

Reviewer:	Liquidator:	20	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	20	Serial Number
Field audited by:		EMPLOYEES OWNED SPECIAL CORPORATION			
Date: ___/___/___		INFORMATIVE INCOME TAX RETURN			
R M N 		TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____			
Entity's Name		Employer Identification Number		<input type="checkbox"/> AMENDED RETURN	
Postal Address		Industrial Code	Municipal Code	TAXABLE YEAR: 1 <input type="checkbox"/> CALENDAR 2 <input type="checkbox"/> FISCAL	
Zip Code		Merchant's Registration Number		3 <input type="checkbox"/> 52-53 WEEKS: Taxable year beginning on _____ and ending on _____	
Location of Principal Industry or Business - Number, Street, Town		Telephone Number - Extension		4 <input type="checkbox"/> SHORT PERIOD: Beginning on _____ and ending on month _____	
Type of Principal Industry or Business	NAICS Code	Date Incorporated Month ___ Day ___ Year ___		Receipt Stamp	
Check the corresponding box, if applicable		Place Incorporated			
1 <input type="checkbox"/> First return 2 <input type="checkbox"/> Last return 3 <input type="checkbox"/> Change of period (See instructions)		Date of election to operate as Employees Owned Special Corporation: Day ___ / Month ___ / Year ___			
Extension of Time: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Forms 480.60 CPT			

Part I Computation of the Net Operating Income	Amount
1. Net operating income (or loss) before adjustments (Part VI, line 56)..... (1)	00
2. Allowable deduction to manufacturing businesses that do not have an exemption under any Industrial or Tax Incentives Act (2)	00
3. Deduction for the creation of new jobs (Submit Schedule ET):	
a) Enter 15% of payroll or total income advances, attributable to the creation of 3 to 5 jobs (3a)	00
b) Enter 20% of payroll or total income advances, attributable to the creation of 6 to 10 jobs (3b)	00
c) Enter 25% of payroll or total income advances, attributable to the creation of 11 or more jobs (3c)	00
d) Enter the applicable deduction (3d)	00
4. Total operating income (or loss) (Subtract lines 2 and 3(d) from line 1)..... (4)	00

Part II Distributable Share per Category	Amount
1. Net long-term capital gain (or loss) on sale or exchange of capital assets (Schedule D Corporation) (1)	00
2. Net short-term capital gain (or loss) on sale or exchange of capital assets (Schedule D Corporation) (2)	00
3. Net gain (or loss) on sale or exchange of substantially all assets dedicated to an activity under Act 78-1993 (Schedule D Corporation)..... (3)	00
4. Net gain (or loss) on sale or exchange of property used in the business (Schedule D Corporation) (4)	00
5. Net operating income (or loss) of the corporation (Part I, line 4)..... (5)	00
6. Net income (or loss) from partially exempt income (Schedule L (CPT), Part I, line 3)..... (6)	00
7. Eligible distribution of dividends from corporations or profits from partnerships (See instructions)..... (7)	00
8. Charitable contributions..... (8)	00
9. Total (Add lines 1 through 8)..... (9)	00

Part III Credits	Amount
1. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Schedule C Corporation) (1)	00
2. Credit for investment in the Capital Investment Fund, Tourism, other funds or direct investment (Schedule Q)..... (2)	00
3. Credit attributable to losses in the Capital Investment Fund or other funds (Schedule Q) (3)	00
4. Credit for tax withheld at source from Industrial Development dividends (Act No. 8 of 1987) (4)	00
5. Other credits not included on the preceding lines (See instructions) (5)	00
6. Credit for the purchase of tax credits (See instructions) (6)	00
7. Total tax credits (Add lines 1 through 6) (7)	00

Part IV Withholdings	Amount
1. Tax withheld at source on eligible distributions of profits or dividends..... (1)	00
2. Tax withheld at source (Form 480.6B, 480.6C or 480.6SP)..... (2)	00
3. Total (Add lines 1 and 2)..... (3)	00

OATH

I, the undersigned (president, vice-president, treasurer, assistant treasurer, or other principal or finance officer of the corporation for which this Employees Owned Special Corporation Informative 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	Authorized Officer's Signature	Date
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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 that prepares this return is with respect to the information received and this information may be verified.

Specialist's name (Print)	Registration No.	Firm's name	
Specialist's signature	Date	Check if self-employed Specialist <input type="checkbox"/>	Address
			Zip Code

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.

