

Schedule A2 Individual

Rev. Jul 12 24



TAX ON INCOME SUBJECT TO PREFERENTIAL RATES

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

2024

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. Plus: 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 IRA distributions 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 due to 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 or Part II, line 5, Column B or C of Schedule CO Individual) (8c)		00							
d) Exemption for dependents (Line 8, Part 2 of the return or Part II, line 6D, Column B or C of Schedule CO Individual) (8d)		00							
e) Additional personal exemption for veterans (Line 9, Part 2 of the return or Part II, line 7, Column B or C of Schedule CO Individual) (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) Plus: Gradual adjustment amount (Schedule P Ind., 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) Plus: 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 3, Part 3, line 14 of the return or to Part III, line 1, Column B or C of Schedule CO Individual) (17)									00

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

Taxpayer's name

Social Security Number

Name of entity:

Employer identification No:

Indicate Act:

Column A

Column B

Column C

1. Total credit claimed in excess	(1)	00
2. Recapture of credit claimed in excess paid in previous year, if applicable	(2)	00
3. Recapture of credit claimed in excess paid this year (Transfer to Part 3, line 24 of the return. See instructions)	(3)	00
4. Excess of credit due to next year, if applicable (Subtract lines 2 and 3 from line 1. See instructions)	(4)	00

Use lines 1 through 23 of this part to claim only the tax credits that are considered Pre Tax Credits Manager. The Post Tax Credits Manager credits are claimed on line 25, Column B of this part.

Pre Tax Credits Manager

1.	Credit for investment in housing infrastructure (Act 98-2001, as amended) (See instructions)	(1)	00
2.	Credit for investment in the acquisition, construction or rehabilitation of affordable rental housing to the elderly (Chapter 2 of Act 140-2001, as amended) (See instructions)	(2)	00
3.	Credit for construction investment in urban centers (Act 212-2002, as amended) (See instructions)	(3)	00
4.	Credit for the establishment of an eligible conservation easement or donation of eligible land (Act 183-2001, as amended) (See instructions)	(4)	00
5.	Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(5)	00
6.	Credits carried from previous years (Submit detail)	(6)	00
7.	Other credits subject to limitation not included on the preceding lines (Submit detail)	(7)	00
8.	Total credits subject to limitation (Add lines 1 through 7)	(8)	00
9.	50% of the tax determined (Multiply the amount in Part 3, lines 22 and 23 of the return by .50)	(9)	00
10.	Total credits subject to limitation to be claimed (Enter the smaller of line 8 or 9)	(10)	00
B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE			
11.	Credit for investment in Tourism Development (Act 78-1993, Act 74-2010 and Act 60-2019)	(11)	00
12.	Credit for: <input type="radio"/> Section 4(a) of Act 8 of 1987 or <input type="radio"/> Section 3(b) of Act 135-1997 (See instructions)	(12)	00
13.	Credit for investment in film industry development (Act 27-2011) - Film Project (See instructions)	(13)	00
14.	Credit for investment in film industry development (Act 27-2011) - Infrastructure Project (See instructions)	(14)	00
15.	Credit for the purchase or transmission of television programming made in Puerto Rico (Section 1051.14) (See instructions) ...	(15)	00
16.	Credit for contributions to former governors foundations (See instructions)	(16)	00
17.	Credit for payments of Membership Certificates by Ordinary and Extraordinary Members of Employees-Owned Special Corporations (See instructions)	(17)	00
18.	Credit for investment (Section 6 of Act 73-2008 and Section 5A of Act 135-1997)	(18)	00
19.	Credit for investment in opportunity zones (Act 60-2019)	(19)	00
20.	Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(20)	00
21.	Credits carried from previous years (Submit detail)	(21)	00
22.	Other credits not subject to limitation not included on the preceding lines (Submit detail)	(22)	00
23.	Total credits not subject to limitation to be claimed (Add lines 11 through 22)	(23)	00
24.	Total Pre Tax Credits Manager tax credits (Add lines 10 and 23)	(24)	00

25. Total tax credits (Enter the amount of line 24 in Column A, and in Column B, the amount of Part V, line 22)	(25)		
26. Total tax determined (Part 3, lines 22 and 23 of the return: \$..... Distribute this amount between Columns A and B, as it is more beneficial for you)	(26)		
27. Credit to be claimed (Enter the smaller of line 25 or 26 for each one of Columns A and B)	(27)		
28. Total credit to be claimed (Add the amounts of Columns A and B, line 27. Transfer to page 3, Part 3, line 25 of the return)	(28)		
29. Pre Tax Credits Manager carryforward credits (Subtract line 27, Column A from the sum of lines 8 and 23)	(29)		

Part III Other Payments and Withholdings

1. Estimated tax payments for 2024	(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="text"/>)	(9)		00
10. Payments for judicial or extrajudicial indemnification (Form 480.6B)	(10)		00
11. Tax withheld at source on distributable share to pass-through entities' owners (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 stockholders 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 (Form 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 due to a disaster declared by the Governor of Puerto Rico (See instructions)	(21c)		00
(d) Tax withheld at source on behalf of Disregarded Entities (Submit detail)	(21d)		00
(e) Estimated tax payments on behalf of Disregarded Entities for taxable year 2024 (Submit detail)	(21e)		00
22. Total other payments and withholdings (Add lines 1 through 21. Transfer to page 3, Part 3, line 27B of the return)	(22)		00

Part IV Breakdown of the Purchase of Tax Credits

Use this part to claim only the tax credits acquired through purchase and that are considered Pre Tax Credits Manager. The purchase of Post Tax Credits Manager credits is claimed in Part V.

Pre Tax Credits
Manager

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

A. CREDITS SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE

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"/> Conservation Easement (Act 183-2001)	(4)	00
5. <input type="radio"/> Revitalization of Urban Centers (Act 212-2002)	(5)	00
6. <input type="radio"/> Other: _____ (Submit detail)	(6)	00
7. Total credit for the purchase of tax credits subject to limitation (Add lines 1 through 6. Transfer to Part II, line 5)	(7)	00

B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE

8. <input type="radio"/> Tourism Development (Act 78-1993 and Act 74-2010)	(8)	00
9. <input type="radio"/> Tourism Eligible Investment (Act 60-2019)	(9)	00
10. <input type="radio"/> Film Project Investment (Act 27-2011 and Act 60-2019)	(10)	00
11. <input type="radio"/> Investment in Research and Development Activities (Section 5(c) of Act 73-2008, Article 2.11(c) of Act 83-2010 and Section 3030.01 of Act 60-2019)	(11)	00
12. <input type="radio"/> Economic Incentives (Industrial Investment) (Section 6 of Act 73-2008)	(12)	00
13. <input type="radio"/> Opportunity Zones (Act 60-2019)	(13)	00
14. <input type="radio"/> Other: _____ (Submit detail)	(14)	00
15. Total credit for the purchase of tax credits not subject to limitation (Add lines 8 through 14. Transfer to Part II, line 20)	(15)	00

Part V Tax Credits Post Tax Credits Manager (See instructions)

The tax credits claimed in this part must be duly registered in the Tax Credits Manager. The amount included must be the amount you are claiming against the tax in the return, net of all limitation.

Post Tax Credits
Manager

1. Credit for stockholders who are individuals (Act 8 of 1987, as amended; or Act 135-1997, as amended)	(1)	00
2. Credit to hospital units for eligible payroll expenses (Act 168 of 1968, as amended)	(2)	00
3. Credit for investment in machinery and equipment for the generation and use of energy (Act 73-2008, as amended - Section 5(d))	(3)	00
4. Credit for investment in machinery and equipment for the generation and use of energy (Act 73-2008, as amended - Section 5(d)(3)(B) applicable only to eligible businesses under Section 2(d)(1)(H))	(4)	00
5. Credit for the purchase of products manufactured in Puerto Rico (Act 135-1997, as amended; Act 73-2008, as amended; Act 83-2010, as amended; or Act 60-2019, as amended)	(5)	00
6. Technology transfer investment credit (Act 73-2008, as amended - Section 5(f); Act 83-2010, as amended - Article 2.11(d); or Act 60-2019, as amended)	(6)	00
7. Credit for investment in research and development activities (Act 73-2008, as amended - Section 5(c); Act 83-2010, as amended - Article 2.11(c); or Act 60-2019, as amended - Section 3030.01)	(7)	00
8. Credit for industrial investment (Act 135-1997, as amended - Section 5A; or Act 73-2008, as amended - Section 6)	(8)	00
9. Credit for contributions to former governors foundations (Act 1-2011, as amended - Section 1051.10)	(9)	00
10. Credit for construction investment in urban centers (Act 212-2002, as amended)	(10)	00
11. Credit for Puerto Rico conservation easement (Act 183-2001, as amended)	(11)	00
12. Credit for investment in rental housing to the elderly (Act 77-2015, as amended)	(12)	00
13. Credit for investment in film project (Act 27-2011, as amended; or Act 60-2019, as amended)	(13)	00
14. Credit for investment in housing infrastructure (Act 98-2001, as amended)	(14)	00
15. Credit for investment in infrastructure project for film projects (Act 27-2011, as amended)	(15)	00
16. Credit for investment in opportunity zones (Act 60-2019, as amended)	(16)	00
17. Credit for payments of membership certificates of employees-owned special corporations (Act 1-2011, as amended - Section 1113.14)	(17)	00
18. Credit for the purchase or transmission of television programming made in Puerto Rico (Act 1-2011, as amended - Section 1051.14)	(18)	00
19. Credit for tourism investment - Alternate credit (Act 74-2010, as amended; or Act 60-2019, as amended)	(19)	00
20. Credit for tourism investment - Regular credit (Act 74-2010, as amended)	(20)	00
21. Other Post Tax Credits Manager credits not included on the preceding lines (Submit detail)	(21)	00
22. Total Post Tax Credits Manager Tax Credits (Add lines 1 through 21. Transfer the total to Part II, line 25, Column B)	(22)	00

Retention Period: Ten (10) years

Schedule C Individual

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

2024

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 ☐ 3 Optional tax ☐ 2 Alternate basic 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

☐ Check here if you include income from Disregarded Entities for which taxes were paid to foreign countries, the United States, its states, territories and possessions.

