

Reviewer:	Liquidator:	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	Year	Year	Serial Number
Field audited by:		Domestic Life Insurance Company			AMENDED RETURN <input type="checkbox"/>
Date ___/___/___		Income Tax Return			TAXABLE YEAR: 1 <input type="checkbox"/> CALENDAR 2 <input type="checkbox"/> FISCAL 3 <input type="checkbox"/> 52-53 WEEKS
R M N		TAXABLE YEAR BEGINNING ON _____, ____ AND ENDING ON _____, ____			Payment Stamp
Taxpayer's Name				Employer Identification Number	
Postal Address				Department of State Registry No.	
Zip Code				Industrial Code Municipal Code	
Location of Principal Industry or Business - Number, Street, City				Merchant's Registration Number	
Check the corresponding box, if applicable				Date Incorporated	
<input type="checkbox"/> First return <input type="checkbox"/> Last return		Change of Address		Day ___/ Month ___/ Year ___	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		Place Incorporated	
Contracts with Governmental Entities		Extension of Time		NAICS Code	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		Receipt Number: _____	
				Amount: _____	
				Indicate if you are member of a group of related entities	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Group number	

GO TO PAGE 2 TO DETERMINE YOUR REFUND OR PAYMENT.

Refund	1.	AMOUNT OVERPAID (Part IV, line 26. Indicate distribution on lines A, B, C and D)	(1)	00
		A) To be credited to estimated tax for _____	(1A)	00
		B) Contribution to the San Juan Bay Estuary Special Fund	(1B)	00
		C) Contribution to the University of Puerto Rico Special Fund	(1C)	00
		D) TO BE REFUNDED	(1D)	00
Payment	2.	AMOUNT OF TAX DUE (Part IV, line 26)	(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.

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	FOR THE CPA USE ONLY	
Firm's name			CPA License Number	
Address	Zip Code		CPA Association Stamp Number	
Specialist's signature		Date	CPA Association Stamp	

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 I Gross Income

1. Gains and profits from sales of property

(A) Description of Property	(B) Date Acquired	(C) Date Sold	(D) Sales Price	(E) Depreciation	(F) Cost or Other Basis	
			00	00	00	
			00	00	00	
			00	00	00	
			00	00	00	
2. Totals: Add Columns (D), (E) and (F) respectively (2)			00	00	00	
3. Total gross income (Total Column (D) plus total Column (E) less total Column (F))(3)						00

Part II Expenses

4. Expenses directly related with sales included in gross income

(a) Name of Recipient	(b) Explanations	(c) Amount	
			00
			00
			00
			00
			00
			00
			00
5. Total expenses (5)			00
6. Net income (or loss) (Subtract line 5 from line 3) (6)			00

Part III Credits

7. Less: Dividends or profits received from domestic corporations (7)	00
8. Net income subject to normal tax (Subtract line 7 from line 6) (8)	00
9. Less: Surtax net income credit (Form AS 2652.1) (9)	00
10. Net income subject to surtax (Subtract line 9 from line 8) (10)	00

Part IV Computation of Tax

11. Normal tax (Multiply line 8 by 18.5%) (11)	00
12. Surtax (See instructions) (12)	00
13. Total tax (Add lines 11 and 12) (13)	00
14. Alternative Tax - Capital Gains and Preferential Rates (Schedule D1 Corporation, line 9) (14)	00
15. Tax Determined (Line 13 or 14, whichever is smaller, provided that line 14 is more than zero) (15)	00
16. Recapture of investment credit claimed in excess (Schedule B Corporation, Part I, line 3) (16)	00
17. Tax credits (Schedule B Corporation, Part II, line 27) (17)	00
18. Tax liability before alternative minimum tax (Subtract line 17 from the sum of lines 15 and 16) (18)	00
19. Alternative minimum tax (Schedule A Corporation, Part V, line 34) (19)	00
20. Deemed dividend tax (See instructions) (Form AS 2877, Part III, line 13) (See instructions) (20)	00
21. Total Tax Liability (Add lines 18 through 20) (21)	00
22. Less: Other Payments and Withholdings (Schedule B Corporation, Part III, line 11) (22)	00
23. Balance of tax due (If line 22 is less than line 21, enter the difference here, otherwise, on line 24) (23)	00
24. Excess of tax paid or withheld (See instructions) (24)	00
25. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Corporation, Part II, line 21) (25)	00
26. BALANCE: * If line 24 is more than the sum of lines 23 and 25, you have an overpayment. Enter the difference here and on line 1, page 1. * If line 24 is less than the sum of lines 23 and 25, you have a balance of tax due. Enter difference here and on line 2, page 1. * If the difference between line 24 and the sum of lines 23 and 25 is equal to zero, enter zero here and sign your return on page 1. (26)	00

THE AMOUNT REFLECTED ON LINE 26 SHALL BE TRANSFERRED TO THE CORRESPONDING LINE OF PAGE 1.

