

Liquidator:	Reviewer:	20 _____	GOVERNMENT OF PUERTORICO DEPARTMENT OF THE TREASURY	20 _____	Serial Number
Field Audited by:		Income Tax Return for Exempt Businesses under the Puerto Rico Incentives Programs Film Industry			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
R	M	N			3 <input type="checkbox"/> 52-53 WEEKS: Taxable year beginning on ____/____/____ and ending on ____/____/____
Taxpayer's Name			Employer Identification Number		4 <input type="checkbox"/> SHORT PERIOD: Beginning on ____/____/____ and ending on ____/____/____
Postal Address			Department of State Registry No.		Payment Stamp
Zip Code			Industrial Code	Municipal Code	
Location of Principal Industry or Business - Number, Street and Country			Merchant's Registration Number		
NAICS Code			Telephone Number - Extension () -		
Type of Principal Industry or Business		Change of Address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Incorporated Day ____/Month ____/Year ____	
E-mail Address of the Contact Person		Extension of Time: <input type="checkbox"/> Yes <input type="checkbox"/> No		Place Incorporated 1 <input type="checkbox"/> Domestic (PR) 2 <input type="checkbox"/> Foreign	
Exempt business operates under: <input type="checkbox"/> Other Case No.: _____		Contracts with Governmental Entities: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Entity	
<input type="checkbox"/> Act 362-1999 (Schedule W Incentives) Case No.: _____		<input type="checkbox"/> Act 27-2011 (Schedule W Incentives) Case No.: _____		Indicate if you are a member of a group of related entities <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Group number _____ Large Taxpayer <input type="checkbox"/>	

Part I	1. Tax liability: a) Schedule W Incentives, Part II, line 8 (1a)	00	
	b) Schedule P Incentives, Part II, line 19 (See instructions) (1b)	00	
	c) Total (Add lines 1(a) and 1(b)) (1c)	00	00
	2. Less: a) Tax withheld at source (2a)	00	
	b) Current year estimated tax payments (2b)	00	
	c) Excess from previous years not included on line 2(b) (2c)	00	
	d) Tax withheld at source on distributable share to partners of partnerships or special partnerships (Form 480.60 EC) (2d)	00	
	e) Amount paid with automatic extension of time or with original return (2e)	00	
	f) Tax withheld at source on services rendered (Form 480.6SP) (2f)	00	
	g) Tax withheld at source on eligible interests (2g)	00	
h) Total payments (Add lines 2(a) through 2(g)) (2h)	00	00	
3. Balance of tax due (If line 1(c) is more than line 2(h), enter the difference here, otherwise, on line 5)			
(a) Tax (3a)	00		
(b) Interests (3b)	00		
(c) Surcharges (3c)	00		
(d) Total (Add lines 3(a) through 3(c)) (3d)	00	00	
4. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Incentives, Part II, line 21) (4)		00	
5. Excess of tax withheld or paid (See instructions) (5)		00	
6. Amount paid with this return (Subtract line 5 from the sum of lines 3(d) and 4) (6)		00	
7. Amount overpaid to be credited to estimated tax for 2021 (7)		00	
8. Contribution to the San Juan Bay Estuary Special Fund (8)		00	
9. Contribution to the University of Puerto Rico Special Fund (9)		00	
10. Amount to be refunded (10)		00	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 _____ Date _____ Authorized Officer's Signature _____

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)	<input type="checkbox"/>	Registration Number	FOR THE CPA USE ONLY	
	Self-employed Specialist		CPA License Number	CPA Association Stamp
Firm's name			CPA Association Stamp Number	
Address		Zip Code		
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.

Exempt Business - Comparative Balance Sheet

Assets	Beginning of the year				Ending of the year		
		Total				Total	
1. Cash on hand and 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 from 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 Net Worth							
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)
Net Worth							
21. Capital stock							
(a) Preferred stock 21a)	00		(21a)		00		(21a)
(b) Common stock (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 Net Worth (25)		00	(25)			00	(25)
26. Total Liabilities and Net Worth (26)		00	(26)			00	(26)

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) Meal and entertainment (amount not deductible) \$ _____							
(b) Depreciation \$ _____							
(c) Vessels, aircrafts and residential 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) _____ \$ _____							
(j) _____ \$ _____							
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 interests \$ _____							
(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

Schedule W Incentives

Rev. 08.21



INCOME TAX FOR FILM ENTITY UNDER ACT 362-1999 OR ACT 27-2011

To be filed with Form 480.30(II)C

Taxable year beginning on _____ and ending on _____

20__

Table with 2 columns: Taxpayer's Name, Employer Identification Number, Type of Business, Case Number

Part I Net Income Subject to Tax. Rows 1-3: Net operating income (or loss) for the year, Net operating loss deduction, Net operating income (or loss)

Part II Computation of Tax. Rows 4-8: Fixed income tax rate, Tax, Recapture of credit, Credits, Total tax

Part III Gross Profit on Sales and Other Income. Rows 1-5: Net sales of goods or products, Interests, Rent, Other income, Total income

Part IV Deductions and Net Operating Income. Section A: Deductions that must be reported on informative returns (rows 1-20). Section B: Deductions not reported on informative returns (rows 21-32)

Part IV Deductions and Net Operating Income (Continued)

C. Other deductions:			
33. Automobile expenses (Mileage _____) (See instructions)	(33)		00
34. Other motor vehicle expenses (See instructions)	(34)		00
35. Repairs and maintenance	(35)		00
36. Travel expenses (Total expenses \$ _____)	(36)		00
37. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	(37)		00
38. Materials and office supplies	(38)		00
39. Materials used directly in the trade or business	(39)		00
40. Stamps, vouchers and fees	(40)		00
41. Postage and shipping charges	(41)		00
42. Uniforms	(42)		00
43. Parking and toll	(43)		00
44. Office expenses	(44)		00
45. Bank fees	(45)		00
46. Bad debts	(46)		00
47. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions)	(47)		00
48. Expenses incurred or paid to stockholders, persons or related entities outside of Puerto Rico (See instructions) (Total \$ _____)	(48)		00
49. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions)	(49)		00
50. Losses from fires, storms, other casualties, or theft (See instructions)	(50)		00
51. Management fees	(51)		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)	(52)		00
53. Other deductions (Submit detail)	(53)		00
54. Subtotal (Add lines 33 through 53)	(54)		00
55. Charitable contributions	(55)		00
56. Allowable deduction for investment in a Private Equity Fund (See instructions).....	(56)		00
57. Total deductions (Add lines 20, 32, 54, 55 and 56).....	(57)		00
58. Net operating income (or loss) for the year (Line 5, Part III less line 57. Enter here and in Part I, line 1)	(58)		00

Retention Period: Ten (10) years