	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 Foreign Countries, the United States, its States, Territories and Possessions						
<input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse <input type="radio"/> 3 Both			Computed for the: <input type="radio"/> 1 Regular tax <input type="radio"/> 3 Optional tax <input type="radio"/> 2 Alternate basic tax			
Credit for taxes: <input type="radio"/> 1 Paid <input type="radio"/> 2 Accrued	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						
Type of Form (See instructions):	<input type="radio"/> 1 Form 1099 <input type="radio"/> 2 Return <input type="radio"/> 3 Other document	<input type="radio"/> 1 Form 1099 <input type="radio"/> 2 Return <input type="radio"/> 3 Other document	<input type="radio"/> 1 Form 1099 <input type="radio"/> 2 Return <input type="radio"/> 3 Other document	<input type="radio"/> 1 Form 1099 <input type="radio"/> 2 Form 1040 <input type="radio"/> 3 Other document		
1. Date paid or accrued (1)						
2. Total tax paid or accrued during the year (2)	00	00	00	00	00	
Part III Reduction in Credit for Tax Paid or Accrued						
1. Income from sources of the country, state, territory or possession not subject to tax in Puerto Rico less deductions attributable to such income (See instructions) (1)	00	00	00	00	00	
2. Total income subject to tax in the country, state, territory or possession less expenses attributable to such income (See instructions) (2)	00	00	00	00	00	
3. Limitation (Divide line 1 by line 2) (3)	%	%	%	%	%	
4. Reduction in tax paid or accrued during the year (Multiply line 3 by the amount reflected on line 2 of Part II) (4)	00	00	00	00	00	
5. Total tax paid or accrued available as credit (Subtract line 4 from the amount reflected on line 2 of Part II) (5)	00	00	00	00	00	
Part IV Determination of Credit						
1. Net income from sources of the country, state, territory or possession (Part I, line 3) (1)	00	00	00	00	00	
2. Net income from all sources (See instructions) (2) 00						
3. Limitation (Divide line 1 by line 2. Enter the result rounded to two decimal places) (3)	%	%	%	%	%	
4. Taxes to be paid in Puerto Rico (See instructions) (4) 00						
5. Limitation by country, state, territory or possession:						
a) Multiply line 4 by line 3 (5a)	00	00	00	00	00	
b) Enter the smaller of line 5(a) or Part III, line 5 (5b)	00	00	00	00	00	
6. Total limitation:						
a) Limitation (Divide line 1 of the Total Column by line 2) (6a)					%	
b) Multiply line 6(a) by line 4 (6b)					00	
c) Credit to be claimed (Enter the smaller of the Total Column, line 5(b) or line 6(b). Transfer to Part 3, line 18 of the return, to Part III, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule X Individual, as applicable) (6c)					00	
Part V Determination of Credit Attributable to Long-Term Capital Gain of Resident Individual Investors						
	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						
Type of Form (See instructions):	<input type="radio"/> 1 Form 1099 <input type="radio"/> 2 Return <input type="radio"/> 3 Other document	<input type="radio"/> 1 Form 1099 <input type="radio"/> 2 Return <input type="radio"/> 3 Other document	<input type="radio"/> 1 Form 1099 <input type="radio"/> 2 Return <input type="radio"/> 3 Other document	<input type="radio"/> 1 Form 1099 <input type="radio"/> 2 Form 1040 <input type="radio"/> 3 Other document		
1. Gross income subject to tax from sources of the country, state, territory or possession:						
a) Long-term capital gain of Resident Individual Investors (1a)	00	00	00	00	00	
2. 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 (See instructions) (2)	00	00	00	00	00	
3. Limitation by country, state, territory or possession:						
a) Tax to be paid in Puerto Rico attributable to the long-term capital gain of Resident Individual Investors (See instructions) (3a)	00	00	00	00	00	
b) Enter the smaller of line 2 or line 3(a) (3b)	00	00	00	00	00	
4. Total credit to be claimed (Enter the amount of line 3(b) of the Total Column. Transfer to Part 3, line 18 of the return or to Part III, line 5 of Schedule CO Individual) (4)					00	

Schedule D Individual

Rev. Jul 12 24

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

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

2024

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	Disregarded Entity	Cadastre Number (If applicable)	(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
	<input type="radio"/>					00	00	00
	<input type="radio"/>					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	Disregarded Entity	Cadastre Number (If applicable)	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"/>		<input type="radio"/>			00	00	00	00	00
	<input type="radio"/>		<input type="radio"/>			00	00	00	00	00
	<input type="radio"/>		<input type="radio"/>			00	00	00	00	00
8. Net long-term capital gain (or loss)									(8) 00	00
9. Net long-term capital gain on sale of your principal residence or sole proprietorship business (Submit Schedule D1, D3 or G Individual, as applicable. See instructions)									(9) 00	00
10. Distributable share on net long-term capital gain (or loss) from Estates or Trusts (See instructions)									(10) 00	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	00
12. Lump-sum distributions from annuity contracts: <input type="radio"/> 1 Variable <input type="radio"/> 2 Fixed – Taxpayer (See instructions)									(12) 00	00
13. Lump-sum distributions from annuity contracts: <input type="radio"/> 1 Variable <input type="radio"/> 2 Fixed – Spouse (See instructions)									(13) 00	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	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	00
16. Capital gain distributions under Section 1112.01(c)(3) (See instructions)									(16) 00	00
17. Net long-term capital gain (or loss) (Add lines 8 through 16)									(17) 00	00

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

Description and Location of Property	Disregarded Entity	Cadastre Number (If applicable)	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"/>		<input type="radio"/>			00	00	00	
18. Net capital gain (or loss) under Act: _____ (Decree No. _____)									(18) 00
	<input type="radio"/>		<input type="radio"/>			00	00	00	
19. Net capital gain (or loss) under Act: _____ (Decree No. _____)									(19) 00
	<input type="radio"/>		<input type="radio"/>			00	00	00	
20. Net 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) <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
22. Taxable at 20% - Spouse	(22) <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
23. Taxable at 10% - Taxpayer	(23) <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
24. Taxable at 10% - Spouse	(24) <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
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)				<input type="text"/>

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27. Enter the losses determined on lines 7, 17 and 18 through 20 in the corresponding Column	(27)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
29. Subtract line 28 from line 26. If any Column reflected a loss on line 27, enter zero here	(29)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30. Apply the loss from line 27, Column A proportionally to the gains of Columns B through E (See instructions)	(30)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31. Subtract line 30 from line 29	(31)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)					<input type="text"/>
33. Net capital gain (or loss) for the current year (Add line 26, Column A and line 32)	(33)					<input type="text"/>
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)				<input type="text"/>	<input type="text"/>
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)					<input type="text"/>
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)					<input type="text"/>
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)					<input type="text"/>

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 (Day/Month/Year)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
38. Total net capital loss carryover (Transfer this amount to Part V, line 34, Column D of this Schedule)	(38)		<input type="text"/>	

Taxpayer's name							Social Security Number	
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 from line 31, Columns B through E, Part V, as it corresponds) (1)	00	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. 05.24



DEPRECIATION

2024

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

Schedule E No. _____

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
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Schedule E1

Rev. 05.24




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

2024

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

Schedule E1 No. _____

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	6. Depreciation claimed this year		
(a) Computer systems (Section 1033.07(a)(1)(G))					Check here to elect: <input type="radio"/>		
		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: <input type="radio"/>		
		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: <input type="radio"/>		
		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.							

<div>Schedule F Individual</div> <div>Rev. Jul 12 24</div> <div></div>		<div>OTHER INCOME</div> <div>Taxable year beginning on _____, _____ and ending on _____, _____</div>										<div>2024</div>										
Taxpayer's name								Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse <input type="radio"/> 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 Total Distribution		Column B Basis (See instructions)		Column C Interests from IRA of Financial Institutions Not Subject to Withholding (Transfer to Part I, line 1(b), Col. D of Schedule FF Ind.)		Column D Interests from IRA of Financial Institutions (10%) (Transfer to Part I, line 1(b), Col. B of Schedule FF Ind.)		Column E Interests from Distributions to Government Pensioners (10%) (Transfer to Part I, line 1(b), Column E of Schedule FF Individual)		Column F IRA Distributions to Government Pensioners (excluding contributions) (10%)		Column G IRA or Educational Contribution Accounts Distributions of Income from Sources Within P.R. (10%)		Column H IRA or Educational Contribution Accounts Distributions			
				<input type="radio"/>																		
				<input type="radio"/>																		
				<input type="radio"/>																		
				<input type="radio"/>																		
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)																						
1. Subtotal (Transfer the total of Columns F and G to line 4(k), Columns A and D, of Schedule A2 Individual)																						
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)																						
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"/>																		
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"/>																		
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)																						
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, Column B or C of Schedule CO Individual, as applicable)						<input type="radio"/>																

Part IV Partial or Lump-Sum Distributions from Qualified Retirement Plans and Fixed or Variable Annuities Not Subject to a Preferential Rate (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, Column B or C of Schedule CO Individual, as applicable) (1)	0		00	00	00

