

Liquidator:	Reviewer:	COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY Income Tax Return for Exempt Businesses Under the Puerto Rico Incentives Programs	Serial Number
Field Audited by:			AMENDED RETURN <input type="checkbox"/>
Date ____/____/____			Payment Stamp
R M N	TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____		
Name		Employer's Identification Number	
Postal Address		Department of State Registry No.	
Zip Code		Industrial Code	Municipal Code
Location of Principal Industry or Business (Number, Street and Country)		Telephone Number - Extension	
Type of Principal Industry or Business	CHANGE OF ADDRESS <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Incorporated	
Contracts with Governmental Entities <input type="checkbox"/> Yes <input type="checkbox"/> No	2000 RETURN <input type="checkbox"/> Spanish <input type="checkbox"/> English	Month ____/Day ____/Year ____	
		Place Incorporated	Receipt No. _____ Amount: _____

Part I	1. Tax liability:	a) Schedule K Incentives, Part I, line 15, Columns A, B and C ... (1a)	00	
		b) Schedule O Incentives, Part II, line 9 (1b)	00	
		c) Schedule V Incentives, Part IV, line 4 (1c)	00	
		d) Schedule W Incentives, Part II, line 5 (1d)	00	
		e) Total (Add lines 1(a) through 1(d)) (1e)		00
	2. Less:	a) Tax withheld at source (2a)	00	
		b) Current year estimated tax payments (2b)	00	
		c) Excess from previous years not included on line 2(b) (2c)	00	
		d) Tax withheld on partners and stockholders distributable share from special partnerships (2d)	00	
		e) Amount paid with automatic extension of time or with original return (2e)	00	
		f) Tax withheld for professional services (Form 480.6B) (2f)	00	
		g) Total payments (Add lines 2(a) through 2(f)) (2g)		00
	3. Balance of tax due (Subtract line 2(g) from line 1(e))	a) Tax (3a)	00	
		b) Interest (3b)	00	
		c) Surcharges (3c)	00	
		d) Total (Add lines 3(a) through 3(c)) (3d)		00
	4. Amount paid with this return (4)			00
	5. Amount overpaid to be credited to estimated tax for 2001 (5)			00
6. Amount to be refunded (6)			00	
7. Special surtax (Schedule N Incentives, Part II, line 6) (7)			00	
8. Less:	a) Amount paid with automatic extension of time or with original return .. (8a)	00		
	b) Amount paid in excess from previous year (8b)	00		
	c) Credit (Article 41A-6) (8c)	00		
	d) Total payments (Add lines 8(a) through 8(c)) (8d)		00	
9. Balance of tax due (Subtract line 8(d) from line 7)	a) Tax (9a)	00		
	b) Interest (9b)	00		
	c) Surcharges (9c)	00		
	d) Total (Add lines 9(a) through 9(c)) (9d)		00	
10. Amount paid with this return (10)			00	
11. Amount overpaid to be credited to the special surtax for 2001 (11)			00	
12. Prepayment of tollgate tax (Part IV, line 11) (12)			00	
13. Tollgate tax applied against tax withheld attributable to current year distribution (13)			00	
14. Total prepayment of tollgate tax liability (Add lines 12 and 13) (14)			00	
15. Less:	a) Current year estimated tollgate tax payments (15a)	00		
	b) Excess from previous years not included on line 15(a) (15b)	00		
	c) Amount paid with automatic extension of time or with original return (15c)	00		
	d) Total (Add lines 15(a) through 15(c)) (15d)		00	
16. Balance of tax due (Subtract line 15(d) from line 14)	a) Tax (16a)	00		
	b) Interest (16b)	00		
	c) Surcharges (16c)	00		
	d) Total (Add lines 16(a) through 16(c)) (16d)		00	
17. Amount paid with this return (17)			00	
18. Amount overpaid to be credited to estimated prepayment of tollgate tax for 2001 (18)			00	

Part II Applicable Tax Exemption Acts

Indicate under which of the following act or acts the exempt business operates:

- Act No. 57 of June 13, 1963 Case Number: _____
- Act No. 26 of June 2, 1978 Case Number: _____
- Act No. 52 of June 2, 1983 Case Number: _____
- Act No. 8 of January 24, 1987 Case Number: _____
- Act No. 148 of August 8, 1988 Case Number: _____
- Act No. 78 of September 10, 1993 Case Number: _____
- Act No. 75 of July 5, 1995 Case Number: _____
- Act. No. 225 of December 1, 1995 Case Number: _____
- Act No. 14 of March 15, 1996 Case Number: _____
- Act No. 135 of December 2, 1997 Case Number: _____
- Act No. 362 of December 24, 1999 Case Number: _____

If you check Act No. 26 of 1978 or Act No. 8 of 1987, complete Part III, if applicable.

Part III Conditions that Exonerate from the Prepayment of Tollgate Tax

Each exempt business under Act 26 of 1978 or Act 8 of 1987 is generally subject to the prepayment of tollgate tax.

Is the exempt business subject to the prepayment? Yes No

If the exempt business is not subject to the prepayment of tollgate tax, indicate which of the following conditions exonerates such payment:

- The exempt business elected the optional tax under Section 3A of Act 8 of 1987.
- 50% or more of the outstanding stocks are owned by individuals.
- Its annual industrial development income is less than \$1,000,000.
- Its industrial development income is exempt pursuant to the provisions of Sections 2(e)(4), 2(e)(11) or 3(m) of Act 8 of 1987.
- Its industrial development income is exempt pursuant to Sections 2(e)(5), 2(e)(12), 2(e)(20), 2(e)(26) or 3(n) of Act 26 of 1978.
- The exempt business is covered under Section 4(a)(8) of Act 8 of 1987 (See instructions).

If any portion of the Exempt Business Industrial Development Income is not exempt from the prepayment of Tollgate Tax, continue with Part IV.

