

Liquidator:	Reviewer:	20 _____	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	20 _____	Control Number
Field Audited by:		Income Tax Return for Exempt Businesses under the Puerto Rico Incentives Programs Green Energy			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 ____/____/____
					4 <input type="checkbox"/> SHORT PERIOD: Beginning on ____/____/____ and ending on ____/____/____
Taxpayer's Name			Employer Identification Number		Payment Stamp
Postal Address			Department of State Registry No.		
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	Receipt No. _____
E-mail Address of the Contact Person		Extension of Time: <input type="checkbox"/> Yes <input type="checkbox"/> No		Day ____/Month ____/Year ____	Amount: _____
		Contracts with Governmental Entities: <input type="checkbox"/> Yes <input type="checkbox"/> No		Place Incorporated	Type of Entity
				1 <input type="checkbox"/> Domestic (PR)	Indicate if you are a member of a group of related entities <input type="checkbox"/> Yes <input type="checkbox"/> No
				2 <input type="checkbox"/> Foreign	
Exempt business under: <input type="checkbox"/> Act 83-2010 (Schedule Y Incentives) Case No.: _____					Group number _____
<input type="checkbox"/> Other _____ Case No.: _____					Large Taxpayer <input type="checkbox"/>
					<input type="checkbox"/> Check here if you are a Private Equity Fund (See instructions)

Part I	1. Tax liability:	a) Schedule Y Incentives, Part II, line 11	(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
	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 on owners distributable share from pass-through entities (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	
	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
	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 the 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 2023		(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	

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			
Firm's name			CPA License Number	
Address	Zip Code		CPA Association Stamp Number	CPA Association Stamp
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	
2. Accounts receivable (2)	00		(2)	00		
3. Less: Reserve for bad debts (3)	(00)	00	(3)	(00)	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)	00	
10. Loans receivable from 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 Net Worth						
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	
Net Worth						
21. Capital stock						
(a) Preferred stock (21a)	00		(21a)	00		
(b) Common stock (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 Net Worth (25)		00	(25)		00	
26. Total Liabilities and Net Worth (26)		00	(26)		00	

Part II

Part III

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 interests \$ _____	
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) Meal and entertainment (amount not deductible) \$ _____		(c) _____ \$ _____	
(b) Depreciation \$ _____		(d) _____ \$ _____	
(c) Vessels, aircrafts 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
(j) _____ \$ _____		10. Net taxable income (or loss) per return	
Total (5)	00	(Subtract line 9 from line 6) (10)	00
6. Total (Add lines 1 through 5) (6)	00		

Analysis of Unappropriated Retained Earnings per Books

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Balance at beginning of year, Net income per books, Other increases, Total, Distributions (Cash, Property, Stocks), Other decreases, and Total (Add lines 5 and 6).

Questionnaire

Large questionnaire table with columns for YES, NO, and N/A. Rows include questions about foreign corporations, business records, accounting methods, documents filed, volume of business, audited financial statements, exempt business claim expenses, and compensation to directors/officers.

Compensation to Directors

Table for Compensation to Directors with columns: Name of director, Social security number, Percentage of time devoted to industry or business, Percentage of stocks owned (Common, Preferred), and Compensation.

Compensation to Officers

Table for Compensation to Officers with columns: Name of officer, Social security number, Percentage of time devoted to industry or business, Percentage of stocks owned (Common, Preferred), and Compensation.

Schedule Y Incentives

Rev. 06.23



INCOME TAX FOR EXEMPT BUSINESSES UNDER ACT 83-2010

To be filed with Form 480.30(II)EV

20__

Taxable year beginning on _____, _____ and ending on _____, _____

Header section containing Taxpayer's Name, Type of Business, Effective period for income, Type of Decree (New, Renegotiated, Converted), Employer Identification Number, and Case Number.