Part V Other Income

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). Column D (Transfer the total to line 4(g), Columns A and B of Schedule A2 Individual). Column F (Transfer the total 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. Wages, salaries or compensation reported on a Federal W-2 Form of a private company employer (See instructions) (Exempt Wages Sec. 1031.02(a)(37) of the Code \$) ⁽⁴⁾													00		
5. Total other income (Add the total of line 3, Columns A through F and line 4, Column E. Transfer to Part 1, line 2G of the return or to Part I, line 3G, Column B or C of Schedule CO Individual, as applicable) ⁽⁵⁾															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 and After-Tax Contributions	Total Distribution
				1 <input type="radio"/> 480.7				
				2 <input type="radio"/> 480.7C				
				1 <input type="radio"/> 480.7				
				2 <input type="radio"/> 480.7C				
				1 <input type="radio"/> 480.7				
				2 <input type="radio"/> 480.7C				
				1 <input type="radio"/> 480.7				
				2 <input type="radio"/> 480.7C				
				1 <input type="radio"/> 480.7				
				2 <input type="radio"/> 480.7C				
1. Amount received (Total of Columns A, B, C and D) (1)								
2. Less: Amounts over which a prepayment was made and after-tax contributions (Transfer the total of line 1, Column C) (2)								
3. Eligible distribution (Subtract line 2 from line 1, Column D) (See instructions) (3)								
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)								
5. Amount taxable at 10% (Subtract line 4 from line 3. Transfer to Part I, line 20 of the return or to Part I, line 30, Column B or C of Schedule CO Individual, as applicable. Transfer also to line 4(l) of Schedule A2 Individual) (See instructions) (5)								
6. Tax withheld at source:								
(a) Form 480.7, Box 10 (Total Informative Returns <input type="text"/>) (6a)								
(b) Form 480.7C, Box 22 (Total Informative Returns <input type="text"/>) (6b)								
(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)								

Schedule FF Individual

Rev. Jul 12 24



INTERESTS, DIVIDENDS AND MISCELLANEOUS INCOME

2024

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


Taxpayer's name

Social Security Number

Part I Interests				Column A	Column B	Column C	Column D	Column E	Column F	Column G
Payer's name	Disregarded Entity	Employer Identification Number	Account Number	Eligible interests subject to withholding (Section 1023.05(b)) (10%)	Interests from IRA from financial institutions subject to withholding (10%)	Interests from financial institutions subject to withholding (Section 1023.04)(10%)	Interests from financial institutions, including interests from IRA, not subject to withholding	Interests from IRA distributions to Government Pensioners (10%)	Other interests subject to withholding _____%	Other interests
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
1. Interests:										
a) Subtotal of Columns A, C, D, F and G..... (1a)										
b) Total from Schedule F Individual, Part I, Columns C, D and E..... (1b)										
c) Total (Add lines 1(a) and 1(b))..... (1c)										
2. Less: Expenses related to the purchase of investments (See instructions)..... (2)										
3. Less: Interest exemption (See instructions)..... (3)										
4. Total interests (Subtract lines 2 and 3 from line 1(c), Columns A through G. Transfer the amounts of Columns A through C, E and F to line 4, Columns A, D and F through H, as applicable, of Schedule A2 Individual)..... (4)										
5. Add line 4, Columns A through G. Transfer to Part 1, line 2C of the return or to Part I, line 3C of Schedule CO Individual, as applicable..... (5)										

Part II		Corporate Dividends									
Payer's name	Disregarded Entity	Employer Identification Number	Account Number	Column A		Column B		Column C		Column D	
				Subject to withholding (15%)		Subject to withholding (____%)		Subject to withholding (____%)		Not subject to withholding	
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
	<input type="text"/>				00		00		00		00
1. Dividends distributed amount				(1)	00		00		00		00
2. Less: Expenses related to the purchase of investments (See instructions)				(2)	00		00		00		00
3. Subtotal (Subtract line 2 from line 1, Columns A through D. Transfer the total of Columns A through C to line 4(f), Columns A, C and F through H, as applicable, of Schedule A2 Individual)				(3)	00		00		00		00
4. Total (Add line 3, Columns A through D and transfer to Part 1, line 2D of the return or to Part I, line 3D of Schedule CO Individual, as applicable)				(4)	00						

Part III		Miscellaneous Income				Column A		Column B	
Payer's name	Disregarded Entity	Employer Identification Number	Account Number	Miscellaneous Income	Income from Prizes and Contests				
	<input type="text"/>				00				
	<input type="text"/>				00				
	<input type="text"/>				00				
	<input type="text"/>				00				
	<input type="text"/>				00				
1. Amount received				(1)	00				
2. Less: Expenses related to the production of these income (See instructions)				(2)	00				
3. Subtotal (Subtract line 2 from line 1)				(3)	00				
4. Total miscellaneous income (Add the total of line 3, Columns A and B. Transfer to Part 1, line 2G of the return or to Part I, line 3G of Schedule CO Individual, as applicable)				(4)	00				

<div>Schedule F1 Individual</div> <div>Rev. Jul 12 24</div> <div></div>		<div>DETAIL OF INCOME OF RESIDENT INDIVIDUAL INVESTORS</div> <div>(Act 22-2012, as amended, or Act 60-2019, as amended)</div> <div>Taxable year beginning on _____, _____ and ending on _____, _____</div>				<div>2024</div>		
Nombre del contribuyente			Decree number		Date on which you established residence in Puerto Rico		Social Security Number	
					Day _____ Month _____ Year _____			
Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse								
<div>Part IInterest</div>								
Description							Amount	
							00	
							00	
							00	
							00	
							00	
1. Total interests (Transfer to Schedule IE Individual, Part II, line 33) _____ (1)							00	
<div>Part IIDividends</div>								
Description							Amount	
							00	
							00	
							00	
							00	
							00	
1. Total dividends (Transfer to Schedule IE Individual, Part II, line 33) _____ (1)							00	
<div>Part IIICapital Assets Gains and Losses</div>								
Transactions of sales of securities and other assets related to any accretion of said securities and assets owned by the resident individual investor before becoming a resident of Puerto Rico, which are recognized after 10 years of becoming a resident of Puerto Rico, must be included on Schedule D Individual, Part III and not in this part (See instructions).								
Description and Location of Property	Date Acquired (Day/Month/ Year)	Date Sold (Day/Month/Year)	(A) Sale Price	(B) Market Value on the Date of Establishing Residence in P.R.	(C) Adjusted Basis	(D) Gain or Loss (Col. A - Col. C)	(E) Amount Attributed to the Period Prior to Establishing Residence in P.R. (Col. B - Col. C)	(F) Amount Attributed to the Period after Establishing Residence in P.R. (Col. D - Col. E)
			00	00	00	00	00	00
			00	00	00	00	00	00
			00	00	00	00	00	00
1. Net capital gain or loss (Transfer the total of Column (E) to Schedule D Individual, Part II, line 15. Transfer the total of Column (F) to Schedule IE Individual, Part II, line 33) _____ (1)							00	00
<div>CERTIFICATION</div> <div>By means of the signature on page 1 of the return, I hereby declare under penalty of perjury that I have not been resident of Puerto Rico between the period of January 17, 2006 and January 17, 2012 and that I became resident of Puerto Rico no later than the taxable year ending on December 31, 2035.</div>								

Schedule H Individual

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

Taxable year beginning on _____ and ending on _____

2024

Taxpayer's name

Taxpayer's Social Security Number

Spouse's Social Security Number

Questionnaire

1. Recipient of annuity or pension (fill in one): ☐ 1 Taxpayer ☐ 2 Spouse2. Type of income (fill in one): ☐ 1 Annuity ☐ 2 Pension

3. 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 plan4. Place where the service was performed: ☐ 1 Puerto Rico ☐ 2 United States ☐ 3 Others _____

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

6. Name of the pension payer

6(a). Employer identification number

7. Form in which the pension or annuity was reported:

1 ☐ Form 480.7C: Control Number _____

Electronic Filing Confirmation Number _____

2 ☐ Form 1099-R3 ☐ 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 greater (but not greater 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

2024

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

	Items Considered for the Home Mortgage Interests Limitation	Items Subject to Alternate Basic Tax
1. Life insurance	(1) 00	
2. Donations, legacies and inheritances	(2) 00	
3. Compensation for injuries or sickness	(3) 00	
4. Benefits from federal social security for old-age and survivors	(4) 00	
5. Income derived from discharge of debts (See instructions)	(5) 00	
6. Child support payments.....	(6) 00	
7. Compensation or indemnification paid to an employee due to dismissal	(7) 00	
8. Compensation, payments or distributions due to a disaster declared by the Governor of Puerto Rico - Reported in a withholding statement or informative return	(8) 00	
9. Compensation, payments or distributions due to a disaster declared by the Governor of Puerto Rico - Not reported in a withholding statement or informative return (Submit detail)	(9) 00	
10. Amount received from any subsidy or stimulus paid by the Federal Government (Submit detail)	(10) 00	
11. Amount received from any subsidy or stimulus paid by the Government of Puerto Rico (Submit detail)	(11) 00	
12. Interests upon mortgages over residential property located in Puerto Rico granted after January 1, 2014	(12) 00	
13. Exclusions from the operations of a Disregarded Entity (Submit detail)	(13) 00	
14. Other exclusions (Submit detail)	(14) 00	00
15. Total (Add lines 1 through 14)	(15) 00	00