Part IV Computation of Prepayment of Tollgate Tax

1. Net operating income for the year:			
a) Schedule M Incentives, Part I, line 1.....	(1a)	00	
b) Schedule N Incentives, Part I, line 1.....	(1b)	00	
c) Total net operating income for the year	(1c)		00
2. Adjustments:			
a) Interest income from certain 2(j) investments (See instructions)	(2a)	00	
b) Other adjustments (See instructions)	(2b)	00	
c) Total adjustments (Add lines 2(a) and 2(b))	(2c)		00
3. Industrial development income (IDI) after adjustments (If line 1(c) is larger than line 2(c), enter the difference here. Otherwise, do not continue with this form)		(3)	00
4. Less tax determined on industrial development income:			
a) Total tax (Schedule K Incentives, Part I, Column B, line 15)	(4a)	00	
b) Special surtax (Part I, line 7)	(4b)	00	
c) Other taxes (See instructions)	(4c)	00	
d) Total taxes (Add lines 4(a) through 4(c))	(4d)		00
5. Net IDI available for distribution (Subtract line 4(d) from line 3).....		(5)	00
6. Determination of prepayment of tollgate tax (5% or <input type="text" value=""/> % of line 5) (See instructions)		(6)	00
7. Dividends declared from current earnings		(7)	00
8. Prepayment of tollgate tax attributable to current earnings (Multiply line 7 by 5% or <input type="text" value=""/> %)		(8)	00
9. Prepayment of tollgate tax before credits (Subtract line 8 from line 6)		(9)	00
10. Less credits:			
a) Special credit granted (Do not exceed 50% of line 9).....	(10a)	00	
b) Other credits (See instructions).....	(10b)	00	
c) Total (Add lines 10(a) and 10(b))	(10c)		00
11. Total prepayment of tollgate tax liability (Subtract line 10(c) from line 9. Enter in Part I, line 12).....		(11)	00

Part VIII Questionnaire

1. Did the exempt business file an option under Section 936 of the Federal Internal Revenue Code? (1)
2. Did the exempt business keep any part of its records on a computerized system during this year? (2)
3. The exempt business books are in care of: Name Address
4. Check accounting method used: Cash Accrual Other (specify):
5. Did the exempt business file the following documents? (a) Informative Return (Forms 480.5, 480.6A, 480.6B) (5a) (b) Withholding Statement (Form 499R-2/W-2PR) (5b)
6. If your gross income exceeds \$1,000,000 and is a foreign corporation, did you submit financial statements audited by a CPA licensed in Puerto Rico? (6)
7. Number of employees during the year: (a) Production: (b) Non-production:
8. Did the exempt business claim a deduction for expenses connected with: (a) Vessels? (8a) (b) Living expenses? (8b) (c) Employees attending conventions or meetings outside Puerto Rico or the United States? (8c)
9. Have you been audited by the IRS? (9) Which years?
10. Did the exempt business distribute dividends other than stock dividends or distributions in liquidation in excess of the current and accumulated earnings during this year? (10)
11. Is the exempt business a partner in a special partnership? (11) Name Employer's identification number
12. Did the corporation at the end of the taxable year own, directly or indirectly, 50% or more of the voting stocks of a corporation who is engaged in trade or business in Puerto Rico? (12) If "Yes", attach a schedule showing: (a) name and employer's identification number, (b) percentage owned, and (c) taxable income (or loss) before net operating loss and special deductions of the corporation for the taxable year (even when such taxable year does not coincide with the one of the corp. or part. for which this return is filed).
13. Is the corporation a subsidiary in an affiliated group or a parent subsidiary of a controlled group? (13) If "Yes", enter the employer's identification number and the name of the parent corporation:
14. Did any individual, partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly, 50% or more of the corporation's voting stocks? If "Yes", attach a schedule (14) showing the name and employer's identification number (Do not include any information entered in question 13). Enter the percentage owned: %
15. Enter the amount of exempt interest:
16. Does the exempt business have other exempt activities not covered under the Industrial Incentives Acts? (Attach schedule) Under which Act? (16)
17. Have you made a timely election under: (17) Section 3(f) Act No. 8 of 1987 Section 5(b) Act No. 52 of 1983 Section 6(f) Act No. 135 of 1997 Section 3(a)(i)(D) Act No. 78 of 1993
18. Enter the total amount of charitable contributions to municipalities claimed during the taxable year:
19. Indicate if your books reflect premiums paid by unauthorized insurers (19)
20. Indicate the method used to allocate expenses: Profit - Split Cost Sharing Others
21. If a single method is used, Profit Split or Cost Sharing, indicate the following: Profit - Split Intangible Income Cost Sharing Payment
22. Indicate the method used to claim the credit in the Federal Corporation Income Tax Return: Economic Activity Limitation Percentage Credit Limitation
23. Employer number assigned by the Department of Labor and Human Resources

OATH

We, the undersigned, president (or vice president or other principal officer) and treasurer (or assistant treasurer) or agent of the exempt business for which this income tax return is made, each for himself, declare under the penalty of perjury that this return (including schedules and statements attached) has been examined by us and is, to the best of our knowledge and belief, 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

Affidavit no. Agent

Sworn and subscribed before me by, of legal age, [civil status], [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 th day of.

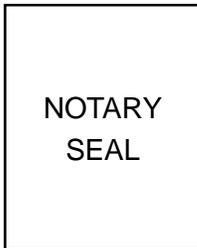
Title of the person administering oath

Signature of the person administering oath

Specialist's Use Only

I declare under the 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 Specialist's social security number
Firm's name Employer's identification number
Specialist's signature
Address Zip code



**Schedule K
Incentives**

Rev. 05.00



COMPUTATION OF TAX

To be filed with Form 480.30(II)

200 _____

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

Name	Employer's Identification Number
Type of Business	Case Number

Part I Normal Tax and Surtax

Column A: Apply to operations covered under Act 78 of 1993.

Column B: Apply to operations covered under Act 57 of 1963, Act 26 of 1978, Act 52 of 1983 and Act 8 of 1987.

Column C: Apply to operations covered under Act 148 of 1988, Act 75 of 1995, Act 225 of 1995, Act 14 of 1996 and fully taxable operations.

	Column A	Column B	Column C
1. Net income subject to normal tax:			
a) Schedule L Incentives, Part I, line 5 (1a)	00	00	
b) Schedule M Incentives, Part I, line 10 (1b)		00	
c) Schedule N Incentives, Part I, line 10 (1c)		00	
d) Schedule P Incentives, Part I, line 7 (1d)			00
2. Total net income subject to normal tax (Add lines 1(a) through 1(d)) (2)	00	00	00
3. Less: Surtax net income credit (See instructions) (3)	00	00	00
4. Net income subject to surtax (4)	00	00	00
5. Normal tax (5)	00	00	00
6. Surtax (6)	00	00	00
7. Recovery of tax for differences in tax rates (See instructions) .. (7)	00		00
8. Total tax (Add lines 5 through 7) (8)	00	00	00
9. Alternative Tax - Capital Gains (Schedule D Corp. and Part.) (9)			00
10. Tax determined (Columns A and B, line 8; Column C, line 8 or 9, whichever is smaller) (10)	00	00	00
11. Credits:			
a) Credit for taxes paid to the United States, its possessions and foreign countries (11a)	00	00	00
b) Special credits granted under Art. 41A-6 (Do not exceed 50% of line 10) (11b)		00	
c) Credit of Section 3(a)(3) (Only for exempt businesses under Act No. 8 of 1987) (11c)		00	
d) Credit for investment in Capital Investment, Tourism, other funds or direct investments (Schedule Q) (11d)	00	00	00
e) Credit for the purchase of tax credits (11e)			00
f) Credit attributable to losses in Capital Investment, Tourism or other funds (Schedule Q)..... (11f)			00
g) Alternative minimum tax paid on previous years (11g)			00
h) Credit for increase in investments (11h)			00
i) Credit for Contributions to Educational Foundation for the Free Selection of Schools (11i)	00	00	00
j) Total credits (Add lines 11(a) through 11(i)) (11j)	00	00	00
12. Tax liability before alternative minimum tax (Subtract line 11(j) from line 10) (12)	00	00	00
13. Excess of alternative minimum tax over regular tax (13)			00
14. Branch profits tax (Form AS 2879, see instructions) (14)			00
15. Tax liability (Add lines 12 through 14. Enter here and on Form 480.30(II), Part I, line 1(a)) (15)	00	00	00