Part I Net Income Subject to Tax

Table with 5 rows for Net operating income (or loss) for the year, Net operating loss from preceding year, Net green energy income subject to special deduction, Special deduction for investment on buildings, structures, machinery and equipment, and Net green energy income subject to tax.

Part II Computation of Tax

Table with 12 rows for tax computation, including Fixed tax rate on Green Energy Income, Total tax, Recapture of credit, Tentative tax, Less credits (a-h), Net tentative tax, Minimum tax rate, Less: Tax withheld on royalty payments, Minimum tax, Total tax liability, and Enter here: 95% of line 11 and 5% of line 11.

Part III Gross Profit on Sales or Production and Other Income

Table with 15 rows for gross profit calculation, including Net sales of goods or products, Less: Cost of goods sold or direct costs of production, Inventory at the beginning of the year, Purchase of materials or merchandise, Direct wages, Other direct costs, Cost of goods available for sale, Less: Inventory at the end of the year, Total cost of goods sold or direct costs of production, Gross profit (or loss) on sale of goods or products, Designated services income, Rent, Interests, Royalties, Other income, and Total income.

Part IV Deductions and Net Operating Income

A. Deductions that must be reported on informative returns:		
1. Compensation to directors (Complete Part VI, page 3 of the return)	(1)	00
2. Compensation to officers (Complete Part VII, page 3 of the return)	(2)	00
3. Salaries, commissions and bonuses to employees (See instructions)	(3)	00
4. Salaries paid to young university students (Total \$ _____) Internship Program of the Department of the Treasury (Total \$ _____) (See inst.)	(4)	00
5. Payments for services rendered in Puerto Rico (See instructions)	(5)	00
6. Payments for services rendered outside of Puerto Rico (See instructions)	(6)	00
7. Services subcontracted	(7)	00
8. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)	(8)	00
9. Insurance premiums (Except contributions to health or accident plans) (See instructions)	(9)	00
10. Telecommunication services	(10)	00
11. Internet and cable or satellite television services	(11)	00
12. Bundles (See instructions)	(12)	00
13. Advertising	(13)	00
14. Royalties	(14)	00
15. Payments for virtual and technological tools and other subscriptions	(15)	00
16. Professional associations fees and memberships paid for the benefit of the employee	(16)	00
17. Homeowners association fees	(17)	00
18. Payments for judicial or extrajudicial indemnification	(18)	00
19. Certain other expenses (See instructions)	(19)	00
20. Subtotal (Add lines 1 through 19)	(20)	00
B. Deductions not reported on informative returns:		
21. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____	(21)	00
22. Taxes, patents and licenses:		
(a) Property tax (Personal \$ _____) (Real \$ _____)	(22a)	00
(b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____	(22b)	00
(c) State Insurance Fund Policy	(22c)	00
(d) Sales and use tax	(22d)	00
(e) Special contribution for professional and advisory services under Act 48-2013, as amended	(22e)	00
23. Depreciation and amortization (Submit Schedule E No. _____)	(23)	00
24. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____)	(24)	00
25. Electric power	(25)	00
26. Water and sewage	(26)	00
27. Contributions to health or accident plans	(27)	00
28. Social Security tax (FICA)	(28)	00
29. Unemployment tax	(29)	00
30. Contributions to qualified pensions plans (See instructions. Submit Form AS 6042.1)	(30)	00
31. Deduction to employers for: Handicapped persons \$ _____ and Breastfeeding period \$ _____ (See instructions)	(31)	00
32. Subtotal (Add lines 21 through 31)	(32)	00
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 (Submit detail)	(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 15, Part III less line 57. Enter here and in Part I, line 1)	(58)	00

