

| | | | | | | | | | | | | | |
|---|--|-----------|--|---|--|---|--|--|-----------------------|---|--|---|--|
| Liquidator: | | Reviewer: | | 2024 | | GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY | | 2024 | | Control Number | | | |
| Field audited by: | | | | Corporation Income Tax Return | | | | | | | | <input type="checkbox"/> AMENDED RETURN | |
| Date / / | | | | | | | | | | | | | |
| R | M | N | | TAXABLE YEAR BEGINNING ON , AND ENDING ON , | | | | | | | | TAXABLE YEAR: 1 <input type="checkbox"/> CALENDAR 2 <input type="checkbox"/> FISCAL | |
| | | | | | | | | | | | | 3 <input type="checkbox"/> 52-53 WEEKS: Taxable year beginning on DAY / MONTH / YEAR and ending on DAY / MONTH / YEAR | |
| Taxpayer's Name | | | | Employer Identification Number | | | | | | | | 4 <input type="checkbox"/> SHORT PERIOD: Beginning on DAY / MONTH / YEAR and ending on month DAY / MONTH / YEAR | |
| Postal Address | | | | Department of State Registry No. | | | | | | | | Receipt Stamp | |
| Zip Code | | | | Industrial Code Municipal Code | | | | | | | | | |
| Location of Principal Industry or Business - Number, Street, City | | | | Merchant's Registration Number | | | | | | | | | |
| Type of Principal Industry or Business (i.e. Hardware store, Cafeteria, etc.) | | | | <input type="checkbox"/> Insurance Company (See inst.) <input type="checkbox"/> Large Taxpayer (See inst.) | | | | | | | | | |
| Manufacturer number (if applicable) | | | | NAICS Code | | Telephone Number - Extension () - | | | | Type of Entity | | | |
| Check the corresponding box, if applicable | | | | CHANGE OF ADDRESS: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Date Incorporated Day / Month / Year | | | | Indicate if you are member of a group of related entities | |
| 1 <input type="checkbox"/> First return 2 <input type="checkbox"/> Last return | | | | EXTENSION OF TIME: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Place Incorporated 1 <input type="checkbox"/> Domestic (PR) 2 <input type="checkbox"/> Foreign | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 <input type="checkbox"/> Change of period (See instructions) | | | | E-mail Address of the Contact Person | | | | Engage in trade or business in Puerto Rico | | | | Group number | |
| Contracts with Governmental Entities <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| GO TO PAGE 4 TO DETERMINE YOUR REFUND OR PAYMENT. | | | | | | | | | | | | | |
| Refund | 1. AMOUNT OVERPAID (Part IV, line 21. Indicate distribution on lines A, B, C and D) | | | | | | | | | | (1) | 00 | |
| | A) To be credited to estimated tax for 2025 | | | | | | | | | | (1A) | 00 | |
| | B) Contribution to the San Juan Bay Estuary Special Fund | | | | | | | | | | (1B) | 00 | |
| | C) Contribution to the University of Puerto Rico Special Fund | | | | | | | | | | (1C) | 00 | |
| | D) TO BE REFUNDED | | | | | | | | | | (1D) | 00 | |
| Payment | 2. AMOUNT OF TAX DUE (Part IV, line 21) | | | | | | | | | | (2) | 00 | |
| | 3. Less: Amount paid | | | | | | | | | | (3a) | 00 | |
| | (a) With Return | | | | | | | | | | (3b) | 00 | |
| | (b) Interests (See instructions) | | | | | | | | | | (3c) | 00 | |
| Deposit | 4. BALANCE OF TAX DUE (Subtract line 3(a) from line 2 and add lines 3(b) and 3(c)) | | | | | | | | | | (4) | 00 | |
| | Type of account | | | | | | | | | | AUTHORIZATION FOR DIRECT DEPOSIT OF REFUND | | |
| | <input type="radio"/> Corporate Checking <input type="radio"/> Corporate Saving <input type="radio"/> Personal Checking <input type="radio"/> Personal Saving | | | | | | | | | | Routing/transit number Account number | | |
| Account in the name of: and | | | | | | | | | | (Print complete name as it appears on your account) | | | |
| OATH | | | | | | | | | | | | | |
| I, the undersigned (president, vice-president, treasurer, assistant treasurer or other principal or finance officer of the corporation for which this income tax return is made), declare under penalty of perjury, that this return (including schedules and statements attached), has been examined by me, and to the best of my knowledge and belief, is a true, correct and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 2011, as amended, and the Regulations thereunder. | | | | | | | | | | | | | |
| Authorized Officer's Name and Title | | | | Date | | | | Authorized Officer's Signature | | | | | |
| SPECIALIST'S USE ONLY | | | | | | | | | | | | | |
| I declare under penalty of perjury that this return (including schedules and statements attached) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return. The declaration of the person who prepares this return is with respect to the information received and this information may be verified. | | | | | | | | | | | | | |
| Specialist's name (Print) | | | | Self-employed Specialist <input type="checkbox"/> | | Registration Number | | FOR THE CPA USE ONLY | | | | | |
| Firm's name | | | | | | CPA License Number | | | CPA Association Stamp | | | | |
| Address Zip Code | | | | | | CPA Association Stamp Number | | | | | | | |
| Specialist's Signature Date | | | | | | | | | | | | | |
| NOTE TO TAXPAYER | | | | | | | | | | | | | |
| Indicate if you made payments for the preparation of your return: <input type="radio"/> Yes <input type="radio"/> No. If you answered "Yes", require the Specialist's signature and registration number. | | | | | | | | | | | | | |
| Retention Period: Ten (10) years | | | | | | | | | | | | | |

Part I Determination of the Gross Operating Income**A. Sale of goods income and income from construction work**

| | | |
|--|-----|----|
| 1. Net sales of goods or products and income from construction work (See instructions) | (1) | 00 |
| 2. Less: Cost of goods sold or direct costs of production (From Part V, line 7) | (2) | 00 |
| 3. Gross profit (or loss) on sale of goods or products (Subtract line 2 from line 1) | (3) | 00 |
| (Gross profit margin percentage: 2023 _____ % 2024 _____ %. See instructions) | | |
| 4. Gross profit (or loss) from the sale of goods or products and income from construction work from the activities of a Disregarded Entity (Schedule EI Corporation, Part I, line 3) | (4) | 00 |
| 5. Subtotal (Add lines 3 and 4) | (5) | 00 |

B. Manufacturing income

| | | |
|---|------|----|
| 6. Income | (6) | 00 |
| 7. Less: Cost of goods sold or direct costs of production (From Part V, line 7) | (7) | 00 |
| 8. Manufacturing gross profit (or loss) (Subtract line 7 from line 6) | (8) | 00 |
| (Gross profit margin percentage: 2023 _____ % 2024 _____ %. See instructions) | | |
| 9. Manufacturing gross profit (or loss) from the activities of a Disregarded Entity (Schedule EI Corporation, Part I, line 6) | (9) | 00 |
| 10. Subtotal (Add lines 8 and 9) | (10) | 00 |

C. Services income

| | | |
|---|------|----|
| 11. Gross income on sale of services (a) Rendered directly by the corporation \$ _____; (b) Earned through pass-through entities \$ _____; and (c) From the activities of a Disregarded Entity (Schedule EI Corporation, Part I, line 7) \$ | (11) | 00 |
|---|------|----|

D. Other income

| | | |
|--|------|----|
| 12. Net capital gain (Schedule D Corporation, Part IV, line 21) | (12) | 00 |
| 13. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corporation, Part V, line 22) | (13) | 00 |
| 14. Rent (Total \$ _____) (See instructions) | (14) | 00 |
| 15. Interests: (a) Subject to the preferential rate of 10% \$ _____ (b) Others \$ | (15) | 00 |
| 16. Dividends from corporations: (a) Domestic \$ _____ (b) Foreign \$ | (16) | 00 |
| 17. Distributable share on net income from pass-through entities (Schedule R Corporation, Part III, line 5) | (17) | 00 |
| 18. Distributable share on net income subject to preferential rates from pass-through entities (See instructions) | (18) | 00 |
| 19. Net income derived from the operations of an international financial entity that operates as a bank unit | (19) | 00 |
| 20. Freight and fares | (20) | 00 |
| 21. Royalties | (21) | 00 |
| 22. Debt discharge (Form 480.6A) | (22) | 00 |
| 23. Public shows | (23) | 00 |
| 24. Other payments reported in a Form 480.6A or 480.6B | (24) | 00 |
| 25. Miscellaneous income (Submit detail) | (25) | 00 |
| 26. Other income from the activities of a Disregarded Entity (Schedule EI Corporation, Part I, line 18) | (26) | 00 |
| 27. Total income (Add lines 5 and 10 through 26) | (27) | 00 |
| 28. Less: Exempt amount under Act 135-2014 (See instructions) (Services income \$ _____) | (28) | 00 |
| 29. Total income after the exemption under Act 135-2014 (Subtract line 28 from line 27) | (29) | 00 |

Part II Deductions**Regular Tax****Alternative Minimum Tax****A. Deductions that must be reported on informative return:**

| | | | |
|---|------|----|----|
| 1. Compensation to directors (See instructions Part X) | (1) | 00 | 00 |
| 2. Compensation to officers (See instructions Part XI) | (2) | 00 | 00 |
| 3. Salaries, commissions and bonuses to employees (See instructions) | (3) | 00 | 00 |
| 4. Salaries paid to young university students (Total \$ _____) Internship Program of the Department of the Treasury (Total \$ _____) (See instructions) | (4) | 00 | 00 |
| 5. Payments for services rendered in Puerto Rico (See instructions) | (5) | 00 | 00 |
| 6. Payments for services rendered outside of Puerto Rico (See instructions) | (6) | 00 | 00 |
| 7. Services subcontracted | (7) | 00 | 00 |
| 8. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____) | (8) | 00 | 00 |
| 9. Insurance premiums (Except contributions to health or accident plans) (See instructions) | (9) | 00 | 00 |
| 10. Telecommunication services | (10) | 00 | 00 |
| 11. Internet and cable or satellite television services | (11) | 00 | 00 |
| 12. Bundles (See instructions) | (12) | 00 | 00 |
| 13. Advertising | (13) | 00 | 00 |
| 14. Royalties | (14) | 00 | 00 |
| 15. Payments for virtual and technological tools and other subscriptions | (15) | 00 | 00 |
| 16. Professional associations fees and memberships paid for the benefit of the employee | (16) | 00 | 00 |
| 17. Homeowners association fees | (17) | 00 | 00 |
| 18. Payments for judicial or extrajudicial indemnification | (18) | 00 | 00 |
| 19. Certain other expenses (See instructions) | (19) | 00 | 00 |
| 20. Deductions reported on the Informative Returns of the Disregarded Entities included in this return (Schedule EI Corporation, Part II, line 20) | (20) | 00 | 00 |
| 21. Subtotal (Add lines 1 through 20) | (21) | 00 | 00 |

B. Deductions not reported on informative returns:

22. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____
and Others \$ _____ (22)
23. Taxes, patents and licenses:
- (a) Property tax (Personal \$ _____) (Real \$ _____) (23a)
- (b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____ (23b)
- (c) State Insurance Fund Policy (23c)
- (d) Sales and use tax (23d)
- (e) Special contribution for professional and advisory services under Act 48-2013, as amended (23e)
24. Depreciation and amortization (Submit Schedule E No. _____) (24)
25. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____) (25)
26. Electric power (26)
27. Water and sewage (27)
28. Contributions to health or accident plans (28)
29. Social Security tax (FICA) (29)
30. Unemployment tax (30)
31. Contributions to qualified pensions plans (See instructions. Submit Form AS 6042.1 No. _____) (31)
32. Deduction to employers for: Handicapped persons \$ _____ and Breastfeeding period \$ _____ (See instructions) (32)
33. Deductions not reported on the Informative Returns of the Disregarded Entities included in this return (Schedule EI Corporation, Part II, line 32) (33)
34. Subtotal (Add lines 22 through 33) (34)

