

Schedule B Individual

Rev. Oct 28 22



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

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Recapture of Credits Claimed in Excess

Table with 3 columns: Column A, Column B, Column C. Rows include Name of entity, Employer identification No, Indicate Act, and numbered items 1-4 for recapture of credits.

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

Main table for tax credits with columns A - Pre Tax Credits Manager and B - Post Tax Credits Manager. Rows include sections A and B with various credit categories and their respective amounts.

Part III		Other Payments and Withholdings	
1.	Estimated tax payments for 2022	(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
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
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
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
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
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 for reason of 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 2022 (Submit detail)	(21e)	00
22.	Total other payments and withholdings (Add lines 1 through 21. Transfer to page 2, Part 3, line 27B of the return)	(22)	00

Part IV Breakdown of the Purchase of Tax Credits		A - Pre Tax Credits Manager		B - Post Tax Credits Manager	
Fill in the oval corresponding to the act (or acts) under which you acquired the credit and enter the amount:					
A. CREDITS SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE					
1.	<input type="radio"/> Solid Waste Disposal (Act 159-2011)	(1)	00	00	00
2.	<input type="radio"/> Capital Investment Fund (Act 46-2000)	(2)	00	00	00
3.	<input type="radio"/> Housing Infrastructure (Act 98-2001)	(3)	00	00	00
4.	<input type="radio"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families or Investment in the Acquisition, Construction or Rehabilitation of Affordable Rental Housing to the Elderly (Act 140-2001, as amended)	(4)	00	00	00
5.	<input type="radio"/> Conservation Easement (Act 183-2001)	(5)	00	00	00
6.	<input type="radio"/> Revitalization of Urban Centers (Act 212-2002)	(6)	00	00	00
7.	<input type="radio"/> Other: _____ (Submit detail)	(7)	00	00	00
8.	Total credit for the purchase of tax credits subject to the limitation (Add lines 1 through 7, Columns A and B, respectively. Transfer to Part II, line 6)	(8)	00	00	00
B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE					
9.	<input type="radio"/> Tourism Development (Act 78-1993 and Act 74-2010)	(9)	00	00	00
10.	<input type="radio"/> Tourism Eligible Investment (Act 60-2019)	(10)	00	00	00
11.	<input type="radio"/> Film Industry Development (Act 27-2011)	(11)	00	00	00
12.	<input type="radio"/> Creative Industries (Act 60-2019)	(12)	00	00	00
13.	<input type="radio"/> Economic Incentives (Research and Development) (Section 5(c) of Act 73-2008)	(13)	00	00	00
14.	<input type="radio"/> Economic Incentives (Industrial Investment) (Section 6 of Act 73-2008)	(14)	00	00	00
15.	<input type="radio"/> Green Energy Incentives (Research and Development) (Act 83-2010)	(15)	00	00	00
16.	<input type="radio"/> Research and Development Investment (Act 60-2019)	(16)	00	00	00
17.	<input type="radio"/> Opportunity Zones (Act 60-2019)	(17)	00	00	00
18.	<input type="radio"/> Other: _____ (Submit detail)	(18)	00	00	00
19.	Total credit for the purchase of tax credits not subject to the limitation (Add lines 9 through 18, Columns A and B, respectively. Transfer to Part II, line 21)	(19)	00	00	00

Schedule C Individual

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

2022

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) <input type="text" value="00"/>					
(ii) Personal exemption, for dependents and additional exemption for veterans (Add lines 7 through 9, Part 2 of the return or lines 5, 6D and 7, Part II of Schedule CO Individual) (2cii) <input type="text" value="00"/>					
(iii) Other deductions claimed (See instructions) (2ciii) <input type="text" value="00"/>					
(iv) Total deductions and exemptions (Add lines 2(c)(i) through 2(c)(iii)).. (2civ) <input type="text" value="00"/>					
(v) Gross income subject to tax from all sources (See instructions) (2cv) <input type="text" value="00"/>					
(vi) Attributable percentage of the gross income from all sources to the gross income subject to tax (Divide line 1(i) by line 2(c)(v). Enter the result rounded to two decimal places) (2cvi)	%	%	%	%	%
(vii) Pro rata share of deductions and exemptions not directly related (Multiply line 2(c)(iv) by line 2(c)(vi))..... (2cvii)	00	00	00	00	00
d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(vii))..... (2d)	00	00	00	00	00
3. Net income from sources of the country, state, territory or possession (Subtract line 2(d) from line 1(i)) (3)	00	00	00	00	00

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

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

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

Part III Reduction in Credit for Tax Paid or Accrued

Table with 7 columns for tax amounts. Rows include income from sources, total income subject to tax, limitation percentage, and total tax paid or accrued available as credit.