Retention Period: Ten (10) years

Part V		Determination of the Gross Operating Income	
1. Net sales.....	(1)		00
2. Less: Cost of goods sold or direct costs of production (From Part VII, line 7)	(2)		00
3. Gross profit (or loss) on sale of goods or products (Subtract line 2 from line 1) (Gross profit margin percentage: 2019 _____ % 2020 _____ % See instructions)	(3)		00
4. Gain (or loss) from the sale or exchange of property used in business	(4)		00
5. Rent	(5)		00
6. Interests	(6)		00
7. Commissions	(7)		00
8. Miscellaneous income	(8)		00
9. Total gross income (Add lines 3 through 8)	(9)		00
Part VI		Deductions and Net Operating Income	
A. Deductions that must be reported on informative returns:			
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 \$ _____) Internship Program of the Department of the Treasury (Total \$ _____)	(4)		00
5. Payments for services rendered in Puerto Rico (See instructions)	(5)		00
6. Payments for services rendered outside of Puerto Rico (See instructions)	(6)		00
7. Services subcontracted.....	(7)		00
8. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)	(8)		00
9. Insurance premiums (Except contributions to health or accident plans) (See instructions)	(9)		00
10. Telecommunication services	(10)		00
11. Internet and cable or satellite television services	(11)		00
12. Bundles (See instructions)	(12)		00
13. Advertising	(13)		00
14. Royalties	(14)		00
15. Payments for virtual and technological tools and other subscriptions	(15)		00
16. Professional associations fees and memberships paid for the benefit of employees	(16)		00
17. Homeowners association fees	(17)		00
18. Payments for judicial or extrajudicial indemnification	(18)		00
19. Certain other expenses (See instructions)	(19)		00
20. Subtotal (Add lines 1 through 19)	(20)		00
B. Deductions not reported on informative returns:			
21. Interests on business debts: Mortgages \$ _____ Automobiles leases \$ _____ and Others \$ _____	(21)		00
22. Taxes, patents and licenses:			
(a) Property tax: (Personal \$ _____) (Real \$ _____)	(22a)		00
(b) Other taxes: Patents \$ _____ Licenses \$ _____ Others \$ _____	(22b)		00
(c) State Insurance Fund Policy	(22c)		00
(d) Sales and use tax	(22d)		00
23. Depreciation and amortization (Submit Schedule E No. _____ of _____)	(23)		00
24. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____ of _____)	(24)		00
25. Electric power	(25)		00
26. Water and sewage	(26)		00
27. Contributions to health or accident plans	(27)		00
28. Social Security tax (FICA)	(28)		00
29. Unemployment tax	(29)		00
30. Contributions to qualified pensions plans (See instructions. Submit Form AS 6042.1)	(30)		00
31. Deduction for employers who employ handicapped persons (See instructions)	(31)		00
32. Subtotal (Add lines 21 through 31)	(32)		00

Retention Period: Ten (10) years

Part VI Deductions and Net Operating Income (Continued)

C. Other deductions: Indicate the deductions that were validated with an Agreed Upon Procedures Report ("AUP")		
33. Automobile expenses (Mileage _____) (See instructions)	AUP <input type="radio"/> (33)	00
34. Other motor vehicle expenses (See instructions)	AUP <input type="radio"/> (34)	00
35. Repairs and maintenance	AUP <input type="radio"/> (35)	00
36. Travel expenses (Total expenses \$ _____)	AUP <input type="radio"/> (36)	00
37. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	AUP <input type="radio"/> (37)	00
38. Materials and office supplies	AUP <input type="radio"/> (38)	00
39. Materials used directly in the trade or business	AUP <input type="radio"/> (39)	00
40. Stamps, vouchers and fees	AUP <input type="radio"/> (40)	00
41. Postage and shipping charges	AUP <input type="radio"/> (41)	00
42. Uniforms	AUP <input type="radio"/> (42)	00
43. Parking and toll	AUP <input type="radio"/> (43)	00
44. Office expenses	AUP <input type="radio"/> (44)	00
45. Bank fees	AUP <input type="radio"/> (45)	00
46. Bad debts	AUP <input type="radio"/> (46)	00
47. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions)	AUP <input type="radio"/> (47)	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
49. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions)	AUP <input type="radio"/> (49)	00
50. Losses from fires, storms, other casualties, or theft (See instructions)	AUP <input type="radio"/> (50)	00
51. Management fees	AUP <input type="radio"/> (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)	AUP <input type="radio"/> (52)	00
53. Other deductions	AUP <input type="radio"/> (53)	00
54. Subtotal (Add lines 33 through 53)	(54)	00
55. Total deductions (Add lines 20, 32 and 54)	(55)	00
56. Net operating income (or loss) (Subtract line 55, Part VI from line 9, Part V. Transfer to Part I, line 1)	(56)	00

