

Liquidator:	Reviewer:	20	GOVERNMENT 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 _____			
R M N		<input type="radio"/> AMENDED RETURN TAXABLE YEAR: 1 <input type="radio"/> CALENDAR 2 <input type="radio"/> FISCAL 3 <input type="radio"/> 52-53 WEEKS Receipt Stamp			
Entity's Name		Employer Identification Number			
Postal Address		Merchant's Registration Number			
Zip Code		Industrial Code		Municipal Code	
Location of Principal Industry or Business (Number, Street, City)		Telephone - Extension () -			
Type of Principal Industry or Business		Date Created Day ____/Month ____/Year ____		Place Created or Incorporated	
Check the corresponding box, if applicable		CHANGE OF ADDRESS: <input type="radio"/> Yes <input type="radio"/> No		Total Forms 480.6 EC	
<input type="radio"/> First return <input type="radio"/> Last return		EXTENSION OF TIME: <input type="radio"/> Yes <input type="radio"/> No		Type of Taxpayer <input type="radio"/> Partnership <input type="radio"/> Limited Liability Company Indicate if you are member of a group related entities <input type="radio"/> Yes <input type="radio"/> No	
E-mail Address of the Contact Person		<input type="radio"/> Check here if you choose the optional tax under Section 1071.10 of the Code		Group number	

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 the detail of the group's ownership structure? Yes No

Part II DISTRIBUTABLE SHARE PER CATEGORY

	Amount	Tax Withheld
1. Net long-term gain (or loss) on sale or exchange of capital assets (See instructions) (1)	00	00
2. Net short-term gain (or loss) on sale or exchange of capital assets (See instructions) (2)	00	
3. Net gain (or loss) on sale or exchange of substantially all assets dedicated to an activity under Act 78-1993 (See instructions) (3)	00	
4. Net gain (or loss) on sale or exchange of property used in the business (See instructions) (4)	00	00
5. Net income (or loss) from the partnership's trade or business (See instructions) (5)	00	00
(a) Share of net income attributable to services rendered by the partners or stockholders (5a)	00	
(b) Remaining net income (or loss) (Subtract line 5(a) from line 5) (5b)	00	
6. Net income (or loss) from partially exempt income (See instructions) (6)	00	00
7. Net income (or loss) from income subject to a preferential rate (See instructions) (7)	00	00
8. Eligible distribution of dividends from corporations at 15% (See instructions) (8)	00	00
9. Distributions of dividends subject to ____% withholding (See instructions) (9)	00	00
10. Interest income from deposits in financial institutions subject to withholding (See instructions) (10)	00	00
11. Interest income from deposits in financial institutions not subject to withholding (See instructions) (11)	00	
12. Other interests subject to withholding at 10% rate (See instructions) (12)	00	00
13. Other interests subject to ____% withholding (See instructions) (13)	00	00
14. Distributable share on gain from a partnership or special partnership owned by the entity (See instructions) (14)	00	00
15. Distributable share on loss from a partnership or special partnership owned by the entity (See instructions) (15)	00	00
16. Others (See instructions) (16)	00	00
17. Total net income (or loss) from distributable share per category (Add lines 1 through 16) (17)	00	00
18. Exempt income (See instructions) (18)	00	
19. Exempt income subject to alternate basic tax (See instructions) (19)	00	
20. Adjustment for deductions not allowed for alternate basic tax and alternative minimum tax (See instructions) (20)	00	
21. Other adjustments for purposes of the alternate basic tax (See instructions) (21)	00	
22. Other adjustments for purposes of the alternative minimum tax (See instructions) (22)	00	
23. Charitable contributions (See instructions) (23)	00	
24. Volume of business (See instructions) (24)	00	
25. Gross income subject to optional tax (Section 1071.10 of the Code) (25)	00	

OATH

I declare under penalty of perjury that the information included in this return, 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 (except the taxpayer) is with respect to the information received, and this information may be verified.

Name of Managing Partner, Officer or Agent (Print)	Signature of Managing Partner, Officer or Agent	Date
Specialist's name (Print)	Name of the Firm or Business	
Registration No.	Self-employed Specialist (fill-in here) <input type="radio"/>	Specialist's signature
		Date

NOTE TO TAXPAYER: Indicate if you made payments for the preparation of your return: Yes No. If you answered "Yes", require the Specialist's signature and registration number.

