

Schedule A2 Individual

Rev. Dec 18 20



TAX ON INCOME SUBJECT TO PREFERENTIAL RATES

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

2020

Taxpayer's name

Fill in one:

1 Taxpayer 2 Spouse 3 Both

Social Security Number

	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
	Taxed at Regular Rates	Taxed at 20%	Taxed at 15%	Taxed at 10%	Taxed at 4%	Taxed at _____%	Taxed at _____%	Taxed at _____%
1. Adjusted Gross Income	(1) 00							
2. Add: Alimony paid (Part 1, line 4 of the return or Part I, line 5, Column B or C of Schedule CO Individual)	(2) 00							
3. Adjusted Gross Income before the deduction for alimony paid (Add lines 1 and 2)	(3) 00							
4. Income subject to preferential rates:								
a) Net long-term capital gain (See instructions)	(4a) 00		00			00	00	00
b) Interests from IRA on deposits in accounts from certain financial institutions (Schedule FF Individual, Part I, line 4, Column B) (10%)	(4b) 00			00				
c) Interests on deposits in accounts from certain financial institutions (Schedule FF Individual, Part I, line 4, Column C) (10%)	(4c) 00			00				
d) Interests from distributions of IRA to Governmental Pensioners (Schedule FF Individual, Part I, line 4, Column E) (10%)	(4d) 00			00				
e) Non-exempt eligible interests paid or credited on bonds, notes, other obligations or mortgage loans (Schedule FF Individual, Part I, line 4, Column A) (10%)	(4e) 00			00				
f) Eligible distribution of dividends (Schedule FF Individual, Part II, line 3, Column A (15%), Column B (____%) or Column C (____%))	(4f) 00		00			00	00	00
g) Income paid by sport teams of international associations or federations (Schedule F Individual, Part V, line 3, Column D)	(4g) 00	00						
h) Total distributions from qualified retirement plans (Schedule D Individual)	(4h) 00	00		00				
i) Gain taxable at a reduced rate under an Incentives Act (Schedules J, K, L, M, or N Individual, as applicable) or wages received by a qualified physician under Act 14-2017 or Act 60-2019 (See inst.)	(4i) 00	00	00	00	00	00	00	00
j) Distributable share on net income subject to preferential rates from pass-through entities	(4j) 00	00	00	00	00	00	00	00
k) Others	(4k) 00	00	00	00	00	00	00	00
l) Distributions for reason of a disaster declared by the Governor of Puerto Rico (Schedule F Individual, Part VI, line 5) (See instructions)	(4l) 00			00				
m) Total (Add lines 4a through 4l of Columns B through H) ... (4m)		00	00	00	00	00	00	00
5. Total income subject to preferential rates (Add line 4m of Columns B through H) (If this line is less than \$20,000, enter 100% on line 7A and zero on lines 7B through 7H, and enter the total of line 8a on line 8b)	(5) 00							
6. Income subject to regular tax (Subtract line 5 from line 3)	(6) 00							
7. Proportion of income according to each tax rate (Column A - Divide line 6 by line 3; Columns B through H - Divide line 4m by line 3) (Round to the nearest whole number)	(7) %	%	%	%	%	%	%	%

8. Deductions and Exemptions:		Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
		Taxed at Regular Rates	Taxed at 20%	Taxed at 15%	Taxed at 10%	Taxed at 4%	Taxed at _____%	Taxed at _____%	Taxed at _____%
a) Deductions applicable to individual taxpayers (See instructions) \$ _____ (8a)									
b) Allowed deduction (Multiply line 8a by line 7 for each Column)..... (8b)		00	00	00	00	00	00	00	00
c) Personal exemption (Line 7, Part 2 of the return) (8c)		00							
d) Exemption for dependents (Line 8, Part 2 of the return)..... (8d)		00							
e) Additional personal exemption for veterans (Line 9, Part 2 of the return) (8e)		00							
f) Total deductions and exemptions (Add lines 8b through 8e of all Columns) (8f)		00	00	00	00	00	00	00	00
9. Deduction for alimony paid (Part 1, line 4 of the return or Part I, line 5, Column B or C of Schedule CO Individual. See instructions) \$ _____ (9)		00	00	00	00	00	00	00	00
10. Allowable deduction for Private Equity investment (See instructions) \$ _____ (10)		00	00	00	00	00	00	00	00
11. Net taxable income (Column A—Subtract lines 8f, 9 and 10 from line 6; Columns B through H— Subtract lines 8f, 9 and 10 from line 4m) (11)		00	00	00	00	00	00	00	00
12. Normal Tax:									
a) Regular tax for Column A (See instructions) (12a)		00							
b) Add: Gradual adjustment amount (Schedule P Individual, line 7) (12b)		00							
c) Total normal tax (Add lines 12a and 12b) (12c)		00							
d) Multiply line 12c by 95% or 92%, as applicable (See instructions) (12d)		00							
13. Tax according to the corresponding rate for Columns B through H (See instructions) (13)			00	00	00	00	00	00	00
14. Total normal tax and tax at preferential rates (Add line 12d and line 13 of Columns B through H) (14)									00
15. Net income subject to normal tax (Line 13, Part 2 of the return or line 11, Part II, Column B or C of Schedule CO Individual) (15)									00
16. Tax on line 15 according to regular tax rates:									
a) Regular tax (See instructions) (16a)									00
b) Add: Gradual adjustment amount (Schedule P Individual, line 7) (16b)									00
c) Total normal tax (Add lines 16a and 16b) (16c)									00
d) Multiply line 16c by 95% or 92%, as applicable (See instructions) (16d)									00
17. Tax determined (Enter the smaller between line 14 and line 16d. Transfer to page 2, Part 3, line 14 of the return or to Part III, line 1, Column B or C of Schedule CO Individual and fill in (<input type="radio"/>) "Preferential rates" if you chose the amount on line 14, or (<input type="radio"/>) "Tax Table" if you chose the amount on line 16d) (17)									00

Schedule B Individual

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

Taxable year beginning on _____ and ending on _____

2020

Taxpayer's name

Social Security Number

Part I Recapture of Credits Claimed in Excess

Table with 3 columns: Column A, Column B, Column C. Rows include Name of entity, Employer identification No, Credit for (Tourism Development, Solid Waste Disposal, etc.), and summary rows 1-4.

Part II Tax Credits (Do not include estimated tax payments. Include such payments in Part III of this Schedule)

Table with 2 columns: Description, Amount. Rows include A. CREDITS SUBJECT TO MORATORIUM (1-11) and B. CREDITS NOT SUBJECT TO MORATORIUM (12-28).

