



**GOVERNMENT OF PUERTO RICO**  
**A STATEMENT ATTACHED TO AND MADE A PART OF FORM 480.70(OE)**  
**INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS**

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

ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Amended Return - Page 1 of the return

**REASON FOR THE AMENDMENT OF THE RETURN**



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**ORGANIZATION'S NAME:** \_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Activities and Requirements - Part I, line 1, page 2 of the return

**BRIEFLY SUMMARIZE THE ORGANIZATION'S MISSION AND THE MOST SIGNIFICANT ACTIVITIES AND PROGRAMS**



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**ORGANIZATION'S NAME:** \_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed (select only one alternative):

- 1.  Part I, Line 24(e), page 2 of the return - Other payments and withholdings
- 2.  Part II, Line 9, page 2 of the return - Income from Service Program carried out by the organization
- 3.  Part II, Line 17, page 2 of the return - Gross income from commercial activities including the exempt income from a registered investment company or real estate investment trust
- 4.  Part II, Line 18, page 2 of the return - Miscellaneous income
- 5.  Part III, Line 32(b), page 3 of the return - Other benefits
- 6.  Part III, Line 33, page 3 of the return - Additions to surplus and reserves
- 7.  Part III, Line 38, page 3 of the return - Other changes in the fund's balance

	DESCRIPTION	AMOUNT
1		\$
2		
3		
4		
5		
6		
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12		
13		
14		
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Total (Transfer this amount to line 24(e), Part I, page 2 of the return, to line 9, Part II, page 2 of the return, to line 17, Part II, page 2 of the return, to line 18, Part II, page 2 of the return, to line 32(b), Part III, page 3 of the return, to line 33, Part III, page 3 of the return or, to line 38, Part III, page 3 of the return, as applicable)..... \$ \_\_\_\_\_



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ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed (select only one alternative):

- 1.  Schedule A, Part I, Line 6 - Miscellaneous income
- 2.  Schedule A, Part VI, Line 16 - Other direct costs

	DESCRIPTION	AMOUNT
1		\$
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
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23		
24		
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Total (Transfer this amount to line 6, Part I of Schedule A or, to line 16, Part VI of Schedule A, as applicable)..... \$ \_\_\_\_\_



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**ORGANIZATION'S NAME:** \_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed (select only one alternative):

- 1.  Part III, Line 29, page 3 of the return - Miscellaneous expenses
- 2.  Part III, Line 24, page 3 of the return - Taxes

( A )                      ( B )                      ( C )                      ( D )

	DESCRIPTION	SERVICE PROGRAM	FUNDRAISING	GENERAL AND ADMINISTRATIVE	TOTAL
1		\$	\$	\$	\$
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

Total (Transfer this amount to line 29, Part III, page 3 of the return or, to line 24, Part III, page 3 of the return, as applicable)..... \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_



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ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Part III, Line 31, page 3 of the return - Contributions, gifts and grants paid

(A) (B) (C) (D)

	NAME OF THE PERSON OR INSTITUTION TO WHOM THE PAYMENT WAS MADE	IDENTIFICATION NUMBER	SERVICE PROGRAM	FUNDRAISING	GENERAL AND ADMINISTRATIVE	TOTAL
1			\$	\$	\$	\$
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
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20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

Total (Transfer this amount to Line 31, Part III, page 3 of the return)..... \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_



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ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Part V, page 4 of the return - List of Officers, Directors or Key Employees

	NAME AND TITLE	SOCIAL SECURITY NUMBER	NUMBER OF WEEKLY HOURS DEDICATED TO THE INSTITUTION	COMPENSATION	CONTRIBUTIONS TO PENSION OR DEFERRED COMPENSATION PLANS	ALLOWANCES OR EXPENSES ACCOUNT
1				\$	\$	\$
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
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Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

**ORGANIZATION'S NAME:** \_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Part VI, page 4 of the return - Compensation in Excess of \$5,000 Paid to Independent Contractors for Professional Services

	NAME AND ADDRESS	SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	TYPE OF SERVICE	COMPENSATION
1				\$
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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32				
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35				



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

ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Schedule A, Part IV, Line 53, page 2 of Schedule A of the return - Other deductions

	DESCRIPTION	AMOUNT	
		REGULAR TAX	ALTERNATE MINIMUM TAX
1		\$	\$
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
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28			
29			
30			
31			
32			
33			
34			
35			

Total (Transfer this amount to the corresponding column of line 53, Part IV of page 2 of Schedule A of the return)..... \$ \_\_\_\_\_ \$ \_\_\_\_\_



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**ORGANIZATION'S NAME:** \_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Schedule CC, Part I, Line 1 - Contributions made directly by the taxpayer
- 2.  Schedule CC, Part III, Line 6 - Other contributions not subject to limitation