Part II Compensation to Officers					
Name of officer	Social security number	Percentage of time devoted to business	Percentage of corporation's stocks owned		Compensation
			Common	Preferred	
					00
					00
					00
					00
					00
					00
Total compensation to officers					00

Part III Reconciliation of Taxable Income in Puerto Rico (Form 480.30(II)) and in the United States (Form 1120)			
Items	Column A Puerto Rico	Column B United States	Column C Difference
1. Sales (1)			
2. Cost of goods sold (2)			
3. Gross profit (3)			
4. Interest (4)			
5. Other income (5)			
6. Total gross income (6)			
7. Total deductions..... (7)			
8. Net taxable income (8)			
Explain difference:			

Part IV Reconciliation of Passive Income			
Reconciliation Unites States (Form 1120)		Reconciliation Puerto Rico (Form 480.30(II))	
1. Passive income per financial statements .(1)	00	1. Passive income per financial statements (1)	00
2. Schedule M-1 Adjustments:		2. Adjustments:	
(a) _____		(a) _____	
(b) _____		(b) _____	
(c) _____		(c) _____	
(d) _____		(d) _____	
(e) _____		(e) Total (Add lines 2(a) through 2(d))(2e)	00
(f) _____		3. Net passive income from Puerto Rico	
(g) Total (Add lines 2(a) through 2(f))(2g)	00	sources (Subtract line 2(e) from line 1) (3)	00
3. Passive income as reported on Form 1120		4. Less passive income:	
(Subtract line 2(g) from line 1) (3)	00	a. Rental income reported on Schedule P Inc..... (4a)	00
		b. Passive income reported on Schedule N Inc.. (4b)	00
		c. Passive income reported on Schedule M Inc. (4c)	00
		d. Passive income reported on Schedule V Inc.. (4d)	00
		e. Total (Add lines 4(a) through 4(d)) (4e)	00
		5. Difference (Subtract line 4(e) from line 3) (5)	00
Explain difference:			

**Schedule L
Incentives**

Rev. 05.00



**PARTIALLY EXEMPT INCOME UNDER ACT 52
OF 1983 OR ACT 78 OF 1993**

200__

To be filed with Form 480.30(II)

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

Name	Case Number	Employer's Identification Number
Type of Business	Partially exempt income under: <input type="checkbox"/> Act 52 of 1983 <input type="checkbox"/> Act 78 of 1993	
Period in force for income: Begin: _____ End: _____	Number of jobs directly related with tourism development: Actual: _____ Required: _____	

Part I	Net Income Subject to Tax
1. Net operating income (or loss) for the year (Part III, line 39)	(1) 00
2. Net operating loss deduction for the preceding year (See instructions. Submit detail)	(2) 00
3. Net operating income (or loss) from eligible tourism activities subject to the computation (Subtract line 2 from line 1) (3)	(3) 00
4. Exempt amount: _____% of line 3 (See instructions)	(4) 00
5. Net income subject to tax (Subtract line 4 from line 3. Enter here and on Schedule K Incentives, Part I, line 1(a)) (5)	(5) 00

Part II	Gross Profit on Sales and Other Income (Exclude income from casino operations)
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 IV)	(5) 00
6. Total cost of goods available for sale (Add lines 2 through 5)....	(6) 00
7. Less: Inventory at end of 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)	(7c) 00
8. Gross profit on sales or production	(8) 00
9. Capital assets gains (Apply only to operations covered under Act 78 of 1993. Submit Schedule D Corp. and Part.)	(9) 00
10. Net gain (or loss) from the sale or exchange of property other than capital assets (Applies only to operations covered under Act 78 of 1993. Submit Schedule D Corporation and Partnership)	(10) 00
11. Interest	(11) 00
12. Rent	(12) 00
13. Other income (Submit detail)	(13) 00
14. Total gross income (Add lines 8 through 13)	(14) 00

Part III		Deductions and Net Operating Income	
15. Compensation to officers	(15)		00
16. Salaries, commissions and bonuses to employees	(16)		00
17. Commissions to businesses	(17)		00
18. Social security tax (FICA)	(18)		00
19. Unemployment tax	(19)		00
20. State Insurance Fund premiums	(20)		00
21. Medical or hospitalization insurance	(21)		00
22. Insurance	(22)		00
23. Interest	(23)		00
24. Rent	(24)		00
25. Property tax: (a) Personal _____ (b) Real _____	(25)		00
26. Other taxes, patents and licenses (Submit detail)	(26)		00
27. Losses from fire, storms, theft or other casualties	(27)		00
28. Motor vehicles expenses (Do not include depreciation)	(28)		00
29. Meal and entertainment expenses (Total _____) (See instructions)	(29)		00
30. Travel expenses	(30)		00
31. Professional services	(31)		00
32. Contributions to pension or other qualified plans (See instructions)	(32)		00
33. Depreciation (See instructions. Submit Schedule E)	(33)		00
34. Bad debts (See instructions. Submit detail)	(34)		00
35. Charitable contributions	(35)		00
36. Repairs	(36)		00
37. Other deductions (See instructions. Submit detail)	(37)		00
38. Total deductions (Add lines 15 through 37)	(38)		00
39. Net operating income (or loss) for the year (Subtract line 38 from line 14. Enter here and in Part I, line 1)	(39)		00

Part IV		Other Direct Costs			
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. Depreciation(Submit Schedule E)	(10)	00
4. State Insurance Fund premiums	(4)	00	11. Other expenses (Submit detail)	(11)	00
5. Medical or hospitalization insurance	(5)	00	12. Total other direct costs (Add lines 1 through 11. Same as Part II, line 5) ..	(12)	00
6. Other insurance	(6)	00			
7. Excise taxes	(7)	00			

