Form 480.80 Rev. 03.25

Reviewer:	Liquidator:	20__	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	20__	Control Number
Field Audited by:			**FIDUCIARY INCOME TAX RETURN** **(ESTATE OR TRUST)**		⬭ **AMENDED RETURN**
Date ___/ ___/ ___			FOR CALENDAR YEAR 20___ OR TAXABLE YEAR BEGINNING ON__________, 20____ AND ENDING ON __________, 20____		Receipt Stamp
R M N					

Estate or Trust Name	Employer Identification Number	
	Industrial Code / Municipal Code	
Postal Address	Merchant's Registration Number	
Municipality / Country / Zip Code	Telephone Number - Extension	
Location of Principal Industry or Business (Number, Street, City)	Date created Day_____Month_____Year_____	E-Mail Address
Fill in the corresponding oval, if applicable: ⬭ First Return ⬭ Last Return	Place created	**CHANGE OF ADDRESS:** ⬭ Yes ⬭ No **EXTENSION OF TIME:** ⬭ Yes ⬭ No

Questionnaire

A.● Type of taxpayer: ⬭ Estate ⬭ Trust

B. Fill in here if the estate or trust corresponds to a resident individual investor ⬭
(Submit Schedule F1 Individual)

C. If the taxpayer is an estate, indicate:
1. Date of death of decedent ______________________________
2. Social security number ___________________________________

D. Indicate the accounting method used:

⬭ Cash ⬭ Accrual ⬭ Other (Specify): ____

E. If the gross income of the estate or trust was $5,000 or more, include with this return a copy of the will or trust's deed.

F. Indicate the name and address:

a) Fiduciary: ____

b) Trustee: ____

GO TO PAGE 2 TO DETERMINE YOUR REFUND OR PAYMENT.

Refund

1. **AMOUNT OVERPAID** (Part II, line 15. Indicate distribution on lines A, B and C)	● (1)		00
A) Contribution to the San Juan Bay Estuary Special Fund	●(1A)		00
B) Contribution to the University of Puerto Rico Special Fund	●(1B)		00
C) **TO BE REFUNDED**	●(1C)		00

Payment

2. AMOUNT OF TAX DUE (Part II, line 15)			(2)		00
3. **Less:** Amount paid (a) **Income Tax**			(3a)		00
(b) **Interests**	(3b)	00			
(c) **Surcharges** _____________ **and Penalties** _____________	(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 hereby declare under penalty of perjury that this return, including all schedules and other documents attached, has been examined by me and it is true, correct and complete. The declaration of the person that prepares this return (except the taxpayer) is based on the information available, and this information has been verified.

Fiduciary or Agent's Name ✓	**Fiduciary or Agent's Signature** ✓	Date
Specialist's Name (Print)	Name of Firm or Business	
Specialist's Signature ✓ / Date	Self-employed Specialist (fill in here) ⬭	Registration Number