Part IV Determination of Credit

Table with 7 columns for tax amounts. Rows include net income from sources, net income from all sources, limitation percentage, 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, Total. Rows include Name of the country, state, territory or possession, Type of Form, and gross income subject to tax.

Schedule D Individual

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

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

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

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

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

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

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

8. Net long-term capital gain (or loss)	(8)	00
9. Net long-term capital gain 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
17. Net long-term capital gain (or loss) (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	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	<input type="radio"/>			00	00	00	00

18. **Net capital gain (or loss) under Act:** _____ (Decree No. _____) (18) align="right">00

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

19. **Net capital gain (or loss) under Act:** _____ (Decree No. _____) (19) align="right">00

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

20. **Net capital gain (or loss) under Act:** _____ (Decree No. _____) (20) align="right">00

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

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

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

Taxpayer's name _____ Social Security Number _____

Part VII Determination of the Net Long-Term Capital Gain - For Each Tax Rate

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Short-Term	Long-Term (15%)	Special Legislation (____%)	Special Legislation (____%)	Special Legislation (____%)	Total Long-Term (Add Columns B through E)	Total Net Capital Gain (Add Columns A and F)
1. Net Capital Gain (In the case of short-term gains, transfer the amount on line 26, Column A, Part V. In the case of long-term gains, transfer the amount from line 31, Columns B through E, Part V, as it corresponds) (1)	00	00	00	00	00	00	00
2. Allowable amount as net capital loss not used in previous years claimed on Schedule D Individual (Transfer the amount included on line 34, Column E, Part V) (The amount entered on this line cannot exceed 90% of the amount reflected on line 1, Column G of this Part) (2)	00						
3. Subtract in Column A, line 2 from line 1 (If the result is more than zero, this is the net short-term capital gain. Therefore, enter zero on line 5 of Columns B through E. If the result is less than zero, continue on line 4) (3)	00						
4. Proportion of the gains according to each tax rate (Divide the amount on line 1, Columns B through E, by the total long-term gains indicated on line 1 of Column F. Enter the result rounded to two decimal places). Add the percentages in Columns B through E and enter the total in Column F. The total shall be 100% (4)		%	%	%	%	%	%
5. Capital loss carryforward attributable to long-term transactions (Columns B through E) (Multiply line 3 - Column A by line 4 of each Column) (5)		00	00	00	00	00	00
6. Net long-term capital gain - (a) Net Long-Term Capital Gain subject to 15% (Column B - Subtract line 5 from line 1. Transfer the result to Column C, line 4(a) of Schedule A2 Individual) (6a) (b) Net Long-Term Capital Gain subject to the tax rate provided by Special Legislation (Columns C through E - Subtract line 5 from line 1. Transfer the result to Columns F, G and H, as it corresponds, line 4(a) of Schedule A2 Individual) (6b) 7. Total net long-term capital gain (Column F - Add lines 6(a) and 6(b). Transfer this result to Column A - line 4(a) of Schedule A2 Individual) (7) 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. 10.22



DEPRECIATION

2022

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.
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(a) Current Depreciation					
			00	00	00
			00	00	00
			00	00	00
Total			00	00	00

(b) Flexible Depreciation					
			00	00	00
			00	00	00
			00	00	00
Total			00	00	00

(c) Accelerated Depreciation					
			00	00	00
			00	00	00
			00	00	00
Total			00	00	00

(d) Amortization (i.e. Goodwill)					
			00	00	00
			00	00	00
			00	00	00
Total			00	00	00

(e) Automobiles (See instructions)					
			00	00	00
			00	00	00
			00	00	00
Total			00	00	00

(f) Vehicles under financial lease (Form 480.7D) (Amount of vehicles _____)	00
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TOTAL: (Add total of lines (a) through (f) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or to the corresponding line of other returns)	00
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Schedule E1