**Schedule M
Incentives**

Rev. 05.00



**FULLY OR PARTIALLY EXEMPT INCOME
UNDER ACT 57 OF 1963 OR ACT 26 OF 1978**

200_____

To be filed with Form 480.30(II)

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

Name	Case Number	Employer's Identification Number
Type of Business	Fully or partially exempt income under: <input type="checkbox"/> Act 57 of 1963 Partially exempt income under: <input type="checkbox"/> Act 26 of 1978	
Period in force for income: Begin: _____ End: _____	Number of jobs directly related with manufacture or designated service: Actual: _____ Required: _____	

Part I Net Income Subject to Tax

1. Net operating income (or loss) for the year (Part III, line 39)	(1)		00
2. Less: Income from investments (See instructions)	(2)		00
3. Net industrial development income (Subtract line 2 from line 1. If line 3 is a net operating loss, do not continue . Enter zero (-0-) here and on line 10)	(3)		00
4. Deduction under Act 26 of 1978 for exempt businesses engaged in manufacturing operations, except under Section 3(n):			
a) 5% of production payroll (Enter 5% of the production payroll up to 50% of line 1. See instructions).....	(4a)		00
b) If line 1 is less than \$500,000, enter \$100,000 here (If the exempt business is a member of a controlled group, see instructions).....	(4b)		00
c) Enter the larger of line 4(a) or 4(b)	(4c)		00
5. Net industrial development income after deductions (Subtract line 4(c) from line 3. If it is a net operating loss, do not continue . Enter zero (-0-) here and on line 10).....	(5)		00
6. Net operating loss from the preceding year (See instructions. Submit detail).....	(6)		00
7. Net taxable industrial development income (Subtract line 6 from line 5).....	(7)		00
8. Basis period income under Act 135 (Schedule V Incentives, Part II, line 4(a))	(8)		00
9. Exempt amount:			
(a) _____% of line 7 (See instructions)	(9a)		00
(b) _____% of line 8 if it is a renegotiated case under Act 135	(9b)		00
10. Net income subject to tax (Subtract line 9(a) from line 7 or line 9(b) from line 8, whichever applies. Enter here and on Schedule K Incentives, Part I, line 1(b))	(10)		00

Part II		Gross Profit on Sales and Other Income	
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 IV)	(5)	00	
6. Total cost of goods available for sale (Add lines 2 through 5) .	(6)	00	
7. Less: Inventory at 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.....	(8)		00
9. Designated services income	(9)		00
10. Rent	(10)		00
11. Interest	(11)		00
12. Royalties	(12)		00
13. Other income (Submit detail)	(13)		00
14. Total gross income (Add lines 8 through 13)	(14)		00

Part III		Deductions and Net Operating Income	
15. Compensation to officers	(15)		00
16. Salaries, commissions and bonuses to employees	(16)		00
17. Commissions to businesses	(17)		00
18. Social security tax (FICA)	(18)		00
19. Unemployment tax	(19)		00
20. State Insurance Fund premiums	(20)		00
21. Medical or hospitalization insurance	(21)		00
22. Insurance	(22)		00
23. Interest	(23)		00
24. Rent	(24)		00
25. Property tax: (a) Personal _____ (b) Real _____	(25)		00
26. Other taxes, patents and licenses (Submit detail)	(26)		00
27. Losses from fire, storms, theft or other casualties	(27)		00
28. Motor vehicles expenses (Do not include depreciation)	(28)		00
29. Meal and entertainment expenses (Total _____) (See instructions).	(29)		00
30. Travel expenses	(30)		00
31. Professional services	(31)		00
32. Contributions to pensions or other qualified plans (See instructions)	(32)		00
33. Depreciation (See instructions. Submit Schedule E)	(33)		00
34. Bad debts (See instructions. Submit detail)	(34)		00
35. Charitable contributions	(35)		00
36. Repairs	(36)		00
37. Other deductions (See instructions. Submit detail)	(37)		00
38. Total deductions (Add lines 15 through 37).....	(38)		00
39. Net operating income (or loss) for the year (Subtract line 38 from line 14. Enter here and in Part I, line 1)..	(39)		00

Part IV		Other Direct Costs			
1. Salaries, wages and bonuses	(1)	00	8. Cost sharing allocation	(8)	00
2. Social security tax (FICA)	(2)	00	9. Repairs	(9)	00
3. Unemployment tax	(3)	00	10. Utilities	(10)	00
4. State Insurance Fund premiums	(4)	00	11. Depreciation (Submit Schedule E)	(11)	00
5. Medical or hospitalization insurance .	(5)	00	12. Other expenses (Submit detail)	(12)	00
6. Other insurance	(6)	00	13. Total other direct costs (Add lines 1		
7. Excise taxes	(7)	00	through 12. Same as Part II, line 5)	(13)	00

**Schedule N
Incentives**

Rev. 05.00



**PARTIALLY EXEMPT INCOME
UNDER ACT 8 OF 1987**

200 _____

To be filed with Form 480.30(II)

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

Name	Employer's Identification Number
Type of Business	Case Number
Period in force for income: Begin: _____ End: _____	Number of jobs directly related with manufacture or designated service: Actual: _____ Required: _____

Part I Net Income Subject to Tax

1. Net operating income (or loss) for the year (Part IV, line 39)	(1)		00
2. Less: Income from investments (See instructions)	(2)		00
3. Net industrial development income (Subtract line 2 from line 1. If it is a net operating loss, do not continue . Enter zero (-0-) here and on line 10)	(3)		00
4. Deduction for exempt businesses engaged in manufacturing:			
a) 5% of production payroll (Enter 5% of the production payroll up to 50% of line 1. Applies only to conversions under Section 3(i)(2) or 3(i)(3))	(4a)		00
b) 15% of production payroll (If line 1 is less than \$30,000 per production job, enter 15% of the production payroll up to 50% of line 1. Applies to new grants or conversions under Section 3(i)(1))	(4b)		00
c) If line 1 is less than \$500,000 and the corporation keeps an average of 15 or more employees, enter \$100,000 here (See instructions)	(4c)		00
d) Enter the larger of line 4(a), 4(b) or 4(c)	(4d)		00
5. Net industrial development income after deductions (Subtract line 4(d) from line 3. If it is a net operating loss, do not continue . Enter zero (-0-) here and on line 10)	(5)		00
6. Net operating loss from the preceding year (See instructions. Submit detail)	(6)		00
7. Net taxable industrial development income (Subtract line 6 from line 5)	(7)		00
8. Basis period income under Act 135 (Schedule V Incentives, Part II, line 4(a))	(8)		00
9. Exempt amount:			
(a) % of line 7 (See instructions)	(9a)		00
(b) % of line 8 if a renegotiated case under Act 135	(9b)		00
10. Net income subject to tax (Subtract line 9(a) from line 7 or line 9(b) from line 8, whichever applies. Enter here and on Schedule K Incentives, Part I, line 1(c))	(10)		00