Part V 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. Contributions to health or accident plans	(5) 00	14. Meal expenses paid to production employees (Total \$ _____)	(14) 00
6. Insurance premiums (Except contributions to health or accident plans)	(6) 00	15. Depreciation (Submit Schedule E No. _____ or Schedule E1 No. _____)	(15) 00
7. Excise taxes / Use taxes	(7) 00	16. Other direct costs (Submit detail)	(16) 00
8. Sales and use tax on imports	(8) 00	17. Total other direct costs (Add lines 1 through 16. Transfer to Part III, line 5)	(17) 00
9. Repairs and maintenance	(9) 00		

Schedule Y1 Incentives

Rev. 06.23



COMPUTATION OF TAX CREDITS FOR EXEMPT BUSINESSES UNDER ACT 83-2010

To be filed with Form 480.30(II)EV

20__

Taxable year beginning on _____, _____ and ending on _____, _____

Schedule Y1 No. _____

Taxpayer's Name _____

Employer Identification Number _____

Part I Credit for Purchases of Products Manufactured in Puerto Rico

Eligible purchases of products manufactured in Puerto Rico:

Manufacturing business from which the product is acquired (a)	Employer identification number (b)	Manufacturing business identification number (c)	Purchases value	
			Regular (d)	Recycled (e)
1. Total purchases value (1)			00	00
2. Allowable credit for purchases:				
a) Products manufactured in Puerto Rico (Multiply line 1, Column (d) x 25%) (2a)			00	
b) Products made from recycled materials (Multiply line 1, Column (e) x 35%) (2b)			00	
c) Total credit (Add lines 2(a) and 2(b)) (2c)				00
3. Credit carried from previous years (Submit schedule) (3)				00
4. Total available credit (Add lines 2(c) and 3) (4)				00
5. Total tax (See instructions) (5)				00
6. Credit to be claimed (Up to 50% of line 5. Transfer to Schedule Y Incentives, Part II, line 5(a)) (6)				00
7. Carryforward credit to subsequent years (Subtract line 6 from line 4) (7)				00

Part II Job Creation Credit

1. Credit carried from previous years (Submit schedule)..... (1)		00
2. Credit to be claimed (Transfer to Schedule Y Incentives, Part II, line 5(b)) (2)		00
3. Carryforward credit to subsequent years (Subtract line 2 from line 1. See instructions)..... (3)		00

Part III Credit for the Transfer of Intellectual Property

1. Total royalty payments (1)		00
2. Allowable royalty credit (Multiply line 1 x 12%) (2)		00
3. Credit carried from previous years (Submit schedule) (3)		00
4. Total available credit (Add lines 2 and 3) (4)		00
5. Credit to be claimed (Transfer to Schedule Y Incentives, Part II, line 5(d)) (5)		00
6. Carryforward credit to subsequent years (Subtract line 5 from line 4) (6)		00

Part IV Credit for Investment in Research and Development of Green Energy Sources

Did you include with the return the supporting certificate? 1 Yes 2 No Certificate's Date: Day ___ Month ___ Year

	A - Pre Tax Credits Manager	B - Post Tax Credits Manager
1. Total credit according to the supporting certificate..... (1)		00
2. Credit attributed against the tax liability for the current year (Up to 50% of line 1. See instructions) (2)		00
3. Credit carried from previous years (Submit schedule) (3)	00	00
4. Total available credit attributed to the tax liability for the current year (Add lines 2 and 3, Columns A and B, respectively) (4)	00	00
5. Less: a) Credit to be claimed against the tax liability for the current year (The total of both columns cannot be more than line 4) (5a)	00	00
b) Total credit to be claimed (Add the amounts in Columns A and B, line 5(a). Transfer to Schedule Y Incentives, Part II, line 5(c)) (5b)		00
c) Credit claimed against AEE and AAA expenses (5c)	00	00
d) Credit transferred to another person (5d)	00	00
e) Total (Add lines 5(a), 5(c) and 5(d), Columns A and B, respectively) (5e)	00	00
6. Carryforward credit to subsequent years (Subtract line 5(e) from line 4, Columns A and B, respectively) (6)	00	00

Retention Period: Ten (10) years