C. Other deductions: Indicate if you include with this return (See instructions): ☐ 1 Audited Financial Statement ☐ 2 Agreed Upon Procedures Report ("AUP") Number of the Puerto Rico CPA Association Stamp _____

35. Automobile expenses (Mileage _____) (See instructions) AUP ☐ (35)
36. Other motor vehicle expenses (See instructions) AUP ☐ (36)
37. Repairs and maintenance AUP ☐ (37)
38. Travel expenses (Total expenses \$ _____) AUP ☐ (38)
39. Meal and entertainment expenses (Total expenses \$ _____) (See instructions) AUP ☐ (39)
40. Materials and office supplies AUP ☐ (40)
41. Materials used directly in the trade or business AUP ☐ (41)
42. Stamps, vouchers and fees AUP ☐ (42)
43. Postage and shipping charges AUP ☐ (43)
44. Uniforms AUP ☐ (44)
45. Parking and toll AUP ☐ (45)
46. Office expenses AUP ☐ (46)
47. Bank fees AUP ☐ (47)
48. Bad debts AUP ☐ (48)
49. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions) AUP ☐ (49)
50. Expenses incurred or paid to stockholders, persons or related entities outside of Puerto Rico (See instructions) (Total \$ _____) AUP ☐ (50)
51. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions) AUP ☐ (51)
52. Losses from fires, storms, other casualties, or theft (See instructions) AUP ☐ (52)
53. Management fees AUP ☐ (53)
54. Expenses in property leased to the Puerto Rico Industrial Development Company or warehouse of the Puerto Rico Trade and Export Company (See instructions) AUP ☐ (54)
55. Other deductions (Submit detail) AUP ☐ (55)
56. Deductions that were validated by an AUP of the Disregarded Entities included in this return (Schedule EI Corporation, Part II, line 54) AUP ☐ (56)
57. Subtotal (Add lines 35 through 56) (57)
58. Charitable contributions (Submit Schedule CC) AUP ☐ (58)
59. Allowable deduction for investment in a Private Equity Fund (See instructions) AUP ☐ (59)
60. **Total deductions** (Add lines 21, 34, 57, 58 and 59) (60)

Part III Determination of Net Income (or Loss) Subject to Normal Tax and Surtax

| | Regular Tax | Alternative Minimum Tax |
|---|-------------|-------------------------|
| 1. Total income (From Part I, line 29) (1) | 00 | 00 |
| 2. Total deductions (From Part II, line 60) (2) | 00 | 00 |
| 3. Net operating income (or loss) (Subtract line 2 from line 1) (3) | 00 | 00 |
| 4. Less: Exempt amount under Section 2100.01 of the Act 60-2019, as amended (See instructions) (4) | 00 | 00 |
| 5. Net income after the exemption under Section 2100.01 of the Act 60-2019, as amended (Subtract line 4 from line 3) (5) | 00 | 00 |
| 6. Less: Deduction for net operating loss accumulated until taxable year 2019 (Schedule G Corporation, Part I, line 9. Do not exceed 90% of line 5) (See instructions) (6) | 00 | |
| 7. Net income after the accumulated loss until taxable year 2019 (Subtract line 6 from line 5) (7) | 00 | |
| 8. Less: Deduction for net loss in operations for taxable year 2020 related to COVID-19 under Act 57-2020 (Schedule G Corporation, Part I, line 10) (8) | 00 | |
| 9. Net income after the accumulated loss until taxable year 2020 (Subtract line 8 from line 7) (9) | 00 | |
| 10. Less: Deduction for net operating loss accumulated after taxable year 2020 (Schedule G Corporation, Part I, line 14. Do not exceed 90% of line 5) (See instructions) (10) | 00 | |
| 11. Net income (or loss) (Subtract line 10 from line 9) (11) | 00 | 00 |
| 12. Less: Dividends received from domestic corporations (See instructions) (12) | 00 | |
| 13. Net income subject to normal tax (Subtract line 12 from line 11) (13) | 00 | |
| 14. Less: Surtax net income deduction (Check here if comes from Form AS 2652.1 <input type="checkbox"/>) (14) | 00 | |
| 15. Net income subject to surtax (Subtract line 14 from line 13) (15) | 00 | |

Part IV Computation of Tax

| | | |
|--|------|----|
| 1. Normal tax (Multiply line 13, Part III by: 1 <input type="checkbox"/> Section 1022.01 2 <input type="checkbox"/> Optional tax (Schedule X Corporation, Section 1022.07) 3 <input type="checkbox"/> Section 1092.01 - 29% 4 <input type="checkbox"/> ____%. See instructions) | (1) | 00 |
| 2. Surtax (See instructions) | (2) | 00 |
| 3. Total Tax (Add lines 1 and 2) | (3) | 00 |
| 4. Alternative Tax - Capital Gains and Preferential Rates (Schedule D1 Corporation, line 9) | (4) | 00 |
| 5. Tax determined before the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Line 3 or 4, whichever is smaller, provided that both lines are more than zero) | (5) | 00 |
| 6. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Schedule C Corporation, Part IV, line 6(c)) .. | (6) | 00 |
| 7. Tax liability before the alternative minimum tax (Subtract line 6 from line 5) | (7) | 00 |
| 8. Alternative minimum tax in excess of the regular tax (Schedule A Corporation, Part V, line 39) | (8) | 00 |
| 9. Tax liability before the tax credits (Add lines 7 and 8) | (9) | 00 |
| 10. Recapture of credit claimed in excess (Schedule B Corporation, Part I, line 3) | (10) | 00 |
| 11. Credit for alternative minimum tax paid in previous years (Schedule A Corporation, Part VI, line 4) | (11) | 00 |
| 12. Tax credits (Schedule B Corporation, Part II, line 23) | (12) | 00 |
| 13. Tax responsibility before the branch profits tax or deemed dividend tax (Add lines 9 and 10 less lines 11 and 12) | (13) | 00 |
| 14. Branch profits tax (Form AS 2879, Branch Profits Tax, line 11) | (14) | 00 |
| 15. Deemed dividend tax (See instructions) (Form AS 2877, Deemed Dividend Tax, line 13) | (15) | 00 |
| 16. Total Tax Liability (Add lines 13 through 15) | (16) | 00 |
| 17. Less: Other Payments and Withholdings (Schedule B Corporation, Part III, line 11) | (17) | 00 |
| 18. Balance of tax due (If line 17 is less than line 16, enter the difference here, otherwise, on line 19) | (18) | 00 |
| 19. Excess of tax paid or withheld (See instructions) | (19) | 00 |
| 20. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Corporation, Part II, line 21) | (20) | 00 |
| 21. BALANCE: * If line 19 is more than the sum of lines 18 and 20, you have an overpayment. Enter the difference here and on line 1 of the page 1. * If line 19 is less than the sum of lines 18 and 20, you have a balance of tax due. Enter difference here and on line 2 of the page 1. * If the difference between line 19 and the sum of lines 18 and 20 is equal to zero, enter zero here and sign your return on page 1. | (21) | 00 |

THE AMOUNT REFLECTED ON LINE 21 SHALL BE TRANSFERRED TO THE CORRESPONDING LINE OF PAGE 1.

Part V Cost of Goods Sold

| | | |
|---|-----|----|
| 1. Inventory at the beginning of the year 1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" or "MV" | (1) | 00 |
| 2. Purchase of materials or merchandise | (2) | 00 |
| 3. Direct wages | (3) | 00 |
| 4. Other direct costs (From Part VI, line 17) | (4) | 00 |
| 5. Cost of good available for sale (Add lines 1 through 4) | (5) | 00 |
| 6. Less: Inventory at the end of the year 1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" or "MV" | (6) | 00 |
| 7. Total cost of goods sold or direct costs of production (Subtract line 6 from line 5) | (7) | 00 |

Part VI Other Direct Costs

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

Retention Period: Ten (10) years

| Part VII Comparative Balance Sheet | | Beginning of the Year | | Ending of the Year | |
|--|-------|-----------------------|----|--------------------|------|
| Assets | | Total | | Total | |
| 1. Cash on hand and in banks | (1) | | 00 | (1) | 00 |
| 2. Accounts receivable | (2) | 00 | | (2) | 00 |
| 3. Less: Reserve for bad debts | (3) | (00) | 00 | (3) | (00) |
| 4. Inventories | (4) | | 00 | (4) | |
| 5. Other current assets | (5) | | 00 | (5) | |
| 6. Notes receivable | (6) | | 00 | (6) | |
| 7. Investments | (7) | | 00 | (7) | |
| 8. Depreciable assets | (8) | 00 | | (8) | 00 |
| 9. Less: Reserve for depreciation | (9) | (00) | 00 | (9) | (00) |
| 10. Loans receivable from stockholders or related entities | (10) | | 00 | (10) | |
| 11. Land | (11) | | 00 | (11) | |
| 12. Other long-term assets | (12) | | 00 | (12) | |
| 13. Total Assets | (13) | | 00 | (13) | 00 |
| Liabilities and Stockholder's Equity | | | | | |
| Liabilities | | | | | |
| 14. Accounts payable | (14) | 00 | | (14) | 00 |
| 15. Accrued expenses (not paid) | (15) | 00 | | (15) | 00 |
| 16. Other current liabilities | (16) | 00 | | (16) | 00 |
| 17. Long-term notes payable | (17) | 00 | | (17) | 00 |
| 18. Notes payable to stockholders or related entities | (18) | 00 | | (18) | 00 |
| 19. Other long-term liabilities | (19) | 00 | | (19) | 00 |
| 20. Total Liabilities | (20) | | 00 | (20) | 00 |
| Stockholder's Equity | | | | | |
| 21. Capital stock | | | | | |
| (a) Preferred stocks | (21a) | 00 | | (21a) | 00 |
| (b) Common stocks | (21b) | 00 | | (21b) | 00 |
| 22. Additional paid in capital | (22) | 00 | | (22) | 00 |
| 23. Retained earnings | (23) | 00 | | (23) | 00 |
| 24. Reserve | (24) | 00 | | (24) | 00 |
| 25. Total Stockholder's Equity | (25) | | 00 | (25) | 00 |
| 26. Total Liabilities and Stockholder's Equity | (26) | | 00 | (26) | 00 |

Part VIII Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return

| | | | | | |
|---|-----|----|---|------|----|
| 1. Net income (or loss) per books | (1) | 00 | 7. Income recorded on books this year not included on this return (Itemize, use schedule if necessary) | | |
| 2. Income tax per books | (2) | 00 | (a) Exempt income (Schedule IE Corp., Part II, line 20) | | |
| 3. Excess of capital losses over capital gains | (3) | 00 | \$ | | |
| 4. Taxable income not recorded on books this year (Itemize, use schedule if necessary) | | | (b) Excluded income (Schedule IE Corp., Part I, line 9) | | |
| (a) From Disregarded Entities \$ | | | \$ | | |
| (b) \$ | | | (c) From Disregarded Entities \$ | | |
| (c) \$ | | | (d) \$ | | |
| (d) \$ | | | (e) \$ | | |
| (e) \$ | | | (f) \$ | | |
| (f) \$ | | | (g) \$ | | |
| Total | (4) | 00 | Total | (7) | 00 |
| 5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary) | | | 8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary) | | |
| (a) Meal and entertainment (amount not deductible) \$ | | | (a) Depreciation \$ | | |
| (b) Depreciation \$ | | | (b) From Disregarded Entities \$ | | |
| (c) Vessels, airships and property located outside of P.R. \$ | | | (c) \$ | | |
| (d) Expenses incurred or paid to stockholders, persons or related entities (amount not deductible) \$ | | | (d) \$ | | |
| (e) Travel and lodging expenses (amount not deductible) \$ | | | (e) \$ | | |
| (f) Indemnification for harassment and related costs \$ | | | (f) \$ | | |
| (g) From Disregarded Entities \$ | | | (g) \$ | | |
| (h) \$ | | | (h) \$ | | |
| (i) \$ | | | (i) \$ | | |
| (j) \$ | | | Total | (8) | 00 |
| Total | (5) | 00 | 9. Total (Add lines 7 and 8) | (9) | 00 |
| 6. Total (Add lines 1 through 5) | (6) | 00 | 10. Net taxable income (or loss) per return (Subtract line 9 from line 6) | (10) | 00 |

