

**Schedule A2 Individual**

Rev. Jul 18 25



**TAX ON INCOME SUBJECT TO PREFERENTIAL RATES**

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

**2025**

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. <b>Adjusted Gross Income</b> .....	(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. <b>Income subject to preferential rates:</b>								
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 taxed 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) <b>Total (Add lines 4a through 4l of Columns B through H) ...</b> (4m)		00	00	00	00	00	00	00
5. <b>Total income subject to preferential rates (Add line 4m of Columns B through H)</b> (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. <b>Income subject to regular tax (Subtract line 5 from line 3)</b> .....	(6) 00							
7. <b>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)</b> (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)		00	00	00	00	00	00	00	00
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

**Schedule B Individual**

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

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

**2025**

Taxpayer's name

Social Security Number

**Part I Recapture of Credits Claimed in Excess**

	Column A	Column B	Column C
Name of entity:			
Employer identification No:			
Indicate Act:			
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

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

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.

A. CREDITS SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE		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. <b>Total credits subject to limitation</b> (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. <b>Total credits subject to limitation to be claimed</b> (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: (a) <input type="radio"/> Section 4(a) of Act 8 of 1987 or (b) <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. <b>Total credits not subject to limitation to be claimed</b> (Add lines 11 through 22) .....	(23)		00
24. <b>Total Pre Tax Credits Manager tax credits</b> (Add lines 10 and 23) .....	(24)		00
		A- Pre Tax Credits Manager	B- Post Tax Credits Manager
25. Total tax credits (Enter the amount of line 24 in Column A, and in Column B, the amount of Part V, line 23) .....	(25)	00	00
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)	00	00
27. Credit to be claimed (Enter the smaller of line 25 or 26 for each one of Columns A and B) .....	(27)	00	00
28. <b>Total credit to be claimed</b> (Add the amounts of Columns A and B, line 27. Transfer to page 3, Part 3, line 25 of the return) .....	(28)		00
29. Pre Tax Credits Manager carryforward credits (Subtract line 27, Column A from the sum of lines 8 and 23) .....	(29)	00	

**Part III Other Payments and Withholdings**

1. Estimated tax payments for 2025 .....	(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 2025 (Submit detail) .....	(21e)		00
22. <b>Total other payments and withholdings</b> (Add lines 1 through 21. Transfer to page 3, Part 3, line 27B of the return) .....	(22)		00

<b>Part IV Breakdown of the Purchase of Tax Credits</b>		<b>Pre Tax Credits Manager</b>
<b>Use this part to claim <u>only</u> 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.</b>		
Fill in the oval corresponding to the act (or acts) under which you acquired the credit and enter the amount:		
<b>A. CREDITS SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE</b>		
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. <b>Total credit for the purchase of tax credits subject to limitation</b> (Add lines 1 through 6. Transfer to Part II, line 5) .....	(7)	00
<b>B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE</b>		
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. <b>Total credit for the purchase of tax credits not subject to limitation</b> (Add lines 8 through 14. Transfer to Part II, line 20) ....	(15)	00
<b>Part V Tax Credits Post Tax Credits Manager (See instructions)</b>		<b>Post Tax Credits Manager</b>
<b>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.</b>		
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. Credit for contributions to Santa Catalina's Palace Patronage (Act 1-2011, as amended - Section 1051.06) .....	(21)	00
22. Other Post Tax Credits Manager credits not included on the preceding lines (Submit detail) .....	(22)	00
23. <b>Total Post Tax Credits Manager Tax Credits</b> (Add lines 1 through 22. Transfer the total to Part II, line 25, Column B) .....	(23)	00

**Schedule C Individual**

Rev. Jul 18 25



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

**2025**

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

Taxpayer's name \_\_\_\_\_

Social Security Number \_\_\_\_\_

1 Taxpayer  2 Spouse  3 Both

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

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

Citizen of:  1 United States  2 Other (Indicate) \_\_\_\_\_

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

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)

(ii) Personal exemption, 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)

(iii) Other deductions claimed (See instructions) ..... (2ciii)

(iv) Total deductions and exemptions (Add lines 2(c)(i) through 2(c)(iii)).. (2civ)

