Form 480.30(II) Rev. 05.99

Liquidator: | Reviewer:

Field Audited by:

Date ___/___/___

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COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF THE TREASURY

Income Tax Return for Exempt Businesses Under the Puerto Rico Incentives Programs

TAXABLE YEAR BEGINNING ON _____, ____ AND ENDING ON _____, ____

Serial Number

AMENDED RETURN ☐

Payment Stamp

Name

Postal Address

Zip Code

Location of Principal Industry or Business (Number, Street and Country)

Employer's Identification Number

Department of State Registry No.

Industrial Code | Municipal Code

Telephone Number - Extension

Date Incorporated

Month____/ Day____/ Year ____

Place Incorporated

Type of Principal Industry or Business

Change of address ☐ Yes ☐ No

Contracts with Governmental Entities ☐ Yes ☐ No

2000 Return ☐ Spanish ☐ English

FOR COLLECTOR'S USE ONLY
Receipt Control Number
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) Total (Add lines 1(a) through 1(c))	(1d)		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(d)) (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 2000	(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 2000	(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 2000	(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: _____

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 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 ____ % 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 ____ %)	(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 V Exempt Business - Comparative Balance Sheet

Assets		Beginning of the Year	Total		Ending of the Year	Total
1. Cash on hand and 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. **Total Assets**	(11)		00	(11)		00
Liabilities and Net Worth						
Liabilities						
12. Accounts payable	(12)	00		(12)	00	
13. Notes payable	(13)	00		(13)	00	
14. Accrued expenses (not paid)	(14)	00		(14)	00	
15. Other liabilities	(15)	00		(15)	00	
16. **Total Liabilities**	(16)		00	(16)		00
Net Worth						
17. Capital stock						
(a) Preferred stock	(17a)	00		(17a)	00	
(b) Common stock	(17b)	00		(17b)	00	
18. Additional paid in capital	(18)	00		(18)	00	
19. Retained earnings	(19)	00		(19)	00	
20. Reserves	(20)	00		(20)	00	
21. **Total Net Worth**	(21)		00	(21)		00
22. **Total Liabilities and Net Worth**	(22)		00	(22)		00

Part VI 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 (portion not claimed) _____			(d) _____		
(b) Depreciation _____			Total	(8)	00
(c) _____			9. Total (Add lines 7 and 8)	(9)	00
(d) _____			10. **Net taxable income (or loss) per return** (Subtract line 9 from line 6)	(10)	00
Total	(5)	00			
6. Total (Add lines 1 through 5)	(6)	00			

Part VII Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of 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) Stock	(5c)	00
_____			6. Other decreases (Use schedule if necessary)	(6)	00
_____	(3)	00	7. Total (Add lines 5 and 6)	(7)	00
4. Total (Add lines 1, 2 and 3)	(4)	00	8. **Balance at end of year** (Subtract line 7 from line 4)	(8)	00

Part VIII Questionnaire

	Yes	No
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 showing the name and employer's identification number (Do not include any information entered in question 13). Enter the percentage owned: ____ % (14)		
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

_____ Agent

NOTARY SEAL

Affidavit no. _____

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. 05.99

COMPUTATION OF TAX

To be filed with Form 480.30(II)

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

19__

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)

1. Passive income per financial statements . (1) 00
2. Schedule M-1 Adjustments:
   - (a) _____
   - (b) _____
   - (c) _____
   - (d) _____
   - (e) _____
   - (f) _____
   - (g) Total (Add lines 2(a) through 2(f)) .....(2g) 00
3. Passive income as reported on Form 1120 (Subtract line 2(g) from line 1) ..... (3) 00

Reconciliation Puerto Rico (Form 480.30(II))

1. Passive income per financial statements. (1) 00
2. Adjustments:
   - (a) _____
   - (b) _____
   - (c) _____
   - (d) _____
   - (e) Total (Add lines 2(a) through 2(d)) .....(2e) 00
3. Net passive income from Puerto Rico sources (Subtract line 2(e) from line 1) ..... (3) 00
4. Less passive income:
   - 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. 05.99

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

To be filed with Form 480.30(II)