Part II Exemptions from Gross Income

1. Fringe benefits paid by the employer in relation to a cafeteria plan	(1) 00	
2. Interests upon the following instruments:		
A) Obligations from the United States Government, its states, territories or political subdivisions	(2A) 00	
B) Obligations from the Government of Puerto Rico	(2B) 00	
C) Certain mortgages (See instructions).....	(2C) 00	00
D) Deposits in Puerto Rico interest bearing accounts up to \$100 (Schedule FF Individual)	(2D) 00	00
E) Bonds, notes or other obligations under Section 6070.56(h) of Act 60-2019	(2E) 00	
F) Other interests subject to alternate basic tax reported in a Form 480.6D	(2F) 00	00
G) Other interests not subject to alternate basic tax reported in a Form 480.6D	(2G) 00	
H) Other interests subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(2H) 00	00
I) Other interests not subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(2I) 00	
3. Dividends:		
A) Subject to alternate basic tax reported in a Form 480.6D	(3A) 00	00
B) Not subject to alternate basic tax reported in a Form 480.6D	(3B) 00	
C) Subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(3C) 00	00
D) Not subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(3D) 00	
4. Expenses of priests or ministers (See instructions)	(4) 00	
5. Exempt interests distributed from IRA or Educational Contribution Account (Form 480.7 or 480.7B)	(5) 00	
6. Stipends received by certain physicians during the internship period (Form 499R-2/W-2PR)	(6) 00	
7. Exempt income received by an active or retired member of the Puerto Rico Police Bureau or from the overtime worked by a Municipal Police member (Form 499R-2/W2-2PR or 480.7C)	(7) 00	
8. Salaries from overtime during emergency situations (Form 499R-2/W-2PR)	(8) 00	00
9. Compensation received by an eligible researcher or scientist (See instructions)	(9) 00	
10. Amounts paid by an employer for reimbursement of travel, meals, lodging, entertainment and other expenses (Form 499R-2/W-2PR)	(10) 00	
11. Cost of living allowance (COLA) (Federal Form W-2)	(11) 00	
12. Compensation received from active military service in a combat zone (Federal Form W-2)	(12) 00	
13. Recapture of bad debts, prior taxes, surcharges and other items	(13) 00	00
14. Prizes from the Lottery of Puerto Rico and the Additional Lottery	(14) 00	
15. Income from pensions or annuities, up to the applicable limitation (Schedule H Individual, Part II, line 8)	(15) 00	
16. Christmas Bonus, Summer Bonus and Medicine Bonus	(16) 00	
17. Gain from the sale or exchange of principal residence by certain individuals and qualified property (Schedule D1 or D3 Individual)	(17) 00	
18. Unemployment compensation	(18) 00	
19. Compensation to citizens and aliens nonresidents of Puerto Rico for the production of film projects	(19) 00	
20. Income from sources outside of Puerto Rico (Nonresidents or part-year residents)	(20) 00	
21. Remuneration received by employees of foreign governments or international organizations	(21) 00	
22. Income from buildings rented to the Government of Puerto Rico for public hospitals, health or convalescent homes, and public schools (Contracts in force at November 22, 2010)	(22) 00	
23. Income derived by the taxpayer from the resale of personal property or services which acquisition was subject to tax under Section 3070.01 or Section 2101 of the Internal Revenue Code of 1994	(23) 00	
24. Accumulated gain in non-qualified options	(24) 00	
25. Distributions of amounts previously notified as deemed eligible distributions under Sections 1023.06(j) and 1023.25	(25) 00	
26. Distributions from Non Deductible Individual Retirement Accounts	(26) 00	
27. Certain income related to the operation of employees-owned special corporations (See instructions)	(27) 00	00
28. Distributable share on exempt income from pass-through entities (Forms 480.60 EC and 480.60 F. See instructions) ...	(28) 00	00
29. Income from copyrights up to \$10,000 under Act 516-2004	(29) 00	00
30. Income received by designers and translators up to \$6,000 under Act 516-2004	(30) 00	00

Continue on back.

Retention Period: Ten (10) years

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 2) \$ _____			
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. Exempt income of resident individual investors (Schedule F1 Individual)		(33) 00	
34. Other payments subject to alternate basic tax reported in a Form 480.6D.....		(34) 00	00
35. Other payments not subject to alternate basic tax reported in a Form 480.6D.....		(35) 00	
36. Other exemptions subject to alternate basic tax not reported in a Form 480.6D (Submit detail)		(36) 00	00
37. Other exemptions not subject to alternate basic tax not reported in a Form 480.6D (Submit detail)		(37) 00	
38. Income from residential rent under Act 132-2010 (Schedule N Individual, Part II, line 2)		(38) 00	
39. Exempt amount from manufacturing income (Schedule J Individual, Part IV, line 2)		(39) 00	00
40. Exempt amount on income from the sale of goods (Schedule K Individual, Part IV, line 2)		(40) 00	00
41. Exempt amount from farming income (Schedule L Individual, Part IV, line 2)		(41) 00	00
42. Exempt amount on income from services rendered (Schedule M Individual, Part IV, line 2)		(42) 00	00
43. Exempt amount from rental income (Schedule N Individual, Part IV, line 2)		(43) 00	00
44. Exemptions from the operations of a Disregarded Entity (Submit detail)		(44) 00	00
45. Total (Add lines 1 through 44)		(45) 00	00
Part III Total			
1. Total of items considered for the home mortgage interests limitation (Add line 15 of Part I and line 45 of Part II, first column)		(1) 00	
2. Total of items subject to alternate basic tax (Add line 15 of Part I and line 45 of Part II, second column)		(2)	00

Schedule J Individual Rev. Jul 12 24		MANUFACTURING INCOME Taxable year beginning on _____ and ending on _____		2024	
Taxpayer's name			Social Security Number		Schedule J No. _____
Part I Questionnaire		Fill in here if it is a Disregarded Entity (See instructions) <input type="checkbox"/>			Fully Taxable <input type="checkbox"/>
Employer Identification Number		Fill in one: <input type="checkbox"/> 1 Taxpayer <input type="checkbox"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="checkbox"/>	Date operations began: Day _____ Month _____ Year _____	Tax Incentives under: Act No. 26 of 1978 <input type="checkbox"/> Act No. 8 of 1987 <input type="checkbox"/> Act 135-1997 <input type="checkbox"/> Act 73-2008 <input type="checkbox"/> Act 83-2010 <input type="checkbox"/> Act 1-2013 <input type="checkbox"/> Act 135-2014 <input type="checkbox"/> Act 60-2019: Section _____ Other: _____
Merchant's Registration Number		Fill in here if during the taxable year you disposed all the assets used in your industry or business <input type="checkbox"/>		Accounting Method: <input type="checkbox"/> 1 Cash <input type="checkbox"/> 2 Accrual	
Manufacturer Number		Location of Manufacturing Business - Number, Street and City		Number of employees	
Case or Concession Number		Nature of business: NAICS _____ Percentage _____ %			
Industrial Code _____ Municipal Code _____		Indicate if you include with this return (See inst.): <input type="checkbox"/> 1 Audited Financial Statement <input type="checkbox"/> 2 Agreed Upon Procedures Report ("AUP") Puerto Rico CPA's College Stamp No. _____ <input type="checkbox"/> 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)					
Concept		Indicate if you claimed expenses		Indicate if you derived 80% or more of the income from this activity	
1 automobiles		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 vessels		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 airships		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 residential property outside of Puerto Rico		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part II Manufacturing Income				Regular Tax	Alternate Basic Tax
1. Income		(1)		00	00
2. Less: Cost of goods sold (Complete Part V) (See instructions)		(2)		00	00
3. Gross income (Subtract line 2 from line 1) (Gross profit margin percentage: 2023 _____ 2024 _____ See instructions)		(3)		00	00
4. Less: Exempt amount under Act 135-2014 <input type="checkbox"/> 1 Up to \$40,000 <input type="checkbox"/> 2 Up to \$500,000 (See instructions)		(4)		00	00
5. Income for the current year (Subtract line 4 from line 3)		(5)		00	00
Part III Operating Expenses and Deductions					
A. Deductions that must be reported in an informative return:					
1. Salaries, commissions and bonuses to employees (See instructions)		(1)		00	00
2. Salaries paid to young university students (Total \$ _____) Dept. of the Treasury's Int. Prog. (Total \$ _____) (See inst.)		(2)		00	00
3. Payments for services rendered in Puerto Rico (See instructions)		(3)		00	00
4. Payments for services rendered outside of Puerto Rico (See instructions)		(4)		00	00
5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)		(5)		00	00
6. Insurance premiums (Except contributions to health or accident plans) (See instructions)		(6)		00	00
7. Telecommunication services		(7)		00	00
8. Internet and cable or satellite television services		(8)		00	00
9. Bundles (See instructions)		(9)		00	00
10. Advertising		(10)		00	00
11. Royalties		(11)		00	00
12. Payments for virtual and technology tools and other subscriptions		(12)		00	00
13. Professional associations fees and dues paid for the benefit of employees		(13)		00	00
14. Homeowners association fees		(14)		00	00
15. Payments for judicial or extrajudicial indemnification		(15)		00	00
16. Certain other expenses (See instructions)		(16)		00	00
17. Subtotal (Add lines 1 through 16)		(17)		00	00
B. Deductions not reported in an informative return:					
18. Interest on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____		(18)		00	00
19. Taxes, patents and licenses:					
a) Property tax (Personal \$ _____) (Real \$ _____)		(19a)		00	00
b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____		(19b)		00	00
c) State Insurance Fund Policy		(19c)		00	00
d) Sales and use tax		(19d)		00	00
20. Depreciation and amortization (Submit Schedule E No. _____)		(20)		00	00
21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____)		(21)		00	00
22. Electric power		(22)		00	00
23. Water and sewage		(23)		00	00
24. Contributions to health or accident plans		(24)		00	00
25. Social security tax (FICA)		(25)		00	00
26. Unemployment tax		(26)		00	00
27. Federal self-employment tax (See instructions)		(27)		00	00
28. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1 No. _____)		(28)		00	00
29. Subtotal (Add lines 18 through 28)		(29)		00	00
C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)					
30. Automobile expenses (Mileage _____) (See instructions)		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(30)	00	00
31. Other motor vehicle expenses (See instructions)		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(31)	00	00
32. Repairs and maintenance		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(32)	00	00
33. Travel expenses (Total expenses \$ _____)		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(33)	00	00
34. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(34)	00	00
35. Materials and office supplies		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(35)	00	00
36. Materials directly used in the manufacture		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(36)	00	00
37. Stamps, vouchers and fees		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(37)	00	00
38. Postage and shipping charges		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(38)	00	00
39. Uniforms		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(39)	00	00
40. Parking and toll		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(40)	00	00
41. Office expenses		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(41)	00	00
42. Bank fees		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(42)	00	00
43. Bad debts		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(43)	00	00
44. Other expenses (Complete Part VII)		AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(44)	00	00
45. Subtotal (Add lines 30 through 44)			(45)	00	00
46. Total (Add lines 17, 29 and 45)			(46)	00	00

