

Liquidator:	Reviewer:	20	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	20	Serial Number
Field audited by:		Income Tax Return 480.20(U) (Nonresident foreign corporations and partnerships subject to the effectively connected income source rules of Act 154-2010, as amended)			
Date		Taxable Year Beginning on _____ and Ending on _____			
R <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>		RETURN: 1 <input type="checkbox"/> AMENDED 2 <input type="checkbox"/> COMPOSITE 3 <input type="checkbox"/> ALL PARTNERS CORPORATION			
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		4 <input type="checkbox"/> SHORT PERIOD: Beginning on DAY / MONTH / YEAR and ending on DAY / MONTH / YEAR			

Taxpayer's Name		Employer Identification Number		Receipt Stamp	
Postal Address		Industrial Code			
Zip Code		Telephone Number - Extension () -			
Place of Incorporation or Organization		Date Incorporated or Organized Day / Month / Year			
Type of Principal Industry or Business		Controlled Group Number			
NAICS Code		<input type="checkbox"/> Large Taxpayer (See inst.) E-mail Address of the Contact Person		Type of Entity for Income Tax Purposes <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Indicate if you are member of a group of related entities <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check the corresponding box, if applicable 1 <input type="checkbox"/> First return 2 <input type="checkbox"/> Last return 3 <input type="checkbox"/> Change of period (See instructions)		CHANGE OF ADDRESS: <input type="checkbox"/> Yes <input type="checkbox"/> No EXTENSION OF TIME: <input type="checkbox"/> Yes <input type="checkbox"/> No		• Total Forms 480.60 EC	

GO TO PAGE 2 TO DETERMINE YOUR REFUND OR PAYMENT.			
Refund	1. AMOUNT OVERPAID (Part I, line 12. Indicate distribution on lines A, B, C and D)	● (1)	00
	A) To be credited to estimated tax for next year	● (1A)	00
	B) Contribution to the San Juan Bay Estuary Special Fund	● (1B)	00
	C) Contribution to the Special Fund for the University of Puerto Rico	● (1C)	00
	D) TO BE REFUNDED	● (1D)	00
Payment	2. AMOUNT OF TAX DUE (Part I, line 12)	(2)	00
	3. Less: Amount paid (a) With Return	(3a)	00
	(b) Interests (See instructions)	(3b)	00
	(c) Surcharges and Penalties (See instructions)	(3c)	00
4. BALANCE OF TAX DUE (Subtract line 3(a) from line 2 and add lines 3(b) and 3(c))	● (4)	00	

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.

Name and Title of Authorized Officer

Signature of Authorized Officer

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)	Check if self-employed Specialist <input type="checkbox"/>	Registration number	FOR CPA USE ONLY	
Firm's name			CPA License Number	CPA Association Stamp
Address	Zip Code		Number of the CPA Association Stamp	
Specialist's signature		Date		

NOTE TO TAXPAYER

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

Retention Period: Ten (10) years

Part I Computation of Tax - Corporations		
1. Net income subject to normal tax (Part IV, line 8 or Part IX, line 2, as applicable)	(1)	00
2. Less: Surtax net income deduction (Check here if comes from Form AS 2652.1 <input type="checkbox"/>)	(2)	00
3. Net income subject to surtax (Subtract line 2 from line 1)	(3)	00
4. Normal tax (Multiply line 1 by 18.5%)	(4)	00
5. Surtax (See instructions)	(5)	00
6. Total Tax Determined (Add lines 4 and 5)	• (6)	00
7. Tax credits (Schedule B Corporation, Part II, line 23)	• (7)	00
8. Other Payments and Withholdings (Schedule B Corporation, Part III, line 11)	• (8)	00
9. Balance of tax due (Subtract the sum of lines 7 and 8 from line 6 and enter the difference on this line. Otherwise, if the sum of lines 7 and 8 is more than line 6, there is an excess of tax paid or withheld that you must enter on line 10)	• (9)	00
10. Excess of tax paid or withheld (See instructions)	(10)	00
11. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Corporation, Part II, line 21)	• (11)	00
12. BALANCE: * If line 10 is more than the sum of lines 9 and 11, you have an overpayment. Enter the difference here and on line 1, page 1. * If line 10 is less than the sum of lines 9 and 11, you have a balance of tax due. Enter difference here and on line 2, page 1. * If the difference between line 10 and the sum of lines 9 and 11 is equal to zero, enter zero here and sign your return on page 1. (12)	(12)	00

THE AMOUNT REFLECTED ON LINE 12 MUST BE TRANSFERRED TO THE CORRESPONDING LINE OF PAGE 1.