Part IX Analysis of Retained Earnings per Books

| | | | | | |
|---|-----|----|---|------|----|
| 1. Balance at the beginning of the year | (1) | 00 | 5. Distributions: (a) Cash | (5a) | 00 |
| 2. Net income per books | (2) | 00 | (b) Property | (5b) | 00 |
| 3. Other increases (Itemize, use schedule if necessary) | (3) | 00 | (c) Stocks | (5c) | 00 |
| 4. Total (Add lines 1, 2 and 3) | (4) | 00 | 6. Other decreases (Use schedule if necessary) | (6) | 00 |
| | | | 7. Total (Add lines 5 and 6) | (7) | 00 |
| | | | 8. Balance at end of year (Subtract Line 7 from line 4) | (8) | 00 |

Part X Compensation to Directors

| Name of director | Social security number | Percentage of time devoted to industry or business | Percentage of stocks owned | | Compensation |
|--|------------------------|--|----------------------------|-----------|--------------|
| | | | Common | Preferred | |
| | | | | | 00 |
| | | | | | 00 |
| | | | | | 00 |
| Total compensation to directors (See instructions) | | | | | 00 |

Part XI Compensation to Officers

| Name of officer | Social security number | Percentage of time devoted to industry or business | Percentage of stocks owned | | Compensation |
|---|------------------------|--|----------------------------|-----------|--------------|
| | | | Common | Preferred | |
| | | | | | 00 |
| | | | | | 00 |
| | | | | | 00 |
| Total compensation to officers (See instructions) | | | | | 00 |

Part XII Questionnaire

| | YES | NO | N/A | | YES | NO | N/A |
|---|--------|----|-----|---|-------|----|-----|
| 1. If a foreign corporation, indicate if the trade or business in Puerto Rico was held as a branch | (1) | | | 11. Did the corporation claim expenses connected to: | (11a) | | |
| 2. If a branch, indicate the percent that represents the income from sources within Puerto Rico from the total income of the corporation: % | | | | (a) Housing? (except business employees) | | | |
| 3. Did the corporation keep any part of its records on a computerized system during this year? | (3) | | | (b) Employees attending conventions or meetings outside Puerto Rico or the United States? | (11b) | | |
| 4. The corporation's books are in care of: | | | | 12. Did the corporation distribute dividends other than stock dividends or distributions in liquidation in excess of the corporation's current and accumulated earnings? If "Yes", indicate the amount \$ | (12) | | |
| Name | | | | 13. Is the corporation owner of a pass-through entity? (If more than one, submit detail) | (13) | | |
| Address | | | | Name of the Pass-Through Entity | | | |
| E-mail | | | | Employer identification number | | | |
| Telephone | | | | 14. Did you receive exempt income? (Submit Schedule IE Corporation) | (14) | | |
| 5. Indicate the book accounting method for tax purposes: 1 <input type="checkbox"/> Cash | | | | 15. Enter the amount corresponding to charitable contributions to municipalities included in Part II, line 58: \$ | | | |
| 2 <input type="checkbox"/> Accrual | | | | 16. Indicate if insurance premiums were paid to an unauthorized insurer | (16) | | |
| 3 <input type="checkbox"/> Other (specify): | | | | 17. Employer's number assigned by the Department of Labor and Human Resources: | | | |
| 6. Did the corporation file the following documents?: | | | | 18. Number of stockholders: | | | |
| (a) Informative Return (Forms 480.6A, 480.6B, 480.6C, 480.6SP) | (6a) | | | (a) Is any of the corporation stockholders a nonresident individual or foreign corporation? | (18a) | | |
| (b) Withholding Statement (Form 499R-2/W-2PR) | (6b) | | | (1) Indicate the participation percentage of the total nonresident stockholders or foreign corporations % | | | |
| 7. Is the volume of business of the entity or aggregated volume of business of the group of related entities, if the entity is a member of said group, \$10,000,000 or more? (See instructions) | (7) | | | (2) Indicate the origin country of the foreign stockholder | | | |
| (a) Do you include audited financial statements, as established in Section 1061.15 of the Code? (See instructions) | (7a) | | | 19. Did you incur or pay expenses to stockholders, persons or related entities outside of Puerto Rico? | (19) | | |
| CPA Association Stamp Number | | | | (a) Do you have a pricing transfer study? (If you answer "Yes", include Form AS 6175 - Certification of Compliance and Transfer Pricing Study Availability) | (19a) | | |
| (b) Do you include Schedule PCI - Uncertain Tax Positions? | (7b) | | | (b) Did you receive an administrative determination that allows you to claim the total deduction? (If you answer "Yes", include copy of the determination) | (19b) | | |
| (c) If the entity is a member of a group of related entities and the volume of business is less than \$3,000,000, do you include audited financial statements or agreed-upon procedures signed by a CPA licensed in Puerto Rico, as established in Section 1061.15(a)(5)(A)(ii) of the Code? CPA Association Stamp Number | (7c) | | | 20. Did the corporation claim expenses related to services provided by nonresidents of Puerto Rico? | (20) | | |
| (d) If the entity is a member of a group of related entities and the entity business volume is equal or more than \$3,000,000, do you include audited financial statements signed by a CPA licensed in Puerto Rico, as provided in Section 1061.15(a)(A)(i) of the Code? CPA Association Stamp Number | (7d) | | | (a) Did you pay the corresponding sales and use tax? | (20a) | | |
| 8. If the entity is not a member of a group of related entities, is the volume of business of the entity equal to or more than \$3,000,000 but less than \$10,000,000? | (8) | | | 21. Did the corporation claim depreciation expenses for tangible personal property acquired outside Puerto Rico? | (21) | | |
| (a) Do you include audited financial statements or agreed-upon procedures signed by a CPA licensed in Puerto Rico, as established in Section 1061.15(a)(3) of the Code? CPA Association Stamp Number | (8a) | | | (a) Did you pay the corresponding sales and use tax? | (21a) | | |
| 9. Number of employees during the year: | | | | 22. Did the corporation pay deemed dividend during the previous year? If "Yes", indicate the amount \$ | (22) | | |
| 10. Did the corporation claim expenses related to the ownership, use, maintenance and depreciation of: | | | | 23. Did you request to change the accounting period? | (23) | | |
| (a) Vehicles? | (10a) | | | Date of request | | | |
| (b) Vessels? | (10b) | | | Date of approval | | | |
| (1) Did more than 80% of the total income was derived from activities exclusively related to fishing or transportation of passengers or cargo or lease? | (10bf) | | | 24. Do you report the result of the operations of a Disregarded Entity? (See instructions) | (24) | | |
| (c) Aircrafts? | (10c) | | | (a) If you are making an election with this return to be treated as a Disregarded Entity, are you including Form AS 6045? | (24a) | | |
| (1) Did more than 80% of the total income was derived from activities exclusively related to transportation of passengers or cargo or lease? | (10cf) | | | (b) Does the Disregarded Entity have tax credits registered in the Tax Credits Manager generated or acquired during the taxable year for which the election was effective? If your answer is "Yes", submit detail | (24b) | | |
| (d) Residential property outside of Puerto Rico? | (10d) | | | 25. Are you claiming the exemption provided under Act 135-2014 or under Section 2100.01 of Act 60-2019? Special agreement number | (25) | | |
| (1) Did more than 80% of the total income was derived from activities exclusively related to the lease of property to non related persons? | (10df) | | | 26. At any time during the year, (a) did you buy, receive, or otherwise acquire (as a reward, award, or compensation); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? | (26) | | |
| | | | | 27. Do you report income from an entity that maintains in force a license to operate as an International Banking Entity under Act 52-1989? | (27) | | |

Schedule A Corporation

Rev. 05.24



ALTERNATIVE MINIMUM TAX

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

2024

Taxpayer's name

Employer Identification Number

Part I

Adjustments in the Computation of the Alternative Minimum Net Income Before Book Adjustments and Operating Losses

| | | | | | |
|-----------------|---|------|--|----|----|
| 1. | a) Net income (or loss) subject to alternative minimum tax (From Part III, line 11 of the return) | (1a) | | 00 | |
| | b) Less: Income subject to preferential rates that you had elected to pay taxes at the corresponding preferential rate (Schedule D1 Corporation, line 3) | (1b) | | 00 | |
| | c) Less: Dividends or profits received from domestic corporations (From Part III, line 12 of the return) | (1c) | | 00 | |
| | d) Add (less): Distributable share in the adjustments for purposes of pass-through entities alternative minimum tax (Form 480.60 EC. See instructions) | (1d) | | 00 | |
| | e) Net Income (or loss) subject to alternative minimum tax without considering: net operating loss from previous years, income subject to preferential rates and distributable share in the pass-through entities adjustments (Subtract lines 1(b), 1(c) and 1(d) from line 1(a)) | (1e) | | | 00 |
| 2. Adjustments: | a) Flexible depreciation | (2a) | | 00 | |
| | b) Installment sales | (2b) | | 00 | |
| | c) Long-term contracts | (2c) | | 00 | |
| | d) Expenses related to exempt interest | (2d) | | 00 | |
| | e) Accelerated depreciation | (2e) | | 00 | |
| | f) Total adjustments (Add lines 2(a) through 2(e)) | (2f) | | | 00 |
| 3. | Alternative minimum net income (or loss) before the adjustments of Part II and the operating loss (Add lines 1(e) and 2(f)) | (3) | | | 00 |

Part II

Adjustment for the Excess of the Net Income per Books over the Alternative Minimum Net Income Before Adjustments

| | | | | | |
|-----|---|------|--|----|----|
| 4. | Net income (or loss) per books | (4) | | 00 | |
| 5. | Goodwill amortization expense | (5) | | 00 | |
| 6. | Income tax expense per books | (6) | | 00 | |
| 7. | Add lines 4 through 6 | (7) | | | 00 |
| 8. | Exempt interest income net of related expenses | (8) | | 00 | |
| 9. | Dividend and profit distributions received from domestic corporations or partnerships, or from industrial or tourism development income | (9) | | 00 | |
| 10. | Income (or loss) from industrial development, exempt tourism development, rental income under Act 132-2010 or under Act 165-1996 | (10) | | 00 | |
| 11. | Income (or loss) recognized under the equity method | (11) | | 00 | |
| 12. | Reserve for catastrophic losses | (12) | | 00 | |
| 13. | Income subject to preferential rates that you had elected to pay taxes at the corresponding preferential rate (From Part I, line 1(b)) (See instructions) | (13) | | 00 | |
| 14. | Capital gain under Section 1031.06 of the Code | (14) | | 00 | |
| 15. | Exempt income under special legislation | (15) | | 00 | |
| 16. | Add lines 8 through 15 | (16) | | | 00 |
| 17. | Subtract line 16 from line 7 | (17) | | | 00 |
| 18. | Subtract line 3 from line 17. If line 3 is more than line 17, enter zero | (18) | | | 00 |
| 19. | Adjustment for the excess of the adjusted net income per books over the alternative minimum net income of line 3 (Multiply line 18 by 60%) | (19) | | | 00 |