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

19__

Name	Case Number	Employer's Identification Number

Type of Business	Partially exempt income under: ☐ Act 52 of 1983 ☐ 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)		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)		00

Part II Gross Profit on Sales and Other Income (Exclude income from casinos operations)

1. Net sales	(1)			00	
Less: Cost of goods sold or direct costs of production					
2. Inventory at the beginning of the year ☐ "C" ☐ "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 ☐ "C" ☐ "C" or "MV"					
a) Materials	(7a)	00			
b) Goods in process	(7b)	00			
c) Finished goods or merchandise	(7c)	00	00	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. 05.99

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

To be filed with Form 480.30(II)

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

19__

Name	Case Number	Employer's Identification Number

Type of Business

Fully or partially exempt income under: ☐ Act 57 of 1963

Partially exempt income under: ☐ 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 ☐ "C" ☐ "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 ☐ "C" ☐ "C" or "MV"					
a) Materials	(7a)	00			
b) Goods in process	(7b)	00			
c) Finished goods or merchandise	(7c)	00	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 through 12. Same as Part II, line 5)	(13)		00
7. Excise taxes	(7)		00				

Schedule N Incentives
Rev. 05.99

PARTIALLY EXEMPT INCOME UNDER ACT 8 OF 1987

To be filed with Form 480.30(II)

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

19__

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 ☐ "C" ☐ "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 ☐ "C" ☐ "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		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 through 12. Same as Part III, line 5)	(13)	00
7. Excise taxes	(7)	00				

Schedule O Incentives
Rev. 05.99

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

To be filed with Form 480.30(II)

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

19__

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):			
☐ a) Exempt business is 90% exempt (Enter 14% on line 4(c), do not complete line 4(b))	(4a)	14%	
☐ 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. 05.99

DEPRECIATION

Taxable year beginning on _____, 19__ and ending on _____, 19___

19__

Taxpayer's Name

Social Security No. or Employer's Identification

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.
(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 only if you are filing out Form 482.0 (Individual Income Tax Return)

TOTAL: (Add total of lines (a) through (d) of column 6. Transfer to Schedules K, L, M and N individual, whichever applies)..... 00

Schedule P Incentives

Rev. 05.99

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

To be filed with Form 480.30(II)

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

19__

Name	Case Number	Employer's Identification Number

Type of Business

- ☐ **Income from fully taxable operations**
- ☐ Partially exempt income under:
  - ☐ Act 148 of 1988
  - ☐ Act 75 of 1995
  - ☐ Act 225 of 1995
  - ☐ 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 ☐ "C" ☐ "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 ☐ "C" ☐ "C" or "MV"					
a) Materials	(7a)	00			
b) Goods in process	(7b)	00			
c) Finished goods or merchandise	(7c)	00	00	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. 05.99

INCOME TAX FOR EXEMPT BUSINESSES UNDER ACT 135 OF 1997

To be filed with Form 480.30(II)

Taxable year begining on _____, ____ and ending on _____, ____

19__

Name	Type of Decree: ☐ New ☐ Renegotiated ☐ Converted ☐ Extended	Employer's Identification Number
Type of Business		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 [ ]% ☐ Option 3A; Years _____ _____ ☐ 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 [ ]% ☐ Option 3A (Enter the amount from Part II, line 4(b) of this schedule on Schedule O Incentives, Part II, line 2) ☐ 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 [ ]% ☐ Option 3A; Years _____ _____ ☐ 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	19___	19___	19___	19___	19___
(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) ☐ 7% (1b) ☐ 4% (1c) ☐ other [ ]%			00
2. Total tax (Multiply line 9 by line 1)	(2)		
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 ☐ "C" ☐ "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 ☐ "C" ☐ "C" or "MV"					
a) Materials	(7a)	00			
b) Goods in process	(7b)	00			
c) Finished goods or merchandise	(7c)	00	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 1 through 12. Enter in Part V, line 5)	(13)		00
7. Excise taxes	(7)		00				

Schedule V1 Incentives
Rev. 05.99

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 _____, _____

19__

Name	Type of Decree: ☐ New ☐ Renegotiated ☐ Converted ☐ Extended	Employer's Identification Number	Case Number
Type of Business	Period in force for income: Begins:_____ Ends:_____	Number of jobs directly related with manufacture or designated service: Actual:_____ Required:_____	

