .....       |                         |                     |                   |                       | (17)                    | 00                  |
| 18. <b>Net long-term capital gain (or loss) of shares from eligible Corp. or Part.</b> (Add lines 15 through 17) ...                             |                         |                     |                   |                       | (18)                    | 00                  |

| <b>Part V Summary of Capital Gains and Losses</b>   |              |                       |                  |                          |
|---|--------------|-----------------------|------------------|--------------------------|
| Gains or Losses   | Column A     | Column B              | Column C         | Column D                 |
|   | Short - Term | Prop. Located in P.R. | Other Properties | Shares Elig. Corp./Part. |
| 19. Enter the gains determined on lines 6, 10, 14 and 18 in the corresponding Column.....   | 00           | 00                    | 00               | 00                       |
| 20. Enter the losses determined on lines 6, 10, 14 and 18 in the corresponding Column.....  | 00           | 00                    | 00               | 00                       |
| 21. If <b>one</b> of Columns B, C or D reflects a loss on line 20, apply such loss proportionally to the gains (See instructions).....  |              | 00                    | 00               | 00                       |
| 22. If <b>two</b> of Columns B, C or D reflect a loss on line 20, add them and apply the total to the gain of the other Column.....   |              | 00                    | 00               | 00                       |
| 23. Totalize Columns B, C and D. If any Column reflects a loss on line 20, enter zero here .....  |              | 00                    | 00               | 00                       |
| 24. Apply the loss from line 20, Column A proportionally to the gains in Columns B, C and D (See instructions).....   |              | 00                    | 00               | 00                       |
| 25. Totalize Columns B, C and D. If any of these Columns reflect a loss on line 20, enter zero here .....   |              | 00                    | 00               | 00                       |
| 26. Add the total of Columns B, C and D, line 25. Notwithstanding, if line 19 does not reflect <b>any</b> gain in Columns B, C and D, you must enter the total amount of line 20, Columns A, B, C and D ..... |              |                       |                  | 00                       |

| <b>Part VI Summary of Capital Gains and Losses</b>   |         |
|--|---------|
| 27. Net capital gain (or loss) (Add line 19, Column A and line 26).....  | (27) 00 |
| 28. Enter excess of net short-term capital gain over net long-term capital loss (See instructions) .....   | (28) 00 |
| 29. Enter excess of net long-term capital gain over net short-term capital loss (See instructions) .....   | (29) 00 |
| 30. Net capital gain (Add lines 28 and 29. Enter here and on Form 480.10 or 480.20, Part IV, line 9 or on the appropriate line of other returns) ..... | (30) 00 |

| Part VII  |  | Determination of Alternative Tax - Capital Gain           |                   |                       |                         |                     |    |
|---|--|---|-------------------|-----------------------|-------------------------|---------------------|----|
| 31. Net income  | { (a) Form 480.10 or 480.20, Part II, line 5<br>(b) Schedule P Incentives, Part I, line 7<br>(c) Others - Enter the amount of the appropriate line of the return ..... | (31)  | 00                |                       |                         |                     |    |
| 32. Enter the amount from line 25, Column B .....   |  | (32)  | 00                |                       |                         |                     |    |
| 33. Enter the amount from line 25, Column C .....   |  | (33)  | 00                |                       |                         |                     |    |
| 34. Enter the amount from line 25, Column D .....   |  | (34)  | 00                |                       |                         |                     |    |
| 35. Net income for the purpose of alternative tax - capital gain (Subtract lines 32, 33 and 34 from line 31) .....  |  | (35)  | 00                |                       |                         |                     |    |
| <b>COMPUTATION OF NET INCOME TO DETERMINE ALTERNATIVE TAX</b>   |  |   |                   |                       |                         |                     |    |
| 36. Net income for the purpose of partial normal tax (Enter the amount from line 35) .....  |  | (36)  | 00                |                       |                         |                     |    |
| 37. Less: Credit for the purpose of surtax (From the appropriate line of the return) .....  |  | (37)  | 00                |                       |                         |                     |    |
| 38. Net income subject to partial surtax .....  |  | (38)  | 00                |                       |                         |                     |    |
| <b>COMPUTATION OF ALTERNATIVE TAX</b>   |  |   |                   |                       |                         |                     |    |
| 39. Partial normal tax (Multiply line 36 by 20%) .....  |  | (39)  | 00                |                       |                         |                     |    |
| 40. Surtax .....  |  | (40)  | 00                |                       |                         |                     |    |
| 41. Amount of recapture .....   |  | (41)  | 00                |                       |                         |                     |    |
| 42. Total tax (Add lines 39 through 41) .....   |  | (42)  | 00                |                       |                         |                     |    |
| 43. Plus: 12.5% (property located in Puerto Rico) of the amount on line 32 .....  |  | (43)  | 00                |                       |                         |                     |    |
| 44. Plus: 25% (other properties) of the amount on line 33 .....   |  | (44)  | 00                |                       |                         |                     |    |
| 45. Plus: 7% (shares from eligible Corp. or Part.) of the amount on line 34 .....   |  | (45)  | 00                |                       |                         |                     |    |
| 46. Alternative Tax - Capital gains (Add lines 42, 43, 44 and 45. Enter here and on Form 480.10 or 480.20, Part III, line 12 or on the appropriate line of other returns) ..... |  | (46)  | 00                |                       |                         |                     |    |
| Part VIII   |  | Gains (or Losses) from Property Other than Capital Assets |                   |                       |                         |                     |    |
| Description and Location of Property  | (A)<br>Date<br>Acquired  | (B)<br>Date<br>Sold                                       | (C)<br>Sale Price | (D)<br>Adjusted Basis | (E)<br>Selling Expenses | (F)<br>Gain or Loss |    |
|   |  |   | 00                | 00                    | 00                      | 00                  |    |
|   |  |   | 00                | 00                    | 00                      | 00                  |    |
|   |  |   | 00                | 00                    | 00                      | 00                  |    |
|   |  |   | 00                | 00                    | 00                      | 00                  |    |
| 47. Net gain (or loss) from property other than capital assets (Enter here and on Form 480.10 or 480.20, Part IV, line 10 or on the appropriate line of other returns) .....    |  |   |                   |                       |                         | (47)                | 00 |