Part III Other Payments and Withholdings

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

Part IV Breakdown of the Purchase of Tax Credits

Fill in the oval corresponding to the act (or acts) under which you acquired the credit and enter the amount:

A. CREDITS SUBJECT TO MORATORIUM			
1. <input type="radio"/> Solid Waste Disposal (Act 159-2011)	(1)		00
2. <input type="radio"/> Capital Investment Fund (Act 46-2000)	(2)		00
3. <input type="radio"/> Housing Infrastructure (Act 98-2001)	(3)		00
4. <input type="radio"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families or Investment in the Acquisition, Construction or Rehabilitation of Affordable Rental Housing to the Elderly (Act 140-2001, as amended)	(4)		00
5. <input type="radio"/> Conservation Easement (Act 183-2001)	(5)		00
6. <input type="radio"/> Revitalization of Urban Centers (Act 212-2002)	(6)		00
7. <input type="radio"/> Other: (Submit detail)	(7)		00
8. Total credit for the purchase of tax credits subject to moratorium (Add lines 1 through 7. Transfer to Part II, line 6)	(8)		00
B. CREDITS NOT SUBJECT TO MORATORIUM			
9. <input type="radio"/> Tourism Development (Act 78-1993 and Act 74-2010)	(9)		00
10. <input type="radio"/> Tourism Eligible Investment (Act 60-2019)	(10)		00
11. <input type="radio"/> Film Industry Development (Act 27-2011)	(11)		00
12. <input type="radio"/> Creative Industries (Act 60-2019)	(12)		00
13. <input type="radio"/> Economic Incentives (Research and Development) (Section 5(c) of Act 73-2008)	(13)		00
14. <input type="radio"/> Economic Incentives (Industrial Investment) (Section 6 of Act 73-2008)	(14)		00
15. <input type="radio"/> Green Energy Incentives (Research and Development) (Act 83-2010)	(15)		00
16. <input type="radio"/> Research and Development Investment (Act 60-2019)	(16)		00
17. <input type="radio"/> Opportunity Zones (Act 60-2019)	(17)		00
18. <input type="radio"/> Other: (Submit detail)	(18)		00
19. Total credit for the purchase of tax credits not subject to moratorium (Add lines 9 through 18. Transfer to Part II, line 21)	(19)		00

Schedule C Individual

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

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

1 Taxpayer 2 Spouse 3 Both

Computed for the: 1 Regular tax 2 Alternate basic tax 3 Optional tax

Resident of: 1 Puerto Rico 2 United States 3 Other (Indicate state, territory, possession or country) _____

Citizen of: 1 United States 2 Other (Indicate) _____

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

	Foreign Country, State, Territory or Possession of the United States			United States (See instructions)	Total (See instructions)
	A	B	C		
Name of the country, state, territory or possession					
1. Gross income subject to tax from sources of the country, state, territory or possession:					
a) Interests (1a)	00	00	00	00	00
b) Dividends (1b)	00	00	00	00	00
c) Rental income (1c)	00	00	00	00	00
d) Capital gain (See instructions) (1d)	00	00	00	00	00
e) Fiduciary income (1e)	00	00	00	00	00
f) Wages (1f)	00	00	00	00	00
g) Professions, industry or business (1g)	00	00	00	00	00
h) Others (1h)	00	00	00	00	00
i) Total gross income subject to tax (Add lines 1(a) through 1(h)) (1i)	00	00	00	00	00
2. Deductions and losses:					
a) Expenses directly related to the income on line 1(i) (2a)	00	00	00	00	00
b) Losses from foreign sources (See instructions) (2b)	00	00	00	00	00
c) Determination of pro rata share of deductions and exemptions not directly related:					
(i) Deductions applicable to individual taxpayers (Part 2, line 6 of the return or Part II, line 3 of Schedule CO Individual) (2ci)					00
(ii) Personal exemption, for dependents and additional exemption for veterans (Add lines 7 through 9, Part 2 of the return or lines 5, 6D and 7, Part II of Schedule CO Individual) (2cii)					00
(iii) Other deductions claimed (See instructions) (2ciii)					00
(iv) Total deductions and exemptions (Add lines 2(c)(i) through 2(c)(iii)).. (2civ)					00
(v) Gross income subject to tax from all sources (See instructions) (2cv)					00
(vi) Attributable percentage of the gross income from all sources to the gross income subject to tax (Divide line 1(i) by line 2(c)(v). Enter the result rounded to two decimal places) (2cvi)	%	%	%	%	%
(vii) Pro rata share of deductions and exemptions not directly related (Multiply line 2(c)(iv) by line 2(c)(vi))..... (2cvii)	00	00	00	00	00
d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(vii))..... (2d)	00	00	00	00	00
3. Net income from sources of the country, state, territory or possession (Subtract line 2(d) from line 1(i)) (3)	00	00	00	00	00

Part II Taxes Paid to the United States, its States, Territories, Possessions and Foreign Countries

1 Taxpayer 2 Spouse 3 Both Computed for the: 1 Regular tax 2 Alternate basic tax 3 Optional tax

Table with columns: Foreign Country, State, Territory or Possession of the United States (A, B, C), United States, Total. Rows include: Credit for taxes (Paid/Accrued), Name of the country, state, territory or possession, Type of Form, Date paid or accrued, Total tax paid or accrued during the year.

Part III Reduction in Credit for Tax Paid or Accrued

Table with 6 columns. Rows include: Income from sources of the country, state, territory or possession not subject to tax in Puerto Rico less deductions attributable to such income; Total income subject to tax in the country, state, territory or possession less expenses attributable to such income; Limitation (Divide line 1 by line 2); Reduction in tax paid or accrued during the year; Total tax paid or accrued available as credit.

Part IV Determination of Credit

Table with 6 columns. Rows include: Net income from sources of the country, state, territory or possession (Part I, line 3); Net income from all sources; Limitation (Divide line 1 by line 2. Enter the result rounded to two decimal places); Taxes to be paid in Puerto Rico; Limitation by country, state, territory or possession; Total limitation.

Part V Determination of Credit Attributable to Long-Term Capital Gain of Resident Individual Investors

Table with columns: Foreign Country, State, Territory or Possession of the United States (A, B, C), United States, Total. Rows include: Name of the country, state, territory or possession; Type of Form; Gross income subject to tax from sources of the country, state, territory or possession; Amount of tax paid or accrued to the country, state, territory or possession corresponding to the capital gain attributable to the period prior to the residence in Puerto Rico; Limitation by country, state, territory or possession; Total credit to be claimed.

Schedule D Individual

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

2020

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

Taxpayer's name

Social Security Number

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

Description and Location of Property	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
			00	00	00	00
			00	00	00	00
			00	00	00	00

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

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

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss (Act 132-2010 and Act 216-2011. See inst.)	(G) Gain or Loss
	<input type="radio"/>			00	00	00	00	00
	<input type="radio"/>			00	00	00	00	00
	<input type="radio"/>			00	00	00	00	00

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

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

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	<input type="radio"/>			00	00	00	00

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

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	<input type="radio"/>			00	00	00	00

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

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	<input type="radio"/>			00	00	00	00

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

Part IV Total Distributions from Qualified Pension Plans (See instructions)					
Description	Fill in if you Prepaid	Distribution Date (Day/Month/Year)	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount
21. Taxable at 20% - Taxpayer (21)	0		00	00	00
22. Taxable at 20% - Spouse (22)	0		00	00	00
23. Taxable at 10% - Taxpayer (23)	0		00	00	00
24. Taxable at 10% - Spouse (24)	0		00	00	00
25. Total distributions from qualified pension plans (Total of Column C. Transfer this amount to Part 1, line 2A of the return or to Part I, line 3A, Columns B and C of Schedule CO Individual, as applicable) (25)					00

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

Part VI Determination of the Net Capital Loss Carryover				
Year	(A) Accumulated Capital Loss	(B) Amount Used	(C) Capital Loss Carryforward (Column A - Column B)	Expiration Date
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
38. Total net capital loss carryover (Transfer this amount to Part V, line 34, Column D of this Schedule) (38)			00	

Taxpayer's name	Social Security Number
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Part VII Determination of the Net Long-Term Capital Gain - For Each Tax Rate