Part III

Computation of the Alternative Minimum Net Income


| | | | | | |
|-----|---|------|--|--|----|
| 20. | Alternative minimum net income before the net operating loss (Add lines 3 and 19) | (20) | | | 00 |
| 21. | Less: Net operating loss accumulated up to taxable year 2019 for the determination of the alternative minimum tax (Schedule G Corporation, Part II, line 9. Do not exceed 70% of line 20) (See instructions) | (21) | | | 00 |
| 22. | Alternative minimum net income after the accumulated loss until taxable year 2019 (Subtract line 21 from line 20) | (22) | | | 00 |
| 23. | Less: Net loss in operations for taxable year 2020 related to COVID-19 under Act 57-2020 for the determination of the alternative minimum tax (Schedule G Corporation, Part II, line 10) (See instructions) | (23) | | | 00 |
| 24. | Alternative minimum net income after the accumulated loss until taxable year 2020 (Subtract line 23 from line 22) | (24) | | | 00 |
| 25. | Less: Net operating loss accumulated after taxable year 2020 for the determination of the alternative minimum tax (Schedule G Corporation, Part II, line 14. Do not exceed 70% of line 20) (See instructions) | (25) | | | 00 |
| 26. | Subtract line 25 from line 24 (Enter the difference here, but not less than 30% of line 20) | (26) | | | 00 |
| 27. | Exempt amount (See instructions) | (27) | | | 00 |
| 28. | Alternative minimum net income (Subtract line 27 from line 26) | (28) | | | 00 |

Retention Period: Ten (10) years

| | | | |
|--------------------------------------|---|---|----------------|
| Part IV | | Computation of the Alternative Minimum Credit for Foreign Taxes Paid | |
| 29. | Tentative minimum tax before the credit for foreign taxes paid (1 <input type="checkbox"/> \$500 2 <input type="checkbox"/> 18.5% 3 <input type="checkbox"/> 23% 4 <input type="checkbox"/> N/A. See instructions) | (29) | 00 |
| 30. | Alternative minimum net income before net operating loss deduction (Line 20) | (30) | 00 |
| 31. | Allowable exempt amount without considering the net operating loss (See instructions) | (31) | 00 |
| 32. | Subtract line 31 from line 30 | (32) | 00 |
| 33. | Limitation (1 <input type="checkbox"/> \$500 2 <input type="checkbox"/> 18.5% 3 <input type="checkbox"/> 23% 4 <input type="checkbox"/> N/A. See instructions) | (33) | 00 |
| 34. | Multiply line 33 by 10% | (34) | 00 |
| 35. | Credit limitation (Subtract line 34 from line 29) | (35) | 00 |
| 36. | Alternative minimum credit for foreign taxes paid (This amount cannot exceed the amount on line 35. See instructions) | (36) | 00 |
| Part V | | Computation of the Alternative Minimum Tax | |
| 37. | Tentative minimum tax after alternative minimum credit for foreign taxes paid (Subtract line 36 from line 29 of Part IV) | (37) | 00 |
| 38. | Total tax net of credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Subtract line 6 from line 3 of Part IV, page 4 of the return) | (38) | 00 |
| 39. | Alternative minimum tax (Subtract line 38 from line 37. If line 38 exceeds line 37, enter zero, otherwise, enter the difference on page 4, Part IV, line 8 of the return) | (39) | 00 |
| Part VI | | Computation of Alternative Minimum Credit | |
| 1. | Excess of regular tax over alternative minimum tax for the current year (Subtract line 37 from line 38 of Part V. If line 37 exceeds line 38 enter zero) | (1) | 00 |
| 2. | Multiply line 1 by 25% and enter the result here | (2) | 00 |
| 3. | Amount of alternative minimum tax paid in previous years and not claimed as credit (Part VII, line 11) | (3) | 00 |
| 4. | Amount of credit to be claimed (Enter the smaller between line 2 or 3. Transfer to line 11, Part IV of the return) | (4) | 00 |
| Part VII | | Determination of the Amount of Alternative Minimum Tax Paid in Prior Years Not Claimed as Credit | |
| Taxable Year (Day / Month / Year) | (A) Alternative Minimum Tax Paid in Excess of the Regular Tax | (B) Amount Used as Credit in Prior Years | (C) Balance |
| 1. | 00 | 00 | 00 |
| 2. | 00 | 00 | 00 |
| 3. | 00 | 00 | 00 |
| 4. | 00 | 00 | 00 |
| 5. | 00 | 00 | 00 |
| 6. | 00 | 00 | 00 |
| 7. | 00 | 00 | 00 |
| 8. | 00 | 00 | 00 |
| 9. | 00 | 00 | 00 |
| 10. | 00 | 00 | 00 |
| 11. | Total (Transfer to Part VI, line 3 of this Schedule) | (11) | 00 |

Retention Period: Ten (10) years

FILING.

| | | |
|--|---|--------------------------------|
| <div>Schedule B Corporation</div> <div>Rev. 05.24</div> <div></div> | <div>RECAPTURE OF CREDIT CLAIMED IN EXCESS, TAX CREDITS, AND OTHER PAYMENTS AND WITHHOLDINGS</div> <div>Taxable year beginning on _____, _____ and ending on _____, _____</div> | <div>2024</div> |
| Taxpayer's name | | Employer Identification Number |

| Part I | Recapture of Credit 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 to be paid this year (Transfer to Form 480.20, Part IV, line 10 of the return. See instructions) | | (3) | 00 |
| 4. Excess of credit due 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 18 of this part to claim <u>only</u> the tax credits that are considered Pre-Tax Credits Manager. The Post-Tax Credits Manager credits are claimed on line 20, 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. Total credits subject to limitation (Add lines 1 through 7) | (8) | 00 |
| 9. 50% of the tax determined (Multiply the amount in Part IV, line 9 of the return by .50) | (9) | 00 |
| 10. Total credits subject to limitation to be claimed (Enter the smaller of line 8 or 9) | (10) | 00 |
| B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE | | |
| 11. Credit for the purchase or transmission of television programming made in Puerto Rico (Section 1051.14) (See instructions) | (11) | 00 |
| 12. Credit for contributions to former governors foundations (See instructions) | (12) | 00 |
| 13. Credit for investment (Section 6 of Act 73-2008 and Section 5A of Act 135-1997) | (13) | 00 |
| 14. Credit for investment in opportunity zones (Act 60-2019) | (14) | 00 |
| 15. Credit for the purchase of tax credits (Complete Part IV) (See instructions) | (15) | 00 |
| 16. Credits carried from previous years (Submit detail) | (16) | 00 |
| 17. Other credits not subject to limitation not included on the preceding lines (Submit detail) | (17) | 00 |
| 18. Total credits not subject to limitation to be claimed (Add lines 11 through 17) | (18) | 00 |
| 19. Total Pre Tax Credits Manager tax credits (Add lines 10 and 18) | (19) | 00 |
| 20. Total tax credits (Enter the amount of line 19 in Column A, and in Column B, the amount of Part V, line 20) | (20) | 00 |
| 21. Total tax determined (Part IV, line 9 of the return: \$_____. Distribute this amount between Columns A and B, as it is more beneficial for you) | (21) | 00 |
| 22. Credit to be claimed (Enter the smaller of line 20 or 21 for each one of Columns A and B) | (22) | 00 |
| 23. Total credit to be claimed (Add the amounts of Columns A and B, line 22. Transfer to page 4, Part IV, line 12 of the return) | (23) | 00 |
| 24. Pre Tax Credits Manager carryforward credits (Subtract line 22, Column A, from the sum of lines 8 and 18) | (24) | 00 |

| Part III | | Other Payments and Withholdings | |
|----------|--|---------------------------------|----|
| 1. | Tax paid with automatic extension of time | (1) | 00 |
| 2. | Estimated tax payments for 2024 | (2) | 00 |
| 3. | Amount paid with original return (See instructions) | (3) | 00 |
| 4. | Tax paid in excess in previous years credited to estimated tax (See instructions) | (4) | 00 |
| 5. | Tax withheld at source to nonresidents (Form 480.6C) (Total of Informative Returns <input type="text"/>) | (5) | 00 |
| 6. | Tax withheld at source on services rendered (Form 480.6SP) (Total of Informative Returns <input type="text"/>) | (6) | 00 |
| 7. | Tax withheld at source on distributable share of net profits to owners of pass-through entities (Form 480.60 EC) (See instructions): | | |
| | (a) Interest income subject to preferential rate (Line 10, Part III of Form 480.60 EC) | (7a) | 00 |
| | (b) Eligible distribution of dividends from corporations (Line 8, Part III of Form 480.60 EC) | (7b) | 00 |
| | (c) Other items | (7c) | 00 |
| 8. | Tax withheld at source on distributable share of net profits to trustees of revocable trusts or grantor trusts (Form 480.60 F) (See instructions): | | |
| | (a) Interest income subject to preferential rate (Line 1E, Part III of Form 480.60 F) | (8a) | 00 |
| | (b) Eligible distribution of dividends from corporations (Line 1 I, Part III of Form 480.60 F) | (8b) | 00 |
| | (c) Other items | (8c) | 00 |
| 9. | Tax withheld at source on eligible interest | (9) | 00 |
| 10. | Other payments and withholdings not included on the preceding lines (Submit detail) : | | |
| | (a) Reported in an Informative Return (See instructions) | (10a) | 00 |
| | (b) Not reported in an Informative Return (Submit detail) | (10b) | 00 |
| | (c) Tax withheld at source on behalf of Disregarded Entities (Submit detail) | (10c) | 00 |
| | (d) Estimated tax payments on behalf of Disregarded Entities for taxable year 2024 (Submit detail) | (10d) | 00 |
| 11. | Total Other Payments and Withholdings (Add lines 1 through 10. Transfer the total to Part IV, line 17 of the return) (11) | | 00 |

| Part IV | | Breakdown of the Purchase of Tax Credits | |
|--|---|--|----|
| 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. | | Pre Tax Credits Manager | |
| Check the box 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="checkbox"/> Solid Waste Disposal (Act 159-2011) | (1) | 00 |
| 2. | <input type="checkbox"/> Capital Investment Fund (Act 46-2000) | (2) | 00 |
| 3. | <input type="checkbox"/> Housing Infrastructure (Act 98-2001) | (3) | 00 |
| 4. | <input type="checkbox"/> Conservation Easement (Act 183-2001) | (4) | 00 |
| 5. | <input type="checkbox"/> Revitalization of Urban Centers (Act 212-2002) | (5) | 00 |
| 6. | <input type="checkbox"/> Other: _____ (Submit detail) | (6) | 00 |
| 7. | Total credit for the purchase of tax credits subject to the limitation (Add lines 1 through 6. Transfer to Part II, line 5) | (7) | 00 |
| B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE | | | |
| 8. | <input type="checkbox"/> Tourism Development (Act 78-1993 and Act 74-2010) | (8) | 00 |
| 9. | <input type="checkbox"/> Tourism Eligible Investment (Act 60-2019) | (9) | 00 |
| 10. | <input type="checkbox"/> Film Project Investment (Act 27-2011 and Act 60-2019) | (10) | 00 |
| 11. | <input type="checkbox"/> 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="checkbox"/> Economic Incentives (Industrial Investment) (Section 6 of Act 73-2008) | (12) | 00 |
| 13. | <input type="checkbox"/> Opportunity Zones (Act 60-2019) | (13) | 00 |
| 14. | <input type="checkbox"/> Other: _____ (Submit detail) | (14) | 00 |
| 15. | Total credit for the purchase of tax credits not subject to the limitation (Add lines 8 through 14. Transfer to Part II, line 15) | (15) | 00 |

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

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

Post Tax Credits Manager

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

Retention Period: Ten (10) years

PURPOSES ONLY.
DO NOT USE FOR
FILING.