Part V Comparative Balance Sheet

Assets	Beginning of the Year			Ending of the Year		
		Total			Total	
1. Cash on hand and in banks (1)		00	(1)		00	(1)
2. Accounts receivable (2)	00		(2)	00		(2)
3. Less: Reserve for bad debts (3)	(00)	00	(3)	(00)	00	(3)
4. Inventories (4)		00	(4)		00	(4)
5. Other current assets (5)		00	(5)		00	(5)
6. Notes receivable (6)		00	(6)		00	(6)
7. Investments (7)		00	(7)		00	(7)
8. Depreciable assets (8)	00		(8)	00		(8)
9. Less: Reserve for depreciation (9)	(00)	00	(9)	(00)	00	(9)
10. Loans receivable of stockholders or related entities (10)		00	(10)		00	(10)
11. Land (11)		00	(11)		00	(11)
12. Other long-term assets (12)		00	(12)		00	(12)
13. Total Assets (13)		00	(13)		00	(13)
Liabilities and Stockholder's Equity						
Liabilities						
14. Accounts payable (14)	00		(14)	00		(14)
15. Accrued expenses (not paid) (15)	00		(15)	00		(15)
16. Other current liabilities (16)	00		(16)	00		(16)
17. Long-term notes payable (17)	00		(17)	00		(17)
18. Notes payable to stockholders or related entities (18)	00		(18)	00		(18)
19. Other long-term liabilities (19)	00		(19)	00		(19)
20. Total Liabilities (20)		00	(20)		00	(20)
Stockholder's Equity						
21. Capital stock						
(a) Preferred stocks (21a)	00		(21a)	00		(21a)
(b) Common stocks (21b)	00		(21b)	00		(21b)
22. Additional paid in capital (22)	00		(22)	00		(22)
23. Retained earnings (23)	00		(23)	00		(23)
24. Reserve (24)	00		(24)	00		(24)
25. Total Stockholder's Equity (25)		00	(25)		00	(25)
26. Total Liabilities and Stockholder's Equity (26)		00	(26)		00	(26)

Part VI 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	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) _____ \$ _____		(e) _____ \$ _____	
(c) _____ \$ _____		(f) _____ \$ _____	
(d) _____ \$ _____		(g) _____ \$ _____	
(e) _____ \$ _____		Total (7)	00
(f) _____ \$ _____		8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)	
Total (4)	00	(a) Depreciation \$ _____	
5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)		(b) _____ \$ _____	
(a) Meals and entertainment (amount not claimed) \$ _____		(c) _____ \$ _____	
(b) Depreciation \$ _____		(d) _____ \$ _____	
(c) Vessels, airships and property located outside of P.R. \$ _____		(e) _____ \$ _____	
(d) Expenses incurred or paid to stockholders, persons or related entities (amount not deductible) \$ _____		(f) _____ \$ _____	
(e) Travel and lodging expenses (amount not deductible) \$ _____		(g) _____ \$ _____	
(f) Indemnification for harassment and related costs \$ _____		(h) _____ \$ _____	
(g) _____ \$ _____		(i) _____ \$ _____	
(h) _____ \$ _____		Total (8)	00
(i) _____ \$ _____		9. Total (Add lines 7 and 8) (9)	00
Total (5)	00	10. Net taxable income (or loss) per return (Subtract line 9 from line 6) (10)	00
6. Total (Add lines 1 through 5) (6)	00		

Part VII		Analysis of Retained Earnings per Books	
1. Balance at the beginning of the year	(1)	00	
2. Net income per books	(2)	00	
3. Other increases (Itemize, use schedule if necessary)	(3)	00	
4. Total (Add lines 1, 2 and 3)	(4)	00	
5. Distributions:			
(a) Cash	(5a)	00	
(b) Property	(5b)	00	
(c) Stock	(5c)	00	
6. Other decreases (Use schedule if necessary)	(6)	00	
7. Total (Add lines 5 and 6)	(7)	00	
8. Balance at end of year (Subtract line 7 from line 4)	(8)	00	

Part VIII		Questionnaire		
1. Did the corporation keep any part of its records on a computerized system during this year?	(1)	Yes	No	N/A
2. The corporation's books are in care of:				
Name				
Address				
E-mail				
Telephone				
3. Indicate the book accounting method for tax purposes:				
<input type="checkbox"/> Cash				
<input type="checkbox"/> Accrual				
<input type="checkbox"/> Other (specify):				
4. Did the corporation file the following documents?:				
(a) Informative Return (Forms 480.6A, 480.6B, 480.6C, 480.6SP) ..	(4a)			
(b) Withholding Statement (Form 499R-2/W-2PR)	(4b)			
5. The volume of business of the entity or group of related entities is \$3,000,000 or more?	(5)			
(a) Are audited financial statements or agreed-upon procedures signed by a CPA licensed in Puerto Rico included with this return, as established in Section 1061.15 of the Code? (See instructions)	(5a)			
(b) Do you include Schedule PCI with Uncertain Tax Position Schedule?	(5b)			
6. Number of employees during the year:				
7. Did the corporation claim expenses related to the ownership, use, maintenance and depreciation of:				
(a) Vehicles?	(7a)			
(b) Vessels?	(7b)			
(1) Did more than 80% of the total income was derived from activities exclusively related to fishing or transportation of passengers or cargo or lease?	(7b1)			
(c) Aircrafts?	(7c)			
(1) Did more than 80% of the total income was derived from activities exclusively related to fishing or transportation of passengers or cargo or lease?	(7c1)			
(d) Residential property outside of Puerto Rico?	(7d)			
(1) Did more than 80% of the total income was derived from activities exclusively related to the lease of property to non related persons?	(7d1)			
8. Did the corporation claim expenses connected to:				
(a) Housing (except business employees)	(8a)			
(b) Employees attending conventions or meetings outside Puerto Rico or the United States?	(8b)			
9. Did the corporation distribute dividends other than stock dividends or distributions in liquidation in excess of the corporation's current and accumulated earnings?	(9)			
10. Is the corporation a partner in any special partnership or partnership? (If more than one, submit detail)	(10)			
Name of the special partnership or partnership				
Employer identification number				
11. Did you receive exempt income? (Submit Schedule IE Corporation)	(11)			
12. Enter the amount corresponding to charitable contributions to municipalities				
13. Indicate if insurance premiums were paid to an unauthorized insurer	(13)			
14. Employer's number assigned by the Department of Labor and Human Resources:				
15. Number of stockholders:				