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Short-Term	Long-Term (15%)	Special Legislation (____%)	Special Legislation (____%)	Special Legislation (____%)	Total Long-Term (Add Columns B through E)	Total Net Capital Gain (Add Columns A and F)
1. Net Capital Gain (In the case of short-term gains, transfer the amount on line 26, Column A, Part V. In the case of long-term gains, transfer the amount on line 31, Columns B through E, Part V, as it corresponds) (1)	00	00	00	00	00	00	00
2. Allowable amount as net capital loss not used in previous years claimed on Schedule D Individual (Transfer the amount included on line 34, Column E, Part V) (The amount entered on this line cannot exceed 90% of the amount reflected on line 1, Column G of this Part) (2)	00						
3. Subtract in Column A, line 2 from line 1 (If the result is more than zero, this is the net short-term capital gain. Therefore, enter zero on line 5 of Columns B through E. If the result is less than zero, continue on line 4) (3)	00						
4. Proportion of the gains according to each tax rate (Divide the amount on line 1, Columns B through E, by the total long-term gains indicated on line 1 of Column F. Enter the result rounded to two decimal places). Add the percentages in Columns B through E and enter the total in Column F. The total shall be 100% (4)		%	%	%	%	%	
5. Capital loss carryforward attributable to long-term transactions (Columns B through E) (Multiply line 3 - Column A by line 4 of each Column) (5)		00	00	00	00	00	
6. Net long-term capital gain -							
(a) Net Long-Term Capital Gain subject to 15% (Column B - Subtract line 5 from line 1. Transfer the result to Column C, line 4(a) of Schedule A2 Individual) (6a)		00					00
(b) Net Long-Term Capital Gain subject to the tax rate provided by Special Legislation (Columns C through E - Subtract line 5 from line 1. Transfer the result to Columns F, G and H, as it corresponds, line 4(a) of Schedule A2 Individual) (6b)			00	00	00		00
7. Total net long-term capital gain (Column F - Add lines 6(a) and 6(b). Transfer this result to Column A - line 4(a) of Schedule A2 Individual) (7)						00	
8. Net capital gain (If line 3 is more than zero, add lines 3 and 7 and enter the result here. Otherwise, enter here the amount on line 7. This amount must be the same amount reported on line 35, Part V of this Schedule) (8)							00

Schedule E

Rev. Dec 18 20



DEPRECIATION

2020

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

Schedule E No. _____ of _____

Taxpayer's name

Social Security or Employer Identification Number

- | 1. Type of property (in case of a building, specify the material used in the construction). | 2. Date acquired. | 3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$30,000 per vehicle. | 4. Depreciation claimed in prior years. | 5. Estimated useful life to compute the depreciation. | 6. Depreciation claimed this year. |
|---|-------------------|---|---|---|------------------------------------|
|---|-------------------|---|---|---|------------------------------------|

(a) Current Depreciation

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

(b) Flexible Depreciation

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

(c) Accelerated Depreciation

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

(d) Amortization (i.e. Goodwill)

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

(e) Automobiles (See instructions)

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

(f) Vehicles under financial lease (Form 480.7D) (Amount of vehicles _____) 00

TOTAL: (Add total of lines (a) through (f) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or to the corresponding line of other returns) 00

Schedule E1

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

2020

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

Schedule E1 No. _____ of _____

Taxpayer's name	Social Security or Employer Identification Number
-----------------	---

1. Type of property	2. Date acquired	3. Original cost or other basis	4. Depreciation claimed in prior years	5. Estimated useful life to compute the depreciation	6. Depreciation claimed this year
---------------------	------------------	---------------------------------	--	--	-----------------------------------

(a) Computer systems (Section 1033.07(a)(1)(G)) Check here to elect:

			00	00		00
			00	00		00
			00	00		00
			00	00		00
			00	00		00

Total 00

(b) Ground transportation equipment, except automobiles (Section 1033.07(a)(1)(H)) Check here to elect:

			00	00	2	00
			00	00	2	00
			00	00	2	00
			00	00	2	00
			00	00	2	00

Total 00

(c) Machinery and equipment, furniture and fixtures, and any other fixed asset to be used in the industry or business (Section 1033.07(a)(1)(K)) Check here to elect:

			00	00	2	00
			00	00	2	00
			00	00	2	00
			00	00	2	00
			00	00	2	00

Total 00

Total (Add total of lines (a) through (c) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or to the corresponding line of other returns) 00

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

Schedule F Individual

Rev. Dec 18 20



OTHER INCOME

2020

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

Taxpayer's name _____

Fill in one:
 1 Taxpayer 2 Spouse 3 Both

Social Security Number _____

Part I Distributions from Individual Retirement Accounts and Educational Contribution Accounts				Taxable Amount							
Payer's name	Employer Identification Number	Account Number	Fill in if you Prepaid	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
				Total Distribution	Basis (See instructions)	Interests from IRA of Financial Institutions Not Subject to Withholding (Transfer to Part I, line 1(b), Col. D of Schedule FF Ind.)	Interests from IRA of Financial Institutions (10%) (Transfer to Part I, line 1(b), Col. B of Schedule FF Ind.)	Interests from Distributions to Government Pensioners (10%) (Transfer to Part I, line 1(b), Column E of Schedule FF Individual)	IRA Distributions to Government Pensioners (excluding contributions) (10%)	IRA or Educational Contribution Accounts Distributions of Income from Sources Within P.R. (10%)	IRA or Educational Contribution Accounts Distributions
			<input type="radio"/>	00	00	00	00	00	00	00	00
			<input type="radio"/>	00	00	00	00	00	00	00	00
			<input type="radio"/>	00	00	00	00	00	00	00	00
			<input type="radio"/>	00	00	00	00	00	00	00	00
Distributions from Individual Retirement Accounts used to acquire your principal residence (Enter the amount of line 3, Schedule D1 Individual or from line 2, Part I of Schedule D3 Individual)				00							00
1. Subtotal (Transfer the total of Columns F and G to line 4(k), Columns A and D, of Schedule A2 Individual)				00	00	00	00	00	00	00	00
2. Total distributions from Individual Retirement Accounts and Educational Contribution Accounts (Add the total of Columns F through H. Transfer to Part 1, line 2F of the return or to Part I, line 3F, Column B or C of Schedule CO Individual, as applicable)											00

Part II Distributions and Transfers from Governmental Plans									
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount	Taxable Amount - Savings Account			
						(D) Distributions under \$10,000	(E) Lump-sum Distributions (\$10,000 or more)	(F) Transfers under Section 1081.03	
1. Taxable as ordinary income	<input type="radio"/>		00	00	00	00			
2. Taxable at 10% (Transfer the total of Columns E and F to line 4(k), Columns A and D of Schedule A2 Individual)	<input type="radio"/>		00	00				00	00
3. Total distributions and transfers from governmental plans (Add line 1, Columns C and D and line 2, Columns E and F. Transfer to Part 1, line 2E of the return or to Part I, line 3E, Column B or C of Schedule CO Individual, as applicable)									00

Part III Distributions from Deferred Compensation Plans (Non Qualified)						
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount	
1. Taxable as ordinary income (Transfer the amount of Column C to Part 1, line 2L of the return or to Part I, line 3L of Schedule CO Individual, as applicable)	<input type="radio"/>		00	00	00	

Part IV Distributions from Qualified Retirement Plans (Partial or Lump-Sum) (See instructions)					
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount
1. Taxable as ordinary income (Transfer the amount of Column C to Part 1, line 2L of the return or to Part I, line 3L of Schedule CO Individual, as applicable) (1)	0		00	00	00

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

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

Schedule H Individual

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**INCOME FROM ANNUITIES OR PENSIONS
RECEIVED IN THE FORM OF PERIODIC PAYMENTS**