Rev. 10.22



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

2022

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

Schedule E1 No. _____

Taxpayer's name _____

Social Security or Employer Identification Number _____

1. Type of property	2. Date acquired	3. Original cost or other basis	4. Depreciation claimed in prior years	5. Estimated useful life	6. Depreciation claimed this year
(a) Computer systems (Section 1033.07(a)(1)(G)) Check here to elect: <input type="checkbox"/>					
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
Total					00
(b) Ground transportation equipment, except automobiles (Section 1033.07(a)(1)(H)) Check here to elect: <input type="checkbox"/>					
		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00
Total					00
(c) Machinery and equipment, furniture and fixtures, and any other fixed asset to be used in the industry or business (Section 1033.07(a)(1)(K)) Check here to elect: <input type="checkbox"/>					
		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. Oct 28 22



OTHER INCOME

2022

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

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

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

Part IV Partial or Lump-Sum Distributions from Qualified Retirement Plans and Fixed or Variable Annuities Not Subject to a Preferential Rate (See instructions)						
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount	
1. Taxable as ordinary income (Transfer the amount of Column C to Part 1, line 2L of the return or to Part I, line 3L of Schedule CO Individual, as applicable) (1)	0		00	00	00	00

Part V Other Income			Column A	Column B	Column C	Column D	Column E	Column F
Payer's name	Employer Identification Number	Account Number	Income from Debt Discharge	Income from the Use of Intangibles	Judicial or Extrajudicial Indemnification	Income from Sport Teams of International Associations or Federations	Other Income	Distributable Share on Net Income Subject to Preferential Rates from Pass-Through Entities
			00	00	00	00	00	00
			00	00	00	00	00	00
			00	00	00	00	00	00
1. Amount received (1)			00	00	00	00	00	00
2. Less: Expenses related to the production of these income (See instructions) (2)			00	00	00	00	00	00
3. Subtotal Columns A through C and E (Subtract line 2 from line 1, as applicable). Column D (Transfer the total to line 4(g), Columns A and B of Schedule A2 Individual). Column F (Transfer the total to line 4(j), Column A and to the one that applies of Columns B through H of Schedule A2 Individual) (3)			00	00	00	00	00	00
4. Wages, salaries or compensation reported on a Federal W-2 Form of a private company employer (See instructions) (Exempt Wages Sec. 1031.02(a)(36) 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 of Schedule CO Individual, as applicable) (5)								00

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

Schedule IE Individual

Rev. Oct 28 22



EXCLUDED AND EXEMPT INCOME

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Fill in one:

1 Taxpayer 2 Spouse

Social Security Number

Part I Exclusions from Gross Income

Table with 4 columns: Description, Line Number, Mortgage Interests Limitation, and Items subject to Alternate Basic Tax. Rows include Life insurance, Donations, Compensation for injuries, etc.

Part II Exemptions from Gross Income

Table with 4 columns: Description, Line Number, Mortgage Interests Limitation, and Items subject to Alternate Basic Tax. Rows include Fringe benefits, Dividends, Expenses of priests, etc.

Continue on back.