Schedule C Corporation

Rev. 05/24



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

Taxable year beginning on _____ and ending on _____

2024

Taxpayer's name

Employer Identification Number

☐ Computed for the alternative minimum tax

Place of incorporation: 1 ☐ Puerto Rico 2 ☐ State of the United States (Indicate) _____ 3 ☐ Other (Indicate territory, possession or country) _____

Part I Determination of the 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 | | | | |
| | | | | | | |
| | | | | | | |
| | 00 | 00 | 00 | 00 | 00 | 00 |
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| Part II | | Taxes Paid to Foreign Countries, the United States, its States, Territories and Possessions | | | | |
|---|--|--|--|--|--|-----------------------------|
| Credit for taxes: 1 <input type="checkbox"/> Paid 2 <input type="checkbox"/> Accrued | | Foreign Country; State, Territory or Possession of the United States | | | United States (See instructions) | Total (See instructions) |
| | | A | B | C | | |
| Name of the country, state, territory or possession | | | | | | |
| Type of form (See instructions): | | 1 <input type="checkbox"/> Form 1099 2 <input type="checkbox"/> Return 3 <input type="checkbox"/> Other document | 1 <input type="checkbox"/> Form 1099 2 <input type="checkbox"/> Return 3 <input type="checkbox"/> Other document | 1 <input type="checkbox"/> Form 1099 2 <input type="checkbox"/> Return 3 <input type="checkbox"/> Other document | 1 <input type="checkbox"/> Form 1099 2 <input type="checkbox"/> Return 3 <input type="checkbox"/> Other document | |
| 1. Taxes paid or accrued directly by the taxpayer during the year (1) | | 00 | 00 | 00 | 00 | |
| 2. Date paid or accrued (2) | | | | | | |
| 3. Tax paid or accrued under Section 1051.01(f) related to dividends received from foreign subsidiary (3) | | 00 | 00 | 00 | 00 | |
| 4. Total tax paid or accrued (4) | | 00 | 00 | 00 | 00 | 00 |
| Part III Reduction in Credit for Tax Paid or Accrued | | | | | | |
| 1. Income from the country, state, territory, or possession not subject to income tax in Puerto Rico less deductions attributable to said income (See instructions) (1) | | 00 | 00 | 00 | 00 | 00 |
| 2. Total income subject to tax in the country, state, territory, or possession less expenses attributable to said income (See instructions) (2) | | 00 | 00 | 00 | 00 | 00 |
| 3. Limitation (Divide line 1 by line 2) (3) | | % | % | % | % | % |
| 4. Reduction in tax paid or accrued during the year (Multiply line 3 by the tax reflected in line 4 of Part II) (4) | | 00 | 00 | 00 | 00 | 00 |
| 5. Total tax paid or accrued available as credit (Subtract line 4 from the amount reflected in line 4 of Part II) (5) | | 00 | 00 | 00 | 00 | 00 |
| Part IV Determination of Credit | | | | | | |
| 1. Net income from sources of the country, state, territory or possession (Part I, line 3) (1) | | 00 | 00 | 00 | 00 | 00 |
| 2. Net income subject to normal tax from all sources (See instructions) (2) | | | | | | |
| 3. Limitation (Divide line 1 by line 2. Enter the result rounded to two decimal places) (See instructions) (3) | | % | % | % | % | % |
| 4. Taxes to be paid in Puerto Rico (See instructions) (4) | | | | | | |
| 5. Limitation by country, state, territory or possession: | | | | | | |
| a) Multiply line 4 by line 3 (5a) | | 00 | 00 | 00 | 00 | 00 |
| b) Enter the smaller of line 5(a) or Part II, line 5 (5b) | | 00 | 00 | 00 | 00 | 00 |
| 6. Total limitation: | | | | | | |
| a) Limitation: (Divide line 1 of the Total Column by line 2. Enter the result rounded to two decimal places) (6a) | | | | | | % |
| b) Multiply line 6(a) by line 4 (6b) | | | | | | 00 |
| c) Credit to be claimed (Enter the smaller amount between line 5(b) and line 6(b) of the Total Column. Transfer to Part IV, line 6 of the return) (6c) | | | | | | 00 |

Schedule D Corporation

Rev. 05.24



GAINS AND LOSSES FROM SALE OR EXCHANGE OF PROPERTY

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

2024

Taxpayer's name

Employer Identification 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="checkbox"/> | | | | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | | | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | | | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | | | 00 | 00 | 00 | 00 |

1. Net short-term capital gain (or loss) (Sum of Column (F)) (1) 00
2. Net short-term capital gain (or loss) from investment funds (See instructions) (2) 00
3. Distributable share on net short-term capital gain (or loss) from Pass-Through Entities (Form 480.60 EC) (3) 00
4. Net short-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail) (4) 00
5. **Net short-term capital gain (or loss)** (Add lines 1 through 4) (5) 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="checkbox"/> | | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 | 00 |

6. Net long-term capital gain (or loss) (Sum of Column (G)) (6) 00
7. Net long-term capital gain (or loss) from investment funds (See instructions) (7) 00
8. Distributable share on net long-term capital gain (or loss) from Pass-Through Entities (Form 480.60 EC) (8) 00
9. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail) (9) 00
10. **Net long-term capital gain (or loss)** (Add lines 6 through 9) (10) 00

Part III Capital Assets Gains and Losses Realized under Special Legislation

| 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="checkbox"/> | | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 |

11. **Net capital gain (or loss) under Act:** _____ (Decree No. _____) (11) 00

Part IV

| Gains or Losses | Column A | | Column B | | Column C | |
|---|------------|----|-----------|----|---------------------------|----|
| | Short-Term | | Long-Term | | Under Special Legislation | |
| 12. Enter the gains determined on lines 5, 10 and 11 in the corresponding Column (12) | | 00 | | 00 | | 00 |
| 13. Enter the losses determined on lines 5, 10 and 11 in the corresponding Column (13) | | 00 | | 00 | | 00 |
| 14. If any of Columns B and C reflect a loss on line 13, apply the total to the gain of the other Column (See instructions) (14) | | | | 00 | | 00 |
| 15. Subtract line 14 from line 12. If any Column reflected a loss on line 13, enter zero here (15) | | | | 00 | | 00 |
| 16. Apply the loss from line 13, Column A proportionally to the gains in Columns B and C (See instructions) (16) | | | | 00 | | 00 |
| 17. Subtract line 16 from line 15 (17) | | | | 00 | | 00 |
| 18. Add the total of Columns B and C, line 17. However, if line 12 does not reflect any gain in Columns B and C, you must enter the total amount of line 13, Columns A, B and C (18) | | | | | | 00 |
| 19. Net capital gain (or loss) for the current year (Add line 12, Column A and line 18. If the result is more than zero, continue with line 20. If the result is less than zero, do not complete line 20 and continue with line 21) (19) | | | | | | 00 |
| 20. Less: Net capital loss not used in previous years (In Column B you must enter the total net capital loss carryover (Part VI, line 23). Enter in Column C the smaller between line 20, Column B or the result of line 19 multiplied by 90%. This will be the deductible amount) (20) | | | | 00 | | 00 |
| 21. Net capital gain (Line 19 less line 20. Enter here and on Form 480.20, Part I, line 12 or on the appropriate line of other returns. Also you must complete Part VII) (21) | | | | | | 00 |

Part V

| Description and Location of Property | (A) Disregarded Entity | (B) Date Acquired (Day/Month/Year) | (C) Date Sold (Day/Month/Year) | (D) Sale Price | (E) Adjusted Basis | (F) Selling Expenses | (G) Gain or Loss |
|--|------------------------------|--|--------------------------------------|-------------------|-----------------------|-------------------------|---------------------|
| | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 |
| | <input type="checkbox"/> | | | 00 | 00 | 00 | 00 |
| 22. Net gain (or loss) from property other than capital assets (Enter here and transfer to Form 480.20, Part I, line 13 or to the appropriate line of other returns) | | | | | | | (22) |

Part VI

| Year in which the loss was incurred (Day / Month / Year) | (A) Capital Loss Incurred | (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 | |
| | 00 | 00 | 00 | |
| | 00 | 00 | 00 | |
| | 00 | 00 | 00 | |
| | 00 | 00 | 00 | |
| | 00 | 00 | 00 | |
| 23. Total net capital loss carryover. (Transfer this amount to Part IV, line 20, Column B of this Schedule) (23) | | | 00 | |

Taxpayer's name

Employer Identification 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 |
|---|------------|-----------------|-----------------------------|--|---|
| | Short-Term | Long-Term (20%) | Special Legislation (____%) | Total Long-Term (Sum of Columns B and C) | Total Net Capital Gain (Sum of Columns A and D) |
| 1. Net Capital Gain (or Loss) (In the case of short-term gains, transfer the amount on line 12 of Column A, Part IV of Schedule D Corporation. In the case of long-term gains (or losses), transfer the amounts on line 17 of Columns B and C, Part IV of Schedule D Corporation, as it corresponds) (1) | 00 | 00 | 00 | 00 | 00 |
| 2. Transfer to Column A the loss included on line 1, Column D, if any. If line 1, Column D reflects gain, enter zero in Columns A through E (See instructions) (2) | 00 | 00 | 00 | 00 | 00 |
| 3. Subtract line 2 from line 1. If line 1, Column D reflects loss, enter zero in Columns B and C. This is the current year net capital gain per category (3) | 00 | 00 | 00 | 00 | 00 |
| 4. Allowable amount as net capital loss not used in previous years claimed on Schedule D Corporation (Transfer the amount included on line 20, Column C, Part IV of Schedule D Corporation) (The amount entered on this line cannot exceed 90% of the amount reflected on line 3, Column E of this Part) (4) | 00 | | | | |
| 5. Subtract in Column A line 4 from line 3 (If the result is more than zero, this is the net short-term capital gain. Therefore, enter zero on line 7 of Columns B and C. If the result is less than zero, continue on line 6) (5) | 00 | | | | |
| 6. Proportion of the gains according to each tax rate (Divide the amount on line 3, Columns B and C, by the total long-term gains indicated on line 3 of Column D. Enter the result rounded to two decimal places). Add the percentages in Columns B and C and enter the total in Column D. The total should be 100% (6) | | % | % | % | |
| 7. Capital loss carryforward attributable to long-term transactions (Columns B and C) (Multiply line 5 - Column A by line 6 of each Column. If the amount reflected on line 5 is more than zero, enter zero in Columns B and C) (7) | | 00 | 00 | 00 | |
| 8. Net long-term capital gain : | | | | | |
| (a) Net Long-Term Capital Gain subject to 20% (Column B – Subtract line 7 from line 3. Transfer the result to Column B of line 2(a) of Schedule D1 Corporation) (8a) | | 00 | | 00 | |
| (b) Net Long-Term Capital Gain subject to the tax rate provided by Special Legislation (Column C – Subtract line 7 from line 3. Transfer the result to Columns E, F or G, as applicable, of line 2(a) of Schedule D1 Corporation) ... (8b) | | | 00 | 00 | |
| 9. Total net long-term capital gain (Column D - Add lines 8(a) and 8(b). Transfer this result to Column A – line 2(a) of Schedule D1 Corporation) (9) | | | | 00 | |
| 10. Net capital gain (If line 5 is more than zero, add lines 5 and 9 and enter the result here. Otherwise, enter here the amount of line 9. This amount must be the same as the one reported on line 21, Part IV of this Schedule) (10) | | | | | 00 |