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name	Social Security Number
	Spouse's Social Security Number

Recipient of annuity or pension (fill in one): 1 Taxpayer 2 Spouse

Type if income (fill in one): 1 Annuity 2 Pension

Pension granted by (fill in one):

1 Government of Puerto Rico 2 Federal Government

3 Private Business Employer (if you chose this alternative, fill in one):

1 Qualified plan under Section 1081.01 2 Non qualified plan

Place where the service was performed: 1 Puerto Rico 2 United States 3 Others _____

Date on which you started to receive the pension: Day _____ Month _____ Year _____

Name of the pension payer	Employer identification number
---------------------------	--------------------------------

Form in which the pension or annuity was reported:

1 <input type="radio"/> 480.7C: Control Number Form 480.7C _____ Electronic Filing Confirmation Number Form 480.7C _____	2 <input type="radio"/> Form 1099-R 3 <input type="radio"/> Other: _____
--	---

Part I Determination of Cost to be Recovered of the Pension or Annuity (See instructions)

1. Cost of pension or annuity (amount paid). If it is zero, go to Part II and enter zero on line 10	(1)		00
2. Pension or annuity received in previous years:			
Year: _____			
Amount: _____	(2)		00
3. Less:			
(a) Taxable pension or annuity received in previous years:			
Year: _____			
Amount: _____	(3a)		00
(b) Tax exempt pension received in previous years:			
Year: _____			
Amount: _____	(3b)		00
4. Total (Add lines 3(a) and 3(b))	(4)		00
5. Cost of pension or annuity tax exempt recovered in previous years (Subtract line 4 from line 2)	(5)		00
6. Cost of pension or annuity to be recovered (Subtract line 5 from line 1)	(6)		00

Part II Taxable Income (See instructions)

7. Total amount of pension or annuity received during the year	(7)		00
8. Tax exempt pension (Enter here and on Schedule IE Individual, Part II, line 15. Do not exceed the amount indicated on line 7. If you indicated Annuity or Non qualified plan, enter zero on this line)	(8)		00
9. Subtract line 8 from line 7. If it is less than zero, go to line 13	(9)		00
10. Cost of pension or annuity to be recovered (Same as line 6)	(10)		00
11. Pension or annuity income in excess of the cost to be recovered (Subtract line 10 from line 9)	(11)		00
12. Taxable pension or annuity income (Enter here the amount of line 11 or 3% of line 1, whichever is larger (but not larger than the amount of line 9). Enter this amount in Part I, line 2H of the return or in Part I, line 3H, Column B or C of Schedule CO Individual, as applicable)	(12)		00
13. Tax withheld on pension or annuity for the taxable year (Enter this amount on Schedule B Individual, Part III, line 18)	(13)		00

Schedule IE Individual

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EXCLUDED AND EXEMPT INCOME

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Fill in one:
1 Taxpayer
2 Spouse

Social Security Number

Part I Exclusions from Gross Income

Table with 4 columns: Line number, Description, Items Considered for the Home Mortgage Interests Limitation, and Items subject to Alternate Basic Tax. Rows include Life insurance, Donations, legacies and inheritances, Compensation for injuries or sickness, etc.

Part II Exemptions from Gross Income

Table with 4 columns: Line number, Description, Items Considered for the Home Mortgage Interests Limitation, and Items subject to Alternate Basic Tax. Rows include Fringe benefits paid by the employer, Interests upon the following instruments, Dividends, Expenses of priests or ministers, etc.

Continue on back.

Part II	Exemptions from Gross Income (Continued)	Items Considered for the Home Mortgage Interests Limitation	Items subject to Alternate Basic Tax
31.	Income derived by young people from wages, services rendered or self-employment with special agreement under Act 135-2014 from (See instructions):		
A)	Wages (Form 499R-2/W-2PR or Federal W-2) \$ _____		
B)	Manufacturing income (Schedule J Individual, Part II, line 4) \$ _____		
C)	Income from the sale of goods (Schedule K Individual, Part II, line 4) \$ _____		
D)	Farming income (Schedule L Individual, Part II, line 4) \$ _____		
E)	Income from services rendered (Schedule M Individual, Part II, line 4) \$ _____		
F)	Rental income (Schedule N Individual, Part II, line 2) \$ _____		
G)	Total (Add lines 31A through 31F) (31G)	00	
32.	Exempt salaries of a professional in a hard-to-fill position (Form 499R-2/W-2PR) (See instructions) (32)	00	
33.	Other payments subject to alternate basic tax reported in a Form 480.6D (33)	00	00
34.	Other payments not subject to alternate basic tax reported in a Form 480.6D (34)	00	
35.	Other exemptions subject to alternate basic tax not reported in a Form 480.6D (Submit detail) (35)	00	00
36.	Other exemptions not subject to alternate basic tax not reported in a Form 480.6D (Submit detail) (36)	00	
37.	Income from residential rent under Act 132-2010 (Schedule N Individual, Part II, line 2) (37)	00	
38.	Exempt amount from manufacturing income (Schedule J Individual, Part IV, line 4) (38)	00	00
39.	Exempt amount on income from the sale of goods (Schedule K Individual, Part IV, line 4) (39)	00	00
40.	Exempt amount from farming income (Schedule L Individual, Part IV, line 4) (40)	00	00
41.	Exempt amount on income from services rendered (Schedule M Individual, Part IV, line 4) (41)	00	00
42.	Exempt amount from rental income (Schedule N Individual, Part IV, line 4) (42)	00	00
43.	Total (Add lines 1 through 42) (43)	00	00
Part III Total			
1.	Total of items considered for the home mortgage interests limitation (Add line 14 of Part I and line 43 of Part II, first column) (1)	00	
2.	Total of items subject to alternate basic tax (Add line 14 of Part I and line 43 of Part II, second column) (2)		00

Schedule J Individual

Rev. Dec 18 20



MANUFACTURING INCOME

Taxable year beginning on _____ and ending on _____

2020

Taxpayer's name

Social Security Number

Schedule J No. ____ of ____

Part I Questionnaire

Employer Identification Number, Merchant's Registration Number, Manufacturer Number, Case or Concession Number, Industrial Code, Municipal Code, Nature of business, NAICS, Percentage, Indicate if you include with this return...

Fully Taxable, Tax Incentives under: Act No. 26 of 1978, Act No. 8 of 1987, Act 135-1997, Act 73-2008, Act 83-2010, Act 1-2013, Act 135-2014, Act 60-2019, Section, Other:

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

Table with 3 columns: Concept, Indicate if you claimed expenses, Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, residential property outside of Puerto Rico.

Part II Manufacturing Income

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include Income, Less: Cost of goods sold, Gross income, Less: Exempt amount under Act 135-2014, Income for the current year.

Part III Operating Expenses and Deductions

Table with 4 columns: Description, Regular Tax, Alternate Basic Tax. Rows include A. Deductions that must be reported in an informative return (Salaries, payments, insurance, etc.), B. Deductions not reported in an informative return (Interests, taxes, depreciation, etc.), C. Other deductions (Automobiles, travel, materials, etc.).

Schedule K Individual

Rev. Dec 18 20



INCOME FROM THE SALE OF GOODS

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule K No. ____ of ____

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

Part I Questionnaire

Employer Identification Number

Fill in one:

1 Taxpayer 2 Spouse

Fill in here if this is your principal industry or business

Date operations began:

Day Month Year

Merchant's Registration Number

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

Location of Business - Number, Street and City

Number of employees

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

Nature of business:

NAICS

Percentage %

Industrial Code

Municipal Code

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

Puerto Rico CPA's College Stamp No.

