

Liquidator:	Reviewer:	20 __	GOVERNMENT OF PUERTORICO DEPARTMENT OF THE TREASURY	20 __	Serial Number
Field Audited by:		Informative Return for Income Tax Exempt Organizations			<input type="checkbox"/> AMENDED RETURN
Date ____/____/____		UNDER SECTION 1101.01 OF THE PUERTO RICO INTERNAL REVENUE CODE OF 2011, AS AMENDED TAXABLE YEAR BEGINNING ON ____ AND ENDING ON ____ 20__			TAXABLE YEAR: 1 <input type="checkbox"/> CALENDAR 2 <input type="checkbox"/> FISCAL 3 <input type="checkbox"/> 52-53 WEEKS
R M N					Receipt Stamp

Organization's Name	Employer's Identification Number
Postal Address	Department of State Registry Number
Zip Code	Municipal Code
Location of Organization - Number, Street, City	Merchant's Registration Number
Type of Activities (i.e. Educational, Charitable, etc.)	Telephone Number ()
NAICS Code	Date Incorporated Day _____ Month _____ Year _____
	Place Incorporated

Case No. _____	Type of organization:	Date operations began
Paragraph of Section 1101.01 under which the exemption was granted _____	<input type="checkbox"/> 1. Corporation <input type="checkbox"/> 3. Association not incorporated <input type="checkbox"/> 2. Trust <input type="checkbox"/> 4. Other (Indicate) _____	Day _____ Month _____ Year _____
Date of Hacienda certification granting the exemption _____		Extention of Time: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Summary

Activities and Requirements	1. Briefly summarize the organization's mission and the most significant activities and programs: _____ 2. Check here if you submitted copy of the income statement for the taxable year <input type="checkbox"/> 3. Number of members with voting rights in the board of directors of the entity (3) _____ 4. Number of independent members with voting rights in the board of directors (4) _____ 5. Number of individuals employed during the current taxable year (5) _____ 6. Total number of volunteers during the current taxable year (6) _____ 7. Indicate the total unrelated business income of the exempt organization, if applicable (Submit Schedule A Exempt Organization) (7) _____																						
Income	8. Income, dues, contributions (Part II, line 8) (8) _____ 9. Service Program revenue (Part II, line 9(f)) (9) _____ 10. Investment income (Part II, line 14) (10) _____ 11. Other income (Part II, line 19) (11) _____ 12. Total income (Add lines 8 through 11) (12) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Previous Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr><td>8</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>9</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>10</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>11</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>12</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> </tbody> </table>		Previous Year	Current Year	8	00	00	9	00	00	10	00	00	11	00	00	12	00	00			
	Previous Year	Current Year																					
8	00	00																					
9	00	00																					
10	00	00																					
11	00	00																					
12	00	00																					
Expenses	13. Total expenses related with the income (Part III, line 30) (13) _____ 14. Contributions, gifts and grants paid (Part III, line 31(d)) (14) _____ 15. Dividends and other distributions to members, shareholders or depositors (15) _____ 16. Other expenses (Part III, line 34) (16) _____ 17. Total expenses (Add lines 13 through 16) (17) _____ 18. Income less expenses (Subtract line 17 from line 12) (18) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>13</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>14</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>15</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>16</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>17</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>18</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> </tbody> </table>	13	00	00	14	00	00	15	00	00	16	00	00	17	00	00	18	00	00			
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15	00	00																					
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17	00	00																					
18	00	00																					
Net Assets	19. Total Assets (Part IV, line 10) (19) _____ 20. Total Liabilities (Part IV, line 14) (20) _____ 21. Net Assets (Subtract line 20 from line 19) (21) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">At beginning of current year</th> <th style="width:35%;">At end of the year</th> </tr> </thead> <tbody> <tr><td>19</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>20</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>21</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> </tbody> </table>		At beginning of current year	At end of the year	19	00	00	20	00	00	21	00	00									
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19	00	00																					
20	00	00																					
21	00	00																					
Tax and Payments	22. Total special tax determined (Part VIII, line 3) (22) _____ 23. Income tax determined on the exempt organization's unrelated business income (Schedule A Exempt Organization) (23) _____ 24. Less: (a) Income tax withheld at source on payments for services rendered, interests or dividends for the taxable year (See instructions)..... (24a) _____ (b) Other payments, withholding and credits (Submit detail) (24b) _____ (c) Total payments, withholding and credits (Add lines 24(a) and 24(b)) (24c) _____ 25. Balance of tax to be pay by the organization (If the sum of lines 22 and 23 is higher than line 24(c), enter here the result of the sum of lines 22 and 23 less line 24(c). Otherwise, enter zero in this line and continue with line 26) (25) _____ 26. Balance to be refunded (If line 24(c) is higher than the sum of lines 22 and 23, enter the result of line 24(c) less lines 22 and 23. Otherwise, enter zero) (26) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>22</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>23</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>24a</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>24b</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>24c</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>25</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> <tr><td>26</td><td style="text-align: right;">00</td><td style="text-align: right;">00</td></tr> </tbody> </table>	22	00	00	23	00	00	24a	00	00	24b	00	00	24c	00	00	25	00	00	26	00	00
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23	00	00																					
24a	00	00																					
24b	00	00																					
24c	00	00																					
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26	00	00																					