(v) Gross income subject to tax from all sources (See instructions) ..... (2cv)

(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)	%	%	%	%	%
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(vii) Pro rata share of deductions and exemptions not directly related (Multiply line 2(c)(iv) by line 2(c)(vi))..... (2cvii)

d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(vii))..... (2d)

3. Net income from sources of the country, state, territory or possession (Subtract line 2(d) from line 1(i)) ..... (3)

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

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

Table with columns: Foreign Country, State, Territory or Possession of the United States (A, B, C), United States (See instructions), Total (See instructions). Rows include Name of the country, state, territory or possession, Type of Form, and Total tax paid or accrued during the year.

Part III Reduction in Credit for Tax Paid or Accrued

Table with 7 columns for tax categories. Rows include Income from sources of the country, state, territory or possession, Total income subject to tax, Limitation, Reduction in tax paid or accrued, and Total tax paid or accrued available as credit.

Part IV Determination of Credit

Table with 7 columns for tax categories. Rows include Net income from sources of the country, state, territory or possession, Net income from all sources, Limitation, Taxes to be paid in Puerto Rico, and Total limitation.

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

Table with columns: Foreign Country, State, Territory or Possession of the United States (A, B, C), United States (See instructions), Total (See instructions). Rows include Name of the country, state, territory or possession, Type of Form, Gross income subject to tax, Amount of tax paid or accrued, and Total credit to be claimed.

**Schedule D Individual**

Rev. Jul 18 25



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

**2025**

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

Taxpayer's name \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

Description and Location of Property	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	00	
	<input type="radio"/>				00	00	00	00	
	<input type="radio"/>				00	00	00	00	
1. Net short-term capital gain (or loss) .....								(1)	00
2. Net short-term capital gain on sale of your principal residence or sole proprietorship business (Submit Schedule D1, D3 or G Individual, as applicable. See instructions) .....								(2)	00
3. Distributable share on net short-term capital gain (or loss) from Estates or Trusts (See instructions) .....								(3)	00
4. Distributable share on net short-term capital gain (or loss) from Pass-Through Entities (Submit Form 480.60 EC. See instructions) .....								(4)	00
5. Net short-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net short-term capital gain (or loss) from Employees-Owned Special Corporations (Submit detail. See instructions) .....								(5)	00
6. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions) .....								(6)	00
<b>7. Net short-term capital gain (or loss)</b> (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
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
10. Distributable share on net long-term capital gain (or loss) from Estates or Trusts (See instructions) .....										(10)	00
11. Distributable share on net long-term capital gain (or loss) from Pass-Through Entities (Submit Form 480.60 EC. See instructions) .....										(11)	00
12. Lump-sum distributions from annuity contracts: <input type="radio"/> 1 Variable <input type="radio"/> 2 Fixed – Taxpayer (See instructions) .....										(12)	00
13. Lump-sum distributions from annuity contracts: <input type="radio"/> 1 Variable <input type="radio"/> 2 Fixed – Spouse (See instructions) .....										(13)	00
14. Net long-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net long-term capital gain (or loss) from Employees-Owned Special Corporations (Submit detail. See instructions) .....										(14)	00
15. Net long-term capital gain (or loss) of Resident Individual Investors (Submit Schedule F1 Individual, Part III, line 1, Column (E)) (See instructions) .....										(15)	00
16. Capital gain distributions under Section 1112.01(c)(3) (See instructions) .....										(16)	00
<b>17. Net long-term capital gain (or loss)</b> (Add lines 8 through 16) .....										(17)	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. Taxed at 20% - Taxpayer (Fill in here if it is a Thrift Savings Plan distribution <input type="radio"/> ) ..... (21)	<input type="radio"/>		00	00	00
22. Taxed at 20% - Spouse (Fill in here if it is a Thrift Savings Plan distribution <input type="radio"/> ) ..... (22)	<input type="radio"/>		00	00	00
23. Taxed at 10% - Taxpayer ..... (23)	<input type="radio"/>		00	00	00
24. Taxed at 10% - Spouse ..... (24)	<input type="radio"/>		00	00	00
25. Total distributions from qualified pension plans (Total of Column C. Transfer this amount to Part 1, line 2A of the return or to Part I, line 3A, Columns B and C of Schedule CO Individual, as applicable) ..... (25)					00

