

Liquidator:	Reviewer:	20	COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY	20	Serial Number
Field audited by:		PARTNERSHIP INFORMATIVE INCOME TAX RETURN - COMPOSITE			
Date: ____/____/____		TAXABLE YEAR BEGINNING ON _____, ____ AND ENDING ON _____			
Entity's Name		Employer Identification Number			
Postal Address		Industrial Code		Municipal Code	
Zip Code		Telephone Number - Extension			
Location of Principal Industry or Business (Number, Street, City)		Date Created			
Type of Principal Industry or Business		Day ____/Month ____/Year ____			
		Place Created			
		Total Forms 480.60 S			

AMENDED RETURN
 Receipt Stamp

Part I QUESTIONNAIRE

1. Number of intermediate pass-through entities included on this composite return _____
2. Total Schedules I (SC) included with this composite return _____
3. Did you include detail of the group's ownership structure? Yes No

Part II DISTRIBUTABLE SHARE PER CATEGORY

		Amount	Tax Withheld
1. Long-term gain (or loss) on sale or exchange of capital assets	(1)	00	
2. Short-term gain (or loss) on sale or exchange of capital assets	(2)	00	
3. Gain (or loss) on sale or exchange of substantially all assets dedicated to an activity under Act 78-1993	(3)	00	
4. Net gain (or loss) on sale or exchange of property used in the business (Schedule D Corporation)	(4)	00	00
5. Net income (or loss) from the partnership's trade or business	(5)	00	00
6. Net income (or loss) from partially exempt income	(6)	00	00
7. Net income (or loss) from income subject to a preferential rate	(7)	00	00
8. Eligible distribution of dividends from corporations	(8)	00	00
9. Interest income from deposits in financial institutions located in Puerto Rico	(9)	00	00
10. Distributable share on income, gain or loss from partnerships or special partnerships owned by the partnership	(10)	00	00
11. Others (Submit detail)	(11)	00	00
12. Exempt income	(12)	00	
13. Exempt income subject to alternate basic tax	(13)	00	
14. Adjustments for purposes of the alternate basic tax	(14)	00	
15. Adjustments for purposes of the alternative minimum tax	(15)	00	
16. Charitable contributions	(16)	00	
17. Gross income	(17)	00	00

Part III CREDITS

1. Credit for investment in a Capital Investment Fund, Tourism Fund, other funds or direct investment	(1)	00
2. Credit attributable to losses in a Capital Investment Fund or other funds	(2)	00
3. Credit for tax withheld at source from Industrial Development dividends (Act No. 8 of 1987)	(3)	00
4. Credit for the purchase of tax credits (Submit detail)	(4)	00
5. Credit for the payment of additional duties on luxury vehicles under Act 42-2005	(5)	00
6. Returning Heroes and Wounded Warriors work opportunity tax credit	(6)	00
7. Credit of 50% of the additional tax on gross income	(7)	00
8. Other credits not included on the preceding lines	(8)	00
9. Total Tax Credits (Add lines 1 through 8)	(9)	00

Part IV TAXES PAID TO FOREIGN COUNTRIES AND THE UNITED STATES, ITS TERRITORIES AND POSSESSIONS

	Foreign Country, Territory or Possession of the United States			United States	Total
	A	B	C		
Name of the country, territory or possession					
1. Net income from sources within the country, territory or possession (1)	00	00	00	00	00
2. Tax paid or accrued during the year	00	00	00	00	00

Schedule I (SC)

Rev. 01.14



INTERMEDIATE PASS-THROUGH ENTITIES COMPOSITE RETURN

Affidavit

(To be filed with Form 480.1(SC) or Form 480.10(SC))

2013

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

Name	Taxpayer Identification Number
Address	Type of Entity
	<input type="radio"/> Partnership <input type="radio"/> Limited Liability Company Place of organization: _____

The undersigned, under oath, being duly sworn, hereby certifies and agrees as follows:

1. I am Partner Officer Authorized representative of the entity on whose behalf I execute this affidavit (the "Partner Entity")
2. The name, taxpayer identification number, address, type and place of organization of the Partner Entity are stated above.
3. The Partner Entity is a partner or member of the pass-through entity described in Item 4.

4. Name of Entity: _____

Entity's Employer Identification Number: _____

Entity's address: _____

Type of Entity: Partnership
 Limited liability company (LLC)

Partner Entity's participation in the entity's income, gains or losses: _____%

5. The type of income for which this affidavit and agreement applies is:

Distributed or undistributed Puerto Rico income from a partnership

Distributed or undistributed Puerto Rico income from an LLC taxed as a partnership

6. The Partner Entity does not derive other Puerto Rico source income and has no source of income taxable in Puerto Rico other than from the entity described in Item 4.
7. This affidavit applies for the captioned taxable year.

The undersigned understands that any false statement contained herein could be punished by fine, imprisonment or both.

Under penalties of perjury, I declare that I have examined this affidavit and agreement and, to the best of my knowledge and belief, it is true, correct and complete.

Signature of partner, officer or authorized representative	Name of partner, officer or authorized representative (Print)	Date