

Liquidator:	Reviewer:	<b>20</b>	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	<b>20</b>	Serial Number
Field audited by:		<b>4% Special Tax Return                  of an International Insurer or an                  International Financial Entity</b>			
Date ____/____/____		TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____			
R M N		<input type="checkbox"/> AMENDED RETURN TAXABLE YEAR: 1 <input type="checkbox"/> CALENDAR 2 <input type="checkbox"/> FISCAL 3 <input type="checkbox"/> 52-53 WEEKS Receipt Stamp			

Taxpayer's Name  Postal Address   Zip Code	Employer Identification Number
Location of Principal Industry or Business - Number, Street, City	Industrial Code    Municipal Code Merchant's Registration Number Telephone Number - Extension (    ) - Date Created Day ____ / Month ____ / Year ____ Place Created Change of Address <input type="checkbox"/> Yes <input type="checkbox"/> No Extension of Time <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail Address of Contact Person
Type of Taxpayer: <input type="checkbox"/> International Financial Entity <input type="checkbox"/> International Insurer <input type="checkbox"/> Check here if you include Segregated Assets Plans. Indicate the amount of Segregated Assets Plans included with this return: _____	Receipt Number: _____ Amount: _____ Check the corresponding box, if applicable: <input type="checkbox"/> First return <input type="checkbox"/> Last return Decree Number

<b>Part II</b>	1. <b>Net income</b> (See instructions) ..... (1)	00	
	2. Less: Exempt amount (\$1,200,000 if you are an International Insurer) (See instructions) ..... (2)	00	
	3. <b>Net taxable income</b> (Subtract line 2 from line 1) ..... (3)	00	
	4. Tax rate ..... (4)	4 %	
	5. <b>Tax Determined</b> (Multiply line 3 by line 4) ..... (5)	00	
	6. Plus: Tax determined from Segregated Assets Plans (Total Schedules included _____) ..... (6)	00	
	7. Total Tax Determined (Add lines 5 and 6) ..... (7)	00	
	8. <b>Less: Tax credits</b> (Submit detail) (See instructions) ..... (8)	00	
	9. <b>Tax Liability</b> (Subtract line 8 from line 7) ..... (9)	00	
	10. Less amount paid:		
	a) Amount paid by Segregated Assets Plans (Amount of payments included _____) (See inst.) (10a)	00	
	b) Estimated tax payments for the current year ..... (10b)	00	
	c) Amount paid with automatic extension of time or with original return ..... (10c)	00	
	d) Tax paid in excess on previous years credited to estimated tax ..... (10d)	00	
	e) Total (Add lines 10(a) through 10(d)) ..... (10e)	00	
	11. Balance of tax due (If line 9 is larger than line 10(e), enter the difference here, otherwise, on line 12) ..... (11)	00	
	12. Amount overpaid ..... (12)	00	

**OATH**

I hereby declare under penalty of perjury that the information included in this return, including schedules and other documents attached to it, 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

\_\_\_\_\_  
 Authorized Officer's Signature

Date

**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	<b>FOR THE CPA'S USE ONLY</b>	
Firm's name			CPA License No.	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:  Yes  No. If you answered "Yes", require the Specialist's signature and registration number.