Part II Special Surtax Section 3(a) of Act 8 of 1987 (See instructions)

1. Enter the amount of Part III, line 14	(1)		00
2. Enter the amount of Part III, lines 1, 9 and 10, whichever apply	(2)		00
3. Multiply line 2 by .00075	(3)		00
4. Net industrial development income (Part I, subtract line 6 from line 3)	(4)		00
5. Multiply line 4 by .005	(5)		00
6. Special surtax (Enter here and on Form 480.30(II), Part I, line 7, the smaller of line 3 or 5. In case of decrees renegotiated under Act 135 of 1997, enter the average special surtax paid on the years corresponding to the basis period)	(6)		00

Part III		Gross Profit on Sales and Other Income	
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 V)	(5)	00	
6. Total costs 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	(8)		00
9. Designated services income	(9)		00
10. Rent	(10)		00
11. Interest	(11)		00
12. Royalties	(12)		00
13. Other income (Submit detail)	(13)		00
14. Total gross income (Add lines 8 through 13)	(14)		00

Part IV		Deductions and Net Operating Income	
15. Compensation to officers	(15)	00	
16. Salaries, commissions and bonuses to employees	(16)	00	
17. Commissions to businesses	(17)	00	
18. Social security tax (FICA)	(18)	00	
19. Unemployment tax	(19)	00	
20. State Insurance Fund premiums	(20)	00	
21. Medical or hospitalization insurance	(21)	00	
22. Insurance	(22)	00	
23. Interest	(23)	00	
24. Rent	(24)	00	
25. Property tax: (a) Personal _____ (b) Real _____	(25)	00	
26. Other taxes, patents and licenses (Submit detail)	(26)	00	
27. Losses from fire, storms, theft or other casualties	(27)	00	
28. Motor vehicles expenses (Do not include depreciation)	(28)	00	
29. Meal and entertainment expenses (Total _____) (See instructions) .	(29)	00	
30. Travel expenses	(30)	00	
31. Professional services	(31)	00	
32. Contributions to pensions or other qualified plans (See instructions)	(32)	00	
33. Depreciation (See instructions. Submit Schedule E)	(33)	00	
34. Bad debts (See instructions. Submit detail)	(34)	00	
35. Charitable contributions	(35)	00	
36. Repairs	(36)	00	
37. Other deductions (See instructions. Submit detail)	(37)	00	
38. Total deductions (Add lines 15 through 37)	(38)		00
39. Net operating income (or loss) for the year (Subtract line 38 from line 14. Enter here and in Part I, line 1) ...	(39)		00

Part V		Other Direct Costs	
1. Salaries, wages and bonuses	(1)	00	
2. Social security tax (FICA)	(2)	00	8. Cost sharing allocation
3. Unemployment tax	(3)	00	9. Repairs
4. State Insurance Fund premiums	(4)	00	10. Utilities
5. Medical or hospitalization insurance ...	(5)	00	11. Depreciation (Submit Schedule E)
6. Other insurance	(6)	00	12. Other expenses (Submit detail)
7. Excise taxes	(7)	00	13. Total other direct costs (Add lines 1 through 12. Same as Part III, line 5)
			(13)
			00

Schedule O Incentives

Rev. 05.00



OPTIONAL INCOME TAX FOR EXEMPT BUSINESSES PURSUANT TO SECTION 3A OF ACT 8 OF 1987

200 _____

To be filed with Form 480.30(II)

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

Name	Employer's Identification Number
Type of Business	Case Number

Part I Questionnaire

If the exempt business has more than one grant and the grants provide different tax exemption rates for income tax, a Schedule O Incentives must be completed for each one. **Number of Schedules O Incentives submitted:**

- | | | Yes | No |
|--|-----|-----|----|
| 1. Do you have the approved election pursuant Section 3A of Act 8 of 1987? If you answered "Yes", continue completing this Schedule. If you answered "No", do not continue | (1) | | |
| 2. Is this the first year of such election? If "Yes", submit a copy of the approved election | (2) | | |
| 3. Did you or will you make an investment of at least 25% of your net industrial development income within the time required, in 2(j) investments for at least 5 years? (For these purposes, the net IDI does not include 2(j) investments income) | (3) | | |
| 4. Did you or will you make an investment of at least 50% of your net industrial development income within the time required, in 2(j) investments for at least 5 years? (For these purposes, the net IDI does not include 2(j) investments income) | (4) | | |

Part II Computation of Optional Tax

1. Net industrial development income (Schedules M Inc. or N Inc., Part I, line 7 or 8, whichever applies) ...	(1)		00
2. Add interest income from certain 2(j) investments (See instructions)	(2)		00
3. Total net industrial development income subject to tax (Add lines 1 and 2)	(3)		00
4. Tax rate before investment credits (Check the applicable box):			
<input type="checkbox"/> a) Exempt business is 90% exempt (Enter 14% on line 4(c), do not complete line 4(b))	(4a)	14%	
<input type="checkbox"/> b) Exempt business is less than 90% exempt (Complete lines 4(b)(2) through 4(b)(4))			
(1) % base exemption	(4b1)	90%	
(2) Case number _____ Income tax exemption	(4b2)	%	
(3) Subtract line 4(b)(2) from line 4(b)(1)	(4b3)	%	
(4) Multiply line 4(b)(3) by 45%	(4b4)	%	
c) Add percentage on lines 4(a) and 4(b)(4)	(4c)	%	
d) Other upfront taxes	(4d)	%	
e) Tax rate before investment credits (Enter the smaller of line 4(c) or 4(d))	(4e)	%	
5. Less investment credits (If you answered "Yes" in Part I, question 3, enter 3%. If you answered "Yes" in Part I, question 4, enter 5%)	(5)	%	
6. Tax rate after credits (Subtract line 5 from line 4(e))	(6)		%
7. Total tax (Multiply line 3 by percentage on line 6)	(7)		00
8. Less credits:			
a) Special credits granted (Art 41A-6)(Do not exceed 50% of line 7)	(8a)	00	
b) Other credits (See instructions)	(8b)	00	
c) Total credits (Add lines 8(a) and 8(b))	(8c)		00
9. Total tax liability (Subtract line 8(c) from line 7. Enter difference here and on Form 480.30(II), Part I, line 1(b))	(9)		00

Schedule E

Rev. 05.00



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	00

(b) Flexible Depreciation

			00	00	00
			00	00	00
			00	00	00
			00	00	00
Total			00	00	00

(c) Accelerated Depreciation

			00	00	00
			00	00	00
			00	00	00
			00	00	00
Total			00	00	00

(d) Improvements Amortization

			00	00	00
			00	00	00
			00	00	00
			00	00	00
Total			00	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 P
Incentives**