**Part V Net Capital Gains or Losses for Determination of the Adjusted Gross Income**

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

**Part VI Determination of the Net Capital Loss Carryover**

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

Taxpayer's name	Social Security Number
-----------------	------------------------

**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 applicable) ..... (1)	00	00	00	00	00	00	00
2. Allowable amount as net capital loss not used in previous years claimed on Schedule D Individual (Transfer the amount included on line 34, Column E, Part V) (The amount entered on this line cannot exceed 90% of the amount reflected on line 1, Column G of this Part) ..... (2)	00						
3. Subtract in Column A, line 2 from line 1 (If the result is more than zero, this is the net short-term capital gain. Therefore, enter zero on line 5 of Columns B through E. If the result is less than zero, continue on line 4) ..... (3)	00						
4. Proportion of the gains according to each tax rate (Divide the amount on line 1, Columns B through E, by the total long-term gains indicated on line 1 of Column F. Enter the result rounded to two decimal places). Add the percentages in Columns B through E and enter the total in Column F. <b>The total shall be 100%</b> ..... (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	
<b>6. Net long-term capital gain -</b>							
(a) Net Long-Term Capital Gain subject to <b>15%</b> (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 applicable, line 4(a) of Schedule A2 Individual) ..... (6b)			00	00	00	00	
7. <b>Total net long-term capital gain</b> (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

Retention Period: Ten (10) years

**Schedule E**

Rev. 07.25



**DEPRECIATION**

**2025**

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

**Schedule E1**

Rev. 07.25



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

**2025**

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:

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

Total ..... 00

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

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

Total ..... 00

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

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

Total ..... 00

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

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

**Schedule F Individual**

Rev. Jul 18 25



**OTHER INCOME**

**2025**

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

Taxpayer's name \_\_\_\_\_

Fill in one:  
 1 Taxpayer     2 Spouse     3 Both

Social Security Number \_\_\_\_\_

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

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

Part III Distributions from Deferred Compensation Plans (Non Qualified)						
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount	
1. Taxed 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"/>		00	00	00	

<b>Part IV Partial or Lump-Sum Distributions from Qualified Retirement Plans and Fixed or Variable Annuities Not Subject to a Preferential Rate (See instructions)</b>						
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount	
1. Taxed 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)	<input type="checkbox"/>		00	00	00	00

<b>Part V Other Income</b>			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 or loss carryover from pass-through entities (See instructions) ..... (2)			00	00	00		00	00
3. Subtotal Columns A through C, E and F (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

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



<b>Part II Corporate Dividends</b>				<b>Column A</b>		<b>Column B</b>		<b>Column C</b>		<b>Column D</b>	
Payer's name	Disregarded Entity	Employer Identification Number	Account Number	Subject to withholding (15%)		Subject to withholding ( ___%)		Subject to withholding ( ___%)		Not subject to withholding	
								00		00	
					00		00		00		00
					00		00		00		00
					00		00		00		00
					00		00		00		00
					00		00		00		00
					00		00		00		00
					00		00		00		00
					00		00		00		00
					00		00		00		00
					00		00		00		00
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 I, line 2D of the return or to Part I, line 3D of Schedule CO Individual, as applicable) .....				(4)	00		00		00		00

<b>Part III Miscellaneous Income</b>				<b>Column A</b>		<b>Column B</b>	
Payer's name	Disregarded Entity	Employer Identification Number	Account Number	Miscellaneous Income		Income from Prizes and Contests	
					00		00
					00		00
					00		00
					00		00
1. Amount received .....				(1)	00		00
2. Less: Expenses related to the production of these income (See instructions) .....				(2)	00		00
3. Subtotal (Subtract line 2 from line 1) .....				(3)	00		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