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

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

Table with 3 columns: Concept, Indicate if you claimed expenses, Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, residential property outside of Puerto Rico.

Part II Income from the Sale of Goods

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include income from sale of goods, less cost of goods sold, gross income, less exempt amount, income for current year.

Part III Operating Expenses and Deductions

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include A. Deductions that must be reported in an informative return (Salaries, insurance, etc.), B. Deductions not reported in an informative return (Mortgages, taxes, etc.), C. Other deductions (Automobiles, travel, etc.).

Part IV		Determination of Gain or Loss	Regular Tax		Alternate Basic Tax	
1.	Net income for the current year (Subtract line 46, Part III from line 5, Part II).....	(1)		00		00
2.	Less: Net operating loss from previous years (Complete Part VII).....	(2)		00		00
3.	Adjusted net income (Subtract line 2 from line 1).....	(3)		00		00
4.	Less: Exempt amount % of line 3 or \$ (See instructions).....	(4)		00		00
5.	Gain (or loss) (Subtract line 4 from line 3) (If it is a gain, transfer the total to page 2, Part 1, line 2Q of the return or Part I, line 3Q, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to such gain)	(5)		00		00

Part V		Cost of Goods Sold	
1.	Beginning inventory.....	(1)	00
2.	Plus: Purchases	(2)	00
3.	Total (Add lines 1 and 2).....	(3)	00
4.	Less: Ending inventory.....	(4)	00
5.	Total Cost of Goods Sold (Subtract line 4 from line 3. Transfer to Part II, line 2 of this Schedule).....	(5)	00

Part VI		Detail of Other Expenses		Amount	
		Description		Regular Tax	Alternate Basic Tax
1.	(1)			00	00
2.	(2)			00	00
3.	(3)			00	00
4.	(4)			00	00
5.	(5)			00	00
6.	Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 44)	(6)		00	00

Part VII		Net Operating Losses from Previous Years				
Year in which the loss was incurred (Day/Month/Year)	(A) Loss incurred	(B) Amount used in previous years	(C) Adjustment by Section 1033.14(b)(1)(E) of the Code	(D) Amount available (Subtract Columns B and C from Column A)	Expiration date (Day/Month/Year)	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
Total (Transfer to Part IV, line 2)	00	00	00	00	00	

Retention Period: Ten (10) years

Schedule L Individual

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FARMING INCOME

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule L No. _____ of _____

Part I Questionnaire

1 Taxpayer 2 Spouse

Employer Identification Number, Merchant's Registration Number, Case or Concession Number, Industrial Code, Municipal Code, Date operations began, Number of employees, Location of Farming Business, Nature of business, NAICS, Percentage, etc.

Table with 3 columns: Concept, Indicate if you claimed expenses, Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, residential property.

Part II Farming Income

Regular Tax, Alternate Basic Tax

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include Income, Less: Cost of goods sold, Gross income, Less: Exempt amount, Income for the current year.

Part III Operating Expenses and Deductions

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include A. Deductions that must be reported in an informative return, B. Deductions not reported in an informative return, C. Other deductions.

Schedule M Individual

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INCOME FROM SERVICES RENDERED

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule M No. _____ of _____

Part I Questionnaire (You must fill out one schedule for each source of income) 1 Taxpayer 2 Spouse

Employer Identification Number, Merchant's Registration Number, Nature of service, NAICS, Percentage, Industrial Code, Municipal Code, etc.

Fully Taxable, Tax Incentives under: Act 1-2013, Act 135-2014, Act 14-2017, Act 60-2019, Section, Other, Case or Concession Number

Optional Tax: Yes No

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

Table with 3 columns: Concept, Indicate if you claimed expenses, Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, residential property.

Part II Income from Services

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include Income, Less: Subcontracted services, Subtotal, Less: Exempt amount, Income after exemption, Income earned through corporation, Income for the current year.

Part III Operating Expenses and Deductions

Table with 4 columns: Description, Regular Tax, Alternate Basic Tax, and a column for validation (AUP/DDC). Rows include A. Deductions that must be reported, B. Deductions not reported, and C. Other deductions.

Part IV		Determination of Gain or Loss	Regular Tax		Alternate Basic Tax	
1.	Net income for the current year (Subtract line 46, Part III from line 7, Part II)	(1)		00		00
2.	Less: Net operating loss from previous years (Complete Part VI)	(2)		00		00
3.	Adjusted net income (Subtract line 2 from line 1)	(3)		00		00
4.	Less: Exempt amount _____ % of line 3 or \$ _____ (See instructions)	(4)		00		00
5.	Gain (or loss) (Subtract line 4 from line 3) (If it is a gain, transfer the total to page 2, Part 1, line 2S of the return or Part I, line 3S, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to such gain)	(5)		00		00

Part V		Detail of Other Expenses	Amount			
		Description	Regular Tax		Alternate Basic Tax	
1.	(1)			00		00
2.	(2)			00		00
3.	(3)			00		00
4.	(4)			00		00
5.	(5)			00		00
6.	(6)	Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 44)		00		00

Part VI		Net Operating Losses from Previous Years				
Year in which the loss was incurred (Day/Month/Year)	(A) Loss incurred	(B) Amount used in previous years	(C) Adjustment by Section 1033.14(b)(1)(E) of the Code	(D) Amount available (Subtract Columns B and C from Column A)	Expiration date (Day/Month/Year)	
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
	00	00	00	00		00
Total (Transfer to Part IV, line 2)	00	00	00	00		00

Retention Period: Ten (10) years

Schedule N Individual

Rev. Dec 18 20



RENTAL INCOME

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule N No. _____ of _____

Part I Questionnaire

Employer Identification Number, Merchant's Registration Number, Accounting Method, Location of rented property, Nature of business, etc.

Fully Taxable, Fully Exempt, Tax Incentives under: Act 52 of 1983, Act 78-1993, etc.

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

Table with 3 columns: Concept, Indicate if you claimed expenses, Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, residential property.

Part II Rental Income

Table with 3 columns: Line number, Description, Regular Tax, Alternate Basic Tax. Rows include Income, Less: Exempt amount, Income for the current year.

Part III Operating Expenses and Deductions

Table with 4 columns: Line number, Description, AUP/DDC selection, Regular Tax, Alternate Basic Tax. Rows include Deductions that must be reported, Deductions not reported, and Other deductions.

Part IV		Determination of Gain or Loss	Regular Tax		Alternate Basic Tax	
1.	Net income for the current year (Subtract line 44, Part III from line 3, Part II).....	(1)		00		00
2.	Less: Net operating loss from previous years (Complete Part VI).....	(2)		00		00
3.	Adjusted net income (Subtract line 2 from line 1).....	(3)		00		00
4.	Less: Exempt amount _____ % of line 3 or \$ _____ (See instructions).....	(4)		00		00
5.	Gain (or loss) (Subtract line 4 from line 3) (Transfer the total to page 2, Part 1, line 2T of the return or Part I, line 3T, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to such gain)	(5)		00		00

Part V		Detail of Other Expenses	Amount			
		Description	Regular Tax		Alternate Basic Tax	
1.	(1)			00		00
2.	(2)			00		00
3.	(3)			00		00
4.	(4)			00		00
5.	(5)			00		00
6.	(6)	Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 42)		00		00

Part VI		Net Operating Losses from Previous Years				
Year in which the loss was incurred (Day/Month/Year)	(A) Loss incurred	(B) Amount used in previous years	(C) Adjustment by Section 1033.14(b)(1)(E) of the Code	(D) Amount available <small>(Subtract Columns B and C from Column A)</small>	Expiration date (Day/Month/Year)	
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
	00	00	00	00		
Total (Transfer to Part IV, line 2)	00	00	00	00		