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)				
2. Deduction amount:				
(a) Current..... (2a)				
(b) Preceding years..... (2b)				
3. Add line 2, columns (a) through (d) (If it is larger than line 1, **do not continue.** Complete Part II) ..... (3)				
4. Industrial development income (Same as line 1)..... (4)				
5. Less: Special deductions according with lines 2(a) and 2(b):				
(a) Payroll deduction ..... (5a)				
(b) Training and improvement expenses..... (5b)				
(c) Research and development expenses..... (5c)				
(d) Investment on buildings, structures and machinery..... (5d)				
(e) Total lines 5(a) through 5(d)..... (5e)				
6. Industrial development income to determine the amount of the deduction (Subtract line 5(e) from line 4)..... (6)				
7. Amount of deduction for:				
(a) Payroll				
(1) 15% of the production payroll up to 50% of line 1..(7a1)				
(2) If line 1 is less than $500,000 and keep an average of 15 or more employees, enter $100,000..(7a2)				
(3) Enter the larger of line 7(a)(1) or 7(a)(2)..... (7a3)				
(b) Human resources training and improvement expenses..... (7b)				
(c) Research and development expenses..... (7c)				
(d) Investment on buildings, structures, machinery and equipment..... (7d)				
8. Total deductions:				
(a) Current year (Line 7(a)(3) through 7(d), as applicable).. (8a)				
(b) Preceding years..... (8b)				
(c) Total (Add lines 8(a) and 8(b)) ..... (8c)				
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)				
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)				

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, if the sum of said deductions is larger than the IDI of the year)

Order to claim the special deductions					Limit for the year		Carryforward future years	
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

Formulario **480-E**
Form
Rev. 05.99

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 Number 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.

Período de Conservación: Diez (10) años - Conservation Period: Ten (10) years

Modelo SC 2898
Form
Rev. 05.99

DEPARTAMENTO DE HACIENDA - DEPARTMENT OF THE TREASURY
Sección de Administración de Cuentas - Accounts Management Section
PO BOX 9022501
SAN JUAN PR 00902-2501

CAMBIO DE DIRECCION - CHANGE OF ADDRESS

INSTRUCCIONES: Complete las líneas 1 a la 11. Favor de escribir en letra de MOLDE toda la información, excepto la línea 10.
INSTRUCTIONS: Complete lines 1 through 11. Please PRINT all information, except line 10.

1. Marque: ☐ Dirección Postal - Postal Address
Check: ☐ Dirección Residencial - Home Address

2. El cambio de dirección es para (Marque uno): ☐ Individuo - Individual
Change of address is for (Check one): ☐ Negocio - Business
☐ Corp. o Soc. - Corp. or Partnership

3. Número de Seguro Social o Número de Identificación Patronal:
Social Security Number or Employer's Identification Number: ___ ___ ___ — ___ ___ — ___ ___ ___ ___

4. Nombre del Contribuyente (Deje un espacio en blanco entre cada nombre)
Taxpayer's Name (Leave a blank space between names)

5. Nombre de la persona que somete el cambio de dirección (Deje un espacio en blanco entre cada nombre)
Name of the person submitting the change of address (Leave a blank space between names)

6. Dirección Postal
Postal Address

Condominio o Urbanización - Condominium or Urbanization — PO BOX _____ / RR_____ BOX_____ / HC_____ BOX_____

Número y Calle - Number and Street — Apt _____ / Suite_____

Municipio o Ciudad - Municipality or City | País - Country | Código Postal - Zip Code/+ 4

7. Dirección Residencial
Home Address

Condominio o Urbanización - Condominium or Urbanization

Número y Calle - Number and Street — Apt _____ / Suite_____

Municipio o Ciudad - Municipality or City | País - Country | Código Postal - Zip Code/+ 4

8. Teléfono de Residencia
Home Telephone No.

9. Teléfono de Oficina
Office Telephone No.

10. Firma - Signature

11. Fecha - Date

12. Iniciador

13. Fecha de entrada

14. Iniciales