OATH

I hereby declare under penalty of perjury that this return (including the schedules and statements attached) has been examined by me, and to the best of my knowledge and belief, the facts in the same are true, correct and complete, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 2011, as amended, and the Regulations thereunder.

Official signature
Title
Date

SPECIALIST'S USE ONLY

I hereby 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 may be verified.

Specialist's name (Print)	Registration number	Check if self-employed specialist <input type="checkbox"/>
Firm's name	Date	
Specialist's signature	Address	Zip code

Part II		Income, Dues, Contributions, etc.				
Income, Dues, Contributions, Etc.	1. Dues, assessments, etc. from members, excluding services and other charges properly included on line 17. (See instructions Parts II and III)	(1)			00	
	2. Dues, assessments, etc. from affiliated organizations (See instructions Parts II and III)	(2)			00	
	3. Legislative grants and contributions	(3)			00	
	4. Contributions, gifts, grants, etc. received (See instructions Parts II and III)	(4)			00	
	5. Patronage dividends (or patronage refund) received (See instructions Parts II and III)	(5)			00	
	6. Income from fundraising activities	(6)			00	
	7. Other non-cash contributions	(7)			00	
	8. Total of income, dues, contributions, etc. (Add lines 1 through 7. Transfer this amount to line 8 of Part I)	(8)			00	
Service Program Revenues	9. Income from Service Program carried out by the organization (Submit detail if you need additional lines)					
	(a)	(9a)		00		
	(b)	(9b)		00		
	(c)	(9c)		00		
	(d)	(9d)		00		
	(e)	(9e)		00		
(f) Total income from Service Program carried out by the organization (Add lines 9(a) through 9(e). Transfer this amount to line 9 of Part I)	(9f)				00	
Investment Income	10. Interests	(10)			00	
	11. Dividends	(11)			00	
	12. Gains (losses) from the sale of capital assets (Submit Schedule D Corporation)	(12)			00	
	13. Exempt income (Submit Schedule IE Corporation)	(13)			00	
14. Total investment income (Add lines 10 through 13. Transfer this amount to line 10 of Part I)	(14)				00	
Other Income	15. (a)Gross rents	(15a)		00		
	(b)Less: Rental expenses	(15b)		00		
	(c)Income (loss) from rent activities	(15c)			00	
	16. Royalties	(16)			00	
	17. Gross income from commercial activities including the exempt income from a registered investment company or real estate investment trust (Specify which)	(17)			00	
	18. Miscellaneous income (Submit detail)	(18)			00	
19. Total other income (Add lines 15(c) through 18. Transfer this amount to line 11 of Part I)	(19)				00	
20. Total income (Add lines 8, 9(f), 14 and 19)	(20)				00	
Part III	Disposition of Income, Dues, Contributions, etc. (See inst.)	(A) Service Program	(B) Fundraising	(C) Generals and Administrative	(D) Total	
Declared Income Related Expenses	21. Compensation to officers, directors, trustees and key employees (Complete Part V)	(21)		00	00	00
	22. Salaries, wages and commissions to employees. Number of employees <input type="text"/>	(22)		00	00	00
	23. Interests.....	(23)		00	00	00
	24. Taxes (Such as property, income, social security, unemployment, etc.)	(24)		00	00	00
	25. Rents	(25)		00	00	00
	26. Professional services	(26)		00	00	00
	27. Depreciation	(27)		00	00	00
	28. Dues, assessments, etc. to affiliated organizations	(28)		00	00	00
	29. Miscellaneous expenses (Submit detail).....	(29)		00	00	00
	30. Total expenses related with the declared income (Add lines 21 through 29. Transfer the total of Column (D) to line 13 of Part I)	(30)		00	00	00
Contributions	31. Contributions, gifts and grants paid (Include the name and social security number to whom they were paid). Submit detail if you need additional lines.					
	(a)	(31a)	00	00	00	00
	(b)	(31b)	00	00	00	00
	(c)	(31c)	00	00	00	00
(d) Total contributions, gifts and grants paid (Add lines 31(a) through 31(c). Transfer to line 14 of Part I)	(31d)	00	00	00	00	
Other Payments	32. Benefits paid to members or their dependents:					
	(a) Death, sickness, hospitalization, disability, life insurance or pensions benefits	(32a)				00
	(b) Other benefits	(32b)				00
	33. Additions to surplus and reserves (Submit itemized schedule)	(33)				00
34. Total other expenses (Add lines 32 and 33. Transfer to line 16 of Part I)	(34)				00	
35. Total Expenses (Add lines 30, 31(d) and 34)	(35)				00	
36. Excess (deficit) for the year (Subtract line 35 from line 20)	(36)				00	
37. Fund's balance at the beginning of the year	(37)				00	
38. Other changes in the fund's balance (Submit detail)	(38)				00	
39. Fund's balance at the end of the year	(39)				00	