**Schedule S Corporation  
and Partnership**  
Rev. 05.01



**FARMING BUSINESS**

**200**\_\_

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

Taxpayer's Name

Employer's Identification Number

**Part I Income**

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

**Part II Operating Expenses and Other Costs**

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

Schedule R

Rev. 05.01



SPECIAL PARTNERSHIP

200\_\_

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

Taxpayer's Name

Social Security or Employer's Identification No.

| Part I Adjusted Basis Determination of a Partner in one or more Special Partnerships   | Column A | Column B | Column C |
|--|----------|----------|----------|
| Name of entity .....   |          |          |          |
| Employer's identification number .....   |          |          |          |
| 1. Adjusted basis at the end of the previous taxable year .....  | 00       | 00       | 00       |
| 2. Basis increase:   |          |          |          |
| (a) Partner's distributable share on income and profits claimed on previous year (See instructions) .....  | 00       | 00       | 00       |
| (b) Contributions made during the year .....   | 00       | 00       | 00       |
| (c) Special partnership's capital assets gain.....   | 00       | 00       | 00       |
| (d) Exempt income .....  | 00       | 00       | 00       |
| (e) Farming income deduction granted by Section 1023(s) of the Code .....  | 00       | 00       | 00       |
| (f) Other income or gains (See instructions).....  | 00       | 00       | 00       |
| (g) Total basis increase (Add lines 2(a) through 2(f)) .....   | 00       | 00       | 00       |
| 3. Basis decrease:   |          |          |          |
| (a) Partner's distributable share on partnership's loss claimed on previous year .....   | 00       | 00       | 00       |
| (b) Special partnership's capital assets loss .....  | 00       | 00       | 00       |
| (c) Distributions during the year .....  | 00       | 00       | 00       |
| (d) Credits claimed the preceding year (See instructions) .....  | 00       | 00       | 00       |
| (e) Withholding at source during the year .....  | 00       | 00       | 00       |
| (f) No admissible expenses for the year .....  | 00       | 00       | 00       |
| (g) Distributable share on losses from exempt operations during the year .....   | 00       | 00       | 00       |
| (h) Total basis decrease (Add lines 3(a) through 3(g)) .....   | 00       | 00       | 00       |
| 4. <b>Adjusted Basis</b> (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a)) .....  | 00       | 00       | 00       |
| <b>Part II Determination of Partner's Allowable Losses in one or more Special Partnerships 95</b>  |          |          |          |
| 5. (a) Partner's distributable share on partnership's loss for the year .....  | 00       | 00       | 00       |
| (b) Loss carryover from previous years (See instructions) .....  | 00       | 00       | 00       |
| (c) Total losses (Add lines 5(a) and 5(b)) .....   | 00       | 00       | 00       |
| 6. (a) Adjusted Basis (Part I, line 4) .....   | 00       | 00       | 00       |
| (b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner .....  | 00       | 00       | 00       |
| (c) Total partner's adjusted basis (Add lines 6(a) and 6(b)).....  | 00       | 00       | 00       |
| 7. Distributable share on partnership's net income for the year (See instructions) .....   | 00       | 00       | 00       |
| 8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7) .....  | (01) 00  | (02) 00  | (03) 00  |
| · If line 8 is zero or more than zero, do not complete the rest of the form (Transfer this amount to Schedule F Individual, Part III or Form 480.10 or 480.20, Part IV, line 15) |          |          |          |
| · If line 8 is less than zero, continue with line 9.   |          |          |          |
| 9. Available losses (The smaller of lines 6(c) or 8) .....   | 00       | 00       | 00       |
| 10. Total losses (Add losses determined on line 9, Columns A through C) .....  |          |          | 00       |
| 11. Partner's net income without considering losses from special partnerships (See instructions) .....   |          |          | 00       |
| 12. 50% of line 11 .....   |          |          | 00       |
| 13. <b>Allowable Loss</b> (Enter the smaller of line 10 or 12. Enter this amount on Form 482.0, Part 2, line 2C or Form 480.10 or 480.20, Part IV, line 16) (10) .....           |          |          | 00       |
| 14. Loss carryforward for next year (Add lines 7 and 13 and subtract this amount from line 5(c)) .....   |          |          | 00       |

**Formulario 480-E**

Form  
Rev. 05.01



**DECLARACION DE CONTRIBUCION ESTIMADA**  
ESTIMATED TAX DECLARATION

PARA USO OFICIAL  
FOR OFFICIAL USE

Número de Serie - Serial Number

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

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

Individuo Individual  Corporación Corporation  Sociedad Partnership

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

Declaración Enmendada Amended Declaration  Declaración Original Original Declaration

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

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

Sello de Recibo  
Receipt Stamp

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

**JURAMENTO - OATH**

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

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

\_\_\_\_\_  
Título - Title

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

\_\_\_\_\_  
Fecha - Date

Nota: Esta declaración no se deberá enviar con la planilla. La misma deberá rendirse por separado en la Colecturía del municipio donde reside o enviarla al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501.  
Note: This declaration should not be sent with the return. The same must be filed separately at the Internal Revenue Collections Office of the municipality where you reside or sent to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501.