	NAME OF THE PERSON OR INSTITUTION TO WHOM THE PAYMENT WAS MADE	EMPLOYER IDENTIFICATION NUMBER	NATURE OF ORGANIZATION*	CHARITABLE CONTRIBUTIONS
1				\$
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total (Transfer this amount to Line 1, Part I, Schedule CC or Line 6, Part III, Schedule CC, as applicable)..... \$                     

\* Enter in this column the corresponding letter, according to the following menu, to the category of the nature or purpose of the organization to whom the donation was made:

- |  |  |
|--|--|
| <b>A:</b> Social Services                            | <b>G:</b> International Activities                               |
| <b>B:</b> Art and Culture                            | <b>H:</b> Health Services  |
| <b>C:</b> Housing Services                           | <b>I:</b> Religious Services                                     |
| <b>D:</b> Educational and Research Services          | <b>J:</b> Environmental Services                                 |
| <b>E:</b> Recreation and Sports Services             | <b>K:</b> Organizations for the Exclusive Benefit of its Members |
| <b>F:</b> Economic, Social and Community Development | <b>L:</b> Other Services   |



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ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed (select only one alternative):

- 1.  Schedule D, Part I, Line 1 - Net short-term capital gain (or loss)
- 2.  Schedule D, Part I, Line 4 - Net short-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund
- 3.  Schedule D, Part V, Line 22 - Net gain (or loss) from property other than capital assets

	DESCRIPTION AND LOCATION OF PROPERTY	DISREGARDED ENTITY	CADASTRE NUMBER	(A) DATE ACQUIRED (Day/Month/Year)	(B) DATE SOLD (Day/Month/Year)	(C) SALE PRICE	(D) ADJUSTED BASIS	(E) SELLING EXPENSES	(F) GAIN OR (LOSS)
1		<input type="radio"/>							
2		<input type="radio"/>							
3		<input type="radio"/>							
4		<input type="radio"/>							
5		<input type="radio"/>							
6		<input type="radio"/>							
7		<input type="radio"/>							
8		<input type="radio"/>							
9		<input type="radio"/>							
10		<input type="radio"/>							
11		<input type="radio"/>							
12		<input type="radio"/>							
13		<input type="radio"/>							
14		<input type="radio"/>							
15		<input type="radio"/>							
16		<input type="radio"/>							
17		<input type="radio"/>							
18		<input type="radio"/>							
19		<input type="radio"/>							
20		<input type="radio"/>							

Total (Transfer the total amount of Column F to line 1, Part I of Schedule D, to line 4, Part I of Schedule D or to Line 22, Part V of Schedule D, as applicable)..... \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_



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

**ORGANIZATION'S NAME:** \_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed (select only one alternative):

- 1.  Schedule D, Part II, Line 6 - Net long-term capital gain (or loss)
- 2.  Schedule D, Part II, Line 9 - Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund

				(A)	(B)	(C)	(D)	(E)	(F)	(G)	
	DESCRIPTION AND LOCATION OF PROPERTY	DISREGARDED ENTITY	CADASTRE NUMBER	FILL IN IF YOU PREPAID	DATE ACQUIRED (Day/Month/Year)	DATE SOLD (Day/Month/Year)	SALE PRICE	ADJUSTED BASIS	SELLING EXPENSES	GAIN OR (LOSS) (Act 132-2010 and Act 216-2011)	GAIN OR (LOSS)
1		<input type="radio"/>		<input type="radio"/>			\$	\$	\$	\$	\$
2		<input type="radio"/>		<input type="radio"/>							
3		<input type="radio"/>		<input type="radio"/>							
4		<input type="radio"/>		<input type="radio"/>							
5		<input type="radio"/>		<input type="radio"/>							
6		<input type="radio"/>		<input type="radio"/>							
7		<input type="radio"/>		<input type="radio"/>							
8		<input type="radio"/>		<input type="radio"/>							
9		<input type="radio"/>		<input type="radio"/>							
10		<input type="radio"/>		<input type="radio"/>							
11		<input type="radio"/>		<input type="radio"/>							
12		<input type="radio"/>		<input type="radio"/>							
13		<input type="radio"/>		<input type="radio"/>							
14		<input type="radio"/>		<input type="radio"/>							
15		<input type="radio"/>		<input type="radio"/>							
16		<input type="radio"/>		<input type="radio"/>							
17		<input type="radio"/>		<input type="radio"/>							
18		<input type="radio"/>		<input type="radio"/>							
19		<input type="radio"/>		<input type="radio"/>							
20		<input type="radio"/>		<input type="radio"/>							

Total (Transfer the total of Column G to line 6, Part II of Schedule D or to line 9, Part II of Schedule D, as applicable)..... \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_