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

Retention Period: Ten (10) years

Schedule J Individual		MANUFACTURING INCOME		2022	
Rev. Oct 28 22		Taxable year beginning on _____ and ending on _____			
Taxpayer's name			Social Security Number		Schedule J No. _____
Part I Questionnaire		Fill in here if it is a Disregarded Entity (See instructions) <input type="checkbox"/>			Fully Taxable <input type="checkbox"/>
Employer Identification Number	Fill in one: <input type="checkbox"/> 1 Taxpayer <input type="checkbox"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="checkbox"/>	Date operations began: Day _____ Month _____ Year _____		Tax Incentives under: Act No. 26 of 1978 <input type="checkbox"/> Act No. 8 of 1987 <input type="checkbox"/> Act 135-1997 <input type="checkbox"/> Act 73-2008 <input type="checkbox"/> Act 83-2010 <input type="checkbox"/> Act 1-2013 <input type="checkbox"/> Act 135-2014 <input type="checkbox"/> Act 60-2019: Section _____ <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)					
Concept		Indicate if you claimed expenses		Indicate if you derived 80% or more of the income from this activity	
1 automobiles		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 vessels		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 airships		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 residential property outside of Puerto Rico		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part II Manufacturing Income				Regular Tax	Alternate Basic Tax
1. Income (1)				00	00
2. Less: Cost of goods sold (Complete Part V) (See instructions) (2)				00	00
3. Gross income (Subtract line 2 from line 1) (Gross profit margin percentage: 2021 _____ 2022 _____ See instructions) (3)				00	00
4. Less: Exempt amount under Act 135-2014 <input type="checkbox"/> 1 Up to \$40,000 <input type="checkbox"/> 2 Up to \$500,000 (See instructions) (4)				00	00
5. Income for the current year (Subtract line 4 from line 3) (5)				00	00
Part III Operating Expenses and Deductions					
A. Deductions that must be reported in an informative return:					
1. Salaries, commissions and bonuses to employees (See instructions) (1)				00	00
2. Salaries paid to young university students (Total \$ _____) Department of the Treasury's Internship Program (Total \$ _____) (See inst.) (2)				00	00
3. Payments for services rendered in Puerto Rico (See instructions) (3)				00	00
4. Payments for services rendered outside of Puerto Rico (See instructions) (4)				00	00
5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____) (5)				00	00
6. Insurance premiums (Except contributions to health or accident plans) (See instructions) (6)				00	00
7. Telecommunication services (7)				00	00
8. Internet and cable or satellite television services (8)				00	00
9. Bundles (See instructions) (9)				00	00
10. Advertising (10)				00	00
11. Royalties (11)				00	00
12. Payments for virtual and technology tools and other subscriptions (12)				00	00
13. Professional associations fees and dues paid for the benefit of employees (13)				00	00
14. Homeowners association fees (14)				00	00
15. Payments for judicial or extrajudicial indemnification (15)				00	00
16. Certain other expenses (See instructions) (16)				00	00
17. Subtotal (Add lines 1 through 16) (17)				00	00
B. Deductions not reported in an informative return:					
18. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____ (18)				00	00
19. Taxes, patents and licenses:					
a) Property tax (Personal \$ _____) (Real \$ _____) (19a)				00	00
b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____ (19b)				00	00
c) State Insurance Fund Policy (19c)				00	00
d) Sales and use tax (19d)				00	00
20. Depreciation and amortization (Submit Schedule E No. _____) (20)				00	00
21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____) (21)				00	00
22. Electric power (22)				00	00
23. Water and sewage (23)				00	00
24. Contributions to health or accident plans (24)				00	00
25. Social Security tax (FICA) (25)				00	00
26. Unemployment tax (26)				00	00
27. Federal self-employment tax (See instructions) (27)				00	00
28. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1) (28)				00	00
29. Subtotal (Add lines 18 through 28) (29)				00	00
C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)					
30. Automobiles expenses (Mileage _____) (See instructions) AUP <input type="checkbox"/> DDC <input type="checkbox"/> (30)				00	00
31. Other motor vehicle expenses (See instructions) AUP <input type="checkbox"/> DDC <input type="checkbox"/> (31)				00	00
32. Repairs and maintenance AUP <input type="checkbox"/> DDC <input type="checkbox"/> (32)				00	00
33. Travel expenses (Total expenses \$ _____) AUP <input type="checkbox"/> DDC <input type="checkbox"/> (33)				00	00
34. Meal and entertainment expenses (Total expenses \$ _____) (See instructions) AUP <input type="checkbox"/> DDC <input type="checkbox"/> (34)				00	00
35. Materials and office supplies AUP <input type="checkbox"/> DDC <input type="checkbox"/> (35)				00	00
36. Materials directly used in the manufacture AUP <input type="checkbox"/> DDC <input type="checkbox"/> (36)				00	00
37. Stamps, vouchers and fees AUP <input type="checkbox"/> DDC <input type="checkbox"/> (37)				00	00
38. Postage and shipping charges AUP <input type="checkbox"/> DDC <input type="checkbox"/> (38)				00	00
39. Uniforms AUP <input type="checkbox"/> DDC <input type="checkbox"/> (39)				00	00
40. Parking and toll AUP <input type="checkbox"/> DDC <input type="checkbox"/> (40)				00	00
41. Office expenses AUP <input type="checkbox"/> DDC <input type="checkbox"/> (41)				00	00
42. Bank fees AUP <input type="checkbox"/> DDC <input type="checkbox"/> (42)				00	00
43. Bad debts AUP <input type="checkbox"/> DDC <input type="checkbox"/> (43)				00	00
44. Other expenses (Complete Part VII) AUP <input type="checkbox"/> DDC <input type="checkbox"/> (44)				00	00
45. Subtotal (Add lines 30 through 44) (45)				00	00
46. Total (Add lines 17, 29 and 45) (46)				00	00