**Schedule F1 Individual**

Rev. Jul 18 25



**DETAIL OF INCOME OF RESIDENT INDIVIDUAL INVESTORS  
(Act 22-2012, as amended, or Act 60-2019, as amended)**

**2025**

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

Nombre del contribuyente	Decree number	Date on which you established residence in Puerto Rico Day _____ Month _____ Year _____	Social Security Number
--------------------------	---------------	--	------------------------

Fill in one:  1 Taxpayer  2 Spouse

**Part I Interests**

Description	Amount
	00
	00
	00
	00
	00
	00
1. Total interests (Transfer to Schedule IE Individual, Part II, line 33) .....	(1) 00

**Part II Dividends**

Description	Amount
	00
	00
	00
	00
	00
	00
1. Total dividends (Transfer to Schedule IE Individual, Part II, line 33) .....	(1) 00

**Part III Capital Assets Gains and Losses**

**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

**CERTIFICATION**

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.

Schedule H Individual

Rev. Jul 18 25



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

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

2025

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 Spouse

2. 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 plan

4. 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-R 3 Other: \_\_\_\_\_

8. Are you a resident of Puerto Rico reporting a military pension for veterans and retired members of the United States Armed Forces?: 1 Yes 2 No

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

Table with 6 rows for cost determination. Columns include line number, description, and amount. Line 1: Cost of pension or annuity (amount paid). Line 2: Pension or annuity received in previous years. Line 3: Less: (a) Taxable pension or annuity received in previous years, (b) Tax exempt pension received in previous years. Line 4: Total (Add lines 3(a) and 3(b)). Line 5: Cost of pension or annuity tax exempt recovered in previous years. Line 6: Cost of pension or annuity to be recovered (Subtract line 5 from line 1).

Part II Taxable Income (See instructions)

Table with 13 rows for taxable income calculation. Columns include line number, description, and amount. Line 7: Total amount of pension or annuity received during the year. Line 8: Tax exempt pension. Line 9: Subtract line 8 from line 7. Line 10: Cost of pension or annuity to be recovered. Line 11: Pension or annuity income in excess of the cost to be recovered. Line 12: Taxable pension or annuity income. Line 13: Tax withheld on pension or annuity for the taxable year.

**Schedule IE Individual**

Rev. Jul 18 25



**EXCLUDED AND EXEMPT INCOME**

**2025**

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 debt discharge (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.

<b>Part II</b>	<b>Exemptions from Gross Income (Continued)</b>	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 or under Section 2100.01 of Act 60-2019, as amended, from (See instructions):		
	A) Wages		
	(i) Form 499R-2/W-2PR \$ _____		
	(ii) Federal W-2 Form \$ _____		
	(iii) Federal W-2 Form reported on Schedule F Individual, Part V, line 4 \$ _____		
	B) Manufacturing income (Schedule J Individual, Part II, line 4 or Part IV, line 2(c)) \$ _____		
	C) Income from the sale of goods (Schedule K Individual, Part II, line 4 or Part IV, line 2(c)) \$ _____		
	D) Farming income (Schedule L Individual, Part II, line 4 or Part IV, line 2(c)) \$ _____		
	E) Income from services rendered (Schedule M Individual, Part II, line 4 or Part IV, line 2(c)) \$ _____		
	F) Rental income (Schedule N Individual, Part II, line 2 or Part IV, line 2(c)) \$ _____		
	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(a) or 2(b)) .....	(39) 00	00
40.	Exempt amount on income from the sale of goods (Schedule K Individual, Part IV, line 2(a) or 2(b)) .....	(40) 00	00
41.	Exempt amount from farming income (Schedule L Individual, Part IV, line 2(a) or 2(b)) .....	(41) 00	00
42.	Exempt amount on income from services rendered (Schedule M Individual, Part IV, line 2(a) or 2(b)) .....	(42) 00	00
43.	Exempt amount from rental income (Schedule N Individual, Part IV, line 2(a) or 2(b)) .....	(43) 00	00
44.	Exemptions from the operations of a Disregarded Entity (Submit detail) .....	(44) 00	00
45.	<b>Total</b> (Add lines 1 through 44) .....	(45) 00	00
<b>Part III Total</b>			
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