Part VII Cost of Goods Sold

1. Inventory at the beginning of the year 1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" o "MV"	(1)	00
2. Purchase of materials or merchandise	(2)	00
3. Direct wages	(3)	00
4. Other direct costs (From Part VIII, line 17)	(4)	00
5. Cost of goods 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" o "MV"	(6)	00
7. Total cost of goods sold or direct costs of production (Subtract line 6 from line 5. Transfer to Part V, line 2)	(7)	00

Part VIII 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. Meals expenses paid to production employees (Total \$ _____)	(14) 00
5. Contributions to health or accident plans	(5) 00	15. Depreciation (Submit Schedule E No. ____ of ____ or Schedule E1 No. ____ of ____)	(15) 00
6. Insurances premiums (Except contributions to health or accidents 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 VII, line 4)	(17) 00
8. Sales and use tax on imports	(8) 00		
9. Repairs and maintenance	(9) 00		
10. Electric power	(10) 00		

Part IX Comparative Balance Sheet		Beginning of the year		Ending of the year	
			Total		Total
Assets					
1. Cash on hands and in bank	(1)		00	(1)	00
2. Accounts receivable	(2)	00		(2)	00
3. Less: Reserve for bad debts	(3)	(00)		(3)	(00)
4. Inventories	(4)		00	(4)	00
5. Other current assets	(5)		00	(5)	00
6. Notes receivable	(6)		00	(6)	00
7. Investments	(7)		00	(7)	00
8. Depreciable assets	(8)	(00)		(8)	(00)
9. Less: Reserve for depreciation	(9)	00		(9)	00
10. Land	(10)		00	(10)	00
11. Other assets	(11)		00	(11)	00
12. Total Assets	(12)		00	(12)	00
Liabilities and Net Worth					
Liabilities					
13. Accounts payable	(13)	00		(13)	00
14. Accrued expenses (not paid)	(14)	00		(14)	00
15. Other current liabilities	(15)	00		(15)	00
16. Long-term notes payable	(16)	00		(16)	00
17. Other long-term liabilities	(17)	00		(17)	00
18. Total Liabilities	(18)		00	(18)	00
Net worth					
19. Collective Reserve Account	(19)	00		(19)	00
20. Social Fund Account	(20)	00		(20)	00
21. Internal Capital Account	(21)	00		(21)	00
22. Total Net Capital	(22)		00	(22)	00
23. Total Liabilities and Net Worth	(23)		00	(23)	00

Part X 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	5. Income recorded on books this year not included on this return (Itemize, use schedule if necessary)	
2. Taxable income not recorded on books this year (Itemize, use schedule if necessary)				(a) Exempt interests from credit notices for productivity and patronage \$	
(a) _____ \$				(b) Credit notices credited to the internal capital account \$	
(b) _____ \$				(c) _____ \$	
(c) _____ \$				(d) _____ \$	
(d) _____ \$				(e) _____ \$	
(e) _____ \$				(f) _____ \$	
(f) _____ \$				(g) _____ \$	
Total	(2)		00	(h) _____ \$	
3. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)				(i) _____ \$	
(a) Meal and entertainment (amount not deductible) \$				Total	(5)
(b) Depreciation \$					00
(c) Vessels, airships and property located outside of P.R. \$				6. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)	
(d) Expenses incurred or paid to stockholders, persons or related entities (amount not deductible) \$				(a) Depreciation \$	
(e) Travel and lodging expenses (amount not deductible) \$				(b) _____ \$	
(f) Indemnification for harassment and related costs \$				(c) _____ \$	
(g) _____ \$				(d) _____ \$	
(h) _____ \$				(e) _____ \$	
(i) _____ \$				(f) _____ \$	
(j) _____ \$				(g) _____ \$	
Total	(3)		00	(h) _____ \$	
4. Total (Add lines 1 through 3)	(4)		00	(i) _____ \$	
				Total	(6)
				7. Total (Add lines 5 and 6)	(7)
				8. Net taxable income (or loss) per return (Subtract line 7 from line 4) (Same as line 9, Part II)	(8)
					00

Part XI		Analysis of Capital Accounts per Books			
		Collective Reserve	Social Fund	Internal Capital	Total
1. Balance at the beginning of the year	(1)	00	00	00	00
2. Net income (or loss)	(2)	00	00	00	00
3. Increases:					
a) Members contributions	(3a)	00	00	00	00
b) Others	(3b)	00	00	00	00
4. Decreases:					
a) Housing financing programs	(4a)		00	00	00
b) Contributions	(4b)		00	00	00
c) Property	(4c)	00			00
d) Others	(4d)	00	00	00	00
e) Permanent improvements	(4e)	00			00
5. Distribution of credit notices for productivity and patronage	(5)			00	00
6. Balance at end of the year	(6)	00	00	00	00

