

Liquidator:		<b>200</b> _____	COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY	<b>200</b> _____	Serial Number
Field Audited by:		<b>Income Tax Return for Exempt Businesses under the Puerto Rico Incentives Programs</b>			<b>AMENDED RETURN</b> <input type="checkbox"/>
Date: ____/____/____		TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____			Payment Stamp
R M N					

Taxpayer's Name		Employer's Identification Number			
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 and Country		Telephone Number - Extension ( ) -			
		Date Incorporated Day ____/Month ____/Year			
Type of Principal Industry or Business		Place Incorporated			
		E - mail Address			
Contracts with Governmental Entities <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Change of Address</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>2008 Return</b> <input type="checkbox"/> Spanish <input type="checkbox"/> English			Receipt No. _____ Amount: _____

<b>Part I</b>	1. <b>Tax liability:</b>	a) Schedule K Incentives, Part I, line 17, Columns A, B and C ..... (1a)	00		
		b) Schedule O Incentives, Part II, line 10 ..... (1b)	00		
		c) Schedule V Incentives, Part IV, line 5 ..... (1c)	00		
		d) Schedule W Incentives, Part II, line 8 ..... (1d)	00		
		e) Total (Add lines 1(a) through 1(d)) ..... (1e)	00		00
	2.	Tax on eligible interest (See instructions) ..... (2)	00		00
	3. Less:	a) Tax withheld at source ..... (3a)	00		
		b) Current year estimated tax payments ..... (3b)	00		
		c) Excess from previous years not included on line 3(b) ..... (3c)	00		
		d) Tax withheld on partners and stockholders distributable share from special partnerships ... (3d)	00		
		e) Amount paid with automatic extension of time or with original return ..... (3e)	00		
		f) Tax withheld for professional services (Form 480.6B) ..... (3f)	00		
		g) Tax withheld at source on eligible interest ..... (3g)	00		
		h) Total payments (Add lines 3(a) through 3(g)) ..... (3h)	00		00
	4.	Balance of tax due (If the sum of lines 1(e) and 2 is more than line 3(h), enter the difference here, otherwise, on line 6) ..... (4)	00		
		(a) Tax ..... (4a)	00		
		(b) Interest ..... (4b)	00		
		(c) Surcharges ..... (4c)	00		
		(d) Total (Add lines 4(a) through 4(c)) ..... (4d)	00		00
	5.	Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Incentives, Part III, line 47) ..... (5)	00		00
	6.	Excess of tax withheld or paid (See instructions) ..... (6)	00		00
7.	Amount paid with this return (Add lines 4(d) and 5 less line 6) ..... (7)	00		00	
8.	Amount overpaid to be credited to estimated tax for 2008 ..... (8)	00		00	
9.	Amount to be refunded ..... (9)	00		00	
10.	<b>Special surtax</b> (Schedule N Incentives, Part II, line 6) ..... (10)	00		00	
11. Less:	a) Amount paid with automatic extension of time or with original return ..... (11a)	00			
	b) Amount paid in excess from previous year ..... (11b)	00			
	c) Credit (Article 41A-6) ..... (11c)	00			
	d) Total payments (Add lines 11(a) through 11(c)) ..... (11d)	00		00	
12.	Balance of tax due (Subtract line 11(d) from line 10) ..... (12)	00			
	(a) Tax ..... (12a)	00			
	(b) Interest ..... (12b)	00			
	(c) Surcharges ..... (12c)	00			
	(d) Total (Add lines 12(a) through 12(c)) ..... (12d)	00		00	
13.	Amount paid with this return ..... (13)	00		00	
14.	Amount overpaid to be credited to the special surtax for 2008 ..... (14)	00		00	
15.	<b>Prepayment of tollgate tax</b> (Part IV, line 11) ..... (15)	00		00	
16.	Tollgate tax applied against tax withheld attributable to current year distribution ..... (16)	00		00	
17.	Total prepayment of tollgate tax liability (Add lines 15 and 16) ..... (17)	00		00	
18. Less:	a) Current year estimated tollgate tax payments ..... (18a)	00			
	b) Excess from previous years not included on line 18(a) ..... (18b)	00			
	c) Amount paid with automatic extension of time or with original return ..... (18c)	00			
	d) Total (Add lines 18(a) through 18(c)) ..... (18d)	00		00	
19.	Balance of tax due (Subtract line 18(d) from line 17) ..... (19)	00			
	(a) Tax ..... (19a)	00			
	(b) Interest ..... (19b)	00			
	(c) Surcharges ..... (19c)	00			
	(d) Total (Add lines 19(a) through 19(c)) ..... (19d)	00		00	
20.	Amount paid with this return ..... (20)	00		00	
21.	Amount overpaid to be credited to estimated prepayment of tollgate tax for 2008 ..... (21)	00		00	

**Part II Applicable Tax Exemption Acts**

Indicate under which of the following act or acts the exempt business operates:

- Act No. 57 of June 13, 1963 Case Number: \_\_\_\_\_
- Act No. 168 of June 30, 1968 Case Number: \_\_\_\_\_
- Act No. 26 of June 2, 1978 Case Number: \_\_\_\_\_
- Act No. 52 of June 2, 1983 Case Number: \_\_\_\_\_
- Act No. 8 of January 24, 1987 Case Number: \_\_\_\_\_
- Act No. 148 of August 4, 1988 Case Number: \_\_\_\_\_
- Act No. 78 of September 10, 1993 Case Number: \_\_\_\_\_
- Act No. 75 of July 5, 1995 Case Number: \_\_\_\_\_
- Act No. 225 of December 1, 1995 Case Number: \_\_\_\_\_
- Act No. 14 of March 15, 1996 Case Number: \_\_\_\_\_
- Act No. 135 of December 2, 1997 Case Number: \_\_\_\_\_
- Act No. 362 of December 24, 1999 Case Number: \_\_\_\_\_
- Act No. 178 of August 18, 2000 Case Number: \_\_\_\_\_

If you check Act No. 26 of 1978 or Act No. 8 of 1987, complete Part III.

**Part III Conditions that Exonerate from the Prepayment of Tollgate Tax**

Each exempt business under Act No. 26 of 1978 or Act No. 8 of 1987 is generally subject to the prepayment of tollgate tax.

Is the exempt business subject to the prepayment?  Yes  No

If the exempt business is not subject to the prepayment of tollgate tax, indicate which of the following conditions exonerates such payment:

- The exempt business elected the optional tax under Section 3A of Act 8 of 1987.
- 50% or more of the outstanding stocks are owned by individuals.
- Its annual industrial development income is less than \$1,000,000.
- Its industrial development income is exempt pursuant to the provisions of Sections 2(e)(4), 2(e)(11) or 3(m) of Act 8 of 1987.
- Its industrial development income is exempt pursuant to Sections 2(e)(5), 2(e)(12), 2(e)(20), 2(e)(26) or 3(n) of Act 26 of 1978.
- The exempt business is covered under Section 4(a)(8) of Act 8 of 1987 (See instructions).