Part III CREDITS

A. CREDITS SUBJECT TO MORATORIUM

1. A) Credit attributable to losses or investment in Capital Investment, Tourism, other funds or direct investment (Schedules Q and Q1) (See instructions)	(1A)	00
B) Credit for the purchase of tax credits (Complete Part V) (See instructions)	(1B)	00
C) Other credits not included on the preceding lines (Submit detail) (See instructions)	(1C)	00

B. CREDITS NOT SUBJECT TO MORATORIUM

2. A) Credit for tax withheld at source from Industrial Development dividends (Act No. 8 of 1987) (See instructions)	(2A)	00
B) Credit for the purchase of tax credits (Complete Part V) (See instructions)	(2B)	00
C) Other credits not included on the preceding lines (Submit detail) (See instructions)	(2C)	00
3. Total of Tax Credits (Add lines 1(A) through 2(C))	(3)	00

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

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

Part V BREAKDOWN OF THE PURCHASE OF TAX CREDITS

Check the box corresponding to the act (or acts) under which you acquired the credit and enter the amount:

A. CREDITS SUBJECT TO MORATORIUM

1. <input type="radio"/> Solid Waste Disposal (Act 159-2011)	(1)	00
2. <input type="radio"/> Capital Investment Fund (Act 46-2000)	(2)	00
3. <input type="radio"/> Theatrical District of Santurce (Act 178-2000)	(3)	00
4. <input type="radio"/> Housing Infrastructure (Act 98-2001)	(4)	00
5. <input type="radio"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families (Act 140-2001)	(5)	00
6. <input type="radio"/> Conservation Easement (Act 183-2001)	(6)	00
7. <input type="radio"/> Revitalization of Urban Centers (Act 212-2002)	(7)	00
8. <input type="radio"/> Other:	(8)	00
9. Total credit for the purchase of tax credits subject to moratorium (Transfer to Part III, line 1(B))	(9)	00

B. CREDITS NOT SUBJECT TO MORATORIUM

10. <input type="radio"/> Tourism Development (Act 78-1993)	(10)	00
11. <input type="radio"/> Film Industry Development (Act 27-2011)	(11)	00
12. <input type="radio"/> Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico (Act 109-2001)	(12)	00
13. <input type="radio"/> Economic Incentives (Research and Development) (Act 73-2008)	(13)	00
14. <input type="radio"/> Economic Incentives (Strategic Projects) (Act 73-2008)	(14)	00
15. <input type="radio"/> Economic Incentives (Industrial Investment) (Act 73-2008)	(15)	00
16. <input type="radio"/> Green Energy Incentives (Research and Development) (Act 83-2010)	(16)	00
17. <input type="radio"/> Other:	(17)	00
18. Total credit for the purchase of tax credits not subject to moratorium (Transfer to Part III, line 2(B))	(18)	00

Part VI DISTRIBUTABLE SHARE ON NET INCOME SUBJECT TO PREFERENTIAL RATES

Tax Liability	Net Income	Tax Determined
1. Schedule V Pass - Through Entity (Taxed at ____%)	(1)	00
2. Schedule W Pass - Through Entity (Taxed at ____%)	(2)	00
3. Schedule X Pass - Through Entity (Taxed at ____%)	(3)	00
4. Schedule Y Pass - Through Entity (Taxed at ____%)	(4)	00
5. Schedule Z Pass - Through Entity (Taxed at ____%)	(5)	00
6. Schedule AA Pass - Through Entity (Taxed at ____%)	(6)	00
7. Total (Add lines 1 through 6. Transfer to Part II, line 7)	(7)	00

Schedule I (SC)

Rev. 10.19



**PARTNERSHIP INFORMATIVE INCOME TAX
RETURN-COMPOSITE
SWORN STATEMENT**

(To be filed with Form 480.10(SC))

2019

Taxable year beginning on _____ and ending on _____

Name _____

Taxpayer Identification Number _____

Address _____

Type of Entity
 Partnership 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 sworn statement (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. Entity's Name: _____

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 sworn statement and agreement applies is:

Distributed or undistributed Puerto Rico income from a partnership

Distributed or undistributed Puerto Rico income from a 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 sworn statement applies for the captioned taxable year.

8. Check here if you submitted a sworn statement under Section 1062.07(a)(1)(B) of the Code.

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

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

Signature of partner, officer or agent _____

Name of partner, officer or agent (Print) _____

Date _____