Retention Period: Ten (10) years

Schedule O Individual

Rev. Dec 18 20



ALTERNATE BASIC TAX

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Fill in one:
 1 Taxpayer 2 Spouse
 3 Both

Social Security Number _____

Part I Determination of Net Income Subject to Alternate Basic Tax

1. Net income from manufacturing business (Schedule J Individual, Part IV, line 1, Column of Alternate Basic Tax)	(1)	00
2. Net income from the sale of goods business (Schedule K Individual, Part IV, line 1, Column of Alternate Basic Tax)	(2)	00
3. Net income from farming business (Schedule L Individual, Part IV, line 1, Column of Alternate Basic Tax)	(3)	00
4. Net income from services rendered (Schedule M Individual, Part IV, line 1, Column of Alternate Basic Tax)	(4)	00
5. Net income from rental business (Schedule N Individual, Part IV, line 1, Column of Alternate Basic Tax) (See instructions)	(5)	00
6. Other income received (Add lines 1 and 2(A) through 2(O), Part I of the return or lines 1, 2 and 3(A) through 3(O), Part I, Columns B or C of Schedule CO Individual, as applicable)	(6)	00
7. Add: Deductions granted under special acts not contemplated under Sections 1033.15 of the Code (See instructions)	(7)	00
8. Add (Less): Distributable share in the adjustments for purposes of the alternate basic tax of pass-through entities (Form 480.60 EC. See instructions)	(8)	00
9. Add (Less): Adjustment for determination of the share in the profit or loss from certain special partnerships under the percentage of completion method (Form 480.60 EC. See instructions)	(9)	00
10. Add (Less): Distributable share in the adjustments for purposes of the alternate basic tax of revocable trusts or grantor trusts (Form 480.60 F. See instructions)	(10)	00
11. Add: Excluded and exempt income (Schedule IE Individual, Part III, line 2)	(11)	00
12. Less: Other items not subject to alternate basic tax included in the adjusted gross income (Submit detail. See instructions)	(12)	00
13. Less: Distributable share on net income subject to preferential rates from pass-through entities (Schedule F Individual, Part V, line 3, Column F)....	(13)	00
14. Less: Wages received by a qualified physician under Act 14-2017 or Act 60-2019 (See instructions)	(14)	00
15. Less: Allowable deduction for Private Equity investment (See instructions)	(15)	00
16. Subtract lines 12 through 15 from the sum of lines 1 through 11	(16)	00
17. Less: Deductions and personal exemptions (Part 2, line 10 of the return or line 8, Part II, Column B or C of Schedule CO Individual, as applicable)	(17)	00
18. Net Income Subject to Alternate Basic Tax (Subtract line 17 from line 16. See instructions)	(18)	00

Part II Alternate Basic Tax Computation

1. Total Regular Tax before the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Part 3, line 17 of the return or Part III, line 4, Column B or C of Schedule CO Individual, as applicable)	(1)	00
2. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Schedule C Individual)	(2)	00
3. Net regular tax (Subtract line 2 from line 1)	(3)	00
4. Determine the Alternate Basic Tax as follows: If the Net Income Subject to Alternate Basic Tax (Line 18 of Part I) is: a) Over \$25,000 but not over \$50,000, multiply line 18 of Part I by 1%. b) Over \$50,000 but not over \$75,000, multiply line 18 of Part I by 3%. c) Over \$75,000 but not over \$150,000, multiply line 18 of Part I by 5%. d) Over \$150,000 but not over \$250,000, multiply line 18 of Part I by 10%. e) Over \$250,000, multiply line 18 of Part I by 24%. This is your Alternate Basic Tax (Enter the corresponding amount on this line)	(4)	00
5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (See instructions)	(5)	00
6. Net alternate basic tax (Subtract line 5 from line 4)	(6)	00
7. Excess of Net Alternate Basic Tax over Net Regular Tax (Subtract line 3 from line 6. If line 3 is more than line 6, enter zero and complete Part III of this Schedule . If line 6 is more than line 3, enter the difference here and transfer to Part 3, line 20 of the return or Part III, line 7, Column B or C of Schedule CO Individual, as applicable)	(7)	00

Part III Computation of the Credit for Alternate Basic Tax

1. Excess of regular tax over alternate basic tax for the current year (Subtract line 6 from line 3, Part II of this Schedule. If line 6 of Part II is more than line 3 of Part II, enter zero and do not complete this part)	(1)	00
2. Multiply line 1 by .25 and enter the result here	(2)	00
3. Amount of alternate basic tax paid in previous years and not claimed as credit (Part IV, line 6 of this Schedule)	(3)	00
4. Amount of credit to be claimed (Enter the smaller of line 2 or 3. Transfer to Part 3, line 21 of the return or Part III, line 8, Column B or C of Schedule CO Individual, as applicable)	(4)	00

Part IV Determination of the Amount of Alternate Basic Tax Paid in Previous Years Not Claimed as Credit

Taxable Year	(A) Alternate Basic Tax Paid in Excess of Regular Tax	(B) Adjustment under Section 1021.02(a)(6)(B)(iii)	(C) Amount Used as Credit in Previous Years	(D) Balance
1. 2009	00	00	00	00
2. 2010	00	00	00	00
3. 2011	00	00	00	00
4. 2012	00	00	00	00
5. 2013	00	00	00	00
6. Total (Transfer to Part III, line 3 of this Schedule)				00

Schedule P Individual

Rev. Dec 18 20



GRADUAL ADJUSTMENT

2020

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

Taxpayer's name

Fill in one:

- 1 Taxpayer 2 Spouse
 3 Both

Social Security Number

1. Net Taxable Income (Part 2, line 13 of the return, Part II, line 11, Column B or C of Schedule CO Individual, as applicable, or line 11, Column A of Schedule A2 Individual, as applicable)	(1)		00
2. Maximum amount of taxable net income to determine the gradual adjustment	(2)	500,000	00
3. Subtract line 2 from line 1 (If it is less than zero, enter zero and do not continue with the form)	(3)		00
4. 5% of line 3	(4)		00
5. Limit:			
(a) Basis to determine the adjustment limit	(5a)	8,895	00
(b) Plus: 33% of personal exemption, additional personal exemption for veterans and exemption for dependents (Lines 7, 8 and 9 from Part 2 of the return or lines 5, 6D and 7, Part II, Column B or C, of Schedule CO Individual)	(5b)		00
6. Total limit (Add lines 5(a) and 5(b))	(6)		00
7. Gradual adjustment (The smaller of line 4 or 6. Enter here and in Part 3, line 15 of the return or Part III, line 2, Column B or C of Schedule CO Individual, as applicable)	(7)		00