If any portion of the Exempt Business Industrial Development Income is not exempt from the Prepayment of Tollgate Tax, continue with Part IV.

**Part IV Computation of Prepayment of Tollgate Tax**

1. Net operating income for the year:			
a) Schedule M Incentives, Part I, line 1.....	(1a)	00	
b) Schedule N Incentives, Part I, line 1.....	(1b)	00	
c) Total net operating income for the year .....	(1c)		00
2. Adjustments:			
a) Interest income from certain 2(j) investments (See instructions) .....	(2a)	00	
b) Other adjustments (See instructions) .....	(2b)	00	
c) Total adjustments (Add lines 2(a) and 2(b)) .....	(2c)		00
3. Industrial development income (IDI) after adjustments (If line 1(c) is larger than line 2(c), enter the difference here. Otherwise, <b>do not continue</b> with this form) .....		(3)	00
4. Less tax determined on industrial development income:			
a) Total tax (Schedule K Incentives, Part I, Column B, line 17) .....	(4a)	00	
b) Special surtax (Part I, line 10) .....	(4b)	00	
c) Other taxes (See instructions) .....	(4c)	00	
d) Total taxes (Add lines 4(a) through 4(c)).....	(4d)		00
5. Net IDI available for distribution (Subtract line 4(d) from line 3) .....		(5)	00
6. Determination of prepayment of tollgate tax (5% or <input type="text" value=""/> % of line 5) (See instructions) .....		(6)	00
7. Dividends declared from current earnings .....		(7)	00
8. Prepayment of tollgate tax attributable to current earnings (Multiply line 7 by 5% or <input type="text" value=""/> % ) .....		(8)	00
9. Prepayment of tollgate tax before credits (Subtract line 8 from line 6) .....		(9)	00
10. Less credits:			
a) Special credit granted (Do not exceed 50% of line 9) .....	(10a)	00	
b) Other credits (See instructions) .....	(10b)	00	
c) Total (Add lines 10(a) and 10(b)) .....	(10c)		00
11. Total prepayment of tollgate tax liability (Subtract line 10(c) from line 9. Enter in Part I, line 15) .....		(11)	00

<b>Part V Exempt Business - Comparative Balance Sheet</b>		Beginning of the year		Ending of the year	
<b>Assets</b>		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)
4. Notes receivable .....	(4)		00	(4)	00
5. Inventories .....	(5)		00	(5)	00
6. Investments .....	(6)		00	(6)	00
7. Depreciable assets .....	(7)	00		(7)	00
8. Less: Reserve for depreciation .....	(8)	( 00)	00	(8)	( 00)
9. Land .....	(9)		00	(9)	00
10. Other assets .....	(10)		00	(10)	00
<b>11. Total Assets</b> .....	<b>(11)</b>		<b>00</b>	<b>(11)</b>	<b>00</b>
<b>Liabilities and Net Worth</b>					
<b>Liabilities</b>					
12. Accounts payable .....	(12)	00		(12)	00
13. Notes payable .....	(13)	00		(13)	00
14. Accrued expenses (not paid) .....	(14)	00		(14)	00
15. Other liabilities .....	(15)	00		(15)	00
<b>16. Total Liabilities</b> .....	<b>(16)</b>		<b>00</b>	<b>(16)</b>	<b>00</b>
<b>Net Worth</b>					
17. Capital stock					
(a) Preferred stock .....	(17a)	00		(17a)	00
(b) Common stock .....	(17b)	00		(17b)	00
18. Additional paid in capital .....	(18)	00		(18)	00
19. Retained earnings .....	(19)	00		(19)	00
20. Reserve .....	(20)	00		(20)	00
<b>21. Total Net Worth</b> .....	<b>(21)</b>		<b>00</b>	<b>(21)</b>	<b>00</b>
<b>22. Total Liabilities and Net Worth</b> .....	<b>(22)</b>		<b>00</b>	<b>(22)</b>	<b>00</b>

<b>Part VI Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return</b>				
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 .....	(2)	00	if necessary	
3. Excess of capital losses over capital gains .....	(3)	00	(a) Exempt interest .....	
4. Taxable income not recorded on books this year (Itemize, use schedule if necessary)			(b) .....	
(a) .....			(c) .....	
(b) .....			(d) .....	
(c) .....			Total .....	(7)
(d) .....			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) Meals and entertainment (portion not claimed) .....			(c) .....	
(b) Depreciation .....			(d) .....	
(c) .....			Total .....	(8)
(d) .....			9. Total (Add lines 7 and 8) .....	(9)
Total .....	(5)	00	<b>10. Net taxable income (or loss) per return</b>	
6. Total (Add lines 1 through 5) .....	(6)	00	(Subtract line 9 from line 6) .....	(10)

<b>Part VII Analysis of Unappropriated Retained Earnings per Books</b>				
1. Balance at beginning of year .....	(1)	00	5. Distributions:	
2. Net income per books .....	(2)	00	(a) Cash .....	(5a)
3. Other increases (Itemize, use schedule if necessary) .....	(3)	00	(b) Property .....	(5b)
.....			(c) Stocks .....	(5c)
.....			6. Other decreases (Use schedule if necessary) .....	(6)
.....			7. Total (Add lines 5 and 6) .....	(7)
4. Total (Add lines 1, 2 and 3) .....	(4)	00	8. <b>Balance at end of year</b> (Subtract line 7 from line 4) .....	(8)

Part VIII Questionnaire

1. If a foreign corporation, indicate if the trade or business in Puerto Rico was held as a branch... 14. Did the corporation at the end of the taxable year own, directly or indirectly, 50% or more of the voting stocks of a corporation who is engaged in trade or business in Puerto Rico? ... 25. Employer number assigned by the Department of Labor and Human Resources

OATH

We, the undersigned, president (or vice president or other principal officer) and treasurer (or assistant treasurer) or agent of the exempt business for which this income tax return is made, each for himself, declare under penalty of perjury, that this return (including the schedules and statements attached) has been examined by us and is, to the best of our knowledge and belief, a true, correct, and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 1994, as amended, and the Regulations issued thereunder.