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

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

Part VI Other Direct Costs					
1. Salaries, wages and bonuses.....	(1)	00	10. Electric power.....	(10)	00
2. Social security tax (FICA).....	(2)	00	11. Water and sewage.....	(11)	00
3. Unemployment tax.....	(3)	00	12. Rent.....	(12)	00
4. State Insurance Fund Premiums.....	(4)	00	13. Packing products expenses.....	(13)	00
5. Contributions to health or accident plans.....	(5)	00	14. Meal expenses paid to production employees (Total \$.....)	(14)	00
6. Insurance premiums (Except contributions to health or accident plans).....	(6)	00	15. Depreciation (Submit Schedule E No. _____ or Schedule E1 No. _____).....	(15)	00
7. Excise taxes/Use taxes.....	(7)	00	16. Other direct costs (Submit detail).....	(16)	00
8. Sales and use tax on imports.....	(8)	00	17. Total other direct costs (Add lines 1 through 16. Transfer to Part V, line 4).....	(17)	00
9. Repairs and maintenance.....	(9)	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)
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
1. Subtotal	00	00	00	00	
2. Losses from 2020 related to COVID-19 (Act 57-2020) (See inst.)	00	00	00	00	
3. Total (Add lines 1 and 2. Transfer to Part IV, line 4 of this Schedule)	00	00	00	00	

Retention Period: Ten (10) years

Schedule K Individual

Rev. Oct 28 22



INCOME FROM THE SALE OF GOODS

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name Social Security Number Schedule K No. Fully Taxable Tax Incentives under: Act 14-1996 Act 178-2000 Act 1-2013 Act 135-2014 Act 60-2019 - Sec. Other:

Part I Questionnaire Fill in here if it is a Disregarded Entity (See instructions)

Employer Identification Number Fill in one: 1 Taxpayer 2 Spouse Fill in here if this is your principal industry or business Date operations began: Day Month Year

Merchant's Registration Number Fill in here if during the taxable year you disposed all the assets used in your industry or business Location of Business - Number, Street and City Number of employees

Case or Concession Number Nature of business: NAICS Percentage Fill in here if you are: Lottery Seller Multilevel Business

Industrial Code Municipal Code Indicate if you include with this return (See inst.): 1 Audited Financial Statement 2 Agreed Upon Procedures Report ("AUP") Puerto Rico CPA's College Stamp No. 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No.

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, Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, residential property outside of Puerto Rico.

Part II Income from the Sale of Goods

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include income from sale of goods, less cost of goods sold, gross income, less exempt amount under Act 135-2014, income for the current year.

Part III Operating Expenses and Deductions

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

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include salaries, payments for services, lease, insurance, advertising, royalties, etc.

B. Deductions not reported in an informative return:

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include interests on business debts, taxes, depreciation, etc.

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)

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include automobiles expenses, repairs, travel, materials, etc.

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

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

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

Part VII		Net Operating Losses from Previous Years				
Year in which the loss was incurred (Day/Month/Year)	(A) Loss incurred	(B) Amount used in previous years	(C) Adjustment by Section 1033.14(b)(1)(E) of the Code	(D) Amount available (Subtract Columns B and C from Column A)	Expiration date (Day/Month/Year)	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
1. Subtotal	00	00	00	00	00	
2. Losses from 2020 related to COVID-19 (Act 57-2020) (See inst.)	00	00	00	00	00	
3. Total (Add lines 1 and 2. Transfer to Part IV, line 4 of this Schedule)	00	00	00	00	00	

Retention Period: Ten (10) years

Schedule L Individual

Rev. Oct 28 22



FARMING INCOME

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule L No. _____

Part I Questionnaire: Fill in here if it is a Disregarded Entity (See instructions) []
Employer Identification Number, Merchant's Registration Number, Case or Concession Number, Industrial Code, Municipal Code, Date operations began, Number of employees, Location of Farming Business, Nature of business, NAICS, Percentage, Accounting Method, Indicate if you include with this return (See inst.): [] 1 Audited Financial Statement [] 2 Agreed Upon Procedures Report ("AUP") [] 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No.

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

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

Schedule M Individual

Rev. Oct 28 22



INCOME FROM SERVICES RENDERED

Taxable year beginning on _____ and ending on _____

2022

Header section containing Taxpayer's name, Social Security Number, Schedule M No., and various identification and service details.