Part II Distributable Share - Partnerships			Amount	Tax Withheld
1. Net income attributable to Puerto Rico sources (Part IV, line 8 or Part IX, line 2, as applicable. See inst.) ..	(1)	00	00	
2. Credit for the purchase of tax credits (Submit detail)	(2)	00	00	

Part III Determination of Entire Net Income of the Nonresident Foreign Corporation or Partnership		
1. Entire net income of the nonresident foreign corporation or partnership (See instructions)	(1)	00
2. Royalties (See instructions)	(2)	00
3. Dividends (See instructions)	(3)	00
4. Net operating losses (See instructions)	(4)	00
5. Total adjustments (Add lines 2 through 4)	(5)	00
6. Entire net income of the nonresident foreign corporation or partnership (Subtract line 5 from line 1)	• (6)	00

Part IV Computation of the Net Income Attributable to Puerto Rico Sources		
1. Entire net income of the nonresident foreign corporation or partnership (Part III, line 6)	(1)	00
2. Property Factor (From Part V, line 3)	(2)	%
3. Payroll Factor (From Part VI, line 3)	(3)	%
4. Sales Factor (From Part VII, line 3)	(4)	%
5. Purchases Factor (From Part VIII, line 3)	(5)	%
6. Add lines 2 through 5	(6)	%
7. Divide line 6 by 4	(7)	%
8. Net Income Attributable to Puerto Rico Sources (Multiply line 1 by line 7. In the case of corporations, transfer to Part I, line 1. In the case of pass-through entities, transfer to Part II, line 1)	• (8)	00

Part V Determination of the Property Factor		
1. Average value of the real and tangible personal property used in Puerto Rico during the taxable year	(1)	00
2. Average value of the real and tangible personal property used everywhere during the taxable year	(2)	00
3. Property Factor (Divide line 1 by line 2. Transfer to Part IV, line 2)	(3)	%

Part VI Determination of the Payroll Factor		
1. Total compensation paid or accrued in Puerto Rico during the taxable year	(1)	00
2. Total compensation paid or accrued everywhere during the taxable year	(2)	00
3. Payroll Factor (Divide line 1 by line 2. Transfer to Part IV, line 3)	(3)	%

Part VII Determination of the Sales Factor		
1. Total sales in Puerto Rico during the taxable year	(1)	00
2. Total sales everywhere during the taxable year	(2)	00
3. Sales Factor (Divide line 1 by line 2. Transfer to Part IV, line 4)	(3)	%

Part VIII Determination of the Purchases Factor		
1. Total purchases in Puerto Rico during the taxable year	(1)	00
2. Total purchases everywhere during the taxable year	(2)	00
3. Purchases Factor (Divide line 1 by line 2. Transfer to Part IV, line 5)	(3)	%

Part IX Computation of Income Effectively Connected with a Trade or Business Within Puerto Rico (Applies only to taxpayers subject to the provisions of Reg. Art. 1123(f)-4(g))		
1. Net income from the sale or exchange of personal property manufactured or produced in whole or in part, within Puerto Rico (See instructions) ..	(1)	00
2. Income Effectively Connected with a Trade or Business Within Puerto Rico (Multiply line 1 by 50%. In the case of corporations, transfer to Part I, line 1. In the case of pass-through entities, transfer to Part II, line 1)	(2)	00

Schedule I (CU)

Rev. 03.25



PARTNER OR MEMBER COMPOSITE RETURN

(To be filed with Form 482.0(C) or Form 480.20(U))

20__

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

Name	Taxpayer Identification Number
Address	Individual Personal Circumstances
	Citizen of the United States: <input type="radio"/> Yes <input type="radio"/> No
	If you answered "Yes": Personal Exemptions (1 if single, 2 if married) _____ Number of dependents _____
	Other Taxpayers
	Type of Entity: <input type="radio"/> Corporation <input type="radio"/> Other _____ <input type="radio"/> Partnership
	Place of Incorporation or Organization _____

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

- My name, taxpayer identification number, address, personal circumstances or place of incorporation are as stated above.
- If an individual, I was not a resident of Puerto Rico during any part of the taxable year indicated in this form.
- I am a partner or member of the pass-through entity described on line 4.
- Name of Entity: _____
Entity's Employer Identification Number: _____
Entity's Address: _____

Type of Entity: Partnership
 Limited liability company (LLC)
Taxpayer's share in the entity's income, gains or losses: _____%
- 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
- I have no other Puerto Rico source income or source of income taxable in Puerto Rico other than from the entity described on line 4.
- I agree to be included in the composite return to be filed by the entity described on line 4, and that any refund resulting thereof be disbursed to said entity.
- I agree do not agree to be taxed at a 30% flat tax rate on my share on the income treated as effectively connected with a Puerto Rico business pursuant to Act 154 of October 25, 2010, as amended.
- This affidavit applies for the taxable year indicated in this form.

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, member or duly authorized agent	Date
Name of duly authorized agent (Print)	Title

If corporate partner, please indicate name and title of person signing oath.