President's or vice president's signature, Treasurer's or assistant treasurer's signature, Agent, Sworn and subscribed before me by, Title of the person administering oath, Signature of the person administering oath

SPECIALIST'S USE ONLY

I 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 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), Registration number, Date, Self-employed Specialist, Firm's name, Employer identification number, Specialist signature, Address, Zip code

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

**Schedule B Incentives**

Rev. 02.08



**RECAPTURE OF CREDIT CLAIMED IN EXCESS**

**200\_\_**

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name

Employer Identification Number

**Part I Recapture of Investment and Conservation Easement Credit Claimed in Excess**

	Column A	Column B	Column C
Name of entity:			
Employer identification No:			

**Credit for:**

Tourism Development .....	1	<input type="checkbox"/>	.....	1	<input type="checkbox"/>	.....	1	<input type="checkbox"/>
Solid Waste Disposal .....	2	<input type="checkbox"/>	.....	2	<input type="checkbox"/>	.....	2	<input type="checkbox"/>
Agricultural Incentives .....	3	<input type="checkbox"/>	.....	3	<input type="checkbox"/>	.....	3	<input type="checkbox"/>
Capital Investment Fund .....	4	<input type="checkbox"/>	.....	4	<input type="checkbox"/>	.....	4	<input type="checkbox"/>
Theatrical District of Santurce .....	5	<input type="checkbox"/>	.....	5	<input type="checkbox"/>	.....	5	<input type="checkbox"/>
Film Industry Development .....	6	<input type="checkbox"/>	.....	6	<input type="checkbox"/>	.....	6	<input type="checkbox"/>
Housing Infrastructure .....	7	<input type="checkbox"/>	.....	7	<input type="checkbox"/>	.....	7	<input type="checkbox"/>
Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families .....	8	<input type="checkbox"/>	.....	8	<input type="checkbox"/>	.....	8	<input type="checkbox"/>
Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico .....	9	<input type="checkbox"/>	.....	9	<input type="checkbox"/>	.....	9	<input type="checkbox"/>
Conservation Easement .....	10	<input type="checkbox"/>	.....	10	<input type="checkbox"/>	.....	10	<input type="checkbox"/>
Other: .....	11	<input type="checkbox"/>	.....	11	<input type="checkbox"/>	.....	11	<input type="checkbox"/>

1. Total credit claimed in excess .....	(1)		00
2. <b>Recapture of credit claimed in excess paid in previous year, as applicable</b> .....	(2)		00
3. <b>Recapture of credit claimed in excess paid this year</b> (Transfer to Schedule K Inc., Part I, line 12, Schedule O Inc., Part II, line 8, Schedule V Inc., Part IV, line 3 or Schedule W Inc., Part II, line 6, as applicable. See instructions) .....	(3)		00
4. Excess of credit due next year, if applicable (Subtract lines 2 and 3 from line 1. See instructions) .....	(4)		00

**Part II Breakdown of the Purchase of Tax Credits**

Check the block corresponding to the act (or acts) under which you acquired the credit and enter the amount:

1. <input type="checkbox"/> Tourism Development .....	(1)		00
2. <input type="checkbox"/> Solid Waste Disposal .....	(2)		00
3. <input type="checkbox"/> Agricultural Incentives .....	(3)		00
4. <input type="checkbox"/> Capital Investment Fund .....	(4)		00
5. <input type="checkbox"/> Theatrical District of Santurce .....	(5)		00
6. <input type="checkbox"/> Film Industry Development .....	(6)		00
7. <input type="checkbox"/> Housing Infrastructure .....	(7)		00
8. <input type="checkbox"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families .....	(8)		00
9. <input type="checkbox"/> Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico .....	(9)		00
10. <input type="checkbox"/> Conservation Easement .....	(10)		00
11. <input type="checkbox"/> Urban Centers Revitalization .....	(11)		00
12. <input type="checkbox"/> Other: .....	(12)		00
13. Total credit for the purchase of tax credits (Same as Schedule K Incentives, Part I, line 13(f)) .....	(13)		00



**Schedule E**

Rev. 10.07



**DEPRECIATION**

**200**\_\_

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's name

Social Security or Employer Identification Number

- |   |                   |   |   |   |                                    |
|---|-------------------|---|---|---|------------------------------------|
| 1. Type of property (In case of a building, specify the material used in the construction). | 2. Date acquired. | 3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$25,000 per vehicle. | 4. Depreciation claimed in prior years. | 5. Estimated useful life to compute the depreciation. | 6. Depreciation claimed this year. |
|---|-------------------|---|---|---|------------------------------------|

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**(a) Current Depreciation**

			00	00	00
			00	00	00
			00	00	00
Total				00	00

**(b) Flexible Depreciation**

			00	00	00
			00	00	00
			00	00	00
Total				00	00

**(c) Accelerated Depreciation**

			00	00	00
			00	00	00
			00	00	00
Total				00	00

**(d) Improvements Depreciation**

			00	00	00
			00	00	00
			00	00	00
Total				00	00

**(e) Amortization (i.e. Goodwill)**

			00	00	00
			00	00	00
			00	00	00
Total				00	00

**Note: Complete next line only if you are filling out Form 482.0 (Individual Income Tax Return - Long Form)**

**TOTAL:** (Add total of lines (a) through (e) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies) ..... (10)

00

Schedule F Incentives

Rev. 02.08



DEDUCTION FOR CONTRIBUTIONS TO PENSION OR OTHER QUALIFIED PLANS

200\_\_

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Complete one Schedule for each plan to which a contribution was made that is claimed as a deduction under Section 1023(n) of the Code.

Taxpayer's Name

Employer Identification Number

Plan's Name

Type of plan:

Defined Benefit

Defined Contribution:

Profit Sharing

Money Purchase

Stock Bonus

Employee Stock Ownership

Cash or Deferred Arrangement

Effective Date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Qualification Date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Trust's Name

Trust's Employer Identification Number

Total Contributions Made

QUESTIONNAIRE

Part I Plan's General Information

Yes No

1. Was the plan amended during the year?.....

Indicate the dates in which the amendments were made:

Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

2. Were the amendments notified to the Department? .....

3. Were the plan's contributions frozen during the year? .....

Indicate the date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

4. Was this plan merged with another plan during the year?.....

Indicate the date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Plan with which it merged: \_\_\_\_\_

Plan that prevailed: \_\_\_\_\_

5. Was the merger notified to the Department?.....

Indicate the date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

6. Was the plan terminated during the year?.....

Indicate the date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

7. Was said termination notified to the Department? .....

Indicate the date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Part II Coverage Requirements

1. Indicate the coverage test that was met by the plan:

The plan benefits at least 70% of the employees that are not highly compensated employees.

The plan benefits a percentage of non-highly compensated employees that is at least 70% of the percentage of highly compensated employees who are beneficiaries under the plan.

The plan meets the average benefit percentage test.



**Part III Discrimination**

	Yes	No
1. In the case of a plan that includes a cash or deferred arrangement under Section 1165(e) of the Code, indicate the non-discriminatory test met by the plan:		
<input type="checkbox"/> The actual deferral percentage for highly compensated employees does not exceed the actual deferral percentage of all other eligible employees multiplied by 1.25.		
<input type="checkbox"/> The excess of the actual deferral percentage for the group of highly compensated employees over the percentage of all other eligible employees does not exceed 2 percentage points and the actual deferral percentage for the group of highly compensated employees does not exceed the actual deferral percentage of all other eligible employees multiplied by 2.		
2. If any of the tests were not met, were the corrective measures provided by Section 1165(e)(6) of the Code taken? .....		