Part III	1. Operating income .....	(1)	00
	2. Interests .....	(2)	00
	3. Income from services or commissions .....	(3)	00
	4. Dividends from corporations: (a) Domestic ..... (b) Foreign .....	(4)	00
	5. Rent .....	(5)	00
	6. Gain from the sale of capital assets (Short-term ..... Long-term .....	(6)	00
	7. Miscellaneous income (Submit detail) .....	(7)	00
	8. <b>Total income</b> (Add lines 1 through 7) .....	(8)	00
Part IV	<b>A. Deductions reported on informative returns:</b>		
	1. Compensation to directors .....	(1)	00
	2. Compensation to officers .....	(2)	00
	3. Salaries, commissions and bonuses to employees (See instructions) .....	(3)	00
	4. Salaries paid to young university students (Total \$ ..... "Programa de Pasantías del Departamento de Hacienda" (Total \$ .....)) .....	(4)	00
	5. Services rendered .....	(5)	00
	6. Services subcontracted .....	(6)	00
	7. Commissions to businesses .....	(7)	00
	8. Lease, rent and royalties paid (See instructions) (a) Personal \$ ..... (b) Real \$ .....	(8)	00
	9. Health or accident plans .....	(9)	00
	10. Property, contingency, public liability insurance and bonds (See instructions) .....	(10)	00
	11. Telecommunications services .....	(11)	00
	12. Internet and cable or satellite television services .....	(12)	00
	13. Electric power .....	(13)	00
	14. Water and sewage .....	(14)	00
	15. Advertising .....	(15)	00
	16. Royalties .....	(16)	00
	17. Special contribution for professional advisory services under Act 48-2013 (See instructions) .....	(17)	00
	18. Mortgage interest (See instructions) .....	(18)	00
	19. Interests paid in automobiles financing lease .....	(19)	00
	20. Professional associations fees paid for the benefit of employees .....	(20)	00
	21. Homeowners association fees paid .....	(21)	00
	22. Certain other expenses (See instructions) .....	(22)	00
	23. Subtotal (Add lines 1 through 22) .....	(23)	00
	<b>B. Deductions not reported on informative returns:</b>		
	24. Interest on business debts .....	(24)	00
	25. Property taxes, patents and licenses:		
	(a) Property tax: Personal \$ ..... Real \$ .....	(25a)	00
	(b) Other taxes: Patents \$ ..... Licenses \$ ..... Others \$ .....	(25b)	00
	(c) State Insurance Fund premiums .....	(25c)	00
	(d) Sales and use tax (See instructions) .....	(25d)	00
	26. Depreciation and amortization (See instructions. Submit Schedule E) .....	(26)	00
	27. Depreciation for businesses with volume less or equal to \$3,000,000 (Submit Schedule E1) .....	(27)	00
	28. Contributions to pension or other qualified plans (See instructions. Submit Form AS 6042.1) .....	(28)	00
	29. Deduction for employers who employ handicapped persons (See instructions) .....	(29)	00
	30. Subtotal (Add lines 24 a la 29) .....	(30)	00
	<b>C. Other deductions:</b>		
	31. Social Security (FICA) .....	(31)	00
	32. Unemployment insurance .....	(32)	00
	33. Automobiles expenses (Mileage ..... ) (See instructions) .....	(33)	00
	34. Other motor vehicle expenses (See instructions) .....	(34)	00
	35. Repairs and maintenance (See instructions) .....	(35)	00
	36. Travel expenses (Total expenses \$ ..... ) .....	(36)	00
	37. Meal and entertainment expenses (Total expenses \$ ..... ) (See instructions) .....	(37)	00
	38. Materials and office supplies .....	(38)	00
	39. Materials used directly in the trade or business .....	(39)	00
	40. Stamps, vouchers and fees .....	(40)	00
	41. Shipping and postage charges .....	(41)	00
	42. Uniforms .....	(42)	00
	43. Parkings and toll .....	(43)	00
	44. Office expenses (See instructions) .....	(44)	00
	45. Bank fees .....	(45)	00
	46. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions) .....	(46)	00
	47. Expenses incurred or paid to stockholders, persons or related entities outside of Puerto Rico (See instructions) (Total \$ ..... ) .....	(47)	00
	48. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions) .....	(48)	00
	49. Losses from fires, storm, other casualties or theft (See instructions) .....	(49)	00
	50. Bad debts (See instructions) .....	(50)	00
	51. Management fees .....	(51)	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) .....	(52)	00	
53. Expenses for subscriptions and memberships .....	(53)	00	
54. Expenses related to licenses and computer programs that cannot be capitalized (See instructions) .....	(54)	00	
55. Other deductions (Submit detail) .....	(55)	00	
56. Subtotal (Add lines 31 through 55) .....	(56)	00	
57. Charitable contributions .....	(57)	00	
58. Total deductions (Add lines 23, 30, 56 and 57) .....	(58)	00	

<b>Part V</b>	1. Total income (From Part III, line 8) .....	(1)	00
	2. Less: Total deductions (From Part IV, line 58) .....	(2)	00
	3. <b>Net operating income (or loss) for the year</b> (Difference between lines 1 and 2) .....	(3)	00