Retention Period: Ten (10) years

Schedule K Individual

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INCOME FROM THE SALE OF GOODS

2024

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Social Security Number _____

Schedule K No. _____

Fully Taxable 0

Tax Incentives under:

Act 14-1996 0

Act 178-2000 0

Act 1-2013 0

Act 135-2014 0

Act 60-2019 - Sec. 0

Other: 0

Part I Questionnaire

Fill in here if it is a Disregarded Entity (See instructions) 0

Employer Identification Number _____

Fill in one:

0 1 Taxpayer

0 2 Spouse

Fill in here if this is your principal industry or business 0

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 0

Location of Business - Number, Street and City _____

Number of employees _____

Case or Concession Number _____

Nature of business: _____

NAICS _____

Percentage _____ %

Industrial Code _____

Municipal Code _____

Indicate if you include with this return (See inst.): 0 1 Audited Financial Statement 0 2 Agreed Upon Procedures Report ("AUP")

Puerto Rico CPA's College Stamp No. _____

0 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. _____

Accounting Method:

0 1 Cash

0 2 Accrual

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)

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	0 Yes 0 No	0 Yes 0 No
2 vessels	0 Yes 0 No	0 Yes 0 No
3 airships	0 Yes 0 No	0 Yes 0 No
4 residential property outside of Puerto Rico	0 Yes 0 No	0 Yes 0 No

Part II Income from the Sale of Goods

Regular Tax

Alternate Basic Tax

1. Income from the sale of goods and construction work (See instructions).....	(1)	00	00
2. Less: Cost of goods sold (Complete Part V) (See instructions)	(2)	00	00
3. Gross income (Subtract line 2 from line 1)			
(Gross profit margin percentage: 2023 _____ 2024 _____ See instructions)	(3)	00	00
4. Less: Exempt amount under Act 135-2014 0 1 Up to \$40,000 0 2 Up to \$500,000 (See instructions)	(4)	00	00
5. Income for the current year (Subtract line 4 from line 3)	(5)	00	00

Part III Operating Expenses and Deductions

A. Deductions that must be reported in an informative return:

1. Salaries, commissions and bonuses to employees (See instructions).....	(1)	00	00
2. Salaries paid to young university students (Total \$ _____) Dept. of the Treasury's Int. Prog. (Total \$ _____) (See inst.)	(2)	00	00
3. Payments for services rendered in Puerto Rico (See instructions).....	(3)	00	00
4. Payments for services rendered outside of Puerto Rico (See instructions).....	(4)	00	00
5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)	(5)	00	00
6. Insurance premiums (Except contributions to health or accident plans) (See instructions).....	(6)	00	00
7. Telecommunication services	(7)	00	00
8. Internet and cable or satellite television services.....	(8)	00	00
9. Bundles (See instructions).....	(9)	00	00
10. Advertising	(10)	00	00
11. Royalties	(11)	00	00
12. Payments for virtual and technology tools and other subscriptions	(12)	00	00
13. Professional associations fees and dues paid for the benefit of employees	(13)	00	00
14. Homeowners association fees	(14)	00	00
15. Payments for judicial or extrajudicial indemnification	(15)	00	00
16. Certain other expenses (See instructions)	(16)	00	00
17. Subtotal (Add lines 1 through 16)	(17)	00	00

B. Deductions not reported in an informative return:

18. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____	(18)	00	00
19. Taxes, patents and licenses:			
a) Property tax (Personal \$ _____) (Real \$ _____)	(19a)	00	00
b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____	(19b)	00	00
c) State Insurance Fund Policy.....	(19c)	00	00
d) Sales and use tax	(19d)	00	00
e) Special contribution for professional and advisory services under Act 48-2013, as amended	(19e)	00	00
20. Depreciation and amortization (Submit Schedule E No. _____)	(20)	00	00
21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____)	(21)	00	00
22. Electric power	(22)	00	00
23. Water and sewage	(23)	00	00
24. Contributions to health or accident plans.....	(24)	00	00
25. Social security tax (FICA)	(25)	00	00
26. Unemployment tax	(26)	00	00
27. Federal self-employment tax (See instructions).....	(27)	00	00
28. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1 No. _____)	(28)	00	00
29. Subtotal (Add lines 18 through 28)	(29)	00	00

C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)

30. Automobile expenses (Mileage _____) (See instructions)	AUP 0 DDC 0 (30)	00	00
31. Other motor vehicle expenses (See instructions)	AUP 0 DDC 0 (31)	00	00
32. Repairs and maintenance	AUP 0 DDC 0 (32)	00	00
33. Travel expenses (Total expenses \$ _____)	AUP 0 DDC 0 (33)	00	00
34. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	AUP 0 DDC 0 (34)	00	00
35. Materials and office supplies	AUP 0 DDC 0 (35)	00	00
36. Materials directly used in the sale of goods	AUP 0 DDC 0 (36)	00	00
37. Stamps, vouchers and fees	AUP 0 DDC 0 (37)	00	00
38. Postage and shipping charges	AUP 0 DDC 0 (38)	00	00
39. Uniforms	AUP 0 DDC 0 (39)	00	00
40. Parking and toll	AUP 0 DDC 0 (40)	00	00
41. Office expenses	AUP 0 DDC 0 (41)	00	00
42. Bank fees	AUP 0 DDC 0 (42)	00	00
43. Bad debts	AUP 0 DDC 0 (43)	00	00
44. Other expenses (Complete Part VI)	AUP 0 DDC 0 (44)	00	00
45. Subtotal (Add lines 30 through 44)		00	00
46. Total (Add lines 17, 29 and 45)		00	00

Retention Period: Ten (10) years

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: Exempt amount % of line 1 or \$ (See instructions).....	(2)		00		00
3. Adjusted net income (Subtract line 2 from line 1).....	(3)		00		
4. Less: Net operating loss accumulated up to taxable year 2019 (From Part VII, line 9. Do not exceed 90% of line 3)	(4)		00		
5. Net income after the accumulated loss up to taxable year 2019 (Subtract line 4 from line 3)	(5)		00		
6. Less: Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VII, line 10)	(6)		00		
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5)	(7)		00		
8. Less: Net operating loss accumulated after taxable year 2020 (From Part VII, line 14. Do not exceed 90% of line 3)	(8)		00		
9. Gain (or loss) (Subtract line 8 from line 7) (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)	(9)		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)
1.	00	00	00	00	
2.	00	00	00	00	
3.	00	00	00	00	
4.	00	00	00	00	
5.	00	00	00	00	
6.	00	00	00	00	
7.	00	00	00	00	
8.	00	00	00	00	
9. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Part IV, line 4) (9)	00	00	00	00	
10. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) (10)	00	00	00	00	
11.	00	00	00	00	
12.	00	00	00	00	
13.	00	00	00	00	
14. Subtotal of losses accumulated after taxable year 2020 (Add lines 11 through 13 and transfer to Part IV, line 8) (14)	00	00	00	00	
15. Total (Add lines 9, 10 and 14) (15)	00	00	00	00	

Retention Period: Ten (10) years

Schedule L Individual

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FARMING INCOME

2024

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

Taxpayer's name _____

Social Security Number _____

Schedule L No. _____

Part I Questionnaire

Fill in here if it is a Disregarded Entity (See instructions) ☐☐ 1 Taxpayer ☐ 2 Spouse

Employer Identification Number _____

Fill in here if this is your principal industry or business ☐

Date operations began: _____

Number of employees _____

Fully Taxable _____ ☐

Tax Incentives under: _____

Act 1-2013 _____ ☐Act 135-2014 _____ ☐Act 60-2019 - Sec. _____ ☐Other: _____ ☐

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 Farming Business - Number, Street and City _____

Case or Concession Number _____

Nature of business: _____ NAICS _____ Percentage _____ %

Accounting Method: ☐ 1 Cash☐ 2 Accrual

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)

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 vessels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 airships	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 residential property outside of Puerto Rico	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Farming Income

Regular Tax

Alternate Basic Tax

1. Income	(1)	00	00
2. Less: Cost of goods sold (Complete Part V) (See instructions)	(2)	00	00
3. Gross income (Subtract line 2 from line 1)			
(Gross profit margin percentage: 2023 _____ 2024 _____ See instructions)	(3)	00	00
4. Less: Exempt amount under Act 135-2014 <input type="checkbox"/> 1 Up to \$40,000 <input type="checkbox"/> 2 Up to \$500,000 (See instructions)	(4)	00	00
5. Income for the current year (Subtract line 4 from line 3)	(5)	00	00

Part III Operating Expenses and Deductions

A. Deductions that must be reported in an informative return:

1. Salaries, commissions and bonuses to employees (See instructions)	(1)	00	00
2. Salaries paid to young university students (Total \$ _____) Dept. of the Treasury's Int. Prog. (Total \$ _____) (See inst.)	(2)	00	00
3. Payments for services rendered in Puerto Rico (See instructions)	(3)	00	00
4. Payments for services rendered outside of Puerto Rico (See instructions)	(4)	00	00
5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)	(5)	00	00
6. Insurance premiums (Except contributions to health or accident plans) (See instructions)	(6)	00	00
7. Telecommunication services	(7)	00	00
8. Internet and cable or satellite television services	(8)	00	00
9. Bundles (See instructions)	(9)	00	00
10. Advertising	(10)	00	00
11. Royalties	(11)	00	00
12. Payments for virtual and technology tools and other subscriptions	(12)	00	00
13. Professional associations fees and dues paid for the benefit of employees	(13)	00	00
14. Homeowners association fees	(14)	00	00
15. Payments for judicial or extrajudicial indemnification	(15)	00	00
16. Certain other expenses (See instructions)	(16)	00	00
17. Subtotal (Add lines 1 through 16)	(17)	00	00