Part IV		Balance Sheet					
		Beginning of the year			Ending of the year		
		Total			Total		
Assets							
1. Cash	(1)		00			00	
2. Notes and accounts receivable	(2)	00				00	
Less: Reserve for bad debts		(00)	00	(00)		00	
3. Inventories	(3)		00			00	
4. Investments in governmental obligations	(4)		00			00	
5. Investments in non-governmental funds	(5)		00			00	
6. Investments in corporate stocks (See instructions Part IV)	(6)		00			00	
7. Other investments (Submit detail)	(7)		00			00	
8. Capital assets:							
(a) Depreciable or depletable assets (Subm item ized schedule)	(8a)	00				00	
Less: Reserve for depreciation (or depletion)		(00)	00	(00)		00	
(b) Land	(8b)		00			00	
9. Other assets (Itemize)	(9)		00			00	
10. Total Assets	(10)		00			00	
Liabilities							
11. Accounts payable	(11)	00				00	
12. Bonds, notes and mortgages payable							
(a) with original maturity date of less than 1 year	(12a)	00				00	
(b) with original maturity date of 1 year or more	(12b)	00				00	
13. Other liabilities (Submit detail)	(13)	00				00	
14. Total Liabilities	(14)		00			00	
Stockholder's Equity							
15. Capital stock							
(a) Preferred stocks	(15a)	00				00	
(b) Common stocks	(15b)	00				00	
16. Membership certificates	(16)	00				00	
17. Paid-in capital or capital surplus (donated capital if a trust)	(17)	00				00	
18. Surplus reserves (Itemize)	(18)	00				00	
19. Earned surplus and undivided profits	(19)	00				00	
20. Total Stockholder's Equity	(20)		00			00	
21. Total Liabilities and Stockholder's Equity	(21)		00			00	

Part V		List of Officers, Directors or Key Employees					
Name and title	Social security number	Number of weekly hours dedicated to the institution	Compensation	Contributions to pension or deferred compensation plans		Allowances or expenses account	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	
				00	00	00	

Part VI Compensation in Excess of \$5,000 Paid to Independent Contractors for Professional Services			
Name and address	Social Security or employer identification number	Type of service	Compensation
			00
			00
			00
			00
			00