**Part IV Employer Contributions**

	Yes	No
1. Indicate the total compensation paid or accrued during the year to all employees participating in the plan: \$ _____		
2. In the case of a defined benefit pension plan, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(A)(i) of the Code.....		
3. In the case of a defined contribution pension plan, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(A)(ii) of the Code.....		
4. In the case of purchase of retirement annuities, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(B) of the Code .....		
5. In the case of a stock bonus or profit sharing plan, indicate if the contributions exceed the limits provided by Section 1023(n)(1)(C) of the Code .....		
6. Indicate if it was necessary to apply the limitation provided by Section 1023(n)(1)(F) of the Code .....		

**Part V Participant's Contributions**

	Yes	No
1. In the case of a plan that includes a cash or deferred arrangement under Section 1165(e) of the Code, indicate if the participant's contributions exceeded 10% of his/her compensation or \$8,000, whichever is smaller .....		
2. Indicate if the participants of age 50 or older made additional contributions according to Section 1165(e)(7)(C) of the Code .....		
3. Indicate if any contribution in excess of the limits provided by Section 1165(e)(6)(A) or 1165(e)(7)(A) of the Code was included as gross income of the participant .....		

**Part VI Employees' Information**

1. Total number of employees: \_\_\_\_\_

2. Number of non-eligible employees: \_\_\_\_\_

3. Number of participants at the beginning of the year: \_\_\_\_\_

4. Number of participants at the end of the year: \_\_\_\_\_

(a) Active: \_\_\_\_\_

(b) Retired or receiving benefits: \_\_\_\_\_

(c) Retired or separated from service entitled to receive future benefits: \_\_\_\_\_

(d) Deceased whose beneficiaries are receiving or are entitled to receive benefits: \_\_\_\_\_

5. Number of participants that separated from service without having acquired rights over employer contributions: \_\_\_\_\_

**Schedule K Incentives**

Rev. 02.08



**COMPUTATION OF TAX**

To be filed with Form 480.30(II)

**200** \_\_\_\_\_

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name		Employer Identification Number
Type of Business		Case Number

**Part I Normal Tax and Surtax**

**Column A:** Apply to operations covered under Act 78 of 1993 and Act 168 of 1968.

**Column B:** Apply to operations covered under Act 57 of 1963, Act 26 of 1978, Act 52 of 1983 and Act 8 of 1987.

**Column C:** Apply to operations covered under Act 148 of 1988, Act 75 of 1995, Act 225 of 1995, Act 14 of 1996 and fully taxable operations.

	Column A	Column B	Column C
1. Net income subject to normal tax:			
a) Schedule L Incentives, Part I, line 5 .....	00	00	
b) Schedule M Incentives, Part I, line 12 .....		00	
c) Schedule N Incentives, Part I, line 12 .....		00	
d) Schedule P Incentives, Part I, line 7 .....			00
2. <b>Total net income subject to normal tax</b> (Add lines 1(a) through 1(d)) .....	00	00	00
3. Less: Surtax net income credit (See instructions) .....	00	00	00
4. <b>Net income subject to surtax</b> .....	00	00	00
5. Normal tax .....	00	00	00
6. Surtax .....	00	00	00
7. Recovery of tax for difference in tax rates (See instructions) .....	00		00
8. Special tax (See instructions) .....	00	00	00
9. <b>Total tax</b> (Add lines 5 through 8) .....	00	00	00
10. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership) .....	00		00
11. <b>Tax determined</b> (Columns A and B, line 9; Column C, line 9 or 10, whichever is smaller) .....	00	00	00
12. Recapture of credit claimed in excess (Schedule B Incentives, Part I, line 3) .....	00	00	00
13. Credits:			
a) Credit for taxes paid to the United States, its possessions and foreign countries .....	00	00	00
b) Special credits granted under Art. 41A-6 (Do not exceed 50% of line 11) .....		00	
c) Credit Section 3(a)(3) (Only for exempt businesses under Act No. 8 of 1987) .....		00	
d) Credit for investment in Capital Investment, Tourism, other funds or direct investments (Schedule Q) .....	00	00	00
e) Credit for products manufactured in P.R. (See instructions) .....		00	
f) Credit for the purchase of tax credits (Complete Schedule B Inc., Part II) .....			00
g) Credit attributable to losses in Capital Investment, Tourism or other funds (Schedule Q).....			00
h) Alternative minimum tax paid on previous years .....			00
i) Credit for increase in investments .....			00
j) Credit for Contributions to Educational Foundation for the Free Selection of Schools .....	00	00	00
k) Credit for purchases of products manufactured in Puerto Rico for local sale and consumption and Puerto Rican agricultural products (Schedule B1 Inc., Part III, line 9) ..	00	00	00
l) Credit for the establishment of an eligible conservation easement or donation of eligible land (See instructions) .....	00	00	00
m) Credit for construction investment in urban centers (See instructions) .....	00	00	00
n) Credit for merchants affected by urban centers revitalization (See instructions) ..	00	00	00
o) Credit for the 2006 Extraordinary Tax (See instructions) .....	00	00	00
p) Credit to hospital units over eligible payroll expenses .....	00	00	00
q) Other credits not included on the preceding lines (Submit detail) (See instructions) ...	00	00	00
r) Total credits (Add lines 13(a) through 13(q)) .....	00	00	00
14. <b>Tax liability before alternative minimum tax</b> (Subtract line 13(r) from the sum of lines 11 and 12) .....	00	00	00
15. Excess of alternative minimum tax over regular tax .....			00
16. Branch profits tax (Form AS 2879, see instructions) .....			00
17. <b>Tax liability</b> (Add lines 14 through 16. Enter here and on Form 480.30(II), Part I, line 1(a)) .....	00	00	00

Part II Compensation to Officers					
Name of officer	Social security number	Percentage of time devoted to business	Percentage of stocks owned		Compensation
			Common	Preferred	
					00
					00
					00
					00
					00
					00
Total compensation to officers .....					00

Part III Reconciliation of Taxable Income in Puerto Rico (Form 480.30(II)) and in the United States (Form 1120)					
Items	Column A (Puerto Rico)	Column B (United States)	Column C (Difference)		
1. Sales ..... (1)	00	00			00
2. Cost of goods sold ..... (2)	00	00			00
3. Gross profit ..... (3)	00	00			00
4. Interest ..... (4)	00	00			00
5. Other income ..... (5)	00	00			00
6. Total gross income ..... (6)	00	00			00
7. Total deductions..... (7)	00	00			00
8. Net taxable income ..... (8)	00	00			00

Explain difference:

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Part IV Reconciliation of Passive Income					
Reconciliation United States (Form 1120)			Reconciliation Puerto Rico (Form 480.30(II))		
1. Passive income per financial statements ..... (1)		00	1. Passive income per financial statements ..... (1)		00
2. Schedule M-1 Adjustments:			2. Adjustments:		
(a) _____			(a) _____		
(b) _____			(b) _____		
(c) _____			(c) _____		
(d) _____			(d) _____		
(e) _____			(e) Total (Add lines 2(a) through 2(d)) ..... (2e)		00
(f) _____			3. Net passive income from Puerto Rico sources (Subtract line 2(e) from line 1) ..... (3)		00
(g) Total (Add lines 2(a) through 2(f)) ..... (2g)		00	4. Less passive income:		
3. Passive income as reported on Form 1120 (Subtract line 2(g) from line 1) ..... (3)		00	a. Rental income reported on Schedule P Incentives .... (4a)		00
			b. Passive income reported on Schedule N Incentives . (4b)		00
			c. Passive income reported on Schedule M Incentives ... (4c)		00
			d. Passive income reported on Schedule V Incentives (4d)		00
			e. Total (Add lines 4(a) through 4(d)) ..... (4e)		00
			5. Difference (Subtract line 4(e) from line 3) ..... (5)		00

Explain difference:

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**Schedule L Incentives**

Rev. 02.08



**PARTIALLY EXEMPT INCOME OR SUBJECT TO TAX CREDIT  
UNDER ACT 168 OF 1968, ACT 52 OF 1983 OR  
ACT 78 OF 1993, AS APPLICABLE**

**200** \_\_\_\_\_

To be filed with Form 480.30(II)

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name	Case Number	Employer Identification Number
Type of Business	Partially exempt income under: <input type="checkbox"/> Act 168 of 1968 <input type="checkbox"/> Act 52 of 1983 <input type="checkbox"/> Act 78 of 1993	
Effective period for income: Begins: _____ Ends: _____	Number of jobs directly related with tourism development: Current: _____ Required: _____	

**Part I Net Income Subject to Tax**

1. Net operating income (or loss) for the year (Part III, line 39) .....	(1)	00
2. Net operating loss deduction for the preceding year (See instructions. Submit detail) .....	(2)	00
3. Net operating income (or loss) from eligible tourism and/or hospital activities subject to the computation (Subtract line 2 from line 1) .....	(3)	00
4. Exempt amount: _____% of line 3 (See instructions) .....	(4)	00
5. <b>Net income subject to tax</b> (Subtract line 4 from line 3. Enter here and on Schedule K Incentives, Part I, line 1(a)) .....	(5)	00

**Part II Gross Profit on Sales and Other Income (Exclude income from casino operations)**

1. Net sales .....	(1)		00	
Less: Cost of goods sold or direct costs of production				
2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"				
a) Materials .....	(2a)		00	
b) Goods in process .....	(2b)		00	
c) Finished goods or merchandise .....	(2c)		00	
3. Purchase of materials or merchandise .....	(3)		00	
4. Direct wages .....	(4)		00	
5. Other direct costs (Detail in Part IV) .....	(5)		00	
6. Total cost of goods available for sale (Add lines 2 through 5) .....	(6)		00	
7. Less: Inventory at the end of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"				
a) Materials .....	(7a)	00		
b) Goods in process .....	(7b)	00		
c) Finished goods or merchandise .....	(7c)	00	00	
8. Gross profit on sales or production .....	(8)			00
9. Capital assets gains (Apply only to operations covered under Act 78 of 1993. Submit Schedule D Corporation and Partnership) .....	(9)			00
10. Net gain (or loss) from the sale or exchange of property other than capital assets (Applies only to operations covered under Act 78 of 1993. Submit Schedule D Corporation and Partnership) .....	(10)			00
11. Interest .....	(11)			00
12. Rent .....	(12)			00
13. Other income (Submit detail) .....	(13)			00
14. <b>Total gross income</b> (Add lines 8 through 13) .....	(14)			00

Part III		Deductions and Net Operating Income	
15. Compensation to officers .....	(15)		00
16. Salaries, commissions and bonuses to employees .....	(16)		00
17. Commissions to businesses .....	(17)		00
18. Social security tax (FICA) .....	(18)		00
19. Unemployment tax .....	(19)		00
20. State Insurance Fund premiums .....	(20)		00
21. Medical or hospitalization insurance .....	(21)		00
22. Insurance .....	(22)		00
23. Interest .....	(23)		00
24. Rent .....	(24)		00
25. Property tax: (a) Personal _____ (b) Real _____ .....	(25)		00
26. Other taxes, patents and licenses (Submit detail) .....	(26)		00
27. Losses from fire, storms, theft or other casualties .....	(27)		00
28. Motor vehicles expenses (Do not include depreciation) .....	(28)		00
29. Meals and entertainment expenses (Total _____) (See instructions) .....	(29)		00
30. Travel expenses .....	(30)		00
31. Professional services .....	(31)		00
32. Contributions to pension or other qualified plans (See instructions. Submit Schedule F Incentives) .....	(32)		00
33. Depreciation (See instructions. Submit Schedule E) .....	(33)		00
34. Bad debts (See instructions. Submit detail) .....	(34)		00
35. Charitable contributions .....	(35)		00
36. Repairs .....	(36)		00
37. Other deductions (See instructions. Submit detail) .....	(37)		00
38. <b>Total deductions</b> (Add lines 15 through 37) .....	(38)		00
39. <b>Net operating income (or loss) for the year</b> (Subtract line 38 from line 14. Enter here and in Part I, line 1) .....	(39)		00

Part IV		Other Direct Costs			
1. Salaries, wages and bonuses .....	(1)	00	8. Repairs .....	(8)	00
2. Social security tax (FICA) .....	(2)	00	9. Utilities .....	(9)	00
3. Unemployment tax .....	(3)	00	10. Depreciation(Submit Schedule E) .....	(10)	00
4. State Insurance Fund premiums .....	(4)	00	11. Other expenses (Submit detail) .....	(11)	00
5. Medical or hospitalization insurance .....	(5)	00	12. <b>Total other direct costs</b> (Add lines 1 through 11. Enter here and in Part II, line 5) .....	(12)	00
6. Other insurance .....	(6)	00			
7. Excise taxes .....	(7)	00			

**Schedule M Incentives**

Rev. 02.08



**FULLY OR PARTIALLY EXEMPT  
INCOME UNDER ACT 57 OF 1963  
OR ACT 26 OF 1978**

**200**\_\_

To be filed with Form 480.30(II)

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name	Case Number	Employer Identification Number
Type of Business	Fully or partially exempt income under: <input type="checkbox"/> Act 57 of 1963 Partially exempt income under: <input type="checkbox"/> Act 26 of 1978	
Effective period for income: Begins: _____ Ends: _____	Number of jobs directly related with manufacture or designated service: Current: _____ Required: _____	