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 I

1. **Income (or losses):**			
A) Wages, commissions, allowances and tips (Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable)	(1A)		00
B) Total distributions from qualified retirement plans (Schedule D Individual, Part IV, line 25)	(1B)		00
C) Gain (or loss) from sale or exchange of capital assets (Schedule D Individual, Part V, line 35 or 36, as applicable)	(1C)		00
D) Interests (Schedule FF Individual, Part I, line 5) (Total $ __________)	(1D)		00
E) Dividends from corporations (Schedule FF Individual, Part II, line 4) (Total $ __________)	(1E)		00
F) Distributions from Governmental Plans (Schedule F Individual, Part II, line 3)	(1F)		00
G) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Schedule F Individual, Part I, line 2)	(1G)		00
H) Other income (Schedule F Individual, Part V, line 5 and Schedule FF Individual, Part III, line 4) (Total $ __________)	(1H)		00
I) Income from annuities and pensions (Schedule H Individual, Part II, line 12)	(1I)		00
J) Dividends from Capital Investment or Tourism Fund (See instructions)	(1J)		00
K) Net long-term capital gain on Investment Funds (See instructions)	(1K)		00
L) Distributable share on profits from pass-through entities (Submit Schedule R Individual) (Total $ __________)	(1L)		00
M) Distributions from deferred compensation plans, or partial or lump-sum distributions from qualified retirement plans and fixed or variable annuities not subject to a preferential rate (Schedule F Individual, Part III or IV, line 1, as applicable)	(1M)		00
N) Income from salaries, wages, compensations or public shows received by a nonresident individual (Form 480.6C)	(1N)		00
O) Alimony received (Payer's social security No. __________)	(1O)		00
P) Distributions due to a disaster declared by the Governor of Puerto Rico (See instructions) (Schedule F Ind., Part VI, line 3 or 5, as applicable)	(1P)		00
Q) Gain (or loss) from manufacturing business (Schedule J Individual, Part IV, line 9) (Total $ __________)	(1Q)		00
R) Gain (or loss) from the sale of goods (Schedule K Individual, Part IV, line 9) (Total $ __________)	(1R)		00
S) Gain (or loss) from farming (Schedule L Individual, Part IV, line 9) (Total $ __________)	(1S)		00
T) Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 9) (Total $ __________)	(1T)		00
U) Gain (or loss) from rental business (Schedule N Individual, Part IV, line 9) (Total $ __________)	(U)		00
2. **Total Income** (Add lines 1A through 1U)	● (2)		00
3. **Deductions**:			
A) Amounts distributed to beneficiaries (Total of Part III, Column A)	(3A)	00	
B) Charitable contributions (Part IV)	(3B)	00	
C) Total (Add lines 3A and 3B)	● (3C)	00	
4. Net income (Subtract line 3C from line 2)	(4)		00
5. **Less:** Credit ($1,300 if an Estate; $100 if a Trust)	(5)		00
6. Net income before the deduction for Private Equity investment (Subtract line 5 from line 4)	(6)		00
7. **Less:** Allowable deduction for Private Equity investment (See instructions)	(7)		00
8. **Net taxable income** (Subtract line 7 from line 6)	● (8)		00

Part II

1. **TAX**: ⬭ **Tax Table** ⬭ **Preferential rates (Schedule A2 Individual)** ⬭ **Nonresident alien** ⬭ **Optional tax (Schedule X Individual)**	(1)		00
2. Gradual Adjustment Amount (Determine this adjustment if the amount indicated on line 8 or on Schedule A2 Individual, line 11 is more than $500,000) (Schedule P Individual, line 7)	(2)		00
3. Total Normal Tax (Add lines 1 and 2)	(3)		00
4. **REGULAR TAX BEFORE THE CREDIT** (Multiply line 3 by ⬭ **1** 95% or ⬭ **2** 92%) (See instructions)	(4)		00
5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See inst.)	(5)		00
6. **NET REGULAR TAX** (Subtract line 5 from line 4)	(6)		00
7. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 7) (See instructions)	(7)		00
8. Credit for alternate basic tax (Schedule O Individual, Part III, line 4)	(8)		00
9. **TOTAL TAX DETERMINED** (Subtract line 8 from the sum of lines 6 and 7)	(9)		00
10. Optional Tax (Schedule X Individual, Part II, line 6)	(10)		00
11. Recapture of credit claimed in excess (Schedule B Individual, Part I, line 3)	(11)		00
12. Tax credits (Schedule B Individual, Part II, line 28)	● (12)		00
13. **TAX LIABILITY** (Subtract line 12 from the sum of lines 9, 10 and 11. If it is less than zero, enter zero)	● (13)		00
14. **TAX WITHHELD AND PAID:**			
A) Tax withheld on wages	(14A)	00	
B) Other payments and withholdings (Schedule B Individual, Part III, line 22)	● (14B)	00	
C) Amount paid with automatic extension of time	(14C)	00	
D) Total Tax Withheld and Paid (Add lines 14A through 14C)	(14D)		00
15. BALANCE: • If line 14D is more than line 13, you have an overpayment. Enter the difference here and on line 1 of page 1. • If line 14D is less than line 13, you have a balance of tax due. Enter the difference here and on line 2 of page 1. • If the difference between line 14D and line 13 is equal to zero, enter zero here and sign your return on page 1	(15)		00

Part III

Amounts Distributed to Beneficiaries			Column A	Column B	Column C
Name and address	Social Security No.	Relationship	Amount paid or set apart	Share in the income tax withheld at source	Share in the tax paid to foreign countries, the United States, its states, territories and possessions
			00	00	00
			00	00	00
			00	00	00
			00	00	00
Total (Enter here and transfer the total of Column A to Part I, line 3A)			00	00	00

Part IV

Charitable Contributions (If you need additional space, submit detail)

Name and address of institutions to which payment was made	Employer Identification Number	Nature of the Organization	Amount
			00
			00
			00
Total (Enter here and transfer to Part I, line 3B)			00