Part VII Questionnaire

Section A. Board of Director and Management

	Yes	No
1. (a) Indicate the number of members with voting rights in the board of directors at the end of the taxable year (1a) (If there is a significant difference in the voting rights among the members of the board of directors, or if board of directors delegates sufficient authority to an executive committee or to a committee of similar nature, submit explanation)		
(b) Provide the number of members with voting rights included in line 1(a), above, who are independent (1b)		
2. Indicate if any officer, director, trustee or key employee keep a familiar or commercial relation with any other officer, director or key employee (2)		
3. Indicate if the organization delegates the control of the entity management aspects, customarily performed by and under the direct supervision of officers, directors, trustees or key employees, to management companies or other persons outside the entity (3)		
4. Indicate if the organization made significant changes to the entity's constitutive documents after the filing of the informative return for income tax exempt organizations corresponding to the previous taxable year (4)		
5. Indicate if the organization became aware during the year of a significant deviation of the organization's assets (5)		
6. Does the organization have members or stockholders? (6)		
7. (a) Does the organization have members, stockholders or other persons with power to elect or appoint one or more members of the board of director? (7a)		
(b) Is any management decision reserved to (or subject to approval by) members, stockholders or persons other than the board of directors? (7b)		
8. Indicate if the organization contemporaneously documents the meetings or actions undertaken during the year by the following: (a) The boards of directors (8a)		
(b) Each committee with authority to act in representation of the board of directors (8b)		
9. Indicate if there is any director, officer, trustee or key employee that cannot be reached at the entity's electronic mail address (If the answer is "Yes", provide the name and electronic mail address) (9)		

Section B. Organization's Policies

10. (a) Indicate if the organization has local chapters, branches or affiliates (10a)		
(b) If "Yes", indicate if the organization has written policies and procedures that govern the activities of such chapters, affiliates and branches to ensure that its operations are consistent with the exempt organization's purposes (10b)		
11. (a) Indicate if the organization provided a complete copy of this Form 480.70(OE) to all members of the board of directors before filing the form (11a)		
(b) Describe the process, if any, used by the organization to review Form 480.70(OE):		
12. (a) Indicate if the organization has a written conflict of interest policy (12a)		
(b) Indicate if the officers, directors, trustees and key employees are required to annually disclosed interests that could give rise to conflicts with the organization (12b)		
(c) Indicate if the organization regularly and consistently monitors and enforces the compliance of these policies. If "Yes", provide examples of how this monitoring is performed (12c)		
13. Indicate if the organization has a written whistleblowing policy (13)		
14. Indicate if the organization has a written document retention and destruction policy (14)		
15. Indicate if the process for determining compensation of the following persons includes the review and approval by an independent person, the review of comparative information, and contemporaneous substantiation of the deliberation: (a) The organization's Chief Executive Officer (CEO), Executive Director and top management officials (15a)		
(b) Other officers and key employees of the organization (15b) (If "Yes", describe the process to determine the compensation of these officers)		
16. (a) Indicate if the organization invests in, contributes assets to, or participates in a joint venture or similar arrangement with a taxable entity during the year (16a)		
(b) If "Yes", indicate if the organization follows a written policy or procedure requiring the evaluation of the participation in joint venture arrangements under the applicable tax law, and takes steps to safeguard the organization's exempt status with respect to such arrangements (16b)		

Section C. Other Information

Yes No

17. If you do not have the case number, did you request the exemption under Section 1101.01 of the Code? If "Yes", indicate the date requested and the paragraph of Section 1101.01 under which you requested it: _____ (17)

If you have not requested tax exemption, do not complete this form. You must file Form 480.20 (Corporation Income Tax Return).

18. Indicate if the organization have an administrative opinion under which the tax exemption was granted with special conditions (Submit copy) .. (18)

19. Indicate if the organization have exemption under the Federal Internal Revenue Code. If "Yes", indicate the date it was granted (Submit copy): _____ (19)

20. Has the organization been audited or is currently under investigation by the Department of the Treasury? (20)

21. The books are in care of _____

Address: _____

22. Accounting method used:

Cash Accrual Other(s)

If you checked other(s) explain: _____

23. (a) During this year, did the organization derived income from unrelated activities? (23a)

(b) If "Yes", did you include the duly completed Schedule A Exempt Organization with this return? (23b)

Indicate the unrelated business activities, the NAICS code and the merchant's registration number, if applicable, of such activities. In addition, indicate the purpose of such activities in the organization. Submit detail, if you need additional space.