**Part I Net Income Subject to Tax**

1. Net operating income (or loss) for the year (Part III, line 39) .....	(1)		00
2. Less: Income from investments (See instructions) .....	(2)		00
3. Net industrial development income (Subtract line 2 from line 1. If line 3 is a net operating loss, <b>do not continue</b> . Enter <b>zero (-0-)</b> here and on line 12) .....	(3)		00
4. Net operating loss from the preceding year (See instructions. Submit detail) .....	(4)		00
5. Net industrial development income subject to special deductions (Subtract line 4 from line 3) .....	(5)		00
6. Special deductions for exempt business (See instructions Schedule M1 Incentives):			
a) Payroll deduction .....	(6a)	00	
b) Human resources training and improvement expense deduction .....	(6b)	00	
c) Research and development expense deduction .....	(6c)	00	
d) Investment on buildings, structures, machinery and equipment deduction .....	(6d)	00	
e) Total deductions (Add lines 6(a) through 6(d)) .....	(6e)		00
7. Net taxable industrial development income after special deductions (Subtract line 6(e) from line 5) .....	(7)		00
8. Deduction for purchases of products manufactured in Puerto Rico (See instructions) .....	(8)		00
9. Net industrial development income after deduction for purchases of products manufactured in Puerto Rico (Subtract line 8 from line 7) .....	(9)		00
10. Basis period income under Act 135 (Schedule V Incentives, Part II, line 4(a)) .....	(10)		00
11. Exempt amount:			
(a) _____% of line 9 (See instructions) .....	(11a)	00	
(b) _____% of line 10 if it is a renegotiated case under Act 135 .....	(11b)	00	
12. <b>Net income subject to tax</b> (Subtract line 11(a) from line 9 or line 11(b) from line 10, whichever applies. Enter here and on Schedule K Incentives, Part I, line 1(b)) .....	(12)		00

Part II		Gross Profit on Sales and Other Income	
1. Net sales .....	(1)		00
Less: Cost of goods sold or direct costs of production			
2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"			
a) Materials .....	(2a)		00
b) Goods in process .....	(2b)		00
c) Finished goods or merchandise .....	(2c)		00
3. Purchase of materials or merchandise .....	(3)		00
4. Direct wages .....	(4)		00
5. Other direct costs (Detail in Part IV) .....	(5)		00
6. Total cost of goods available for sale (Add lines 2 through 5) .....	(6)		00
7. Less: Inventory at the end of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"			
a) Materials .....	(7a)		00
b) Goods in process .....	(7b)		00
c) Finished goods or merchandise .....	(7c)		00
8. Gross profit on sales or production.....	(8)		00
9. Designated services income .....	(9)		00
10. Rent .....	(10)		00
11. Interest .....	(11)		00
12. Royalties .....	(12)		00
13. Other income (Submit detail) .....	(13)		00
14. <b>Total gross income</b> (Add lines 8 through 13) .....	(14)		00

Part III		Deductions and Net Operating Income	
15. Compensation to officers .....	(15)		00
16. Salaries, commissions and bonuses to employees .....	(16)		00
17. Commissions to businesses .....	(17)		00
18. Social security tax (FICA) .....	(18)		00
19. Unemployment tax .....	(19)		00
20. State Insurance Fund premiums .....	(20)		00
21. Medical or hospitalization insurance .....	(21)		00
22. Insurance .....	(22)		00
23. Interest .....	(23)		00
24. Rent .....	(24)		00
25. Property tax: (a) Personal _____ (b) Real _____ .....	(25)		00
26. Other taxes, patents and licenses (Submit detail) .....	(26)		00
27. Losses from fire, storms, theft or other casualties .....	(27)		00
28. Motor vehicles expenses (Do not include depreciation) .....	(28)		00
29. Meals and entertainment expenses (Total _____) (See instructions) .....	(29)		00
30. Travel expenses .....	(30)		00
31. Professional services .....	(31)		00
32. Contributions to pension or other qualified plans (See instructions. Submit Schedule F Incentives) .....	(32)		00
33. Depreciation (See instructions. Submit Schedule E) .....	(33)		00
34. Bad debts (See instructions. Submit detail) .....	(34)		00
35. Charitable contributions .....	(35)		00
36. Repairs .....	(36)		00
37. Other deductions (See instructions. Submit detail) .....	(37)		00
38. <b>Total deductions</b> (Add lines 15 through 37) .....	(38)		00
39. <b>Net operating income (or loss) for the year</b> (Subtract line 38 from line 14. Enter here and in Part I, line 1) .....	(39)		00

Part IV		Other Direct Costs			
1. Salaries, wages and bonuses .....	(1)	00	8. Cost sharing allocation .....	(8)	00
2. Social security tax (FICA) .....	(2)	00	9. Repairs .....	(9)	00
3. Unemployment tax .....	(3)	00	10. Utilities .....	(10)	00
4. State Insurance Fund premiums .....	(4)	00	11. Depreciation (Submit Schedule E) .....	(11)	00
5. Medical or hospitalization insurance .....	(5)	00	12. Other expenses (Submit detail) .....	(12)	00
6. Other insurance .....	(6)	00	13. <b>Total other direct costs</b> (Add lines 1 through 12. Enter here and in Part II, line 5) .....	(13)	00
7. Excise taxes .....	(7)	00			

**Schedule M1 Incentives**

Rev. 02.08



**COMPUTATION OF THE SPECIAL DEDUCTIONS FOR EXEMPT BUSINESSES UNDER ACT 57 OF 1963 OR ACT 26 OF 1978**

To be filed with Form 480.30(II)

Taxable year beginning on \_\_\_\_\_, \_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_

**200**\_\_

Taxpayer's Name		Type of Decree: <input type="checkbox"/> New <input type="checkbox"/> Renegotiated		Employer Identification Number		Case Number	
Type of Business		Period in force for income: Begins:_____ Ends:_____		<input type="checkbox"/> Converted <input type="checkbox"/> Extended		Number of jobs directly related with manufacture or designated service: Current:_____ Required:_____	

<b>Part I</b>	<b>Computation of the special deductions</b>	<b>(a)</b>	<b>Payroll Deduction (manufacture)</b>	<b>(b)</b>	<b>Training and Improvement Expenses</b>	<b>(c)</b>	<b>Research and Development Expenses</b>	<b>(d)</b>	<b>Investment on Buildings, Structures and Machinery</b>
1.	Deduction amount of the current year ..... (1)		00		00		00		00
2.	Add line 1, columns (a) through (d) ..... (2)		00						
3.	Industrial development income (Schedule M Incentives, Part I, line 5) .. (3) (If line 2 is larger than line 3, <b>do not continue</b> . Complete Part II)		00		00		00		00
4.	Less: Special deductions according with line 1:								
	(a) Payroll deduction ..... (4a)			00		00			
	(b) Training and improvement expenses ..... (4b)		00			00			
	(c) Research and development expenses ..... (4c)		00		00				
	(d) Investment on buildings, structures and machinery ..... (4d)		00		00		00		
	(e) Total lines 4(a) through 4(d) ..... (4e)		00		00		00		00
5.	Industrial development income to determine the amount of the deduction (Subtract line 4(e) from line 3) ..... (5)		00		00		00		00
6.	Amount of deduction for:								
	(a) Payroll								
	(1) 5% of the production payroll (Enter 5% of the production payroll up to 50% of line 5. See instructions) ..... (6a1)		00						
	(2) If line 3 is less than \$500,000, enter \$100,000 here (If the exempt business is a member of a controlled group, see instructions) ..... (6a2)		00						
	(3) Enter the larger of line 6(a)(1) or 6(a)(2) ..... (6a3)		00						
	(b) Human resources training and improvement expenses ..... (6b)				00				
	(c) Research and development expenses..... (6c)						00		
	(d) Investment on buildings, structures, machinery and equipment ..... (6d)								00
7.	Total deductions:								
	(a) Current year (Lines 6(a)(3) through 6(d), as applicable) ..... (7a)		00		00		00		00
	(b) Preceding years ..... (7b)						00		00
	(c) Total (Add lines 7(a) and 7(b)) ..... (7c)		00		00		00		00
8.	Allowable deductions (Line 7(c) up to the amount of line 5. If it is smaller than line 5, enter the amounts on Schedule M Incentives, Part I, line 6, as applicable. If it is larger than line 5, complete Part II of this schedule) ..... (8)		00		00		00		00
9.	Carryforward deductions to subsequent years (If line 7(c) is larger than line 5 and do not have to complete Part II) (See instructions) ..... (9)						00		00