**Comparative Balance Sheet**

	Beginning of the Year			Ending of the Year	
		Total			Total
<b>Assets</b>					
1. Cash on hand and in banks .....	(1)	00	(1)	00	00
2. Accounts receivable .....	(2)	00	(2)	00	00
3. Less: Reserve for bad debts .....	(3)	(00)	(3)	(00)	00
4. Inventories .....	(4)	00	(4)	00	00
5. Other current assets .....	(5)	00	(5)	00	00
6. Notes receivable .....	(6)	00	(6)	00	00
7. Investments .....	(7)	00	(7)	00	00
8. Depreciable assets .....	(8)	00	(8)	00	00
9. Less: Reserve for depreciation .....	(9)	(00)	(9)	(00)	00
10. Land .....	(10)	00	(10)	00	00
11. Other long-term assets .....	(11)	00	(11)	00	00
12. <b>Total Assets</b> .....	(12)	00	(12)	00	00
<b>Liabilities and Stockholder's Equity</b>					
<b>Liabilities</b>					
13. Accounts payable .....	(13)	00	(13)	00	00
14. Accrued expenses .....	(14)	00	(14)	00	00
15. Other current liabilities .....	(15)	00	(15)	00	00
16. Long-term notes payable .....	(16)	00	(16)	00	00
17. Other long-term liabilities .....	(17)	00	(17)	00	00
18. <b>Total Liabilities</b> .....	(18)	00	(18)	00	00
<b>Stockholder's Equity</b>					
19. Capital stock					
(a) Preferred stocks .....	(19a)	00	(19a)	00	00
(b) Common stocks .....	(19b)	00	(19b)	00	00
20. Additional paid in capital .....	(20)	00	(20)	00	00
21. Retained earnings .....	(21)	00	(21)	00	00
22. Reserve .....	(22)	00	(22)	00	00
23. <b>Total Stockholder's Equity</b> .....	(23)	00	(23)	00	00
24. <b>Total Liabilities and Stockholder's Equity</b> .....	(24)	00	(24)	00	00

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

<b>Part VII</b>	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 interest \$ _____		
	3. Excess of capital losses over capital gains .....	(3)	00	(b) _____ \$ _____		
	4. Taxable income not recorded on books this year (Itemize, use schedule if necessary)			(c) _____ \$ _____		
	(a) _____ \$ _____			(d) _____ \$ _____		
	(b) _____ \$ _____			Total .....	(7)	00
	(c) _____ \$ _____			8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)		
	(d) _____ \$ _____			(a) Depreciation \$ _____		
	Total .....	(4)	00	(b) _____ \$ _____		
	5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)			(c) _____ \$ _____		
(a) Meals and entertainment expenses (amount not deductible) \$ _____			(d) _____ \$ _____			
(b) Depreciation \$ _____			Total .....	(8)	00	
(c) Vessels, airships and property located outside of P.R. \$ _____			9. <b>Total</b> (Add lines 7 and 8) .....	(9)	00	
(d) Travel and lodging expenses (Amount not deductible) \$ _____			10. <b>Net taxable income (or loss) per return</b> (Subtract line 9 from line 6) .....	(10)	00	
(e) Indemnification in cases of harassment and related expenses \$ _____						
(f) _____ \$ _____						
Total .....	(5)	00				
6. <b>Total</b> (Add lines 1 through 5) .....	(6)	00				

**Schedule A International Insurer**

Rev. 10.19



**DETERMINATION OF TAX FROM SEGREGATED ASSETS PLANS OF AN INTERNATIONAL INSURER**

**20**\_\_\_\_\_

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's name \_\_\_\_\_

Employer Identification Number \_\_\_\_\_

**Part I Income**

1. Operating income .....	(1)	00
2. Interests .....	(2)	00
3. Income from services or commissions .....	(3)	00
4. Dividends from corporations: (a) Domestic _____ (b) Foreign _____ .....	(4)	00
5. Rent .....	(5)	00
6. Gain from the sale of capital assets (Short-term _____ Long-term _____) .....	(6)	00
7. Miscellaneous income (Submit detail) .....	(7)	00
8. <b>Total income</b> (Add lines 1 through 7) .....	(8)	00