<b>Schedule J Individual</b>		<b>MANUFACTURING INCOME</b>		<b>2025</b>	
Rev. Jul 18 25		Taxable year beginning on _____ and ending on _____			
Taxpayer's name _____			Social Security Number _____		Schedule J No. _____
<b>Part I Questionnaire</b>		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 _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/>
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") <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)					
<b>Concept</b>	<b>Indicate if you claimed expenses</b>		<b>Indicate if you derived 80% or more of the income from this activity</b>		
1 automobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part II Manufacturing Income</b>				<b>Regular Tax</b>	<b>Alternate Basic Tax</b>
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: 2024 _____ 2025 _____ 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	
<b>Part III Operating Expenses and Deductions</b>					
<b>A. Deductions that must be reported on informative returns:</b>					
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>B. Deductions not reported on informative returns:</b>					
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) _____ (28)			00	00	
29. Subtotal (Add lines 18 through 28) _____ (29)			00	00	
<b>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)</b>					
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 (See instructions) _____ 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	

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. <b>Less:</b> a) Exempt amount _____ % of line 1 (See instructions) \$ _____			
b) Exempt amount (See instructions) \$ _____			
c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$ _____ (2)		00	00
3. Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4. <b>Less:</b> Net operating loss accumulated up to taxable year 2019 (From Part VIII, line 8. 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. <b>Less:</b> Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VIII, line 9) ..... (6)		00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5) ..... (7)		00	
8. <b>Less:</b> 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 2P of the return or Part I, line 3P, 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 taxed 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. <b>Plus:</b> 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. <b>Less:</b> 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. _____ \$ _____			
(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	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 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. <b>Subtotal</b> of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4) ..... (8)	00	00	00	00	
9. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) ..... (9)	00	00	00	00	
10.	00	00	00	00	
11.	00	00	00	00	
12.	00	00	00	00	
13.	00	00	00	00	
14. <b>Subtotal</b> of losses accumulated after taxable year 2020 (Add lines 10 through 13 and transfer to Part IV, line 8) ..... (14)	00	00	00	00	
15. <b>Total</b> (Add lines 8, 9 and 14) ..... (15)	00	00	00	00	

Schedule K Individual

Rev. Jul 18 25



INCOME FROM THE SALE OF GOODS

2025

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

Form header section including Taxpayer's name, Social Security Number, Schedule K No., and various checkboxes for business type and reporting requirements.

Accounting Method: 1 Cash 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)

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

Part II Income from the Sale of Goods

Table for Part II with columns for Regular Tax and Alternate Basic Tax. Rows include income from sale of goods, construction work, gross income, and exempt amount.

Part III Operating Expenses and Deductions

Main table for Part III with columns for Regular Tax and Alternate Basic Tax. Rows are categorized into A (Deductions that must be reported on informative returns), B (Deductions not reported on informative returns), and C (Other deductions validated with an AUP).

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. <b>Less:</b> a) Exempt amount _____ % of line 1 (See instructions) \$ _____			
b) Exempt amount (See instructions) \$ _____			
c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$ _____ (2)		00	00
3. Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4. <b>Less:</b> Net operating loss accumulated up to taxable year 2019 (From Part VII, line 8. 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. <b>Less:</b> Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VII, line 9)..... (6)		00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5)..... (7)		00	
8. <b>Less:</b> 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 taxed 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		Regular Tax	Alternate Basic Tax
1. Beginning inventory..... (1)			00
2. <b>Plus:</b> Purchases..... (2)			00
3. Total (Add lines 1 and 2)..... (3)			00
4. <b>Less:</b> 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. <b>Subtotal</b> of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4)..... (8)	00	00	00	00	
9. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions)..... (9)	00	00	00	00	
10.	00	00	00	00	
11.	00	00	00	00	
12.	00	00	00	00	
13.	00	00	00	00	
14. <b>Subtotal</b> of losses accumulated after taxable year 2020 (Add lines 10 through 13 and transfer to Part IV, line 8)..... (14)	00	00	00	00	
15. <b>Total</b> (Add lines 8, 9 and 14)..... (15)	00	00	00	00	

Retention Period: Ten (10) years

Schedule L Individual

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FARMING INCOME

2025

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

Taxpayer's name

Social Security Number

Schedule L No. \_\_\_\_\_

Part I Questionnaire: Includes fields for Employer Identification Number, Merchant's Registration Number, Case or Concession Number, Industrial Code, Municipal Code, and business type information.