24. (a) Indicate if the organization have employees (24a)

(b) If "Yes", did you file the Withholding Statements (Forms 499R-2/W-2PR or 499R-2c/W-2cPR)? (24b)

25. (a) Indicate if the organization have contracted professional services (25a)

(b) If "Yes", did you file the Informative Returns (Forms 480.5, 480.6SP, 480.6C)? (25b)

(c) Have you made any withholding at source? (25c)

(d) If "Yes", indicate the tax rate applied: _____

26. (a) Indicate if you made payments to entities not engaged in trade or business in Puerto Rico (26a)

(b) If "Yes", have you made the withholding at source? (26b)

27. If the organization is exempt under Section 1101.01(10) of the Code, indicate the name of the organization that holds the title of the property: _____

28. Indicate if the organization is a successor from another organization that previously existed (28)

Name of the previous organization: _____

Address: _____

29. Indicate if the organization leased real property to (or) from other person or groups of persons related to the organization (29)

30. Indicate the number of members or participants _____

31. Indicate if the organization is in good standing with the filing of the Department of State's Annual Reports (31)

32. (a) Indicate if during the taxable year the organization established or discontinued any Service Program (32a)

(b) If "Yes", did you notify the same to the Department of the Treasury? Indicate the notification date: _____ (32b)

33. Indicate whether the organization had any changes in the type of income, character, purpose for which it was organized or form of operating, that has not been previously informed to the Secretary of the Department of the Treasury (Submit detail of the changes) (33)

34. Indicate if during the year the organization was liquidated, dissolved or finished (34)

If "Yes", submit detail and a copy of the Department of the State's dissolution.

35. Indicate whether the organization is controlled, or if it controls another institution (35)

If "Yes", indicate the name and the employer identification number of said institution: _____

36. Indicate if any entity withheld income tax at source to the organization on any payment for services rendered during the taxable year. If "Yes", include such amount in line 24(a) of Part I and include the corresponding Informative Return with this return (36)

Part VIII		Computation of Special Taxes	
1.	Special tax to the compensation received by officers, directors and highly paid employees:		
	(a) Compensations paid in excess of \$250,000 (See instructions)	(1a)	00
	(b) Compensations paid in excess of \$500,000 (See instructions)	(1b)	00
	(c) Compensations paid in excess of \$750,000 (See instructions)	(1c)	00
	(d) Compensations paid in excess of \$1,000,000 (See instructions)	(1d)	00
	(e) Total compensations paid (Add lines 1(a) through 1(d))	(1e)	00
	(f) Tax (Multiply line 1(e) by 37.5%)	(1f)	00
2.	Special tax for indemnification payments for harassment and related expenses:		
	(a) Total compensations paid (See instructions)	(2a)	00
	(b) Tax (Multiply line 2(a) by 37.5%)	(2b)	00
3.	Total special tax determined (Add lines 1(f) and 2(b). Transfer the result to line 22 of Part I of the return)	(3)	00

Retention Period: Ten (10) years

Schedule A Exempt Organization

Rev. 10.19



TAX COMPUTATION ON THE NET UNRELATED BUSINESS INCOME (OR LOSS)

20__

TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____

A

Taxpayer's name

Employer's Identification Number

Name of industry or business

Merchant's Registration Number

Part I Determination of the Net Unrelated Business Income (or loss)

1. Net sales of goods or products (See instructions)	(1)	00
2. Less: Cost of goods sold or costs of production (Part V, line 7)	(2)	00
3. Gross profit (or loss) on sales of goods or products (Subtract line 2 from line 1)	(3)	00
(Gross profit margin percentage: 2018 ____% 2019 ____%. See instructions)		
4. Gross income on sales of services	(4)	00
5. Rent income	(5)	00
6. Miscellaneous income (Submit detail)	(6)	00
7. Total income (Add lines 3 through 6)	(7)	00
8. Total deductions (From Part IV, line 58)	(8)	00
9. Net unrelated business income (or loss) (Subtract line 8 from line 7)	(9)	00