**Part II Expenses**

<b>A. Deductions reported on informative returns:</b>		
1. Compensation to directors .....	(1)	00
2. Compensation to officers .....	(2)	00
3. Salaries, commissions and bonuses to employees (See instructions) .....	(3)	00
4. Salaries paid to young university students (Total \$ _____) "Programa de Pasantías del Departamento de Hacienda" (Total \$ _____) .....	(4)	00
5. Services rendered .....	(5)	00
6. Services subcontracted .....	(6)	00
7. Commissions to businesses .....	(7)	00
8. Lease, rent and royalties paid (See instructions) (a) Personal \$ _____ (b) Real \$ _____ .....	(8)	00
9. Health or accident plans .....	(9)	00
10. Property, contingency, public liability insurance and bonds (See instructions) .....	(10)	00
11. Telecommunications services .....	(11)	00
12. Internet and cable or satellite television services .....	(12)	00
13. Electric power .....	(13)	00
14. Water and sewage .....	(14)	00
15. Advertising .....	(15)	00
16. Royalties .....	(16)	00
17. Special contribution for professional advisory services under Act 48-2013 (See instructions) .....	(17)	00
18. Mortgage interest (See instructions) .....	(18)	00
19. Interests paid in automobiles financing lease .....	(19)	00
20. Professional associations fees paid for the benefit of employees .....	(20)	00
21. Homeowners association fees paid .....	(21)	00
22. Certain other expenses (See instructions) .....	(22)	00
23. Subtotal (Add lines 1 through 22) .....	(23)	00
<b>B. Deductions not reported on informative returns:</b>		
24. Interest on business debts .....	(24)	00
25. Property taxes, patents and licenses:		
(a) Property tax: Personal \$ _____ Real \$ _____ .....	(25a)	00
(b) Other taxes: Patents \$ _____ Licenses \$ _____ Others \$ _____ .....	(25b)	00
(c) State Insurance Fund premiums .....	(25c)	00
(d) Sales and use tax (See instructions) .....	(25d)	00
26. Depreciation and amortization (See instructions. Submit Schedule E) .....	(26)	00
27. Depreciation for businesses with volume less or equal to \$3,000,000 (Submit Schedule E1) .....	(27)	00
28. Contributions to pension or other qualified plans (See instructions. Submit Form AS 6042.1) .....	(28)	00
29. Deduction for employers who employ handicapped persons (See instructions) .....	(29)	00
30. Subtotal (Add lines 24 a la 29) .....	(30)	00

**C. Other deductions:**

31. Social Security (FICA) .....	(31)	00
32. Unemployment insurance .....	(32)	00
33. Automobiles expenses (Mileage _____) (See instructions) .....	(33)	00
34. Other motor vehicle expenses (See instructions) .....	(34)	00
35. Repairs and maintenance (See instructions) .....	(35)	00
36. Travel expenses (Total expenses \$ _____) .....	(36)	00
37. Meal and entertainment expenses (Total expenses \$ _____) (See instructions) .....	(37)	00
38. Materials and office supplies .....	(38)	00
39. Materials used directly in the trade or business .....	(39)	00
40. Stamps, vouchers and fees .....	(40)	00
41. Shipping and postage charges .....	(41)	00
42. Uniforms .....	(42)	00
43. Parkings and toll .....	(43)	00
44. Office expenses (See instructions) .....	(44)	00
45. Bank fees .....	(45)	00
46. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions) .....	(46)	00
47. Expenses incurred or paid to stockholders, persons or related entities outside of Puerto Rico (See instructions) (Total \$ _____) .....	(47)	00
48. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions) .....	(48)	00
49. Losses from fires, storm, other casualties or theft (See instructions) .....	(49)	00
50. Bad debts (See instructions) .....	(50)	00
51. Management fees .....	(51)	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) .....	(52)	00
53. Expenses for subscriptions and memberships .....	(53)	00
54. Expenses related to licenses and computer programs that cannot be capitalized (See instructions) .....	(54)	00
55. Other deductions (Submit detail) .....	(55)	00
56. Subtotal (Add lines 31 through 55) .....	(56)	00
57. Charitable contributions .....	(57)	00
58. Total deductions (Add lines 23, 30, 56 and 57) .....	(58)	00

**Part III Net Income**

1. Total income (From Part I, line 8) .....	(1)	00
2. Less: Total deductions (From Part II, line 58) .....	(2)	00
3. Net operating income (or loss) for the year (Difference between lines 1 and 2) .....	(3)	00
4. Less: Exempt amount (\$1,200,000) .....	(4)	00
5. <b>Net taxable income from the Segregated Assets Plan</b> (Subtract line 4 from line 3) .....	(5)	00
6. Tax rate .....	(6)	4%
7. <b>Tax Determined</b> (Multiply line 5 by line 6. Transfer the total to line 6, Part II, page 1 of the return) .....	(7)	00