Retention Period: Ten (10) years

Schedule Q1

Rev. 12.20



INVESTMENT FUNDS

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

20__

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

Taxpayer's name

Social Security or Employer
Identification Number

Part I Computation of Adjusted Basis and Taxable Distributions

	Column A	Column B	Column C
Entity's Name			
Employer Identification Number			
1. Adjusted basis of the investment at the beginning of the taxable year (1)	00	00	00
2. Additional investments during the year (2)	00	00	00
3. Less: non-recognized gains on reinvestments (See instructions) (3)	00	00	00
4. Adjusted basis before the credit (Subtract line 3 from the sum of lines 1 and 2) (4)	00	00	00
5. Credit claimed during the year (See instructions) (5)	00	00	00
6. Adjusted basis before distributions of the year (Subtract line 5 from line 4) (6)	00	00	00
7. Exempt distributions received from the Fund or Designated Entity during the taxable year from corporations and partnerships under the Tax Incentives Act (according to Form 480.6B) (7)	00	00	00
8. Adjusted basis before the non-exempt distributions (Subtract line 7 from line 6. If it is less than zero, enter zero)..... (8)	00	00	00
9. Non-exempt distributions received during the taxable year..... (9)	00	00	00
10. Adjusted basis at the end of the taxable year: • If line 8 is more than line 9, enter the difference and do not complete the rest of the form (See instructions). • If line 9 is more than line 8, enter zero and transfer the difference to line 11 (10)	00	00	00
11. Excess of distributions over the adjusted basis (Transfer to Part 1, line 2I of the return or to Schedule CO Individual, Part I, line 3I, as applicable) (11)	00	00	00
12. Distribution you elect to include as ordinary income (See instructions)..... (12)	00	00	00
13. Total distribution you elect to include as ordinary income (Add line 12 of Column A through C) (13)			00
14. Distribution subject to Special Tax (Add line 11, Columns A, B and C less line 13. Enter here and on Schedule A2 Individual, line 4(k), Column D)..... (14)			00
15. Special Tax (Multiply line 14 by 10%. Enter the amount here) (15)			00
16. Tax Withheld over exempt or taxable distributions (See instructions). Transfer to Schedule B Individual, Part III, line 8 (16)			00

NOTE: Use Part II, III and IV to determine the capital gain (or loss) attributable to the investment through a fund.
 The losses under Act 46-2000 will not be reported on this schedule. The same will be reported on Schedule D Individual or D Corporation, whichever applies.

Part II Determination of Short-term Capital Gain or Loss (See instructions)

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

1. Net short-term capital gain (or loss) in the sale or exchange of securities of a fund:
 • If it is a gain, transfer to Schedule D Individual, Part I (See instructions).
 • If it is a loss, transfer to Part IV, line 2 of this Schedule (1) 00

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

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

1. Net long-term capital gain (or loss) in the sale or exchange of securities of a fund:
 • If it is a gain, transfer to Part IV, line 1 of this Schedule.
 • If it is a loss, transfer to Schedule Q, Part IV, line 1(b) (1) 00

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

1. Long-term capital gain in the sale or exchange of securities of a fund (See instructions)..... (1) 00
 2. Net short-term capital loss (See instructions)..... (2) 00
 3. Net capital gain to be recognized (Subtract line 2 from line 1. If it is less than zero, transfer to Schedule Q, Part IV, line 1(a)). If it is more than zero, transfer to Part 1, line 2J of the return or to Schedule CO Individual, Part I, line 3J, as applicable, and to Schedule A2 Individual, line 4(k). See instructions) (3) 00

Schedule R Individual

Rev. Dec 18 20



**PARTNERSHIPS, SPECIAL PARTNERSHIPS
AND CORPORATIONS OF INDIVIDUALS
(RECONCILIATION)**

Taxable year beginning on _____ and ending on _____

2020

Taxpayer's name	Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse <input type="radio"/> 3 Both	Social Security Number
Amount of Schedules R1 Individual included	Amount of Forms 480.60 EC	Amount of Federal Schedules K-1

Part I Questionnaire

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

Part II Net Income or Loss from Special Partnerships or Partnerships

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

Part III Net Income or Loss from Corporations of Individuals

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

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

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

Schedule R1 Individual

Rev. Dec 18 20



PARTNERSHIPS, SPECIAL PARTNERSHIPS AND CORPORATIONS OF INDIVIDUALS

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Schedule R1 Individual _____ of _____

1 Taxpayer

Fill in one:

2 Spouse

3 Both

Social Security Number _____

Part I	Adjusted Basis Determination of a Partner in one or more Special Partnerships or Partnerships	Column A	Column B	Column C
Type of form	1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1	1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1	1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1	1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1
Type of taxable year	1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal	1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal	1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal	1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal
Did the entity choose the optional tax of Section 1071.10 of the Code? (See instructions)	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Name of entity				
Employer identification number				
Control number of Form 480.60 EC (Does not apply to Federal Schedule K-1)				
Electronic filing confirmation number of Form 480.60 EC (Does not apply to Federal Schedule K-1)				
Distributable share on gross income from services rendered of the partnership (Form 480.60 EC, Part III, line 23(a))				
Distributable share on gross income from services rendered of subsidiary pass-through entities (Form 480.60 EC, Part III, line 25(a))				
Distributable share in the business volume of the partnership (Subtract line 23(a) from line 23, Part III of Form 480.60 EC)				
Distributable share in the business volume of subsidiary pass-through entities (Subtract line 25(a) from line 25, Part III of Form 480.60 EC)				
1. Adjusted basis at the end of the previous taxable year	(1)	00	00	00
2. Basis increase:				
(a) Partner's distributable share on income and profits from current year (See instructions)	(2a)	00	00	00
(b) Contributions made during the year	(2b)	00	00	00
(c) Partnership's capital assets gain	(2c)	00	00	00
(d) Exempt income	(2d)	00	00	00
(e) Other income or gains (See instructions)	(2e)	00	00	00
(f) Total basis increase (Add lines 2(a) through 2(e))	(2f)	00	00	00
3. Basis decrease:				
(a) Partner's distributable share on partnership's loss used in previous year	(3a)	00	00	00
(b) Partnership's capital assets loss	(3b)	00	00	00
(c) Distributions during the year	(3c)	00	00	00
(d) Credits claimed in the preceding year (See instructions)	(3d)	00	00	00
(e) Withholding at source during the year	(3e)	00	00	00
(f) Non admissible expenses for the year	(3f)	00	00	00
(g) Distributable share on losses from exempt operations during the year	(3g)	00	00	00
(h) Contributions (Does not apply to special partnerships)	(3h)	00	00	00
(i) Partner's debts assumed and guaranteed by the partnership	(3i)	00	00	00
(j) Total basis decrease (Add lines 3(a) through 3(i))	(3j)	00	00	00
4. Adjusted Basis (Subtract line 3(j) from the sum of lines 1 and 2(f). Transfer this amount to line 6(a))	(4)	00	00	00
Part II	Determination of Net Income or Loss in one or more Special Partnerships or Partnerships			
5. (a) Partner's distributable share on partnership's loss for the year	(5a)	00	00	00
(b) Distributable share on the loss of a partnership or special partnership owned by the entity	(5b)	00	00	00
(c) Loss carryover from previous years (See instructions)	(5c)	00	00	00
(d) Total losses (Add lines 5(a) through 5(c))	(5d)	00	00	00
6. (a) Adjusted Basis (Part I, line 4)	(6a)	00	00	00
(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner	(6b)	00	00	00
(c) Partnership's current debts assumed and guaranteed by the partner	(6c)	00	00	00
(d) Total partner's adjusted basis (Add lines 6(a) through 6(c))	(6d)	00	00	00
7. (a) Distributable share on partnership's net income for the year (Form 480.60 EC) (See instructions)	(7a)	00	00	00
(b) Distributable share in the gain of a partnership or special partnership owned by the entity	(7b)	00	00	00
(c) Total income received (Add lines 7(a) and 7(b))	(7c)	00	00	00
8. Available losses (The smaller of lines 5(d) or 6(d))	(8)	00	00	00
9. Total income (Add the amounts determined on line 7(c), Columns A through C. Transfer to Schedule R Individual, Part II, line 1)	(9)			00
10. Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part II, line 2)	(10)			00