Part XII		Questionnaire		
		YES	NO	N/A
1. Did the Employees Owned Special Corporation keep any part of its records on a computerized system during this year?	(1)			
2. The Employees Owned Special Corporation books are in care of: Name: _____ Address: _____ E-mail: _____ Telephone: _____				
3. Indicate if the corporation had partially exempt income under the following acts: <input type="checkbox"/> Act No. 52 of 1983 <input type="checkbox"/> Act No. 8 of 1987 <input type="checkbox"/> Act 78-1993 <input type="checkbox"/> Other: _____				
4. Indicate if this year you elected an exemption provided by: <input type="checkbox"/> Act No. 52 of 1983 <input type="checkbox"/> Act No. 8 of 1987 <input type="checkbox"/> Act 78-1993 <input type="checkbox"/> Other: _____				
5. Indicate accounting method used: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (Specify): _____				
6. Did the corporation file the following documents? (a) Informative Returns (See instructions) (6a)				
(b) Withholding Statement (Form 499R-2/W-2PR) (6b)				
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)				
(a) Do you include audited financial statements, as established in Section 1061.15 of the Code? (See instructions) (7a)				
Number of the CPA Association Stamp _____				
(b) Do you include Schedule PCI - Uncertain Tax Positions? (7b)				
(c) If the entity is a member of a related group of entities and the volume of business is not greater than \$1,000,000, 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) of the Code? (7c)				
Number of the CPA Association Stamp _____				
8. If the entity is not a member of a related group of entities, is the volume of business of the entity equal to or greater than \$3,000,000 but less than \$10,000,000? (8)				
(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? (8a)				
Number of the CPA Association Stamp _____				
9. Did the Employees Owned Special Corporation claim deductions for expenses connected with: (a) Vessels? (9a)				
(b) Housing? (9b)				
(c) Employees attending conventions or meetings outside Puerto Rico or the United States? (9c)				
10. Did the corporation has earnings or profits related to periods when it was not an Employees Owned Special Corporation, or received in liquidations or reorganizations? (10)				
Enter the amount: _____				
11. Did the Employees Owned Special Corporation distribute profits during the taxable year? (11)				
12. Is the Employees Owned Special Corporation a member of other Employees Owned Special Corporation? (12)				
Name: _____				
Employer identification number: _____				
Indicate the proportion: _____				
13. Enter the amount of exempt interests: _____				
14. Did the corporation made charitable contributions to municipalities? (14)				
Enter the amount: _____				
15. Enter the amount of members: _____				
16. Number of new jobs: _____				

Retention Period: Ten (10) years

Schedule L (CPT)

Rev.03.21



PARTIALLY EXEMPT INCOME

20__

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

Entity's Name	Case Number	Employer Identification Number
---------------	-------------	--------------------------------

Partially Exempt Income (Check one):

<input type="checkbox"/> Act No. 52 of 1983	<input type="checkbox"/> Act 78-1993	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Act No. 47 of 1987	<input type="checkbox"/> Act 225-1995	_____

Part I Net Income (or Loss)

1. Net operating income (or loss) for the year (Part III, line 56)	(1)	00
2. Exempt amount - _____%	(2)	00
3. Net income (or loss) from partially exempt activities (Subtract line 2 from line 1. Enter here and in Part II, line 6 of the return)	(3)	00

Part II Gross Profit on Sales or Production and Other Income

1. Net sales	(1)	00
2. Less: Cost of goods sold or direct costs of production (From Part IV, line 7)	(2)	00
3. Gross profit (or loss) on sales or production (Subtract line 2 from line 1) (Gross profit margin percentage: 2019 _____% 2020 _____%. See instructions)	(3)	00
4. Capital assets gain (or loss) (Schedule D Corporation)	(4)	00
5. Gain (or loss) from the sale of property other than capital assets (Schedule D Corporation)	(5)	00
6. Interests	(6)	00
7. Other income (Submit detail)	(7)	00
8. Total gross income (Add lines 3 through 7)	(8)	00