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. Columns include Regular Tax and Alternate Basic Tax. Rows 1-7 show income breakdown and tax calculations.

Table for Part III: Operating Expenses and Deductions. Columns include Regular Tax and Alternate Basic Tax. Rows 1-46 list various deductions such as salaries, taxes, depreciation, and travel expenses.

Schedule N Individual

Rev. Oct 28 22



RENTAL INCOME

2022

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)(35)(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 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

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

Indicate if the rented property is located outside of Puerto Rico

Nature of business: NAICS _____ Percentage _____ %

Indicate if you include with this return (See inst.): 1 Audited Financial Statement

2 Agreed Upon Procedures Report ("AUP")

Puerto Rico CPA's College Stamp No. _____

3 Due diligence checklist form ("DDC")

Accredited Agent-Specialist No. _____

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 4 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 outside of Puerto Rico.

Part II Rental Income

Regular Tax Alternate Basic Tax

Table for Rental Income with 3 columns: Line number, Description, and Tax amounts. Includes lines for Income, Less: Exempt amount, and Income for the current year.

Part III Operating Expenses and Deductions

Table for Operating Expenses and Deductions with 4 columns: Line number, Description, and Tax amounts. Includes sections for Deductions that must be reported, Deductions not reported, and Other deductions.

Schedule Q

Rev. 02.01
Rep. 10.22



INVESTMENT FUNDS

CREDIT FOR INVESTMENT, LOSSES AND AMOUNT TO CARRYOVER

20____

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

Taxpayer's name

Social Security or Employer
Identification Number

Part I Questionnaire

Taxpayer (Check one): 1 Individual 2 Corporation 3 Pass-Through Entity

	(01) Column A	(02) Column B	(03) Column C
Entity's Name			
Employer Identification Number			
Type of Investment	<input checked="" type="checkbox"/> 1 Tourist Development Fund Capital Investment Fund <input type="checkbox"/> 2 Act 3 of 1987 <input type="checkbox"/> 3 Act 46 of 2000 <input type="checkbox"/> 4 Act 70 of 1978 <input type="checkbox"/> 5 Act 78 of 1993 <input type="checkbox"/> 6 Act 225 of 1995 <input type="checkbox"/> 7 Others _____ Direct Investment and not through a fund: <input type="checkbox"/> 8 Act 70 of 1978 <input type="checkbox"/> 9 Act 78 of 1993 <input type="checkbox"/> 10 Act 225 of 1995 <input type="checkbox"/> 11 Feature films (Subchapter K of the Code)	<input type="checkbox"/> 1 Tourist Development Fund Capital Investment Fund <input type="checkbox"/> 2 Act 3 of 1987 <input type="checkbox"/> 3 Act 46 of 2000 <input type="checkbox"/> 4 Act 70 of 1978 <input type="checkbox"/> 5 Act 78 of 1993 <input type="checkbox"/> 6 Act 225 of 1995 <input type="checkbox"/> 7 Others _____ Direct Investment and not through a fund: <input type="checkbox"/> 8 Act 70 of 1978 <input type="checkbox"/> 9 Act 78 of 1993 <input type="checkbox"/> 10 Act 225 of 1995 <input type="checkbox"/> 11 Feature Films (Subchapter K of the Code)	<input type="checkbox"/> 1 Tourist Development Fund Capital Investment Fund <input type="checkbox"/> 2 Act 3 of 1987 <input type="checkbox"/> 3 Act 46 of 2000 <input type="checkbox"/> 4 Act 70 of 1978 <input type="checkbox"/> 5 Act 78 of 1993 <input type="checkbox"/> 6 Act 225 of 1995 <input type="checkbox"/> 7 Others _____ Direct Investment and not through a fund: <input type="checkbox"/> 8 Act 70 of 1978 <input type="checkbox"/> 9 Act 78 of 1993 <input type="checkbox"/> 10 Act 225 of 1995 <input type="checkbox"/> 11 Feature films (Subchapter K of the Code)

Part II Credit Computation

1. Qualified investment acquired during the taxable year (1)	00	00	00
2. Allowable credit percentage:			
a) Multiply line 1 x 25% (See instructions) (2a)	00	00	00
b) Multiply line 1 x 50% (See instructions) (2b)	00	00	00
3. Credit available for investment:			
a) Credit attributable to first year (See instructions) (3a)	00	00	00
b) Carryover investment credit from previous years (Submit detail) (3b)	00	00	00
c) Total (Add lines 3(a) and 3(b)) (3c)	00	00	00
4. Total of credit available for investment (Add line 3(c), Columns A, B and C. Transfer to Part III, line 5) (4)			00