B. Deductions not reported in an informative return:

18. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____	(18)	00	00
19. Taxes, patents and licenses:			
a) Property tax (Personal \$ _____) (Real \$ _____)	(19a)	00	00
b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____	(19b)	00	00
c) State Insurance Fund Policy	(19c)	00	00
d) Sales and use tax	(19d)	00	00
20. Depreciation and amortization (Submit Schedule E No. _____)	(20)	00	00
21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____)	(21)	00	00
22. Electric power	(22)	00	00
23. Water and sewage	(23)	00	00
24. Contributions to health or accident plans	(24)	00	00
25. Social security tax (FICA)	(25)	00	00
26. Unemployment tax	(26)	00	00
27. Federal self-employment tax (See instructions)	(27)	00	00
28. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1 No. _____)	(28)	00	00
29. Planting insurance	(29)	00	00
30. Subtotal (Add lines 18 through 29)	(30)	00	00

C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)

31. Automobile expenses (Mileage _____) (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(31)	00	00
32. Other motor vehicle expenses (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(32)	00	00
33. Repairs and maintenance	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(33)	00	00
34. Travel expenses (Total expenses \$ _____) (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(34)	00	00
35. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(35)	00	00
36. Materials and office supplies	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(36)	00	00
37. Materials directly used in farming	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(37)	00	00
38. Stamps, vouchers and fees	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(38)	00	00
39. Postage and shipping charges	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(39)	00	00
40. Uniforms	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(40)	00	00
41. Parking and toll	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(41)	00	00
42. Office expenses	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(42)	00	00
43. Bank fees	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(43)	00	00
44. Bad debts	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(44)	00	00
45. Other expenses (Complete Part VII)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(45)	00	00
46. Subtotal (Add lines 31 through 45)		(46)	00	00
47. Total (Add lines 17, 30 and 46)		(47)	00	00

Retention Period: Ten (10) years

Part IV Determination of Gain or Loss		Regular Tax		Alternate Basic Tax	
1. Net income for the current year (Subtract line 47, Part III from line 5, Part II).....	(1)		00		00
2. Less: Exempt amount % of line 1 or \$ (See instructions).....	(2)		00		00
3. Adjusted net income (Subtract line 2 from line 1).....	(3)		00		
4. Less: Net operating loss accumulated up to taxable year 2019 (From Part VIII, line 9. Do not exceed 90% of line 3)	(4)		00		
5. Net income after the accumulated loss up to taxable year 2019 (Subtract line 4 from line 3)	(5)		00		
6. Less: Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VIII, line 10)	(6)		00		
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5)	(7)		00		
8. Less: Net operating loss accumulated after taxable year 2020 (From Part VIII, line 14. Do not exceed 90% of line 3)	(8)		00		
9. Gain (or loss) (Subtract line 8 from line 7) (If it is a gain, transfer the total to page 2, Part 1, line 2R of the return or Part I, line 3R, 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)	(9)		00		00

Part V Cost of Goods Sold			
1. Beginning inventory.....	(1)		00
2. Plus: Purchases	(2)		00
3. Direct salaries	(3)		00
4. Other direct costs (Part VI, line 17).....	(4)		00
5. Total (Add lines 1 through 4).....	(5)		00
6. Less: Ending inventory.....	(6)		00
7. Total Cost of Goods Sold (Subtract line 6 from line 5. Transfer to Part II, line 2 of this Schedule).....	(7)		00

Part VI Other Direct Costs			
1. Salaries, wages and bonuses	(1)	00	
2. Social security tax (FICA)	(2)	00	
3. Unemployment tax	(3)	00	
4. State Insurance Fund Premiums	(4)	00	
5. Contributions to health or accident plans	(5)	00	
6. Insurance premiums (Except contributions to health or accident plans)	(6)	00	
7. Excise taxes/Use taxes	(7)	00	
8. Sales and use tax on imports	(8)	00	
9. Repairs and maintenance	(9)	00	
10. Electric power	(10)		00
11. Water and sewage	(11)		00
12. Rent	(12)		00
13. Packing products expenses	(13)		00
14. Meal expenses paid to production employees (Total \$	(14)		00
15. Depreciation: (a) Schedule E No. \$			00
(b) Schedule E1 No. \$	(15)		00
16. Other direct costs (Submit detail)	(16)		00
17. Total other direct costs (Add lines 1 through 16. Transfer to Part V, line 4)	(17)		00

Part VII Detail of Other Expenses		Amount	
Description		Regular Tax	Alternate Basic Tax
1.	(1)		00
2.	(2)		00
3.	(3)		00
4.	(4)		00
5.	(5)		00
6. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 45)	(6)		00

Part VIII 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)
1.	00	00	00	00	
2.	00	00	00	00	
3.	00	00	00	00	
4.	00	00	00	00	
5.	00	00	00	00	
6.	00	00	00	00	
7.	00	00	00	00	
8.	00	00	00	00	
9. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Part IV, line 4)	00	00	00	00	
10. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions)	00	00	00	00	
11.	00	00	00	00	
12.	00	00	00	00	
13.	00	00	00	00	
14. Subtotal of losses accumulated after taxable year 2020 (Add lines 11 through 13 and transfer to Part IV, line 8)	00	00	00	00	
15. Total (Add lines 9, 10 and 14)	00	00	00	00	

Schedule M Individual

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INCOME FROM SERVICES RENDERED

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

2024

Taxpayer's name _____

Social Security Number _____

Schedule M No. _____

Part I Questionnaire

(You must fill out one schedule for each source of income)

☐ 1 Taxpayer ☐ 2 Spouse

Employer Identification Number _____

Fill in here if it is a Disregarded Entity (See instructions) ☐Fill in here if this is your principal industry or business ☐ Date operations began: _____ Number of employees _____
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 Principal Office - Number, Street and City _____

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

Nature of service: _____ NAICS _____ Percentage _____ %

Accounting Method: ☐ 1 Cash ☐ 2 AccrualOptional Tax: ☐ Yes ☐ No

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)

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2 vessels	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3 airships	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4 Residential property outside of Puerto Rico	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Part II Income from Services

Regular Tax

Alternate Basic Tax

1. Income	(1)	00	00
2. Less: Exempt amount under Act 135-2014 <input type="radio"/> 1 Up to \$40,000 <input type="radio"/> 2 Up to \$500,000 (See instructions)	(2)	00	00
3. Income after the exemption under Act 135-2014 (Subtract line 2 from line 1, if applicable. Otherwise, enter the amount of line 1)	(3)	00	00
4. Income earned through pass-through entities	(4)	00	00
5. Income for the current year (Add lines 3 and 4)	(5)	00	00

Part III Operating Expenses and Deductions

A. Deductions that must be reported in an informative return:

1. Salaries, commissions and bonuses to employees (See instructions)	(1)	00	00
2. Salaries paid to young university students (Total \$ _____) Dept. of the Treasury's Int. Prog. (Total \$ _____) (See inst.)	(2)	00	00
3. Payments for services rendered in Puerto Rico (See instructions)	(3)	00	00
4. Payments for services rendered outside of Puerto Rico (See instructions)	(4)	00	00
5. Subcontracted services	(5)	00	00
6. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)	(6)	00	00
7. Insurance premiums (Except contributions to health or accident plans) (See instructions)	(7)	00	00
8. Telecommunication services	(8)	00	00
9. Internet and cable or satellite television services	(9)	00	00
10. Bundles (See instructions)	(10)	00	00
11. Advertising	(11)	00	00
12. Royalties	(12)	00	00
13. Payments for virtual and technology tools and other subscriptions	(13)	00	00
14. Professional associations fees and dues paid for the benefit of employees	(14)	00	00
15. Homeowners association fees	(15)	00	00
16. Payments for judicial or extrajudicial indemnification	(16)	00	00
17. Certain other expenses (See instructions)	(17)	00	00
18. Subtotal (Add lines 1 through 17)	(18)	00	00

B. Deductions not reported in an informative return:

19. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____	(19)	00	00
20. Taxes, patents and licenses:			
a) Property tax (Personal \$ _____) (Real \$ _____)	(20a)	00	00
b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____	(20b)	00	00
c) State Insurance Fund Policy	(20c)	00	00
d) Sales and use tax	(20d)	00	00
e) Special contribution for professional and advisory services under Act 48-2013, as amended	(20e)	00	00
21. Depreciation and amortization (Submit Schedule E No. _____)	(21)	00	00
22. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____)	(22)	00	00
23. Electric power	(23)	00	00
24. Water and sewage	(24)	00	00
25. Contributions to health or accident plans	(25)	00	00
26. Social security tax (FICA)	(26)	00	00
27. Unemployment tax	(27)	00	00
28. Federal self-employment tax (See instructions)	(28)	00	00
29. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1 No. _____)	(29)	00	00
30. Subtotal (Add lines 19 through 29)	(30)	00	00

C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)