Retention Period: Ten (10) years

Schedule D1 Corporation

Rev. 05.24



TAX ON INCOME SUBJECT TO PREFERENTIAL RATES

2024

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

Taxpayer's name

Employer Identification Number

| | Column A | Column B | Column C | Column D | Column E | Column F | Column G |
|---|-------------------------|---------------|---------------|--------------|------------------|------------------|------------------|
| | Tax at Regular Rates | Tax at 20% | Tax at 10% | Tax at 4% | Tax at _____% | Tax at _____% | Tax at _____% |
| 1. Net Income (From Part III, line 13 of the return) (1) | 00 | | | | | | |
| 2. Income subject to preferential rates: | | | | | | | |
| a) Net long-term capital gain (See instructions) (2a) | 00 | 00 | | | 00 | 00 | 00 |
| b) Interest subject to preferential rates (From Part I, line 15(a) of the return) (2b) | 00 | | 00 | | | | |
| c) Distributable share on net income subject to preferential rates from pass-through entities (From Part I, line 18 of the return. See instructions) (2c) | 00 | | 00 | 00 | 00 | 00 | 00 |
| d) Net income subject to the 4% tax rate from the operations of an international financial entity that operates as a banking unit (From Part I, line 19 of the return) (2d) | 00 | | | 00 | | | |
| e) Other income subject to preferential rates (2e) | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| f) Total (Add lines 2a through 2e of Columns B through G) (2f) | | 00 | 00 | 00 | 00 | 00 | 00 |
| 3. Total income subject to preferential rates (Add line 2f of Columns B through G) (3) | 00 | | | | | | |
| 4. Net operating income (or loss) (excluding income subject to preferential rates) (Subtract line 3 from line 1) (4) | 00 | | | | | | |
| 5. Less: Deduction for surtax purposes (From Part III, line 14 of the return) (Check here if comes from Form AS 2652.1 <input type="checkbox"/>) (5) | 00 | | | | | | |
| 6. Net income subject to surtax (excluding income subject to preferential rates) (Subtract line 5 from line 4) (6) | 00 | | | | | | |
| 7. Computation of tax at preferential rates: | | | | | | | |
| a) Tax on income subject to preferential rates (See instructions) (7a) | | 00 | 00 | 00 | 00 | 00 | 00 |
| b) Total tax at preferential rates (Add line 7a of Columns B through G) (7b) | 00 | | | | | | |
| 8. Computation of regular tax: | | | | | | | |
| a) Partial normal tax (Multiply line 4 by 18.5%) (8a) | 00 | | | | | | |
| b) Surtax (See instructions) (8b) | 00 | | | | | | |
| c) Total regular tax (Add lines 8a and 8b) (8c) | 00 | | | | | | |
| 9. Alternative Tax – Capital Gains and Preferential Rates (Add lines 7b and 8c. Transfer to Part IV, line 4 of the return) (9) | 00 | | | | | | |

Schedule E

Rev. 05.24



DEPRECIATION

2024

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

Schedule E No. _____

Taxpayer's name

Social Security or Employer Identification Number

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

| | | | | | |
|--------------------------|--|----|--|----|----|
| (a) Current Depreciation | | | | | |
| | | 00 | | 00 | 00 |
| | | 00 | | 00 | 00 |
| | | 00 | | 00 | 00 |
| Total | | | | 00 | 00 |

| | | | | | |
|---------------------------|--|----|--|----|----|
| (b) Flexible Depreciation | | | | | |
| | | 00 | | 00 | 00 |
| | | 00 | | 00 | 00 |
| | | 00 | | 00 | 00 |
| Total | | | | 00 | 00 |

| | | | | | |
|------------------------------|--|----|--|----|----|
| (c) Accelerated Depreciation | | | | | |
| | | 00 | | 00 | 00 |
| | | 00 | | 00 | 00 |
| | | 00 | | 00 | 00 |
| Total | | | | 00 | 00 |

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

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

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

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

Schedule E1

Rev. 05.24



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

2024

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

Schedule E1 No. _____

| | | | | | | | |
|---|------------------|---------------------------------|--|--------------------------|---|----|--|
| Taxpayer's name | | | | | Social Security or Employer Identification Number | | |
| 1. Type of property | 2. Date acquired | 3. Original cost or other basis | 4. Depreciation claimed in prior years | 5. Estimated useful life | 6. Depreciation claimed this year | | |
| (a) Computer systems (Section 1033.07(a)(1)(G)) | | | | | Check here to elect: <input type="radio"/> | | |
| | | 00 | | 00 | | 00 | |
| | | 00 | | 00 | | 00 | |
| | | 00 | | 00 | | 00 | |
| | | 00 | | 00 | | 00 | |
| | | 00 | | 00 | | 00 | |
| Total | | | | | | 00 | |
| (b) Ground transportation equipment, except automobiles (Section 1033.07(a)(1)(H)) | | | | | Check here to elect: <input type="radio"/> | | |
| | | 00 | | 2 | | 00 | |
| | | 00 | | 2 | | 00 | |
| | | 00 | | 2 | | 00 | |
| | | 00 | | 2 | | 00 | |
| | | 00 | | 2 | | 00 | |
| Total | | | | | | 00 | |
| (c) Machinery and equipment, furniture and fixtures, and any other fixed asset to be used in the industry or business (Section 1033.07(a)(1)(K)) | | | | | Check here to elect: <input type="radio"/> | | |
| | | 00 | | 2 | | 00 | |
| | | 00 | | 2 | | 00 | |
| | | 00 | | 2 | | 00 | |
| | | 00 | | 2 | | 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 EI Corporation

Rev. 05.24



OPERATION OF DISREGARDED ENTITIES

2024

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

Schedule EI No. _____

Taxpayer's name _____

Employer Identification Number _____

MUST COMPLETE A SCHEDULE EI CORPORATION FOR EACH DISREGARDED ENTITY

| | | |
|---|--------------------------------|--|
| Disregarded Entity's Name | Merchant's Registration Number | Employer Identification Number |
| Location of Principal Industry or Business - Number, Street, City | | Contracts with Governmental Entities <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nature of the Principal Industry or Business | | NAICS Code |

Part I Determination of the Gross Operating Income

| | | | |
|---|------|--|----|
| A. Sale of goods income and income from construction work | | | |
| 1. Net sales of goods or products and income from construction work (See instructions) | (1) | | 00 |
| 2. Less: Cost of goods sold or direct costs of production (From Part III, line 7) | (2) | | 00 |
| 3. Gross profit (or loss) on sale of goods or products (Subtract line 2 from line 1. Transfer to Part I, line 4 of the return) | (3) | | 00 |
| (Gross profit margin percentage: 2023 _____% 2024 _____%. See instructions) | | | |
| B. Manufacturing income | | | |
| 4. Income | (4) | | 00 |
| 5. Less: Cost of goods sold or direct costs of production (From Part III, line 7) | (5) | | 00 |
| 6. Manufacturing gross profit (or loss) (Subtract line 5 from line 4. Transfer to Part I, line 9 of the return) | (6) | | 00 |
| (Gross profit margin percentage: 2023 _____% 2024 _____%. See instructions) | | | |
| C. Services income | | | |
| 7. Gross income on sale of services (a) Rendered directly by the entity \$ _____ and (b) Earned through pass-through entities \$ _____ (Transfer the total to Part I, line 11(c) of the return) | (7) | | 00 |
| D. Other income | | | |
| 8. Rent (Total \$ _____) (See instructions) | (8) | | 00 |
| 9. Interests: (a) Subject to the preferential rate of 10% \$ _____ (b) Others \$ _____ | (9) | | 00 |
| 10. Dividends from corporations: (a) Domestic \$ _____ (b) Foreign \$ _____ | (10) | | 00 |
| 11. Net income derived from the operations of an international financial entity that operates as a bank unit | (11) | | 00 |
| 12. Freight and fares | (12) | | 00 |
| 13. Royalties | (13) | | 00 |
| 14. Debt discharge (Form 480.6A) | (14) | | 00 |
| 15. Public shows | (15) | | 00 |
| 16. Other payments reported in a Form 480.6A or 480.6B | (16) | | 00 |
| 17. Miscellaneous income (Submit detail) | (17) | | 00 |
| 18. Total of other income (Add lines 8 through 17. Transfer to Part I, line 26 of the return) | (18) | | 00 |

Part II Deductions

Regular Tax

Alternative Minimum Tax

| | | | | |
|---|-------|----|--|----|
| A. Deductions that must be reported on informative return: | | | | |
| 1. Compensation to directors | (1) | 00 | | 00 |
| 2. Compensation to officers | (2) | 00 | | 00 |
| 3. Salaries, commissions and bonuses to employees (See instructions) | (3) | 00 | | 00 |
| 4. Salaries paid to young university students (Total \$ _____) Internship Program of the Department of the Treasury (Total \$ _____) (See instructions) | (4) | 00 | | 00 |
| 5. Payments for services rendered in Puerto Rico (See instructions) | (5) | 00 | | 00 |
| 6. Payments for services rendered outside of Puerto Rico (See instructions) | (6) | 00 | | 00 |
| 7. Services subcontracted | (7) | 00 | | 00 |
| 8. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____) | (8) | 00 | | 00 |
| 9. Insurance premiums (Except contributions to health or accident plans) (See instructions) | (9) | 00 | | 00 |
| 10. Telecommunication services | (10) | 00 | | 00 |
| 11. Internet and cable or satellite television services | (11) | 00 | | 00 |
| 12. Bundles (See instructions) | (12) | 00 | | 00 |
| 13. Advertising | (13) | 00 | | 00 |
| 14. Royalties | (14) | 00 | | 00 |
| 15. Payments for virtual and technological tools and other subscriptions | (15) | 00 | | 00 |
| 16. Professional associations fees and memberships paid for the benefit of the employee | (16) | 00 | | 00 |
| 17. Homeowners association fees | (17) | 00 | | 00 |
| 18. Payments for judicial or extrajudicial indemnification | (18) | 00 | | 00 |
| 19. Certain other expenses (See instructions) | (19) | 00 | | 00 |
| 20. Subtotal (Add lines 1 through 19. Transfer to Part II, line 20 of the return) | (20) | 00 | | 00 |
| B. Deductions not reported on informative returns: | | | | |
| 21. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____ | (21) | 00 | | 00 |
| 22. Taxes, patents and licenses: | | | | |
| (a) Property tax (Personal \$ _____) (Real \$ _____) | (22a) | 00 | | 00 |
| (b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____ | (22b) | 00 | | 00 |
| (c) State Insurance Fund Policy | (22c) | 00 | | 00 |
| (d) Sales and use tax | (22d) | 00 | | 00 |
| (e) Special contribution for professional and advisory services under Act 48-2013, as amended | (22e) | 00 | | 00 |
| 23. Depreciation and amortization (Submit Schedule E No. _____) | (23) | 00 | | 00 |
| 24. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____) | (24) | 00 | | 00 |
| 25. Electric power | (25) | 00 | | 00 |
| 26. Water and sewage | (26) | 00 | | 00 |
| 27. Contributions to health or accident plans | (27) | 00 | | 00 |
| 28. Social Security tax (FICA) | (28) | 00 | | 00 |
| 29. Unemployment tax | (29) | 00 | | 00 |
| 30. Contributions to qualified pensions plans (See instructions. Submit Form AS 6042.1 No. _____) | (30) | 00 | | 00 |
| 31. Deduction to employers for: Handicapped persons \$ _____ and Breastfeeding period \$ _____ (See inst.) | (31) | 00 | | 00 |
| 32. Subtotal (Add lines 21 through 31. Transfer to Part II, line 33 of the return) | (32) | 00 | | 00 |

C. Other deductions: Indicate if you include with this return (See instructions): ☐ 1 Audited Financial Statement ☐ 2 Agreed Upon Procedures Report ("AUP") Number of the Puerto Rico CPA Association Stamp _____

| | | Regular Tax | Alternative Minimum Tax |
|---|--------------------------------|-------------|-------------------------|
| 33. Automobile expenses (Mileage _____) (See instructions) | AUP <input type="radio"/> (33) | 00 | 00 |
| 34. Other motor vehicle expenses (See instructions) | AUP <input type="radio"/> (34) | 00 | 00 |
| 35. Repairs and maintenance | AUP <input type="radio"/> (35) | 00 | 00 |
| 36. Travel expenses (Total expenses \$ _____) | AUP <input type="radio"/> (36) | 00 | 00 |
| 37. Meal and entertainment expenses (Total expenses \$ _____) (See instructions) | AUP <input type="radio"/> (37) | 00 | 00 |
| 38. Materials and office supplies | AUP <input type="radio"/> (38) | 00 | 00 |
| 39. Materials used directly in the trade or business | AUP <input type="radio"/> (39) | 00 | 00 |
| 40. Stamps, vouchers and fees | AUP <input type="radio"/> (40) | 00 | 00 |
| 41. Postage and shipping charges | AUP <input type="radio"/> (41) | 00 | 00 |
| 42. Uniforms | AUP <input type="radio"/> (42) | 00 | 00 |
| 43. Parking and toll | AUP <input type="radio"/> (43) | 00 | 00 |
| 44. Office expenses | AUP <input type="radio"/> (44) | 00 | 00 |
| 45. Bank fees | AUP <input type="radio"/> (45) | 00 | 00 |
| 46. Bad debts | AUP <input type="radio"/> (46) | 00 | 00 |
| 47. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions) | AUP <input type="radio"/> (47) | 00 | 00 |
| 48. Expenses incurred or paid to stockholders, persons or related entities outside of Puerto Rico (See instructions) (Total \$ _____) | AUP <input type="radio"/> (48) | 00 | 00 |
| 49. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions) | AUP <input type="radio"/> (49) | 00 | 00 |
| 50. Losses from fires, storms, other casualties, or theft (See instructions) | AUP <input type="radio"/> (50) | 00 | 00 |
| 51. Management fees | AUP <input type="radio"/> (51) | 00 | 00 |
| 52. Expenses in property leased to the Puerto Rico Industrial Development Company or warehouse of the Puerto Rico Trade and Export Company (See instructions) | AUP <input type="radio"/> (52) | 00 | 00 |
| 53. Other deductions (Submit detail) | AUP <input type="radio"/> (53) | 00 | 00 |
| 54. Subtotal (Add lines 33 through 53. Transfer to Part II, line 56 of the return) | (54) | 00 | 00 |


