



**CERTIFICATION OF THE INFORMATION INCLUDED ON THE
INDIVIDUAL INCOME TAX RETURN**
(Applicable to returns from year 2019 onwards)

Last name	Second last name	Taxpayer's name	Taxpayer ID	Letter ID
Last name	Second last name	Spouse's name	Spouse ID	Filing Date
Postal or home address			Filing Status	Control Number (DCN) or Return ID
Total exclusions from gross income			00	Citizen of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Total exemptions from gross income			00	
1. Amount overpaid			00	Highest Source of Income
2. Balance of tax due			00	
INCOME:				Dependents: Children _____ Others _____
3. Wages, Commissions, Allowances and Tips			00	Dependent's Date of Birth
4. Wages reported on a Federal W-2 form			00	
5. Other Income (or Losses):				
A) Total distributions from qualified retirement plans			00	
B) Gain (or loss) from sale or exchange of capital assets			00	
C) Interests (Total \$ _____)			00	
D) Dividends from corporations (Total \$ _____)			00	
E) Distributions from Governmental Plans			00	
F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts			00	
G) Other income (Total \$ _____)			00	
H) Income from annuities and pensions			00	
I) Dividends from Capital Investment or Tourism Fund			00	
J) Net long-term capital gain on Investment Funds			00	
K) Distributable share on profits from partnerships, special partnerships and corporations of individuals (Total \$ _____)			00	
L) Distributions from deferred compensation plans, partial or lump-sum distributions from qualified retirement plans and fixed or variable annuities not subject to a preferential rate			00	
M) Income from salaries, wages, compensations or public shows received by a nonresident individual			00	
N) Alimony received (Payer's social security No. _____)			00	
O) Distributions due to a disaster declared by the Governor of Puerto Rico			00	
P) Gain (or loss) from manufacturing business (Sched. J Ind.) (Total \$ _____)			00	
Q) Gain (or loss) from the sale of goods (Sched. K Ind.) (Total \$ _____)			00	
R) Gain (or loss) from farming (Sched. L Ind.) (Total \$ _____)			00	
S) Gain (or loss) from services rendered (Sched. M Ind.) (Total \$ _____)			00	
T) Gain (or loss) from rental business (Sched. N Ind.) (Total \$ _____)			00	
6. Total Income			00	Internal Revenue Stamp and Official Stamp
7. Alimony paid (Recipient's social security No. _____)			00	
8. Adjusted Gross Income			00	
DEDUCTIONS AND EXEMPTIONS:				
9. Total deductions (Includes home mortgage interests, as indicated)			00	
A) Home mortgage interests			00	
10. Personal exemption			00	
11. Total exemption for dependents			00	
12. Additional Personal Exemption for Veterans			00	
13. Total Deductions and Exemptions			00	
14. Net income before the deduction for Private Equity investment			00	
15. Allowable deduction for Private Equity investment			00	
16. Net Taxable Income			00	
TAX:				
17. Total Tax Determined			00	
18. Tax Liability			00	
19. Total Tax Withheld, Paid and Reimbursable Credits			00	
20. Balance			00	

I hereby certify that according to our tax information files, the aforementioned taxpayer filed the income tax return for the above indicated taxable year. The information presented herein includes the one submitted by the taxpayer and any adjustment made by the Department of the Treasury. This certification has the same validity as a copy of the return for all purposes.

Assistant Secretary for Internal Revenue or Representative

Issuance Date and Time