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Reviewer:	Liquidator:	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	Serial Number
Field audited by:		Year _____ Year _____ Domestic Life Insurance Company Income Tax Return	AMENDED RETURN <input type="checkbox"/>
Date ____/____/____		TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____	TAXABLE YEAR: 1 <input type="checkbox"/> CALENDAR 2 <input type="checkbox"/> FISCAL 3 <input type="checkbox"/> 52-53 WEEKS: Taxable year beginning on _____ _____ and ending on _____ 4 <input type="checkbox"/> SHORT PERIOD: Beginning on _____ _____ and ending on month _____
R M N _____ Taxpayer's Name		Employer Identification Number	Payment Stamp
Postal Address		Department of State Registry No.	
Zip Code		Industrial Code Municipal Code	
		Merchant's Registration Number	
Location of Principal Industry or Business - Number, Street, City		Telephone Number - Extension	Receipt Number: _____
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	Amount: _____
Contracts with Governmental Entities <input type="checkbox"/> Yes <input type="checkbox"/> No		Extension of Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate if you are member of a group of related entities <input type="checkbox"/> Yes <input type="checkbox"/> No
		Place Incorporated	Group number
		NAICS Code	

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

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	
2. Income tax per books	(2)	00	
3. Excess of capital losses over capital gains	(3)	00	
4. Taxable income not recorded on books this year (Itemize, use schedule if necessary)			
(a) _____ \$ _____			
(b) _____ \$ _____			
(c) _____ \$ _____			
(d) _____ \$ _____			
(e) _____ \$ _____			
(f) _____ \$ _____			
Total	(4)	00	
5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)			
(a) Meals and entertainment (amount not claimed) \$ _____			
(b) Depreciation \$ _____			
(c) Vessels, airships and property located outside of P.R. \$ _____			
(d) Expenses incurred or paid to stockholders, persons or related entities (amount not deductible) \$ _____			
(e) Travel and lodging expenses (amount not deductible) \$ _____			
(f) Indemnification for harassment and related costs \$ _____			
(g) _____ \$ _____			
(h) _____ \$ _____			
(i) _____ \$ _____			
Total	(5)	00	
6. Total (Add lines 1 through 5)	(6)	00	
7. Income recorded on books this year not included on this return (Itemize, use schedule if necessary)			
(a) Exempt interest \$ _____			
(b) _____ \$ _____			
(c) _____ \$ _____			
(d) _____ \$ _____			
(e) _____ \$ _____			
(f) _____ \$ _____			
(g) _____ \$ _____			
Total	(7)		00
8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)			
(a) Depreciation \$ _____			
(b) _____ \$ _____			
(c) _____ \$ _____			
(d) _____ \$ _____			
(e) _____ \$ _____			
(f) _____ \$ _____			
(g) _____ \$ _____			
(h) _____ \$ _____			
(i) _____ \$ _____			
Total	(8)		00
9. Total (Add lines 7 and 8)	(9)		00
10. Net taxable income (or loss) per return (Subtract line 9 from line 6)	(10)		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
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)	Yes	No
(b) Withholding Statement (Form 499R-2/W-2PR)	(4b)	Yes	No
5. 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)	(5)	Yes	No
(a) Do you include audited financial statements, as established in Section 1061.15 of the Code? (See instructions)	(5a)	Yes	No
Number of the CPA Association Stamp _____			
(b) Do you include Schedule PCI - Uncertain Tax Positions?	(5b)	Yes	No
(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?	(5c)	Yes	No
Number of the CPA Association Stamp _____			
6. 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?	(6)	Yes	No
(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?	(6a)	Yes	No
Number of the CPA Association Stamp _____			
7. Number of employees during the year:	(7)	Yes	No
8. Did the corporation claim expenses related to the ownership, use, maintenance and depreciation of: (a) Vehicles? (8a)		Yes	No
(b) Vessels? (8b)		Yes	No
(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? (8b1)		Yes	No
(c) Aircrafts? (8c)		Yes	No
(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? (8c1)		Yes	No
(d) Residential property outside of Puerto Rico? (8d)		Yes	No
(1) Did more than 80% of the total income was derived from activities exclusively related to the lease of property to non related persons? (8d1)		Yes	No
9. Did the corporation claim expenses connected to: (a) Housing (except business employees) (9a)		Yes	No
(b) Employees attending conventions or meetings outside Puerto Rico or the United States? (9b)		Yes	No
10. Did the corporation distribute dividends other than stock dividends or distributions in liquidation in excess of the corporation's current and accumulated earnings? (10)		Yes	No
11. Is the corporation a partner in any special partnership or partnership? (If more than one, submit detail) (11)		Yes	No
Name of the special partnership or partnership _____			
Employer identification number _____			
12. Did you receive exempt income? (Submit Schedule IE Corporation) (12)		Yes	No
13. Enter the amount corresponding to charitable contributions to municipalities _____ (13)		Yes	No
14. Indicate if insurance premiums were paid to an unauthorized insurer (14)		Yes	No
15. Employer's number assigned by the Department of Labor and Human Resources: _____ (15)		Yes	No
16. Number of stockholders: _____ (16)		Yes	No
17. Did you request to change the accounting period? (17)		Yes	No
Date of request _____			
Date of approval _____			