Part III		Computation of Amount to be Claimed	
5. Total credit available for investment (From Part II, line 4)	(5)		00
6. Tax determined in the return (See instructions)	(6)		00
7. Credit for deductible portion of taxes paid to the United States, its states, possessions and foreign countries and for contribution to the Educational Foundation for Free Selection of Schools (See instructions)	(7)		00
8. Excess of Alternate Basic Tax or Alternative Minimum Tax over the Regular Tax (See instructions)	(8)		00
9. Adjusted tax (Line 6 less the sum of lines 7 and 8).....	(9)		00
10. Credit to claim (Enter the smaller of line 5 or 9. See instructions)	(10)		00
11. Prescribed credits from previous years (See instructions)	(11)		00
12. Carryover credit (See instructions):			
(a) Line 5 less the sum of lines 10 and 11.....	(12a)		00
(b) Attributable credit for the second year.....	(12b)		00
(c) Total	(12c)		00

Part IV		Determination of Credit and Carryover of Losses in the Sale, Exchange or any other Investment Disposition	
1. Total of losses during the taxable year (See instructions):			
a) Short-term (Schedule Q1, Part IV, line 3)	(1a)		00
b) Long-term (Schedule Q1, Part III, line 1)	(1b)		00
c) Total	(1c)		00
2. Carryover losses not claimed in previous years (Submit detail. See instructions)	(2)		00
3. Total of losses (Add lines 1(c) and 2)	(3)		00
4. Total losses incurred in each one of previous years (See instructions)	(4)		00
5. Add lines 1(c) and 4	(5)		00
6. Maximum amount that you may claim as credit attributable to losses (Multiply line 5 by 33.33%. See instructions)	(6)		00
7. Available credit for the year (The smaller of line 3 or 6)	(7)		00
8. Tax determined in the return (See instructions)	(8)		00
9. Credit for taxes paid to the United States, its states, possessions and foreign countries and for contribution to the Educational Foundation for Free Selection of Schools (See instructions)	(9)		00
10. Investment credit claimed during the taxable year related to the investment subject to loss, if any.....	(10)		00
11. Adjusted tax (Line 8 less the sum of lines 9 and 10).....	(11)		00
12. Credit to claim (Enter the smaller of line 7 or 11. See instructions)	(12)		00
13. Prescribed credits from previous years	(13)		00
14. Carryover credit (Line 3 less the sum of lines 12 and 13).....	(14)		00

Schedule Q1

Rev. 12.20
Rep. 10.22



INVESTMENT FUNDS

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

20__

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

Taxpayer's name

Social Security or Employer
Identification Number

Part I Computation of Adjusted Basis and Taxable Distributions

	Column A	Column B	Column C
Entity's Name			
Employer Identification Number			
1. Adjusted basis of the investment at the beginning of the taxable year (1)	00	00	00
2. Additional investments during the year (2)	00	00	00
3. Less: non-recognized gains on reinvestments (See instructions) (3)	00	00	00
4. Adjusted basis before the credit (Subtract line 3 from the sum of lines 1 and 2) (4)	00	00	00
5. Credit claimed during the year (See instructions) (5)	00	00	00
6. Adjusted basis before distributions of the year (Subtract line 5 from line 4) (6)	00	00	00
7. Exempt distributions received from the Fund or Designated Entity during the taxable year from corporations and partnerships under the Tax Incentives Act (according to Form 480.6B) (7)	00	00	00
8. Adjusted basis before the non-exempt distributions (Subtract line 7 from line 6. If it is less than zero, enter zero)..... (8)	00	00	00
9. Non-exempt distributions received during the taxable year..... (9)	00	00	00
10. Adjusted basis at the end of the taxable year: • If line 8 is more than line 9, enter the difference and do not complete the rest of the form (See instructions). • If line 9 is more than line 8, enter zero and transfer the difference to line 11 (10)	00	00	00
11. Excess of distributions over the adjusted basis (Transfer to Part 1, line 21 of the return or to Schedule CO Individual, Part I, line 31, as applicable) (11)	00	00	00
12. Distribution you elect to include as ordinary income (See instructions)..... (12)	00	00	00
13. Total distribution you elect to include as ordinary income (Add line 12 of Column A through C) (13)			00
14. Distribution subject to Special Tax (Add line 11, Columns A, B and C less line 13. Enter here and on Schedule A2 Individual, line 4(k), Column D)..... (14)			00
15. Special Tax (Multiply line 14 by 10%. Enter the amount here) (15)			00
16. Tax Withheld over exempt or taxable distributions (See instructions). Transfer to Schedule B Individual, Part III, line 8 (16)			00