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

ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Schedule D, Part VI, Line 23 - Net Capital Loss Carryover

	(A)	(B)	(C)	
YEAR IN WHICH THE LOSS WAS INCURRED (DAY/MONTH/YEAR)	CAPITAL LOSS INCURRED	AMOUNT USED	CAPITAL LOSS CARRYFORWARD (COLUMN A - COLUMN B)	EXPIRATION DATE (DAY/MONTH/YEAR)
1	\$	\$	\$	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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22				
23				
24				
25				

Total (Transfer the total amount of Column C to line 23, Part VI of Schedule D)... \$ \_\_\_\_\_



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

ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Schedule D, Part III, Line 11 - Net capital gain (or loss) under special legislation

						(A)	(B)	(C)	(D)	(E)	(F)
ACT NUMBER	DECREE NUMBER	DISREGARDED ENTITY	CADASTRE NUMBER	DESCRIPTION AND LOCATION OF PROPERTY	FILL IN IF YOU PREPAID	DATE ACQUIRED (Day/Month/Year)	DATE SOLD (Day/Month/Year)	SALE PRICE	ADJUSTED BASIS	SELLING EXPENSES	GAIN OR (LOSS)
1		<input type="radio"/>			<input type="radio"/>			\$	\$	\$	\$
2		<input type="radio"/>			<input type="radio"/>						
3		<input type="radio"/>			<input type="radio"/>						
4		<input type="radio"/>			<input type="radio"/>						
5		<input type="radio"/>			<input type="radio"/>						
6		<input type="radio"/>			<input type="radio"/>						
7		<input type="radio"/>			<input type="radio"/>						
8		<input type="radio"/>			<input type="radio"/>						
9		<input type="radio"/>			<input type="radio"/>						
10		<input type="radio"/>			<input type="radio"/>						
11		<input type="radio"/>			<input type="radio"/>						
12		<input type="radio"/>			<input type="radio"/>						
13		<input type="radio"/>			<input type="radio"/>						
14		<input type="radio"/>			<input type="radio"/>						
15		<input type="radio"/>			<input type="radio"/>						
16		<input type="radio"/>			<input type="radio"/>						
17		<input type="radio"/>			<input type="radio"/>						
18		<input type="radio"/>			<input type="radio"/>						
19		<input type="radio"/>			<input type="radio"/>						
20		<input type="radio"/>			<input type="radio"/>						

Total (Transfer the total of Column F to line 11, Part III of Schedule D)..... \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_



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

ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed (select only one alternative):

- 1.  Schedule E No. \_\_\_\_ - Line (a) Current Depreciation
- 2.  Schedule E No. \_\_\_\_ - Line (b) Flexible Depreciation
- 3.  Schedule E No. \_\_\_\_ - Line (c) Accelerated Depreciation
- 4.  Schedule E No. \_\_\_\_ - Line (d) Amortization (i.e. Goodwill)
- 5.  Schedule E No. \_\_\_\_ - Line (e) Automobiles (See instructions)

	1	2	3	4	5	6
	TYPE OF PROPERTY (IN CASE OF BUILDING, SPECIFY THE MATERIAL USED IN THE CONSTRUCTION)	DATE ACQUIRED	ORIGINAL COST OR OTHER BASIS (EXCLUDE COST OF LAND) BASIS FOR AUTOMOBILES MAY NOT EXCEED FROM \$30,000 PER VEHICLE	DEPRECIATION CLAIMED IN PRIOR YEARS	ESTIMATED USEFUL LIFE TO COMPUTE THE DEPRECIATION	DEPRECIATION CLAIMED THIS YEAR
1			\$	\$		\$
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Total (Transfer the total of Columns 4 and 6 to line (a) of Schedule E, to line (b) of Schedule E, to line (c) of Schedule E, to line (d) of Schedule E or to line (e) of Schedule E, as applicable)..... \$ \$







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ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

Indicate the part or parts of the return for which this Statement is completed: \_\_\_\_\_

COMMENTS



**GOVERNMENT OF PUERTO RICO**  
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Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

**ORGANIZATION'S NAME:** \_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed (select only one alternative):

1.  Part I, Line 24(c), page 2 of the return - Tax withheld at source on payments for services rendered, interests or dividends for the taxable year

	TYPE OF FORM	*TAXABLE YEAR OF THE INFORMATIVE RETURN	PAYER'S EMPLOYER IDENTIFICATION NUMBER	NAME OF THE PAYER	CONTROL NUMBER	ELECTRONIC FILING CONFIRMATION NUMBER	(A)	(B)
							TOTAL AMOUNT WITHHELD ACCORDING TO INFORMATIVE RETURN	AMOUNT WITHHELD CLAIMED ON THIS RETURN
1							\$	\$
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Total (Transfer the total of Column B to line 24(c), Part I of page 2 of the return) ..... \$ \_\_\_\_\_

**\* IMPORTANT NOTE:** The taxable year to be included in this column corresponds to the taxable year indicated in the Informative Return (Forms 480.6SP or 480.6B, as applicable) issued to the organization and for which the organization claims the portion of the amount withheld corresponding to the payments that were made during the period included within its economic year. The taxable year entered in this column could be different to the taxable year of the return only when the organization has a taxable year that is not a calendar year.