Part III Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals		Column A	Column B	Column C
Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse <input type="radio"/> 3 Both				
Type of taxable year		1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal	1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal	1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal
Did the entity choose the optional tax of Section 1115.11 of the Code? (See instructions)		1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Name of entity				
Employer identification number				
Control number of Form 480.60 EC (Does not apply to Federal Schedule K-1).....				
Electronic filing confirmation number of Form 480.60 EC (Does not apply to Federal Schedule K-1)				
Distributable share on gross income from services rendered of the corporation of individuals (Form 480.60 EC, Part III, line 23(a))				
Distributable share in the business volume of the corporation of individuals (Subtract line 23(a) from line 23, Part III of Form 480.60 EC)				
1. Adjusted basis at the end of the previous taxable year	(1)	00	00	00
2. Basis increase:				
(a) Stockholder's distributable share on income and profits from current year (See instructions)	(2a)	00	00	00
(b) Contributions made during the year	(2b)	00	00	00
(c) Corporation of individual's capital assets gain	(2c)	00	00	00
(d) Exempt income	(2d)	00	00	00
(e) Other income or gains (See instructions)	(2e)	00	00	00
(f) Total basis increase (Add lines 2(a) through 2(e))	(2f)	00	00	00
3. Basis decrease:				
(a) Stockholder's distributable share on corporation of individual's loss used in previous year	(3a)	00	00	00
(b) Corporation of individual's capital assets loss	(3b)	00	00	00
(c) Distributions during the year	(3c)	00	00	00
(d) Credits claimed in the preceding year (See instructions)	(3d)	00	00	00
(e) Withholding at source during the year	(3e)	00	00	00
(f) Non admissible expenses for the year	(3f)	00	00	00
(g) Distributable share on losses from exempt operations during the year	(3g)	00	00	00
(h) Stockholder's debts assumed and guaranteed by the corporation of individuals	(3h)	00	00	00
(i) Total basis decrease (Add lines 3(a) through 3(h))	(3i)	00	00	00
4. Adjusted Basis (Subtract line 3(i) from the sum of lines 1 and 2(f). Transfer this amount to line 6(a))	(4)	00	00	00
Part IV Determination of Net Income or Loss in one or more Corporations of Individuals				
5. (a) Stockholder's distributable share on corporation of individual's loss for the year	(5a)	00	00	00
(b) Loss carryover from previous years (See instructions)	(5b)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	(5c)	00	00	00
6. (a) Adjusted Basis (Part III, line 4)	(6a)	00	00	00
(b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockholder	(6b)	00	00	00
(c) Corporation of individual's current debts assumed and guaranteed by the stockholder	(6c)	00	00	00
(d) Total stockholder's adjusted basis (Add lines 6(a) through 6(c))	(6d)	00	00	00
7. Distributable share on corporation of individual's net income for the year (Form 480.60 EC)(See instructions)	(7)	00	00	00
8. Available losses (The smaller of lines 5(c) or 6(d))	(8)	00	00	00
9. Total income (Add the amounts determined on line 7, Columns A through C. Transfer to Schedule R Individual, Part III, line 1)	(9)			00
10. Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part III, line 2)	(10)			00

Schedule X Individual

Rev. Dec 18 20



OPTIONAL TAX TO SELF-EMPLOYED INDIVIDUALS
 (Under Section 1021.06 of the Puerto Rico Internal Revenue Code of 2011,
 as amended)

2020

Taxable year beginning on _____ and ending on _____

Taxpayer's name		Social Security Number
Spouse's name		Spouse's Social Security Number
Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Optional tax election (Section 1021.06 of the Code): <input type="radio"/> 1 Partial Waiver - 6% (CC RI 19-16) <input type="radio"/> 2 With Return	Merchant's Registration Number

Part I Determination of Eligibility to Pay the Optional Tax

1. Determination of the gross income from services rendered:

A) Gross income from services rendered (Line 1, Part II of Schedule M Individual).....	(1A)	00	
B) Income earned through pass-through entities (Line 6, Part II of Schedule M Individual).....	(1B)	00	
C) Gross income related to services rendered by pass-through entities (Line 6, Part I of Schedule R Individual. See instructions).....	(1C)	00	
D) Total gross income from services rendered (Add lines 1A through 1C)	(1D)	00	00

2. Other income:

A) Gross income from the income items reported in Part I, page 2 of the return or Part I of Schedule CO Individual, as applicable (See instructions).....	(2A)	00	
B) Other gross income reported by a partnership, special partnership or corporation of individuals (Line 13, Part I of Schedule R Individual. See instructions)	(2B)	00	
C) Other exempt income (Schedule IE Individual, Part II, line 43, first Column).....	(2C)	00	

Less: Exempt amounts included as part of the gross income reported in Part I, page 2 of the return:

i. Income derived by young people from wages, services rendered or self-employment with special agreement under Act 135-2014 (Line 31G, Part II of Schedule IE Individual)	(2Ci)	00	
ii. Income from residential rent under Act 132-2010 (Line 37, Part II of Schedule IE Individual).....	(2Cii)	00	
iii. Exempt amount from manufacturing income (Line 38, Part II of Schedule IE Individual).....	(2Ciii)	00	
iv. Exempt amount on income from the sale of goods (Line 39, Part II of Schedule IE Individual).....	(2Civ)	00	
v. Exempt amount from farming income (Line 40, Part II of Schedule IE Individual)	(2Cv)	00	
vi. Exempt amount on income from services rendered (Line 41, Part II of Schedule IE Individual) (2Cvi)	(2Cvi)	00	
vii. Exempt amount from rental income (Line 42, Part II of Schedule IE Individual)	(2Cvii)	00	
D) Total adjustments for exempt amounts (Add lines 2Ci through 2Cvii)	(2D)	00	00
E) Total other income (Subtract line 2D from the sum of lines 2A through 2C)	(2E)	00	00

3. Total gross income received during the year (Add lines 1D and 2E) (3) 00

4. Percentage of income from services rendered on gross income received (See instructions) (4) %

- If it is less than 80%, you are not eligible to choose the optional tax. Do not complete the rest of this schedule and determine your tax liability on page 2 of the return or Schedule CO Individual, as applicable.
- If it is 80% or more and you elect the optional tax, continue with Part II and determine the gross income subject to the optional tax.

Part II Computation of the Optional Tax on Gross Income

1. Total gross income received during the year (Line 3, Part I of this Schedule)	(1)	00	
2. Less: Exempt income (Line 43, Part II of Schedule IE Individual)	(2)	00	
3. Income Subject to Optional Tax (Subtract line 2 from line 1 of this Part II)	(3)	00	
4. Determine the Optional Tax as follows:			
If the total taxable gross income (Line 3 of this Part II) is:			
(a) Not over \$100,000, multiply line 3 of this Part II by 6%.			
(b) Over \$100,000 but not over \$200,000, multiply line 3 of this Part II by 10%.			
(c) Over \$200,000 but not over \$300,000, multiply line 3 of this Part II by 13%.			
(d) Over \$300,000 but not over \$400,000, multiply line 3 of this Part II by 15%.			
(e) Over \$400,000 but not over \$500,000, multiply line 3 of this Part II by 17%.			
(f) Over \$500,000, multiply line 3 of this Part II by 20%.			
This is your Optional Tax	(4)	00	
5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions).....	(5)	00	
6. Optional tax net of the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Subtract line 5 from line 4. Transfer this amount to Part 3, line 23 of the return)	(6)	00	00