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

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

Part III Operating Expenses and Deductions: Large table with 3 columns: Description, Regular Tax, and Alternate Basic Tax. Rows include A. Deductions that must be reported on informative returns (Salaries, insurance, etc.), B. Deductions not reported on informative returns (Taxes, depreciation, etc.), and C. Other deductions (Automobile expenses, travel, etc.).

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. <b>Less:</b> a) Exempt amount _____ % of line 1 (See instructions) \$ _____			
b) Exempt amount (See instructions) \$ _____			
c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$ _____ (2)		00	00
3. Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4. <b>Less:</b> Net operating loss accumulated up to taxable year 2019 (From Part VIII, line 8. 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. <b>Less:</b> Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VIII, line 9) ..... (6)		00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5) ..... (7)		00	
8. <b>Less:</b> 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 taxed 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. <b>Plus:</b> 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. <b>Less:</b> 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. _____ \$ _____			
(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	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	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. <b>Subtotal</b> of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4) ..... (8)	00	00	00	00	
9. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) ..... (9)	00	00	00	00	
10.	00	00	00	00	
11.	00	00	00	00	
12.	00	00	00	00	
13.	00	00	00	00	
14. <b>Subtotal</b> of losses accumulated after taxable year 2020 (Add lines 10 through 13 and transfer to Part IV, line 8) ..... (14)	00	00	00	00	
15. <b>Total</b> (Add lines 8, 9 and 14) ..... (15)	00	00	00	00	

Schedule M Individual

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INCOME FROM SERVICES RENDERED

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

2025

Form section containing Taxpayer's name, Social Security Number, Part I Questionnaire (Employer Identification Number, Merchant's Registration Number, etc.), and various checkboxes for business types and reporting methods.

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

Table for Part II Income from Services, with columns for Regular Tax and Alternate Basic Tax. Rows include Income, Income earned through pass-through entities, and Subtotal.

Table for Part III Operating Expenses and Deductions, with columns for Regular Tax and Alternate Basic Tax. Rows include A. Deductions that must be reported on informative returns, B. Deductions not reported on informative returns, and C. Other deductions.

Part IV Determination of Gain or Loss		Regular Tax	Alternate Basic Tax
1. Net income for the current year (Subtract line 47, Part III from line 5, Part II)..... (1)		00	00
2. <b>Less:</b> a) Exempt amount _____ % of line 1 (See instructions) \$ _____			
b) Exempt amount (See instructions) \$ _____			
c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$ _____ (2)		00	00
3. Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4. <b>Less:</b> Net operating loss accumulated up to taxable year 2019 (From Part VI, line 8. 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. <b>Less:</b> Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VI, line 9) ..... (6)		00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5) ..... (7)		00	
8. <b>Less:</b> 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 taxed 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	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. <b>Subtotal</b> of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4) ..... (8)	00	00	00	00	
9. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) ..... (9)	00	00	00	00	
10.	00	00	00	00	
11.	00	00	00	00	
12.	00	00	00	00	
13.	00	00	00	00	
14. <b>Subtotal</b> of losses accumulated after taxable year 2020 (Add lines 10 through 13 and transfer to Part IV, line 8) ..... (14)	00	00	00	00	
15. <b>Total</b> (Add lines 8, 9 and 14) ..... (15)	00	00	00	00	

Retention Period: Ten (10) years

Schedule N Individual

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RENTAL INCOME

2025

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)

Fully Taxable

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

Fully Exempt:

Act 132-2010

Section 1031.02(a)(36)(F) of the Code..

Merchant's Registration Number

Location of rented property - Number, Street and City

Property (Fill in one):  1 Residential  2 Commercial

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:

Accounting Method:  1 Cash  2 Accrual

Indicate if the rented property is located outside of Puerto Rico

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

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 Association Stamp No. \_\_\_\_\_

3 Due diligence checklist form ("DDC")

Accredited Agent-Specialist No. \_\_\_\_\_

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)

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

Part II Rental Income

Regular Tax Alternate Basic Tax

Table with 3 columns: Line number, Description, Regular Tax, Alternate Basic Tax. Rows include Income, Less: Exempt amount under Act 135-2014, Income for the current year.