Part III Deductions and Net Operating Income

A. Deductions that must be reported on informative returns:

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 \$ _____) Internship Program of the Department of the Treasury (Total \$ _____)	(4)	00
5. Payments for services rendered in Puerto Rico (See instructions)	(5)	00
6. Payments for services rendered outside of Puerto Rico (See instructions)	(6)	00
7. Services subcontracted	(7)	00
8. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)	(8)	00
9. Insurance premiums (Except contributions to health or accident plans) (See instructions)	(9)	00
10. Telecommunication services	(10)	00
11. Internet and cable or satellite television services	(11)	00
12. Bundles (See instructions)	(12)	00
13. Advertising	(13)	00
14. Royalties	(14)	00
15. Payments for virtual and technological tools and other subscriptions	(15)	00
16. Professional associations fees and memberships paid for the benefit of employees	(16)	00
17. Homeowners association fees	(17)	00
18. Payments for judicial or extrajudicial indemnification	(18)	00
19. Certain other expenses (See instructions)	(19)	00
20. Subtotal (Add lines 1 through 19)	(20)	00

B. Deductions not reported on informative returns:

21. Interests on business debts: Mortgages \$ _____ Automobiles leases \$ _____ and Others \$ _____	(21)	00
22. Taxes, patents and licenses:		
(a) Property tax: (Personal \$ _____) (Real \$ _____)	(22a)	00
(b) Other taxes: Patents \$ _____ Licenses \$ _____ Others \$ _____	(22b)	00
(c) State Insurance Fund Policy	(22c)	00
(d) Sales and use tax	(22d)	00
23. Depreciation and amortization (Submit Schedule E No. _____ of _____)	(23)	00
24. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____ of _____)	(24)	00
25. Electric power	(25)	00
26. Water and sewage	(26)	00
27. Contributions to health or accident plans	(27)	00
28. Social Security tax (FICA)	(28)	00
29. Unemployment tax	(29)	00
30. Contributions to qualified pensions plans (See instructions. Submit Form AS 6042.1)	(30)	00
31. Deduction for employers who employ handicapped persons (See instructions)	(31)	00
32. Subtotal (Add lines 21 through 31)	(32)	00

Part III Deductions and Net Operating Income (Continued)

C. Other deductions: Indicate the deductions that were validated with an Agreed Upon Procedures Report ("AUP")

33. Automobile expenses (Mileage _____) (See instructions)	AUP <input type="radio"/> (33)	00
34. Other motor vehicle expenses (See instructions)	AUP <input type="radio"/> (34)	00
35. Repairs and maintenance	AUP <input type="radio"/> (35)	00
36. Travel expenses (Total expenses \$ _____)	AUP <input type="radio"/> (36)	00
37. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	AUP <input type="radio"/> (37)	00
38. Materials and office supplies	AUP <input type="radio"/> (38)	00
39. Materials used directly in the trade or business	AUP <input type="radio"/> (39)	00
40. Stamps, vouchers and fees	AUP <input type="radio"/> (40)	00
41. Postage and shipping charges	AUP <input type="radio"/> (41)	00
42. Uniforms	AUP <input type="radio"/> (42)	00
43. Parking and toll	AUP <input type="radio"/> (43)	00
44. Office expenses	AUP <input type="radio"/> (44)	00
45. Bank fees	AUP <input type="radio"/> (45)	00
46. Bad debts	AUP <input type="radio"/> (46)	00
47. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions)	AUP <input type="radio"/> (47)	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
49. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions)	AUP <input type="radio"/> (49)	00
50. Losses from fires, storms, other casualties, or theft (See instructions)	AUP <input type="radio"/> (50)	00
51. Management fees	AUP <input type="radio"/> (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)	AUP <input type="radio"/> (52)	00
53. Other deductions	AUP <input type="radio"/> (53)	00
54. Subtotal (Add lines 33 through 53)	(54)	00
55. Total deductions (Add lines 20, 32 and 54)	(55)	00
56. Net operating income (or loss) (Subtract line 55, Part III from line 8, Part II. Transfer to Part I, line 1)	(56)	00

Part IV Cost of Goods Sold

1. Inventory at the beginning of the year 1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" o "MV"	(1)	00
2. Purchase of materials or merchandise	(2)	00
3. Direct wages	(3)	00
4. Other direct costs (From Part V, line 17)	(4)	00
5. Cost of goods 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" o "MV"	(6)	00
7. Total cost of goods sold or direct costs of production (Subtract line 6 from line 5. Transfer to Part II, line 2)	(7)	00

Part V 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. Meals expenses paid to production employees (Total \$ _____)	(14) 00
5. Contributions to health or accident plans	(5) 00	15. Depreciation (Submit Schedule E No. ____ of ____ or Schedule E1 No. ____ of ____)	(15) 00
6. Insurances premiums (Except contributions to health or accidents 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 IV, line 4)	(17) 00
8. Sales and use tax on imports	(8) 00		
9. Repairs and maintenance	(9) 00		
10. Electric power	(10) 00		