Rev. 05.00



**INCOME FROM FULLY TAXABLE OPERATIONS OR
PARTIALLY EXEMPT INCOME UNDER
ACT 148 OF 1988, ACT 75 OF 1995,
ACT 225 OF 1995 AND ACT 14 OF 1996**

200 _____

To be filed with Form 480.30(II)

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

Name	Case Number	Employer's Identification Number
Type of Business		<input type="checkbox"/> Income from fully taxable operations <input type="checkbox"/> Partially exempt income under: <input type="checkbox"/> Act 148 of 1988 <input type="checkbox"/> Act 225 of 1995 <input type="checkbox"/> Act 75 of 1995 <input type="checkbox"/> Act 14 of 1996

Part I Net Income Subject to Tax

1. Net operating income (or loss) for the year (Part III, line 44)	(1)		00
2. Net operating loss deduction from the preceding year (See instructions. Submit detail)	(2)		00
3. Net operating income (or loss) before exemptions (Subtract line 2 from line 1)	(3)		00
4. Exempt amount: _____% of line 3 (Only apply to partially exempt income under Act 148, Act 75, Act 225 and Act 14. See instructions)	(4)		00
5. Net income before credit for dividends or profits received from domestic corporations or partnerships	(5)		00
6. Less: Credit for dividends or profits received from domestic corporations or partnerships (See instructions). ...	(6)		00
7. Net income subject to tax (Subtract line 6 from line 5. Enter here and on Schedule K Incentives, Part I, line 1(d) ..	(7)		00

Part II Gross Profit on Sales and Other Income

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 and merchandise	(3)		00
4. Direct wages	(4)		00
5. Other direct costs (Detail in Part IV)	(5)		00
6. Total goods available for sale (Add lines 2 through 5)	(6)		00
7. Less: Inventory at end of 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
8. Gross profit on sales or production	(8)		00
9. Net capital gain (Schedule D Corporation and Partnership)	(9)		00
10. Net gain (or loss) from the sale or exchange of property other than capital assets (Schedule D Corp. and Part.)	(10)		00
11. Rent	(11)		00
12. Interest	(12)		00
13. Dividends from corporations and partnerships distributions (a) Domestic _____ (b) Foreign _____	(13)		00
14. Distributable share of net income (or loss) from special partnerships	(14)		00
15. Other income (Submit detail)	(15)		00
16. Casino's income	(16)		00
17. Total gross income (Add lines 8 through 16)	(17)		00

Part III		Deductions and Net Operating Income	
18. Compensation to officers	(18)		00
19. Salaries, commissions and bonuses to employees	(19)		00
20. Commissions to businesses	(20)		00
21. Social security tax (FICA)	(21)		00
22. Unemployment tax	(22)		00
23. State Insurance Fund premiums	(23)		00
24. Medical or hospitalization insurance	(24)		00
25. Insurance	(25)		00
26. Interest	(26)		00
27. Rent	(27)		00
28. Property tax: (a) Personal _____ (b) Real _____ ..	(28)		00
29. Other taxes, patents and licenses (Submit detail)	(29)		00
30. Losses from fire, storms, theft or other casualties	(30)		00
31. Motor vehicles expenses (Do not include depreciation)	(31)		00
32. Meal and entertainment expenses (Total _____) (See instructions)...	(32)		00
33. Travel expenses	(33)		00
34. Professional services	(34)		00
35. Contributions to pensions or other qualified plans (See instructions)	(35)		00
36. Depreciation (See instructions. Submit Schedule E)	(36)		00
37. Flexible depreciation (See instructions. Submit Schedule E)	(37)		00
38. Accelerated depreciation (See instructions. Submit Schedule E)	(38)		00
39. Bad debts (See instructions. Submit detail)	(39)		00
40. Charitable contributions	(40)		00
41. Repairs	(41)		00
42. Other deductions (See instructions. Submit detail)	(42)		00
43. Total deductions (Add lines 18 through 42)	(43)		00
44. Net operating income (or loss) for the year (Subtract line 43 from line 17. Enter in Part I, line 1)	(44)		00

Part IV		Other Direct Costs			
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. Current depreciation (Schedule E)	(10)	00
4. State Insurance Fund premiums	(4)	00	11. Flexible depreciation (Schedule E)	(11)	00
5. Medical or hospitalization insurance	(5)	00	12. Accelerated depreciation (Schedule E) (12)		00
6. Other insurance	(6)	00	13. Other expenses (Submit detail)	(13)	00
7. Excise taxes	(7)	00	14. Total other direct costs (Add lines 1 through 13. Same as Part II, line 5) ...	(14)	00

**Schedule V
Incentives**

Rev. 05.00



**INCOME TAX FOR EXEMPT BUSINESSES UNDER
ACT 135 OF 1997**

To be filed with Form 480.30(II)

200 _____

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

Name	Type of Decree: <input type="checkbox"/> New <input type="checkbox"/> Renegotiated	Employer's Identification Number
Type of Business	<input type="checkbox"/> Converted <input type="checkbox"/> Extended	Case Number
Period in force for income: Begins: _____ Ends: _____	Number of jobs directly related with the manufacture or designated service: Actual: _____ Required: _____	

Part I Questionnaire (Applies only to renegotiated cases)

		Yes	No
1. Were you under the optional tax in any of the years included in the computation of the basis period average income? (See instructions)..... (1)			
Rate <input type="text"/> % <input type="checkbox"/> Option 3A; Years _____ <input type="checkbox"/> Others; Years _____			
2. Was the 2(j) income subject to tax during all the years included in the computation of the basis period average income? (See instructions)..... (2)			
Rate <input type="text"/> % <input type="checkbox"/> Option 3A (Enter the amount from Part II, line 4(b) of this schedule on Schedule O Incentives, Part II, line 2) <input type="checkbox"/> Others (specify) _____			
3. Was the 2(j) income subject to tax during any of the years included in the computation of the basis period average income? (See instructions)..... (3)			
Rate <input type="text"/> % <input type="checkbox"/> Option 3A; Years _____ <input type="checkbox"/> Others; Years _____			

Part II Computation of the Basis Period Average Income (Applies only to renegotiated cases)

1. Industrial development income from the last 5 years before the renegotiation (Part I, lines 2 and 7 of Schedules M Incentives and N Incentives or Part II, lines 1 and 2 of Schedule O Incentives)

Year	_____	_____	_____	_____	_____
(a) IDI	00	00	00	00	00
(b) 2(j)	00	00	00	00	00

	(a) IDI	(b) 2(j)
2. Average income of the 3 years with the highest income (2)	00	00
3. Industrial development income from the year preceding the renegotiation (3)	00	
4. Basis period income (The larger of line 2 or 3. See instructions) (4)	00	00