Part III Operating Expenses and Deductions

Table with 4 columns: Description, Line number, Regular Tax, Alternate Basic Tax. Rows include A. Deductions that must be reported on informative returns (Salaries, Lease, Insurance, etc.), B. Deductions not reported on informative returns (Mortgages, Taxes, etc.), C. Other deductions (Mileage, Repairs, etc.).

<b>Part IV</b>		<b>Determination of Gain or Loss</b>	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.	<b>Less:</b> a) Exempt amount _____ % of line 1 (See instructions) \$			
	b) Exempt amount (See instructions) \$			
	c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$	(2)	00	00
3.	Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4.	<b>Less:</b> Net operating loss accumulated up to taxable year 2019 (From Part VI, line 8. 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.	<b>Less:</b> Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VI, line 9) ..... (6)		00	
7.	Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5) ..... (7)		00	
8.	<b>Less:</b> 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 taxed 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

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

<b>Part VI</b>						<b>Net Operating Losses from Previous Years</b>	
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.	<b>Subtotal</b> of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4) ..... (8)	00	00	00	00		
9.	Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) ..... (9)	00	00	00	00		
10.	00	00	00	00	00		
11.	00	00	00	00	00		
12.	00	00	00	00	00		
13.	00	00	00	00	00		
14.	<b>Subtotal</b> of losses accumulated after taxable year 2020 (Add lines 10 through 13 and transfer to Part IV, line 8) ..... (14)	00	00	00	00		
15.	<b>Total</b> (Add lines 8, 9 and 14) ..... (15)	00	00	00	00		

**Schedule O Individual**

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**ALTERNATE BASIC TAX**

**2025**

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 1 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. Less: Total distributions from qualified pension plans taxed at 10% (See instructions) .....	(15)	00
16. Subtract lines 12 through 15 from the sum of lines 1 through 11 .....	(16)	00
17. Less: Deductions and personal exemptions (Part 2, line 10 of the return or Part II, line 8, Column B or C of Schedule CO Individual, as applicable) .....	(17)	00
18. Net Income Subject to Alternate Basic Tax (Subtract line 17 from line 16. See instructions) .....	(18)	00

**Part II Alternate Basic Tax Computation**

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

**Schedule P Individual**

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**GRADUAL ADJUSTMENT**

**2025**

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

Retention Period: Ten (10) years

**Schedule R Individual**

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**PASS-THROUGH ENTITIES  
(RECONCILIATION)**

**2025**

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

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	

**Part I Questionnaire**

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 2 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