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

ENTITY'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Schedule B1, Part I, Line 19 - Other Pre Tax Credits Manager credits not included on the preceding lines

	(A)	(B)	(C)
DESCRIPTION	PRE TAX CREDITS MANAGER (BALANCE AVAILABLE)	PRE TAX CREDITS MANAGER (AMOUNT TO BE CLAIMED))	PRE TAX CREDITS MANAGER (CARRYOVER FOR SUBSEQUENT YEARS) (COL. A - COL. B)
1			\$
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Total (Transfer to line 19, Part I of Schedule B1).....	\$	\$	\$





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

ENTITY'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Schedule CC, Part II, Line 1 - Charitable Contributions made through Pass-Through Entities

	TAXABLE YEAR OF THE INFORMATIVE RETURN	PASS-THROUGH ENTITY'S NAME	PASS-THROUGH ENTITY'S IDENTIFICATION NUMBER	CONTROL NUMBER	ELECTRONIC FILING CONFIRMATION NUMBER	CONTRIBUTION
1						\$
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Total (Transfer to line 1, Part II, Schedule CC)..... \$ \_\_\_\_\_



**GOVERNMENT OF PUERTO RICO**  
**A STATEMENT ATTACHED TO AND MADE A PART OF FORM 480.70(OE)**  
**INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS**

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

ENTITY'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed:

- 1.  Part VII, Section A, Line 1(a), page 4 of the return - Indicate the number of members with voting rights in the board of directors at the end of the taxable year (If there is a significant difference in the voting rights among the members of the board of directors, or if board of directors delegates sufficient authority to an executive committee or to a committee of similar nature, submit detail with explanation)
- 2.  Part VII, Section B, Line 12(c), page 5 of the return - Indicate if the organization regularly monitors and enforces the compliance of these policies. If "Yes", submit detail with examples of how this monitoring is performed
- 3.  Part VII, Section B, Line 15(b), page 5 of the return - Other officers and key employees of the organization (If "Yes", submit detail with the description of the process to determine the compensation of these officers)
- 4.  Part VII, Section C, Line 22, page 5 of the return - If you checked "Other(s)", submit detail with explanation

DESCRIPTION



**GOVERNMENT OF PUERTO RICO**  
**A STATEMENT ATTACHED TO AND MADE A PART OF FORM 480.70(OE)**  
**INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS**

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

ORGANIZATION'S NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. Fill in the part of the return for which this Statement is completed (select only one alternative):

- 1.  Schedule CC, Part III, Line 2 - Carryforward contributions from previous years

TAXABLE YEAR IN WHICH THE CONTRIBUTION WAS MADE (Day/Month/Year)	NAME OF PERSON OR INSTITUTION TO WHOM PAYMENT WAS MADE	EMPLOYER IDENTIFICATION NUMBER	NATURE OF ORGANIZATION*	(A)	(B)		(C)	EXPIRATION DATE (Day/Month/Year)
				AMOUNT OF CONTRIBUTION PAID	CLAIMED ON PREVIOUS YEARS		AMOUNT OF CHARITABLE CONTRIBUTION AVAILABLE FOR CURRENT YEAR (Subtract Column B from Column A)	
					TAXABLE YEAR (Day/Month/Year)	AMOUNT CLAIMED		
1				\$		\$	\$	
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Total (Transfer the total of Column C to line 2, Part III of Schedule CC).....\$ \_\_\_\_\_ \$ \_\_\_\_\_

\*You must include a code letter, as listed below, corresponding to the category of the nature of the organization to which a donation was made:

- |  |  |
|--|--|
| <b>A:</b> Social Services                            | <b>G:</b> International Activities                               |
| <b>B:</b> Art and Culture                            | <b>H:</b> Health Services  |
| <b>C:</b> Housing Services                           | <b>I:</b> Religious Services                                     |
| <b>D:</b> Educational and Research Services          | <b>J:</b> Environmental Services                                 |
| <b>E:</b> Recreation and Sports Services             | <b>K:</b> Organizations for the Exclusive Benefit of its Members |
| <b>F:</b> Economic, Social and Community Development | <b>L:</b> Other Services   |