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

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

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

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

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

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

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

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

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

Schedule R Individual

Rev. Oct 28 22



**PASS-THROUGH ENTITIES
(RECONCILIATION)**

2022

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 6 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

Rev. Oct 28 22



PASS-THROUGH ENTITIES

Taxable year beginning on _____ and ending on _____

2022

Taxpayer's name _____

Schedule R1 Individual _____ of _____

1 Taxpayer

Fill in one:

2 Spouse

3 Both

Social Security Number _____

Part I	Adjusted Basis Determination of the Owner of one or more Pass-Through Entity	Column A		Column B		Column C	
		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	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	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
A.	Type of form (See instructions).....	(A) 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	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	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
B.	Type of taxable year	(B) 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	
C.	Did the entity choose the optional tax of Section 1071.10 or 1115.11 of the Code? (See instructions)	(C) 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	
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	00
2.	Basis increase:						
(a)	Owner's distributable share on income and profits from current year (See instructions)	(2a)		00		00	00
(b)	Contributions made during the year	(2b)		00		00	00
(c)	Entity's capital assets gain	(2c)		00		00	00
(d)	Exempt income	(2d)		00		00	00
(e)	Other income or gains reported in other schedules of this return (See instructions)	(2e)		00		00	00
(f)	Other increases (Submit detail)	(2f)		00		00	00
(g)	Total basis increase (Add lines 2(a) through 2(f))	(2g)		00		00	00
3.	Basis decrease:						
(a)	Owner's distributable share on entity's loss used in previous year	(3a)		00		00	00
(b)	Entity's capital assets loss	(3b)		00		00	00
(c)	Distributions during the year	(3c)		00		00	00
(d)	Credits claimed in the preceding year (See instructions)	(3d)		00		00	00
(e)	Withholding at source during the year	(3e)		00		00	00
(f)	Non admissible expenses for the year	(3f)		00		00	00
(g)	Distributable share on losses from exempt operations during the year	(3g)		00		00	00
(h)	Contributions	(3h)		00		00	00
(i)	Owner's debts assumed and guaranteed by the entity	(3i)		00		00	00
(j)	Other decreases (Submit detail)	(3j)		00		00	00
(k)	Total basis decrease (Add lines 3(a) through 3(j))	(3k)		00		00	00
4.	Adjusted Basis (Subtract line 3(k) from the sum of lines 1 and 2(g). Transfer this amount to line 6(a))	(4)		00		00	00
Part II	Determination of Net Income or Loss in one or more Pass-Through Entity						
5.	(a) Owner's distributable share on entity's loss for the year	(5a)		00		00	00
	(b) Distributable share on the loss of a pass-through entity owned by the entity or trust	(5b)		00		00	00
	(c) Loss carryover from previous years (See instructions)	(5c)		00		00	00
	(d) Total losses (Add lines 5(a) through 5(c))	(5d)		00		00	00
6.	(a) Adjusted Basis (Part I, line 4)	(6a)		00		00	00
	(b) Entity's debts under Tourism Incentives Act or Tourism Development Act attributable to the owner	(6b)		00		00	00
	(c) Entity's current debts assumed and guaranteed by the owner	(6c)		00		00	00
	(d) Total owner's adjusted basis (Add lines 6(a) through 6(c))	(6d)		00		00	00
7.	(a) Distributable share on entity's net income for the year (See instructions)	(7a)		00		00	00
	(b) Distributable share in the gain of a pass-through entity owned by the entity or trust	(7b)		00		00	00
	(c) Total income received (Add lines 7(a) and 7(b))	(7c)		00		00	00
8.	Available losses (The smaller of lines 5(d) or 6(d))	(8)		00		00	00
9.	Total income (Add the amounts determined on line 7(c), Columns A through C. Transfer to Schedule R Individual, Part II, line 1)	(9)					00
10.	Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part II, line 2)	(10)					00