**Part II Net Income or Loss from Pass-Through Entities**

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

**Part III Distributable Share on Benefits from Pass-Through Entities**

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**

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**PASS-THROUGH ENTITIES**

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

**2025**

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	
		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
		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
		1 <input type="radio"/> Calendar	2 <input type="radio"/> Fiscal	1 <input type="radio"/> Calendar	2 <input type="radio"/> Fiscal	1 <input type="radio"/> Calendar	2 <input type="radio"/> Fiscal
		1 <input type="radio"/> 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
A.	Type of form (See instructions).....	(A)					
B.	Type of taxable year .....	(B)					
C.	Did the entity choose the optional tax of Section 1071.10 or 1115.11 of the Code? (See instructions) .....	(C)					
D.	Name of entity .....	(D)					
E.	Employer identification number .....	(E)					
F.	Control number of Form 480.60 EC or 480.60 F (Does not apply to Federal Schedule K-1) .....	(F)					
G.	Electronic filing confirmation number of Form 480.60 EC or 480.60 F (Does not apply to Federal Schedule K-1) .....	(G)					
H.	Distributable share on gross income from services rendered of the entity (See instructions) .....	(H)					
I.	Distributable share on gross income from services rendered of subsidiary pass-through entities (See instructions) .....	(I)					
J.	Distributable share in the gross income of the entity (Excluding that related to the services rendered. See instructions) .....	(J)					
K.	Distributable share in the gross income of subsidiary pass-through entities (Excluding that related to the services rendered. See inst.) .....	(K)					
1.	Adjusted basis at the end of the previous taxable year .....	(1)		00		00	
2.	Basis increase:						
(a)	Owner's distributable share on income and profits from current year (See instructions) .....	(2a)		00		00	
(b)	Contributions made during the year .....	(2b)		00		00	
(c)	Entity's capital assets gain .....	(2c)		00		00	
(d)	Exempt income .....	(2d)		00		00	
(e)	Other income or gains reported in other schedules of this return (See instructions) .....	(2e)		00		00	
(f)	Other increases (Submit detail) .....	(2f)		00		00	
(g)	Total basis increase (Add lines 2(a) through 2(f)) .....	(2g)		00		00	
3.	Basis decrease:						
(a)	Owner's distributable share on entity's loss used in previous year .....	(3a)		00		00	
(b)	Entity's capital assets loss .....	(3b)		00		00	
(c)	Distributions during the year .....	(3c)		00		00	
(d)	Credits claimed in the preceding year (See instructions) .....	(3d)		00		00	
(e)	Withholding at source during the year .....	(3e)		00		00	
(f)	Non admissible expenses for the year .....	(3f)		00		00	
(g)	Distributable share on losses from exempt operations during the year .....	(3g)		00		00	
(h)	Charitable contributions .....	(3h)		00		00	
(i)	Owner's debts assumed and guaranteed by the entity .....	(3i)		00		00	
(j)	Other decreases (Submit detail) .....	(3j)		00		00	
(k)	Total basis decrease (Add lines 3(a) through 3(j)) .....	(3k)		00		00	
4.	<b>Adjusted Basis</b> (Subtract line 3(k) from the sum of lines 1 and 2(g). Transfer this amount to line 6(a)) .....	(4)		00		00	
Part II	<b>Determination of Net Income or Loss in one or more Pass-Through Entities</b>						
5.	(a) Owner's distributable share on entity's loss for the year .....	(5a)		00		00	
	(b) Distributable share on the loss of a pass-through entity owned by the entity or trust .....	(5b)		00		00	
	(c) Loss carryover from previous years (See instructions) .....	(5c)		00		00	
	(d) Total losses (Add lines 5(a) through 5(c)) .....	(5d)		00		00	
6.	(a) Adjusted Basis (Part I, line 4) .....	(6a)		00		00	
	(b) Entity's debts under Tourism Incentives Act or Tourism Development Act attributable to the owner .....	(6b)		00		00	
	(c) Entity's current debts assumed and guaranteed by the owner .....	(6c)		00		00	
	(d) Total owner's adjusted basis (Add lines 6(a) through 6(c)) .....	(6d)		00		00	
7.	(a) Distributable share on entity's net income for the year (See instructions) .....	(7a)		00		00	
	(b) Distributable share in the gain of a pass-through entity owned by the entity or trust .....	(7b)		00		00	
	(c) Total income received (Add lines 7(a) and 7(b)) .....	(7c)		00		00	
8.	Available losses (The smaller of lines 5(d) or 6(d)) .....	(8)		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
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

**Schedule X Individual**

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

**2025**

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

Taxpayer's name	Social Security Number
Spouse's name	Spouse's Social Security Number
Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 3 Both <input type="radio"/> 2 Spouse	Merchant's Registration Number
Optional tax election (Section 1021.06 of the Code): <input type="radio"/> 1 Partial Waiver - 6% (CC RI 19-16) <input type="radio"/> 2 With Return	

**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 2, 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 1, 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 1, 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 31Aii and 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)..... (2E)	00

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

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

- If it is less than 80%, you are not eligible to choose the optional tax. Do not complete the rest of this schedule and determine your tax liability on page 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. <b>Less:</b> 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%. <b>This is your Optional Tax</b> ..... (4)	00
5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions)..... (5)	00
6. Optional tax net of the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Subtract line 5 from line 4. Transfer this amount to Part 3, line 23 of the return)..... (6)	00