Part II Determination of the Net Income Subject to Tax

10. Less: Net operating loss deduction from preceding year (See instructions)	(10)	00
11. Net unrelated business income (or loss) before the deduction for dividends or benefits received from domestic corporations (Subtract line 10 from line 9 of Part I. If line 9, Part I is less than line 10, enter zero)	(11)	00
12. Less: Dividends or benefits received from domestic corporations (See instructions)	(12)	00
13. Net unrelated business income (or loss) before the specific deduction (Subtract line 12 from line 11. If the result is less than zero, enter zero)	(13)	00
14. Less: Specific deduction (See instructions)	(14)	00
15. Net unrelated business income subject to normal tax (Subtract line 14 from line 13. If the result is less than zero, enter zero)	(15)	00
16. Less: Surtax deduction (See instructions)	(16)	00
17. Net income subject to surtax (Subtract line 16 from line 15. If the result is less than zero, enter zero)	(17)	00

Part III Computation of Tax

If taxable organization at corporate rates, complete line 18 and leave line 19 in blank. Otherwise, complete line 19 and leave line 18 in blank.

18. Charitable and other organizations taxable at corporate rates (See instructions)		
(a) Normal tax (See instructions)	(18a)	00
(b) Surtax (See instructions)	(18b)	00
(c) Tax determined before the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Add lines 18(a) and 18(b))	(18c)	00
(d) Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Corporation)	(18d)	00
(e) Tax determined before the alternative minimum tax (Subtract line 18(d) from line 18(c))	(18e)	00
(f) Alternative minimum tax in excess of the regular tax (Submit Schedule A Corporation)	(18f)	00
(g) Tax determined (Add lines 18(e) and 18(f), Transfer the result to line 23 of Part I of the Return)	(18g)	00
19. Charitable and other purposes trusts (See instructions)		
(a) Normal tax (See instructions)	(19a)	00
(b) Gradual Adjustment amount (Submit Schedule P Individual)	(19b)	00
(c) Regular tax before the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (See instructions)	(19c)	00
(d) Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual)	(19d)	00
(e) Tax determined (Subtract line 19(d) from line 19(c). Transfer the result to line 23 of Part I of the Return)	(19e)	00

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

Part V		Cost of Goods Sold			
1.	Inventory at the beginning of the year	<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 VI, line 17)			(4)	00
5.	Cost of good available for sale (Add lines 1 through 4)			(5)	00
6.	Less: Inventory at the end of the year	<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 I, line 2)			(7)	00

Part VI		Other Direct Costs			
Item	Amount	Item	Amount		
1. Salaries, wages and bonuses	(1) 00	10. Electric power	(10) 00		
2. Social security tax (FICA)	(2) 00	11. Water and sewage	(11) 00		
3. Unemployment tax	(3) 00	12. Rent	(12) 00		
4. State Insurance Fund premiums	(4) 00	13. Packing products expenses	(13) 00		
5. Health or accident plans	(5) 00	14. Meals expenses paid to production employees			
6. Property, contingency, public liability insurance and bonds	(6) 00	Total \$	(14) 00		
7. Excise taxes / Use taxes	(7) 00	15. Depreciation (Submit Schedule E)	(15) 00		
8. Sales and use tax on imports	(8) 00	16. Other direct costs (Submit detail)	(16) 00		
9. Repairs and maintenance	(9) 00	17. Total other direct costs (Add lines 1 through 16. Transfer to Part V, línea 4)	(17) 00		

Part VII		Compensation to Officers, Directors and Key Employees Attributable to the Unrelated Business Income		
Name and title	Social security number	Percentage of the time dedicated to the unrelated business income	Compensation attributable to the unrelated business income	
		%		00
		%		00
		%		00
		%		00
		%		00
		%		00
		%		00
		%		00
Total compensation to officers, directors and key employees attributable to the unrelated business income (Transfer to Part IV, lines 1 and 2, as apply)				00