Part III Net Income Subject to Tax

1. Net operating income (or loss) for the year (Part VI, line 39) (1)		00
2. Less: Investments income (See instructions) (2)		00
3. Total industrial development income (or loss) (Subtract line 2 from line 1. If an operating loss, do not continue. Enter zero (-0-) here and on line 5)..... (3)		00
4. Net operating loss from preceding year (See instructions)..... (4)		00
5. Net industrial development income subject to special deductions (Subtract line 4 from line 3. If it is equal or smaller than 0, do not continue).. (5)		00
6. Special deductions for exempt businesses:		
a) Payroll deduction (See instructions Schedule V1 Incentives)..... (6a)	00	
b) Human resources training and improvement expense deduction (6b)	00	
c) Research and development expense deduction..... (6c)	00	
d) Investment on buildings, structures, machinery and equipment deduction (6d)	00	
e) Total deductions (6e)		00
7. Net industrial development income after deductions (Subtract line 6(e) from line 5)..... (7)		00
8. Less: Basis period income (Part II, line 4, Column (a). See instructions)..... (8)		00
9. Net industrial development income subject to tax (Subtract line 8 from line 7. See instructions)..... (9)		00

Part IV Tax Computation

1. Fixed tax rate on IDI: (1a) <input type="checkbox"/> 7% (1b) <input type="checkbox"/> 4% (1c) <input type="checkbox"/> other <input type="text"/> %		00
2. Total tax (Multiply line 9 by line 1)..... (2)		00
3. Less credits:		
a) Special credits granted (Art. 41A-6) (Do not exceed 50% of line 2)..... (3a)	00	
b) Credit for products manufactured in PR (See instructions)..... (3b)	00	
c) Credit for losses of U.S. parent company (See instructions)..... (3c)	00	
d) Other applicable credits..... (3d)	00	
e) Total credits (Add lines 3(a) through 3(d))..... (3e)		00
4. Total tax liability (Subtract line 3(e) from line 2. Enter the difference here and on Form 480.30(II), Part I, line 1(c)) (4)		00

Part V		Gross Profit on Sales and Other Income	
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 VII)	(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	(8)		00
9. Designated services income	(9)		00
10. Rent	(10)		00
11. Interest	(11)		00
12. Royalties	(12)		00
13. Other income (Submit detail)	(13)		00
14. Total gross income (Add lines 8 through 13)	(14)		00

Part VI		Deductions and Net Operating Income	
15. Compensation to officers	(15)	00	
16. Salaries, commissions and bonuses to employees	(16)	00	
17. Commissions to businesses	(17)	00	
18. Social security tax (FICA)	(18)	00	
19. Unemployment tax	(19)	00	
20. State Insurance Fund premiums	(20)	00	
21. Medical or hospitalization insurance	(21)	00	
22. Insurance	(22)	00	
23. Interest	(23)	00	
24. Rent	(24)	00	
25. Property tax: (a) Personal _____ (b) Real _____	(25)	00	
26. Other taxes, patents and licenses (Submit detail)	(26)	00	
27. Losses from fire, hurricane, theft or other casualties	(27)	00	
28. Motor vehicles expenses (Do not include depreciation)	(28)	00	
29. Meal and entertainment expenses (Total _____) (See instructions)	(29)	00	
30. Travel expenses	(30)	00	
31. Professional services	(31)	00	
32. Contributions to pension or other qualified plans (See instructions)	(32)	00	
33. Depreciation (See instructions. Submit Schedule E)	(33)	00	
34. Bad debts (See instructions. Submit detail)	(34)	00	
35. Charitable contributions	(35)	00	
36. Repairs	(36)	00	
37. Other deductions (See instructions. Submit detail)	(37)	00	
38. Total deductions (Add lines 15 through 37)	(38)		00
39. Net operating income (or loss) for the year (Subtract line 38 from line 14. Enter here and in Part III, line 1)	(39)		00

Part VII		Other Direct Costs			
1. Salaries, wages and bonuses	(1)	00	8. Cost sharing allocation	(8)	00
2. Social security tax (FICA)	(2)	00	9. Repairs	(9)	00
3. Unemployment tax	(3)	00	10. Utilities	(10)	00
4. State Insurance Fund premiums	(4)	00	11. Depreciation (Submit Schedule E)	(11)	00
5. Medical or hospitalization insurance ...	(5)	00	12. Other expenses (Submit detail)	(12)	00
6. Other insurances	(6)	00	13. Total other direct costs (Add lines		
7. Excise taxes	(7)	00	1 through 12. Enter in Part V, line 5)	(13)	00



COMPUTATION OF THE SPECIAL DEDUCTIONS UNDER ACT 135 OF 1997

To be filed with Form 480.30(II)

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

200__

Name		Type of Decree: <input type="checkbox"/> New <input type="checkbox"/> Renegotiated		Employer's Identification Number	Case Number
		<input type="checkbox"/> Converted <input type="checkbox"/> Extended		Number of jobs directly related with manufacture or designated service: Actual: _____ Required: _____	
Type of Business		Period in force for income: Begins: _____ Ends: _____			

Part I	Computation of the special deductions							
	(a)	Payroll Deduction (manufacture)	(b)	Training and Improvement Expenses	(c)	Research and Development Expenses	(d)	Investment on Buildings, Structures and Machinery
1. Industrial development income (Schedule V Inc., Part III, line 5) . (1)		00						
2. Deduction amount:								
(a) Current(2a)			00		00	00		00
(b) Preceding years(2b)						00		00
3. Add line 2, columns (a) through (d) (If it is larger than line 1, do not continue. Complete Part II) (3)		00						
4. Industrial development income (Same as line 1) (4)			00		00	00		00
5. Less: Special deductions according with lines 2(a) and 2(b):								
(a) Payroll deduction(5a)		00						
(b) Training and improvement expenses(5b)				00				
(c) Research and development expenses(5c)					00			
(d) Investment on buildings, structures and machinery(5d)							00	
(e) Total lines 5(a) through 5(d), as applicable(5e)			00		00	00		00
6. Industrial development income to determine the amount of the deduction (Subtract line 5(e) from line 4) (6)			00		00	00		00
7. Amount of deduction for:								
(a) Payroll								
(1) 15% of the production payroll up to 50% of line 1(7a1)		00						
(2) If line 1 is less than \$500,000 and keep an average of 15 or more employees, enter \$100,000 . (7a2)		00						
(3) Enter the larger of line 7(a)(1) or 7(a)(2)(7a3)			00					
(b) Human resources training and improvement expenses(7b)								
(c) Research and development expenses(7c)						00		
(d) Investment on buildings, structures, machinery and equipment(7d)								00
8. Total deductions:								
(a) Current year (Line 7(a)(3) through 7(d), as applicable) ... (8a)			00		00	00		00
(b) Preceding years(8b)						00		00
(c) Total (Add lines 8(a) and 8(b))(8c)			00		00	00		00
9. Allowable deductions (Line 8(c) up to the amount of line 6. If it is smaller than line 6, enter the amounts on Schedule V Incentives, Part III, line 6. If it is larger than line 6, complete Part II of this schedule) (9)			00		00	00		00
10. Carryforward deductions to subsequent years (If line 8(c) is larger than line 6 and do not have to complete Part II) (See instructions)(10)								00