31. Automobile expenses (Mileage _____) (See instructions)	AUP <input type="radio"/> DDC <input type="radio"/>	(31)	00	00
32. Other motor vehicle expenses (See instructions)	AUP <input type="radio"/> DDC <input type="radio"/>	(32)	00	00
33. Repairs and maintenance	AUP <input type="radio"/> DDC <input type="radio"/>	(33)	00	00
34. Travel expenses (Total expenses \$ _____)	AUP <input type="radio"/> DDC <input type="radio"/>	(34)	00	00
35. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	AUP <input type="radio"/> DDC <input type="radio"/>	(35)	00	00
36. Materials and office supplies	AUP <input type="radio"/> DDC <input type="radio"/>	(36)	00	00
37. Materials directly used in services rendered	AUP <input type="radio"/> DDC <input type="radio"/>	(37)	00	00
38. Stamps, vouchers and fees	AUP <input type="radio"/> DDC <input type="radio"/>	(38)	00	00
39. Postage and shipping charges	AUP <input type="radio"/> DDC <input type="radio"/>	(39)	00	00
40. Uniforms	AUP <input type="radio"/> DDC <input type="radio"/>	(40)	00	00
41. Parking and toll	AUP <input type="radio"/> DDC <input type="radio"/>	(41)	00	00
42. Office expenses	AUP <input type="radio"/> DDC <input type="radio"/>	(42)	00	00
43. Bank fees	AUP <input type="radio"/> DDC <input type="radio"/>	(43)	00	00
44. Bad debts	AUP <input type="radio"/> DDC <input type="radio"/>	(44)	00	00
45. Other expenses (Complete Part V)	AUP <input type="radio"/> DDC <input type="radio"/>	(45)	00	00
46. Subtotal (Add lines 31 through 45)		(46)	00	00
47. Total (Add lines 18, 30 and 46)		(47)	00	00

Part IV		Determination of Gain or Loss		Regular Tax		Alternate Basic Tax	
1.	Net income for the current year (Subtract line 47, Part III from line 5, Part II).....	(1)		00		00	
2.	Less: Exempt amount % of line 1 or \$ (See instructions)	(2)		00		00	
3.	Adjusted net income (Subtract line 2 from line 1).....	(3)		00			
4.	Less: Net operating loss accumulated up to taxable year 2019 (From Part VI, line 9. Do not exceed 90% of line 3)	(4)		00			
5.	Net income after the accumulated loss up to taxable year 2019 (Subtract line 4 from line 3)	(5)		00			
6.	Less: Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VI, line 10)	(6)		00			
7.	Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5)	(7)		00			
8.	Less: Net operating loss accumulated after taxable year 2020 (From Part VI, line 14. Do not exceed 90% of line 3)	(8)		00			
9.	Gain (or loss) (Subtract line 8 from line 7) (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)	(9)		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.	Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 45)	(6)	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)		
1.	00	00	00	00			
2.	00	00	00	00			
3.	00	00	00	00			
4.	00	00	00	00			
5.	00	00	00	00			
6.	00	00	00	00			
7.	00	00	00	00			
8.	00	00	00	00			
9. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Part IV, line 4) (9)	00	00	00	00			
10. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) (10)	00	00	00	00			
11.	00	00	00	00			
12.	00	00	00	00			
13.	00	00	00	00			
14. Subtotal of losses accumulated after taxable year 2020 (Add lines 11 through 13 and transfer to Part IV, line 8) (14)	00	00	00	00			
15. Total (Add lines 9, 10 and 14) (15)	00	00	00	00			

Retention Period: Ten (10) years

Schedule N Individual

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RENTAL INCOME

2024

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

Taxpayer's name _____

Social Security Number _____

Schedule N No. _____

Part I Questionnaire

Fill in here if it is a Disregarded Entity (See instructions) ☐

Employer Identification Number _____

Fill in here if this is your
principal industry or
business ☐Date operations began:
Day _____ Month _____ Year _____

Number of employees _____

☐ 1 Taxpayer
☐ 2 Spouse

Merchant's Registration Number _____

Location of rented property - Number, Street and City _____

Property

(Fill in one):

☐ 1 Residential
☐ 2 Commercial

Accounting Method:

☐ 1 Cash
☐ 2 AccrualFill in here if during the taxable year
you disposed all the assets used in
your industry or business ☐Indicate if the rented property is located outside of Puerto Rico ☐

Nature of business: NAICS _____ Percentage _____ %

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. _____

Fully Taxable ☐

Fully Exempt:

Act 132-2010 ☐Section 1031.02(a)(35)(F) of the Code.. ☐

Tax Incentives under:

Act No. 52 of 1983 ☐Act 78-1993 ☐Act 74-2010 ☐Act 83-2010 ☐Act 1-2013 ☐Act 135-2014 ☐Act 60-2019: Section ☐Other: ☐

Case or Concession Number _____

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)

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 vessels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 airships	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 residential property outside of Puerto Rico	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Rental Income

Regular Tax

Alternate Basic Tax

1. Income	(1)	00	00
2. Less: <input type="checkbox"/> 1 Exempt amount under Act 135-2014 up to \$500,000: \$ _____ <input type="checkbox"/> 2 Exempt amount under Act 132-2010: \$ _____	(2)	00	00
3. Income for the current year (Subtract line 2 from line 1)	(3)	00	00

Part III Operating Expenses and Deductions

A. Deductions that must be reported in an informative return:

1. Salaries, commissions and bonuses to employees (See instructions)	(1)	00	00
2. Salaries paid to young university students (Total \$ _____) Dept. of the Treasury's Int. Prog. (Total \$ _____) (See inst.)	(2)	00	00
3. Payments for services rendered in Puerto Rico (See instructions)	(3)	00	00
4. Payments for services rendered outside of Puerto Rico (See instructions)	(4)	00	00
5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)	(5)	00	00
6. Insurance premiums (Except contributions to health or accident plans) (See instructions)	(6)	00	00
7. Telecommunication services	(7)	00	00
8. Internet and cable or satellite television services	(8)	00	00
9. Bundles (See instructions)	(9)	00	00
10. Advertising	(10)	00	00
11. Royalties	(11)	00	00
12. Payments for virtual and technology tools and other subscriptions	(12)	00	00
13. Professional associations fees and dues paid for the benefit of employees	(13)	00	00
14. Homeowners association fees	(14)	00	00
15. Payments for judicial or extrajudicial indemnification	(15)	00	00
16. Certain other expenses (See instructions)	(16)	00	00
17. Subtotal (Add lines 1 through 16)	(17)	00	00

B. Deductions not reported in an informative return:

18. Interest on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____	(18)	00	00
19. Taxes, patents and licenses:			
a) Property tax (Personal \$ _____) (Real \$ _____)	(19a)	00	00
b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____	(19b)	00	00
c) State Insurance Fund Policy	(19c)	00	00
d) Sales and use tax	(19d)	00	00
20. Depreciation and amortization (Submit Schedule E No. _____)	(20)	00	00
21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____)	(21)	00	00
22. Electric power	(22)	00	00
23. Water and sewage	(23)	00	00
24. Contributions to health or accident plans	(24)	00	00
25. Social security tax (FICA)	(25)	00	00
26. Unemployment tax	(26)	00	00
27. Subtotal (Add lines 18 through 26)	(27)	00	00

C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)

28. Automobile expenses (Mileage _____) (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(28)	00	00
29. Other motor vehicle expenses (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(29)	00	00
30. Repairs and maintenance	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(30)	00	00
31. Travel expenses (Total expenses \$ _____)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(31)	00	00
32. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(32)	00	00
33. Materials and office supplies	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(33)	00	00
34. Materials directly used in the rental business	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(34)	00	00
35. Stamps, vouchers and fees	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(35)	00	00
36. Postage and shipping charges	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(36)	00	00
37. Uniforms	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(37)	00	00
38. Parking and toll	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(38)	00	00
39. Office expenses	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(39)	00	00
40. Bank fees	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(40)	00	00
41. Bad debts	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(41)	00	00
42. Other expenses (Complete Part V)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(42)	00	00
43. Subtotal (Add lines 28 through 42)		(43)	00	00
44. Total (Add lines 17, 27 and 43)		(44)	00	00

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: Exempt amount % of line 1 or \$ (See instructions).....	(2)	00	00
3. Adjusted net income (Subtract line 2 from line 1).....	(3)	00	
4. Less: Net operating loss accumulated up to taxable year 2019 (From Part VI, line 9. Do not exceed 90% of line 3).....	(4)	00	
5. Net income after the accumulated loss up to taxable year 2019 (Subtract line 4 from line 3).....	(5)	00	
6. Less: Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VI, line 10).....	(6)	00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5).....	(7)	00	
8. Less: Net operating loss accumulated after taxable year 2020 (From Part VI, line 14. Do not exceed 90% of line 3).....	(8)	00	
9. Gain (or loss) (Subtract line 8 from line 7) (If it is a gain, 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).....	(9)	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. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 42).....	(6)	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)		
1.	00	00	00	00			
2.	00	00	00	00			
3.	00	00	00	00			
4.	00	00	00	00			
5.	00	00	00	00			
6.	00	00	00	00			
7.	00	00	00	00			
8.	00	00	00	00			
9. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Part IV, line 4)..... (9)	00	00	00	00			
10. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions)..... (10)	00	00	00	00			
11.	00	00	00	00			
12.	00	00	00	00			
13.	00	00	00	00			
14. Subtotal of losses accumulated after taxable year 2020 (Add lines 11 through 13 and transfer to Part IV, line 8)..... (14)	00	00	00	00			
15. Total (Add lines 9, 10 and 14)..... (15)	00	00	00	00			