Part III Cost of Goods Sold

| | | |
|---|-----|----|
| 1. Inventory at the beginning of the year 1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" or "MV" | (1) | 00 |
| 2. Purchase of materials or merchandise | (2) | 00 |
| 3. Direct wages | (3) | 00 |
| 4. Other direct costs (From Part IV, line 17) | (4) | 00 |
| 5. Cost of good available for sale (Add lines 1 through 4) | (5) | 00 |
| 6. Less: Inventory at the end of the year 1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" or "MV" | (6) | 00 |
| 7. Total cost of goods sold or direct costs of production (Subtract line 6 from line 5) | (7) | 00 |

Part IV Other Direct Costs

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

Retention Period: Ten (10) years

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|-----------------------------------|--|--|--|--------------------------------------|--|
| <div>Schedule G Corporation</div> <div>Rev. 05.24</div> <div></div> | | <div>DETAIL OF NET OPERATING LOSSES FROM PREVIOUS YEARS</div> <div>Taxable year beginning on _____, _____ and ending on _____, _____</div> | | | | <div>2024</div> | | | | | | | |
| Taxpayer's name | | | | | | Employer Identification Number | | | | | | | |
| Part I Detail of Net Operating Losses for Regular Tax Purposes | | | | | | | | | | | | | |
| Year in which the loss was incurred (Day / Month / Year) | | (A) Loss incurred according to return | | (B) Adjustments under Section 1033.14 (See instructions) | | (C) Total loss carryforward (Subtract Column B from Column A) | | (D) Amount used in previous years | | (E) Amount available (Subtract Column D from Column C) | | Expiration date (Day / Month / Year) | |
| 1 | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 2 | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 3 | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 4 | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 5 | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 6 | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 7 | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 8 | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 9. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Part III, line 6 of the return)(9) | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 10. Losses for 2020 related to COVID-19 (Act 57-2020) (Transfer to Part III, line 8 of the return) (See instructions)..(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. Subtotal of accumulated losses after taxable year 2020 (Add lines 11, 12 and 13 and transfer to Part III, line 10 of the return) (14) | | 00 | | 00 | | 00 | | 00 | | 00 | | | |
| 15. Total (Add lines 9, 10, and 14) ...(15) | | 00 | | 00 | | 00 | | 00 | | 00 | | | |

| Part II Detail of Net Operating Losses for Alternative Minimum Tax Purposes | | | | | | | | | | | | | |
|--|--|--|----|--|----|---|----|--------------------------------------|----|--|----|---|--|
| Year in which the loss was incurred (Day / Month / Year) | | (A) Loss incurred according to return | | (B) Adjustments under Section 1033.14 (See instructions) | | (C) Total loss carryforward (Subtract Column B from Column A) | | (D) Amount used in previous years | | (E) Amount available (Subtract Column D from Column C) | | Expiration date (Day / Month / Year) | |
| 1 | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 2 | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 3 | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 4 | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 5 | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 6 | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 7 | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 8 | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 9. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Schedule A Corporation, Part III, line 21)(9) | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 10. Losses for 2020 related to COVID-19 (Act 57-2020) (Transfer to Schedule A Corporation, Part III, line 23) (See instructions)(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. Subtotal of accumulated losses after taxable year 2020 (Add lines 11, 12 and 13 and transfer to Schedule A Corporation, Part III, line 25)(14) | | | 00 | | 00 | | 00 | | 00 | | 00 | | |
| 15. Total (Add lines 9, 10, and 14) ...(15) | | | 00 | | 00 | | 00 | | 00 | | 00 | | |

Retention Period: Ten (10) years

Schedule IE Corporation

Rev. 05.24



EXCLUDED AND EXEMPT INCOME

Taxable year beginning on _____ and ending on _____

2024

Taxpayer's name _____

Employer Identification Number _____

Part I Exclusions from Gross Income

| | | |
|---|-----|----|
| 1. Plantation insurance | (1) | 00 |
| 2. Income derived from discharge of debts (See instructions) | (2) | 00 |
| 3. Net income (or loss) from sources outside Puerto Rico not related to the operation carried out in Puerto Rico by a foreign corporation | (3) | 00 |
| 4. Amount received through any grant or stimulus paid by the Federal Government (Submit detail) | (4) | 00 |
| 5. Amount received through any grant or stimulus paid by the Government of Puerto Rico (Submit detail) | (5) | 00 |
| 6. Interest on mortgages on residential property located in Puerto Rico granted after January 1, 2014 | (6) | 00 |
| 7. Exclusions from the operations of a Disregarded Entity (Submit detail) | (7) | 00 |
| 8. Other exclusions (Submit detail) (See instructions) | (8) | 00 |
| 9. Total (Add lines 1 through 8. Transfer to line 7(b), Part VIII of the return)..... | (9) | 00 |

Parte II Exempt Income

| | | |
|---|------|----|
| 1. Interests upon the following financial instruments: | | |
| A) Obligations from the United States Government, its states, territories or political subdivisions | (1A) | 00 |
| B) Obligations from the Government of Puerto Rico | (1B) | 00 |
| C) Securities under Agricultural Loans Act | (1C) | 00 |
| D) Certain Mortgages (See instructions) | (1D) | 00 |
| E) Obligations secured or guaranteed under the Servicemen's Readjustment Act of 1944 | (1E) | 00 |
| F) Securities issued by cooperative associations up to \$5,000 | (1F) | 00 |
| G) Obligations issued by the Conservation, Housing and Human Development Trust, the San Juan Monument's Patronage and SER of Puerto Rico | (1G) | 00 |
| H) Loans granted by a commercial bank to an employees owned special corporation for certain purposes | (1H) | 00 |
| I) Loans granted by a commercial bank in Puerto Rico for acquisition and payment of membership certificates in an employees owned special corporation | (1I) | 00 |
| J) Loans granted by a commercial bank in Puerto Rico for the purchase or investment in preferred stocks of an employees owned special corporation | (1J) | 00 |
| K) Loans for the establishment or expansion of small and medium businesses up to \$250,000 | (1K) | 00 |
| L) Loans for the capitalization of small and medium businesses up to \$250,000 | (1L) | 00 |
| M) Bonds, notes, or other obligations under Section 6070.56(h) of Act 60-2019, as amended | (1M) | 00 |
| N) Other interests reported in a Form 480.6D | (1N) | 00 |
| O) Other interests not reported in a Form 480.6D (Submit detail) | (1O) | 00 |
| 2. Dividends received from: | | |
| A) Industrial development income derived from certain interests (See instructions) | (2A) | 00 |
| B) Cooperative associations | (2B) | 00 |
| C) International Insurer or Holding Company of the International Insurer | (2C) | 00 |
| D) Exempt business under Act 60-2019, as amended (Section 6070.56(e)) | (2D) | 00 |
| E) Other dividends reported in a Form 480.6D | (2E) | 00 |
| F) Other dividends not reported in a Form 480.6D (Submit detail) | (2F) | 00 |
| 3. Recapture of bad debts, prior taxes, surcharges and other items | (3) | 00 |
| 4. Income from news agencies or unions | (4) | 00 |
| 5. Certain income related to the operation of an employees owned special corporation (See instructions) | (5) | 00 |
| 6. Income received or earned in connection with the celebration of sports games organized by international associations or federations | (6) | 00 |
| 7. Income derived by the International Insurer or Holding Company of the International Insurer | (7) | 00 |
| 8. Income from vessels owners associations and mutual protection and indemnity | (8) | 00 |
| 9. Income from buildings rented to the Government of Puerto Rico for public hospitals or schools and health homes (Contracts in force as of November 22, 2010) | (9) | 00 |
| 10. 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 | (10) | 00 |
| 11. Distributions of amounts previously notified as deemed eligible distributions under Sections 1023.06(j) and 1023.25(b) | (11) | 00 |
| 12. Distributions of dividends or benefits from industrial development income of exempt businesses and in liquidation under Act 73-2008 and Act 135-1997 | (12) | 00 |
| 13. Rent of residential property under Act 132-2010 | (13) | 00 |
| 14. Income generated by a new business that operates under a special agreement for the creation of young companies (See instructions) | (14) | 00 |
| 15. Distributable share in the exempt income from pass-through entities (Form 480.60 EC) | (15) | 00 |
| 16. Other payments reported in a Form 480.6 D | (16) | 00 |
| 17. Other payments not reported in a Form 480.6 D (Submit detail) | (17) | 00 |
| 18. Exemptions from the operations of a Disregarded Entity (Submit detail) | (18) | 00 |
| 19. Other exemptions (Submit detail) | (19) | 00 |
| 20. Total (Add lines 1 through 19. Transfer to line 7(a), Part VIII of the return) | (20) | 00 |

Schedule R Corporation

Rev. 05.24



PASS-THROUGH ENTITIES
(RECONCILIATION)

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

2024

Taxpayer's name

Employer Identification Number

Schedules R1 Corporation included

Forms 480.60 EC included

Federal Schedules K-1 included

Forms 480.60 F included

Part I Questionnaire

| | | |
|--|-----|----|
| 1. Distributable share on gross income from services rendered by pass-through entities (From Part I, line I of all Schedules R1 Corporation included) | (1) | 00 |
| 2. Distributable share on gross income from services rendered by subsidiary pass-through entities (From Part I, line J of all Schedules R1 Corporation included) | (2) | 00 |
| 3. Total distributable share on gross income from services rendered by pass-through entities for the purposes of optional tax (Add lines 1 and 2) | (3) | 00 |
| 4. Distributable share on the gross incomes of pass-through entities (From Part I, line K of all Schedules R1 Corporation included) | (4) | 00 |
| 5. Distributable share on the gross income of subsidiary pass through entities (From Part I, line L of all Schedules R1 Corporation included) | (5) | 00 |
| 6. Distributable share on the gross income of pass-through entities (Add lines 4 and 5) | (6) | 00 |
| 7. Less: Exempt income from pass-through entities and other income or gains reported in other schedules of this return (From Part I, lines 2(c), 2(d) and 2(e) of all Schedules R1 Corporation included) | (7) | 00 |
| 8. Total distributable share on the gross income of pass-through entities (Subtract line 7 from line 6) | (8) | 00 |

Part II Net Income or Loss in Pass-Through Entities

| | | |
|--|-----|----|
| 1. Total income from Schedule R1 Corporation (Enter the total amount on line 9, Part II of all Schedules R1 Corporation included) | (1) | 00 |
| 2. Total losses from Schedule R1 Corporation (Enter the total amount on line 10, Part II of all Schedules R1 Corporation 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 amount 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 I, line 17 of the return | (5) | 00 |
| 6. Carryforward for future years (Subtract line 4 from line 3. See instructions) | (6) | 00 |