Part II	Special Rules (Apply to the exempt business that is allowed to claim more than one of the deductions of Columns a, b, c and d of Part I, and the sum of said deductions is larger than the IDI of the year)			Limit for the year	Carryforward future years
Order to claim the special deductions					
1. Industrial development income subject to special deductions (Schedule V Incentives, Part III, line 5)..... (1)			00		
2. Less: Payroll deduction (only manufacture)					
(a) 15% of the production payroll (If line 1 is less than \$30,000 per production job up to 50% of line 1)..... (2a)	00				
(b) If line 1 is less than \$500,000 and the corporation keeps an average of 15 persons or more employed, enter \$100,000..... (2b)	00				
(c) Enter the larger of line 2(a) or 2(b)..... (2c)			00		
3. Industrial development income after the payroll deduction (Subtract line 2(c) from line 1. It cannot be less than zero)..... (3)			00		
4. Enter line 2(c) but not to exceed the amount on line 3 (Enter on Schedule V Incentives, Part III, line 6(a))..... (4)				00	
5. Industrial development income (Same as line 3)..... (5)			00		
6. Less: Human resources training and improvement expenses deduction..... (6)	00				
7. Industrial development income after deduction (Subtract line 6 from line 5. It cannot be less than zero)..... (7)			00		
8. Enter line 6 but not to exceed the amount on line 7 (Enter on Schedule V Incentives, Part III, line 6(b))..... (8)				00	
9. Industrial development income (Same as line 7)..... (9)			00		
10. Less: Research and development expenses deduction					
(a) Preceding year..... (10a)	00				
(b) Current year..... (10b)	00				
(c) Total lines 10(a) and 10(b)..... (10c)			00		
11. Industrial development income after deduction (Subtract line 10(c) from line 9. It cannot be less than zero)..... (11)			00		
12. Enter line 10(c) but not to exceed the amount on line 9 (Enter on Schedule V Incentives, Part III, line 6(c))..... (12)				00	
13. Excess of line 10(c) over line 9..... (13)					00
14. Industrial development income (Same as line 11. It cannot be less than zero)..... (14)			00		
15. Less: Special deduction for investment on buildings, structures, machinery and equipment					
(a) Preceding year..... (15a)	00				
(b) Current year..... (15b)	00				
(c) Total lines 15(a) and 15(b)..... (15c)			00		
16. Industrial development income after deduction (Subtract line 15(c) from line 14. It cannot be less than zero)..... (16)			00		
17. Enter line 15(c) but not to exceed the amount on line 14 (Enter on Schedule V Incentives, Part III, line 6(d))..... (17)				00	
18. Excess of line 15(c) over line 14..... (18)					00

**Schedule W
Incentives**

Rev. 05.00



**INCOME TAX FILM ENTITY
UNDER ACT 362 OF 1999**

200_____

To be filed with Form 480.30(II)

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

Name	Employer's Identification Number
Type of Business	Case Number

Part I Net Income Subject to Tax

1. Net operating income (or loss) for the year (Part IV, line 39)	(1)	00
2. Net operating loss deduction for the preceding year (See instructions. Submit detail)	(2)	00
3. Net operating income (or loss) (Subtract line 2 from line 1)	(3)	00

Part II Computation of Tax

4. Fixed income tax rate	(4)	7%
5. Total tax (multiply line 3 by line 4)	(5)	00

Part III Gross Profit on Sales and Other Income

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 V)	(5)	00	
6. Total cost of goods available for sale (Add lines 2 through 5)....	(6)	00	
7. Less: Inventory at end of 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	
8. Gross profit on sales or production	(8)	00	
9. Capital assets gains (Apply only to operations covered under Act 78 of 1993. Submit Schedule D Corp. and Part.)	(9)	00	
10. Net gain (or loss) from the sale or exchange of property other than capital assets (Applies only to operations covered under Act 78 of 1993. Submit Schedule D Corporation and Partnership)	(10)	00	
11. Interest	(11)	00	
12. Rent	(12)	00	
13. Other income (Submit detail)	(13)	00	
14. Total gross income (Add lines 8 through 13)	(14)	00	

Part IV		Deductions and Net Operating Income	
15. Compensation to officers	(15)		00
16. Salaries, commissions and bonuses to employees	(16)		00
17. Commissions to businesses	(17)		00
18. Social security tax (FICA)	(18)		00
19. Unemployment tax	(19)		00
20. State Insurance Fund premiums	(20)		00
21. Medical or hospitalization insurance	(21)		00
22. Insurance	(22)		00
23. Interest	(23)		00
24. Rent	(24)		00
25. Property tax: (a) Personal _____ (b) Real _____	(25)		00
26. Other taxes, patents and licenses (Submit detail)	(26)		00
27. Losses from fire, storms, theft or other casualties	(27)		00
28. Motor vehicles expenses (Do not include depreciation)	(28)		00
29. Meal and entertainment expenses (Total _____) (See instructions)	(29)		00
30. Travel expenses	(30)		00
31. Professional services	(31)		00
32. Contributions to pension or other qualified plans (See instructions)	(32)		00
33. Depreciation (See instructions. Submit Schedule E)	(33)		00
34. Bad debts (See instructions. Submit detail)	(34)		00
35. Charitable contributions	(35)		00
36. Repairs	(36)		00
37. Other deductions (See instructions. Submit detail)	(37)		00
38. Total deductions (Add lines 15 through 37)	(38)		00
39. Net operating income (or loss) for the year (Subtract line 38 from line 14. Enter here and in Part I, line 1)	(39)		00

Part V		Other Direct Costs			
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. Depreciation(Submit Schedule E)	(10)	00
4. State Insurance Fund premiums	(4)	00	11. Other expenses (Submit detail)	(11)	00
5. Medical or hospitalization insurance	(5)	00	12. Total other direct costs (Add lines 1 through 11. Same as Part III, line 5)	(12)	00
6. Other insurance	(6)	00			
7. Excise taxes	(7)	00			

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

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

Individuo Individual Corporación Corporation Sociedad Partnership

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