Retention Period: Ten (10) years

Schedule O Individual

Rev. Jul 12 24



ALTERNATE BASIC TAX

2024

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. Gain (or loss) from manufacturing business (Schedule J Individual, Part IV, line 9, Column of Alternate Basic Tax)	(1)	00
2. Gain (or loss) from the sale of goods business (Schedule K Individual, Part IV, line 9, Column of Alternate Basic Tax)	(2)	00
3. Gain (or loss) from farming business (Schedule L Individual, Part IV, line 9, Column of Alternate Basic Tax)	(3)	00
4. Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 9, Column of Alternate Basic Tax)	(4)	00
5. Gain (or loss) from rental business (Schedule N Individual, Part IV, line 9, Column of Alternate Basic Tax) (See instructions)	(5)	00
6. Other income received (Add lines 1B(i), 1C(i) and 2(A) through 2(O), Part I of the return or lines 1B(i), 1C(i), 2B(i), 2C(i) and 3(A) through 3(O), Part I, Column B or C of Schedule CO Individual, as applicable)	(6)	00
7. Plus: Deductions granted under special acts not contemplated under Section 1033.15 of the Code (See instructions)	(7)	00
8. Plus (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. Less: Distributions due to a disaster declared by the Governor of Puerto Rico (Schedule F Individual, Part VI, line 5. See instructions)	(9)	00
10. Plus (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. Plus: 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: Allowable deduction for Private Equity investment (See instructions)	(14)	00
15. Subtract lines 12 through 14 from the sum of lines 1 through 11	(15)	00
16. 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)	(16)	00
17. Net Income Subject to Alternate Basic Tax (Subtract line 16 from line 15. See instructions)	(17)	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 17 of Part I) is: a) Over \$25,000 but not over \$50,000, multiply line 17 of Part I by 1%. b) Over \$50,000 but not over \$75,000, multiply line 17 of Part I by 3%. c) Over \$75,000 but not over \$150,000, multiply line 17 of Part I by 5%. d) Over \$150,000 but not over \$250,000, multiply line 17 of Part I by 10%. e) Over \$250,000, multiply line 17 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.	00	00	00	00
2.	00	00	00	00
3.	00	00	00	00
4.	00	00	00	00
5.	00	00	00	00
6. Total (Transfer to Part III, line 3 of this Schedule)	(6)			00

Retention Period: Ten (10) years

Schedule P Individual

Rev. Jul 12 24



GRADUAL ADJUSTMENT

2024

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

Taxpayer's name

Social Security Number

Fill in one:

☐ 1 Taxpayer

☐ 2 Spouse

☐ 3 Both

Fill in one:

☐ 1 Tax Table

☐ 2 Preferential rates (Schedule A2 Individual)

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 or 15 of Schedule A2 Individual, as applicable) (1)
2. Maximum amount of taxable net income to determine the gradual adjustment (2)
3. Subtract line 2 from line 1 (If it is less than zero, enter zero and do not continue with the schedule) (3)
4. 5% of line 3 (4)
5. Limit:
- (a) Basis to determine the adjustment limit (5a)
- (b) Plus: 33% of personal exemption, additional personal exemption for veterans and exemption for dependents (Lines 7, 8 and 9 of Part 2 of the return or lines 5, 6D and 7, Part II, Column B or C of Schedule CO Individual) (5b)
6. Total limit (Add lines 5(a) and 5(b)) (6)
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

500,000

00

00

00

8,895


00

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00

Retention Period: Ten (10) years

<div>Schedule R Individual</div> <div>Rev. Jul 12 24</div> <div></div>		<div>PASS-THROUGH ENTITIES</div> <div>(RECONCILIATION)</div> <div>Taxable year beginning on _____, _____ and ending on _____, _____</div>		<div>2024</div>	
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		Amount of Forms 480.60 F
<div>Part I</div> <div>Questionnaire</div>					
1. Distributable share on gross income from services rendered of pass-through entities (From Part I, line H of all Schedules R1 Individual included).....					(1) 00
2. Distributable share on gross income from services rendered of subsidiary pass-through entities (From Part I, line I of all Schedules R1 Individual included)					(2) 00
3. Distributable share on gross income from services rendered of pass-through entities (Add lines 1 and 2)					(3) 00
4. Less: Share of net income attributable to the services rendered by the owners (From Part II, line 4 of Schedule M Individual)					(4) 00
5. Total distributable share on gross income related to services rendered of pass-through entities for purposes of the optional tax (Subtract line 4 from line 3)					(5) 00
6. Distributable share in the gross income of pass-through entities (From Part I, line J of all Schedules R1 Individual included)					(6) 00
7. Distributable share in the gross income of subsidiary pass-through entities (From Part I, line K of all Schedules R1 Individual included)					(7) 00
8. Distributable share in the gross income of pass-through entities (Add lines 6 and 7)					(8) 00
9. Less: Exempt income from pass-through entities and other income and profits reported in other schedules of this return (From Part I, lines 2(c), 2(d) and 2(e) of all Schedules R1 Individual included)					(9) 00
10. Total distributable share in the gross income of pass-through entities (Subtract line 9 from line 8)					(10) 00
<div>Part II</div> <div>Net Income or Loss from Pass-Through Entities</div>					
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
<div>Part III</div> <div>Distributable Share on Benefits from Pass-Through Entities</div>					
1. Aggregated net income from pass-through entities (From Part II, line 1)					(1) 00
2. Multiply line 1 by .90.....					(2) 00
3. Aggregated net loss from pass-through entities (From Part II, line 2)					(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
Retention Period: Ten (10) years					

Schedule R1 Individual

Rev. Jul 12 24



PASS-THROUGH ENTITIES

Taxable year beginning on _____ and ending on _____

2024

Taxpayer's name _____

Schedule R1 Individual No. _____

☐ 1 Taxpayer

Fill in one:

☐ 2 Spouse☐ 3 Both

Social Security Number _____

Part I Adjusted Basis Determination of the Owner of one or more Pass-Through Entities

	Column A	Column B	Column C
A. Type of form (See instructions).....	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
B. Type of taxable year	3 <input type="radio"/> 480.60 F 4 <input type="radio"/> Disregarded	3 <input type="radio"/> 480.60 F 4 <input type="radio"/> Disregarded	3 <input type="radio"/> 480.60 F 4 <input type="radio"/> Disregarded
C. Did the entity choose the optional tax of Section 1071.10 or 1115.11 of the Code? (See instructions)	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
D. Name of entity	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
E. Employer identification number			
F. Control number of Form 480.60 EC or 480.60 F (Does not apply to Federal Schedule K-1)			
G. Electronic filing confirmation number of Form 480.60 EC or 480.60 F (Does not apply to Federal Schedule K-1)			
H. Distributable share on gross income from services rendered of the entity (See instructions)			
I. Distributable share on gross income from services rendered of subsidiary pass-through entities (See instructions)			
J. Distributable share in the gross income of the entity (Excluding that related to the services rendered. See instructions)			
K. Distributable share in the gross income of subsidiary pass-through entities (Excluding that related to the services rendered. See inst.)			
1. Adjusted basis at the end of the previous taxable year	(1) 00	00	00
2. Basis increase:			
(a) Owner'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) Entity's capital assets gain	(2c) 00	00	00
(d) Exempt income	(2d) 00	00	00
(e) Other income or gains reported in other schedules of this return (See instructions)	(2e) 00	00	00
(f) Other increases (Submit detail)	(2f) 00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f))	(2g) 00	00	00
3. Basis decrease:			
(a) Owner's distributable share on entity's loss used in previous year	(3a) 00	00	00
(b) Entity'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	(3h) 00	00	00
(i) Owner's debts assumed and guaranteed by the entity	(3i) 00	00	00
(j) Other decreases (Submit detail)	(3j) 00	00	00
(k) Total basis decrease (Add lines 3(a) through 3(j))	(3k) 00	00	00
4. Adjusted Basis (Subtract line 3(k) from the sum of lines 1 and 2(g). Transfer this amount to line 6(a))	(4) 00	00	00

Part II Determination of Net Income or Loss in one or more Pass-Through Entities

5. (a) Owner's distributable share on entity's loss for the year	(5a) 00	00	00
(b) Distributable share on the loss of a pass-through entity owned by the entity or trust	(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) Entity's debts under Tourism Incentives Act or Tourism Development Act attributable to the owner	(6b) 00	00	00
(c) Entity's current debts assumed and guaranteed by the owner	(6c) 00	00	00
(d) Total owner's adjusted basis (Add lines 6(a) through 6(c))	(6d) 00	00	00
7. (a) Distributable share on entity's net income for the year (See instructions)	(7a) 00	00	00
(b) Distributable share in the gain of a pass-through entity owned by the entity or trust	(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 income determined on line 7(c), Columns A through C. Transfer to Schedule R Individual, Part II, line 1)	(9) 00		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		00

Schedule X Individual

Rev. Sep 30 24

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

2024

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Spouse's name

Spouse's Social Security Number

Fill in one:

☐ 1 Taxpayer☐ 3 Both☐ 2 Spouse

Optional tax election (Section 1021.06 of the Code):

☐ 1 Partial Waiver - 6% (CC RI 19-16)☐ 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 4, Part II of Schedule M Individual).....	(1B)		00
C) Gross income related to services rendered by pass-through entities (Line 5, Part I of Schedule R Individual. See instructions).....	(1C)		00
D) Total gross income from services rendered (Add lines 1A through 1C)	(1D)		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 pass-through entity (Line 10, Part I of Schedule R Individual. See instructions)	(2B)		00
C) Other exempt income (Schedule IE Individual, Part II, subtract line 10 from line 45, 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 (Sum of lines 31B through 31F, Part II of Schedule IE Individual)	(2Ci)		00
(ii) Income from residential rent under Act 132-2010 (Line 38, Part II of Schedule IE Individual).....	(2Cii)		00
(iii) Exempt amount from manufacturing income (Line 39, Part II of Schedule IE Individual).....	(2Ciii)		00
(iv) Exempt amount on income from the sale of goods (Line 40, Part II of Schedule IE Individual).....	(2Civ)		00
(v) Exempt amount from farming income (Line 41, Part II of Schedule IE Individual)	(2Cv)		00
(vi) Exempt amount on income from services rendered (Line 42, Part II of Schedule IE Individual)	(2Cvi)		00
(vii) Exempt amount from rental income (Line 43, Part II of Schedule IE Individual)	(2Cvii)		00
(viii) Exempt interests upon deposits in Puerto Rico interest bearing accounts up to \$100 (Line 2D, Part II of Schedule IE Individual)	(2Cviii)		00

D) Total adjustments for exempt amounts (Add lines 2Ci through 2Cviii)..... (2D) 00

E) Total other income (Subtract line 2D from the sum of lines 2A through 2C)

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

4. Percentage of income from services rendered on gross income received (Enter the result rounded to two decimal places. See instructions)

- 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 3 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 45, 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

5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions).....

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)