Part II	Special Rules (Apply to the exempt business that is allowed to claim more than one of the deductions of Columns a, b, c and d of Part I, and the sum of said deductions is larger than the Industrial Development Income of the year)			Limit for the year	Carryforward to future years
<b>Order to claim the special deductions</b>					
1.	Industrial development income subject to special deductions (Schedule M Incentives, Part I, line 5) .....	(1)		00	
2.	Less: Payroll deduction (only manufacture)				
(a)	5% of the production payroll (Up to 50% of line 1) .....	(2a)	00		
(b)	If line 1 is less than \$500,000, enter \$100,000 .....	(2b)	00		
(c)	Enter the larger of line 2(a) or 2(b) .....	(2c)		00	
3.	Industrial development income after the payroll deduction (Subtract line 2(c) from line 1. It cannot be less than zero) .....	(3)		00	
4.	Enter line 2(c) but not to exceed the amount on line 1 (Enter on Schedule M Incentives, Part I, line 6(a)) .....	(4)			00
5.	Industrial development income (Same as line 3) .....	(5)		00	
6.	Less: Human resources training and improvement expenses deduction .....	(6)		00	
7.	Industrial development income after deduction (Subtract line 6 from line 5. It cannot be less than zero) .....	(7)		00	
8.	Enter line 6 but not to exceed the amount on line 5 (Enter on Schedule M Incentives, Part I, line 6(b)) .....	(8)			00
9.	Industrial development income (Same as line 7) .....	(9)		00	
10.	Less: Research and development expenses deduction				
(a)	Preceding year .....	(10a)	00		
(b)	Current year .....	(10b)	00		
(c)	Total lines 10(a) and 10(b) .....	(10c)		00	
11.	Industrial development income after deduction (Subtract line 10(c) from line 9. It cannot be less than zero) .....	(11)		00	
12.	Enter line 10(c) but not to exceed the amount on line 9 (Enter on Schedule M Incentives, Part I, line 6(c)) .....	(12)			00
13.	Excess of line 10(c) over line 9 .....	(13)			00
14.	Industrial development income (Same as line 11. It cannot be less than zero) .....	(14)		00	
15.	Less: Special deduction for investment on buildings, structures, machinery and equipment				
(a)	Preceding year .....	(15a)	00		
(b)	Current year .....	(15b)	00		
(c)	Total lines 15(a) and 15(b) .....	(15c)		00	
16.	Industrial development income after deduction (Subtract line 15(c) from line 14. It cannot be less than zero) .....	(16)		00	
17.	Enter line 15(c) but not to exceed the amount on line 14 (Enter on Schedule M Incentives, Part I, line 6(d)) .....	(17)			00
18.	Excess of line 15(c) over line 14 .....	(18)			00

**Schedule N Incentives**

Rev. 02.08



**PARTIALLY EXEMPT INCOME  
UNDER ACT 8 OF 1987**

**200**\_\_

To be filed with Form 480.30(II)

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name		Employer Identification Number	
Type of Business		Case Number	
Effective period for income: Begins: _____ Ends: _____		Number of jobs directly related with manufacture or designated service: Current: _____ Required: _____	

**Part I Net Income Subject to Tax**

1. Net operating income (or loss) for the year (Part IV, line 39) .....	(1)		00
2. Less: Income from investments (See instructions) .....	(2)		00
3. Net industrial development income (Subtract line 2 from line 1. If it is a net operating loss, <b>do not continue</b> . Enter <b>zero (-0-)</b> here and on line 12) .....	(3)		00
4. Net operating loss from the preceding year (See instructions. Submit detail) .....	(4)		00
5. Net industrial development income subject to special deductions (Subtract line 4 from line 3) .....	(5)		00
6. Special deductions for exempt business (See instructions Schedule N1 Incentives):			
a) Payroll deduction .....	(6a)		00
b) Human resources training and improvement expenses deduction .....	(6b)		00
c) Research and development expense deduction .....	(6c)		00
d) Investment on buildings, structures, machinery and equipment deduction .....	(6d)		00
e) Total deductions (Add lines 6(a) through 6(d)) .....	(6e)		00
7. Net taxable industrial development income after special deductions (Subtract line 6(e) from line 5) .....	(7)		00
8. Deduction for purchases of products manufactured in Puerto Rico (See instructions) .....	(8)		00
9. Net industrial development income after deduction for purchases of products manufactured in Puerto Rico (Subtract line 8 from line 7) .....	(9)		00
10. Basis period income under Act 135 (Schedule V Incentives, Part II, line 4(a)) .....	(10)		00
11. Exempt amount:			
(a) _____% of line 9 (See instructions) .....	(11a)		00
(b) _____% of line 10 if it is a renegotiated case under Act 135 .....	(11b)		00
12. <b>Net income subject to tax</b> (Subtract line 11(a) from line 9 or line 11(b) from line 10, whichever applies. Enter here and on Schedule K Incentives, Part I, line 1(c)) .....	(12)		00

**Part II Special Surtax Section 3(a) of Act 8 of 1987 (See instructions)**

1. Enter the amount of Part III, line 14 (If it is larger than \$1,000,000).....	(1)		00
2. Enter the amount of Part III, lines 1, 9 and 10, whichever apply .....	(2)		00
3. Multiply line 2 by .00075 .....	(3)		00
4. Net industrial development income (Part I, subtract line 4 from line 3) .....	(4)		00
5. Multiply line 4 by .005 .....	(5)		00
6. <b>Special surtax</b> (Enter here and on Form 480.30(II), Part I, line 10, the smaller of line 3 or 5. In case of decrees renegotiated under Act 135 of 1997, enter the average special surtax paid on the years corresponding to the basis period) .....	(6)		00