Retention Period: Ten (10) years

Schedule R1 Corporation

Rev. 05.24



PASS-THROUGH ENTITIES

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

2024

Taxpayer's name _____

Schedule R1 Corporation No. _____

Employer Identification Number _____

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

| | Column A | Column B | Column C |
|--|--|--|--|
| A. Type of form _____ | 1 <input type="checkbox"/> 480.60 EC 2 <input type="checkbox"/> K-1 | 1 <input type="checkbox"/> 480.60 EC 2 <input type="checkbox"/> K-1 | 1 <input type="checkbox"/> 480.60 EC 2 <input type="checkbox"/> K-1 |
| B. Type of taxable year _____ | 3 <input type="checkbox"/> 480.60 F 4 <input type="checkbox"/> Disregarded | 3 <input type="checkbox"/> 480.60 F 4 <input type="checkbox"/> Disregarded | 3 <input type="checkbox"/> 480.60 F 4 <input type="checkbox"/> Disregarded |
| C. Did the entity choose the optional tax under Section 1071.10 of the Code? (See instructions) _____ | 1 <input type="checkbox"/> Calendar 2 <input type="checkbox"/> Fiscal | 1 <input type="checkbox"/> Calendar 2 <input type="checkbox"/> Fiscal | 1 <input type="checkbox"/> Calendar 2 <input type="checkbox"/> Fiscal |
| D. Name of entity _____ | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| E. Employer identification number _____ | | | |
| F. Percentage of participation in the entity _____ | | | |
| G. Control number of Form 480.60 EC or 480.60 F (Does not apply to Federal Schedule K-1) _____ | | | |
| H. Electronic filing confirmation number of Form 480.60 EC or 480.60 F (Does not apply to Federal Schedule K-1) _____ | | | |
| I. Distributable share on gross income from services rendered by the entity (See instructions) _____ | 00 | 00 | 00 |
| J. Distributable share on gross income from services rendered by subsidiary pass-through entities (See instructions) _____ | 00 | 00 | 00 |
| K. Distributable share on the gross income of the entity (Excluding that related to the services rendered) _____ | 00 | 00 | 00 |
| L. Distributable share on the gross income of subsidiary pass-through entities (Excluding that related to the services rendered) _____ | 00 | 00 | 00 |
| 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 claimed on 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 on 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) Charitable contributions _____ (3h) | 00 | 00 | 00 |
| (i) Owner's debts assumed and guaranteed by the entity _____ (3i) | 00 | 00 | 00 |
| (j) Other decreases (Submit detail) _____ (3j) | 00 | 00 | 00 |
| (k) Total basis decrease (Add lines 3(a) through 3(j)) _____ (3k) | 00 | 00 | 00 |
| 4. Adjusted Basis (Subtract line 3(k) from the sum of lines 1 and 2(g). Transfer this amount to line 6(a)) _____ (4) | 00 | 00 | 00 |

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

| | | | |
|--|----|----|----|
| 5. (a) Owner's distributable share on entity's loss for the year _____ (5a) | 00 | 00 | 00 |
| (b) Distributable share on loss from 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 owner (See instructions) _____ (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 (Form 480.60 EC) (See instructions) _____ (7a) | 00 | 00 | 00 |
| (b) Distributable share on gain from 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 line 5(d) or 6(d)) _____ (8) | 00 | 00 | 00 |
| 9. Total income (Add the income determined on line 7(c), columns A through C. Transfer to Schedule R Corporation, Part II, line 1) _____ (9) | | | 00 |
| 10. Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Corporation, Part II, line 2) _____ (10) | | | 00 |

Schedule T Corporation

Rev. 05.24

ADDITION TO THE TAX FOR FAILURE TO PAY
ESTIMATED TAX IN CASE OF
CORPORATIONS

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

2024

Taxpayer's name

Employer Identification Number

Part I Determination of the Minimum Amount of Estimated Tax to Pay

| | | |
|---|-----|----|
| 1. Tax liability (Add lines 5, 8 and 10 of Part IV, page 4 of the return) | (1) | 00 |
| 2. Credits and overpayments (See instructions) | (2) | 00 |
| 3. Estimated tax (Subtract line 2 from line 1. If it is \$1,000 or less, do not complete this Schedule) | (3) | 00 |
| 4. Line 1 multiplied by 90%. | (4) | 00 |
| 5. Total tax determined as it appears on the income tax return from the previous year (See instructions) | (5) | 00 |
| 6. Enter the smaller of lines 4 and 5, provided you have filed an income tax return for the previous year. Otherwise, enter the total of line 4 | (6) | 00 |
| 7. Subtract line 2 from line 6 (If it is less than zero, enter zero). This is the minimum amount of estimated tax that you should have paid | (7) | 00 |

Part II Addition to the Tax for Failure to Pay**Section A - Failure to Pay**

Due date

| | (a) First Installment | (b) Second Installment | (c) Third Installment | (d) Fourth Installment |
|--|--------------------------|---------------------------|--------------------------|---------------------------|
| 1 <input type="checkbox"/> CALENDAR YEAR | | | | |
| 2 <input type="checkbox"/> FISCAL YEAR (Enter the corresponding dates) | | | | |
| Check here to choose the method provided under Article 1061.23(b)-1(a)(2)(ii) of Regulation No. 8049 of July 21, 2011, as amended (See inst.): <input type="radio"/> | | | | |
| 8. Amount of estimated tax per installment (See instructions) | 00 | 00 | 00 | 00 |
| 9. Amount of estimated tax paid per installment (See instructions) | 00 | 00 | 00 | 00 |
| 10. Payment date (See instructions) | | | | |
| 11. Line 17 from previous column | | 00 | 00 | 00 |
| 12. Add lines 9 and 11 | 00 | 00 | 00 | 00 |
| 13. Subtract line 8 from line 12 (If it is less than zero, enter zero) | 00 | 00 | 00 | 00 |
| 14. Failure to Pay (If line 13 is zero, subtract line 12 from line 8, otherwise, enter zero) | 00 | 00 | 00 | 00 |
| 15. Add lines 14 and 16 from previous column | | 00 | 00 | |
| 16. If line 15 is equal or more than line 13, subtract line 13 from line 15 and go to line 11 of next column. Otherwise, go to line 17 | | 00 | 00 | |
| 17. Overpayment (If line 13 is more than line 15, subtract line 15 from line 13, and go to line 11 of next column. Otherwise, enter zero) | 00 | 00 | 00 | |

Section B - Penalty

| | | | | | |
|---|------|----|----|----|----|
| 18. Multiply line 14 by 10% | (18) | 00 | 00 | 00 | 00 |
| 19. If the date indicated on line 10 for any installment is after its due date and: • line 18 is zero, multiply the result of line 8 less line 17 from previous column by 10%; or • line 18 is more than zero, multiply the result of line 8 less line 17 from previous column by 10% and subtract the amount reflected on line 18 (See instructions) | (19) | 00 | 00 | 00 | 00 |
| 20. Add lines 18 and 19 | (20) | 00 | 00 | 00 | 00 |
| 21. Addition to the Tax for Failure to Pay Estimated Tax (Add the amounts from columns of line 20. Transfer to line 20 of Part IV, page 4 of the return) | (21) | | | | 00 |

Retention Period: Ten (10) years

Schedule X Corporation

Rev. 05.24



OPTIONAL TAX FOR CORPORATIONS THAT RENDER SERVICES

(Section 1022.07 of the Puerto Rico Internal Revenue Code of 2011,
as amended)

2024

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

Taxpayer's name

Employer Identification Number

Merchant's Registration Number

Optional tax election (Section 1022.07 of the Code): ☐ 1 Partial Waiver - 6% (RI CL 14-16) ☐ 2 With Return**Part I** Determination of Eligibility for Optional Tax Payment

1. Determination of gross income from services rendered:

(a) Gross income from services rendered directly by the corporation during the current year and from the activities of a Disregarded Entity (Add lines 11(a) and 11(c), Part I of the return) (1a) 00

(b) Distributable share on gross income from services rendered by pass-through entities (Line 3, Part I of Schedule R Corporation) (1b) 00

(c) Total gross income from services rendered (Add lines 1(a) and 1(b)) (1c) 00

2. Other income:

(a) Subtract lines 11, 17 and 18 from line 27, Part I of the return (2a) 00

(b) Other gross income reported by a pass-through entity (Line 8, Part I of Schedule R Corporation. See instructions) (2b) 00

(c) Other exempt income (Schedule IE Corporation, Part II, line 20) (2c) 00

(d) Less: Exempt income generated by a new business that operated under special agreement for the creation of young companies (Line 14, Part II of Schedule IE Corporation included as part of the gross income informed in lines 1(a) and 2(a)) (2d) 00

(e) Total of other income (Add lines 2(a) through 2(c) and subtract line 2(d)) 2(e) 00

3. Total gross income (Add lines 1(c) and 2(e)) (3) 00

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

- If the result is less than 80%, you are not eligible to the optional tax. Do not complete the rest of this schedule and determine your tax responsibility on page 4 of the return according to the applicable tax rate.

- If the result is equal or more than 80% and you elect the optional tax, continue with Part II.

Part II Computation of the Optional Tax on Gross Income

1. Total gross income received during the year (Line 3, Part I of this Schedule) (1) 00

2. Less: Exempt income (Line 20, Part II of Schedule IE Corporation) (2) 00

3. Income subject to optional tax (Subtract line 1 from line 2) (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) In excess of \$100,000, but not over \$200,000, multiply line 3 of this Part II by 10%.

(c) In excess of \$200,000, but not over \$300,000, multiply line 3 of this Part II by 13%.

(d) In excess of \$300,000, but not over \$400,000, multiply line 3 of this Part II by 15%.

(e) In excess of \$400,000, but not over \$500,000, multiply line 3 of this Part II by 17%.

(f) In excess of \$500,000, multiply line 3 of this Part II by 20%.

This is your Optional Tax (Enter the corresponding amount on this line. Transfer to line 1, Part IV of the return and check the Optional tax box) (4) 00

Retention Period: Ten (10) years

Schedule CC

Rev. 05.24



CHARITABLE CONTRIBUTIONS

2024

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

Taxpayer's Name

Employer Identification Number

Part I Charitable contributions made directly by the taxpayer

| Name of Person or Institution to whom Payment was Made | Employer Identification Number | Nature of Organization | Contribution |
|--|--------------------------------|------------------------|--------------|
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| 1. Contributions made directly by the taxpayer (1) | | | 00 |

Part II Charitable contributions from the operations of a Disregarded Entity

| Name of Person or Institution to whom Payment was Made | Employer Identification Number | Nature of Organization | Contribution |
|---|--------------------------------|------------------------|--------------|
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| 1. Charitable contributions from the operations of a Disregarded Entity (1) | | | 00 |

Part III Charitable Contributions made through Pass-Through Entities

| Taxable year of the Informative Return | Pass-Through Entity's Name | Pass-Through Entity's Identification Number | Control Number | Electronic Filing Confirmation Number | Contribution |
|--|----------------------------|---|----------------|---------------------------------------|--------------|
| | | | | | 00 |
| | | | | | 00 |
| | | | | | 00 |
| | | | | | 00 |
| | | | | | 00 |
| 1. Charitable contributions made through pass-through entities (1) | | | | | 00 |

Part IV Calculation of the deduction for charitable contributions

| | |
|---|----|
| 1. Total contributions made during the year (Sum lines 1, Parts I, II, III) (1) | 00 |
| 2. Carryforward contributions from previous years (See instructions) (2) | 00 |
| 3. Total contributions made during the year plus carryforward contributions from previous year (Sum lines 1 and 2) (3) | 00 |
| 4. Net income limitation (See instructions) (4) | 00 |
| 5. Total admissible deduction for contributions (Enter the smaller of the lines 3 or 4. Transfer the total to line 58, Part II of the Form 480.20 or the corresponding line of other returns) (5) | 00 |
| 6. Carryforward amount to next year (Subtract line 5 from line 3. If result is less than zero, enter zero) (6) | 00 |

Retention Period: Ten (10) years