Retention Period: Ten (10) years

Part III		Gross Profit on Sales and Other Income	
1. Net sales	(1)		00
Less: Cost of goods sold or direct costs of production			
2. Inventory at the beginning of the year	<input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"		
a) Materials	(2a)	00	
b) Goods in process	(2b)	00	
c) Finished goods or merchandise	(2c)	00	
3. Purchase of materials or merchandise	(3)	00	
4. Direct wages	(4)	00	
5. Other direct costs (Detail in Part V)	(5)	00	
6. Total costs of goods available for sale (Add lines 2 through 5)	(6)	00	
7. Less: Inventory at the end of the year	<input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"		
a) Materials	(7a)	00	
b) Goods in process	(7b)	00	
c) Finished goods or merchandise	(7c)	00	00
8. Gross profit on sales or production	(8)		00
9. Designated services income	(9)		00
10. Rent	(10)		00
11. Interest	(11)		00
12. Royalties	(12)		00
13. Other income (Submit detail)	(13)		00
14. Total gross income (Add lines 8 through 13)	(14)		00

Part IV		Deductions and Net Operating Income	
15. Compensation to officers	(15)	00	
16. Salaries, commissions and bonuses to employees	(16)	00	
17. Commissions to businesses	(17)	00	
18. Social security tax (FICA)	(18)	00	
19. Unemployment tax	(19)	00	
20. State Insurance Fund premiums	(20)	00	
21. Medical or hospitalization insurance	(21)	00	
22. Insurance	(22)	00	
23. Interest	(23)	00	
24. Rent	(24)	00	
25. Property tax: (a) Personal (b) Real	(25)	00	
26. Other taxes, patents and licenses (Submit detail)	(26)	00	
27. Losses from fire, storms, theft or other casualties	(27)	00	
28. Motor vehicles expenses (Do not include depreciation)	(28)	00	
29. Meals and entertainment expenses (Total) (See instructions)	(29)	00	
30. Travel expenses	(30)	00	
31. Professional services	(31)	00	
32. Contributions to pension or other qualified plans (See instructions. Submit Schedule F Incentives)	(32)	00	
33. Depreciation (See instructions. Submit Schedule E)	(33)	00	
34. Bad debts (See instructions. Submit detail)	(34)	00	
35. Charitable contributions	(35)	00	
36. Repairs	(36)	00	
37. Other deductions (See instructions. Submit detail)	(37)	00	
38. Total deductions (Add lines 15 through 37)	(38)		00
39. Net operating income (or loss) for the year (Subtract line 38 from line 14. Enter here and in Part I, line 1)	(39)		00

Part V		Other Direct Costs			
1. Salaries, wages and bonuses	(1)	00	8. Cost sharing allocation	(8)	00
2. Social security tax (FICA)	(2)	00	9. Repairs	(9)	00
3. Unemployment tax	(3)	00	10. Utilities	(10)	00
4. State Insurance Fund premiums	(4)	00	11. Depreciation (Submit Schedule E)	(11)	00
5. Medical or hospitalization insurance	(5)	00	12. Other expenses (Submit detail)	(12)	00
6. Other insurance	(6)	00	13. Total other direct costs (Add lines 1 through 12.)		
7. Excise taxes	(7)	00	Enter here and in Part III, line 5	(13)	00

**Schedule N1 Incentives**

Rev. 02.08



**COMPUTATION OF THE SPECIAL DEDUCTIONS FOR EXEMPT BUSINESSES UNDER ACT 8 OF 1987**

To be filed with Form 480.30(II)

Taxable year beginning on \_\_\_\_\_, \_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_

**200**\_\_

Taxpayer's Name		Type of Decree: <input type="checkbox"/> New <input type="checkbox"/> Renegotiated		Employer Identification Number		Case Number	
Type of Business		Period in force for income: Begins: _____ Ends: _____		Number of jobs directly related with manufacture or designated service: Current: _____ Required: _____			
		<input type="checkbox"/> Converted <input type="checkbox"/> Extended					

<b>Part I</b>	<b>Computation of the special deductions</b>	<b>(a)</b>	<b>Payroll Deduction (manufacture)</b>	<b>(b)</b>	<b>Training and Improvement Expenses</b>	<b>(c)</b>	<b>Research and Development Expenses</b>	<b>(d)</b>	<b>Investment on Buildings, Structures and Machinery</b>
	1. Deduction amount of the current year ..... (1)		00		00		00		00
	2. Add line 1, columns (a) through (d) ..... (2)		00		00		00		00
	3. Industrial development income (Schedule N Incentives, Part I, line 5) ..... (3)		00		00		00		00
	(If line 2 is larger than line 3, do not continue. Complete Part II)								
	4. Less: Special deductions according with line 1:								
	(a) Payroll deduction ..... (4a)				00		00		
	(b) Training and improvement expenses ..... (4b)		00		00		00		
	(c) Research and development expenses ..... (4c)		00		00		00		
	(d) Investment on buildings, structures and machinery ..... (4d)		00		00		00		
	(e) Total lines 4(a) through 4(d) ..... (4e)		00		00		00		00
	5. Industrial development income to determine the amount of the deduction (Subtract line 4(e) from line 3) ..... (5)		00		00		00		00
	6. Amount of deduction for:								
	(a) Payroll								
	(1) 5% of the production payroll (Enter 5% of the production payroll up to 50% of line 5. Applies only to conversions under Section 3(i)(2) or 3(i)(3)) ..... (6a1)		00						
	(2) 15% of the production payroll (If line 3 is less than \$30,000 per production job, enter 15% of the production payroll up to 50% of line 5. Applies to new grants or conversions under Section 3(i)(1)) ..... (6a2)		00						
	(3) If line 3 is less than \$500,000 and the corporation keeps an average of 15 or more employees, enter \$100,000 here (See instructions) ..... (6a3)		00						
	(4) Enter the larger of line 6(a)1, 6(a)2 or 6(a)3) ..... (6a4)		00						
	(b) Human resources training and improvement expenses ..... (6b)				00				
	(c) Research and development expenses ..... (6c)						00		
	(d) Investment on buildings, structures, machinery and equipment ..... (6d)								00
	7. Total deductions:								
	(a) Current year (Lines 6(a)4 through 6(d), as applicable) ..... (7a)		00		00		00		00
	(b) Preceding years ..... (7b)						00		00
	(c) Total (Add lines 7(a) and 7(b)) ..... (7c)		00		00		00		00
	8. Allowable deductions (Line 7(c) up to the amount of line 5. If it is smaller than line 5, enter the amounts on Schedule N Incentives, Part I, line 6, as applicable. If it is larger than line 5, complete Part II of this schedule) ..... (8)		00		00		00		00
	9. Carryforward deductions to subsequent years (If line 7(c) is larger than line 5 and do not have to complete Part II) (See instructions) ..... (9)						00		00

Part II	Special Rules (Apply to the exempt business that is allowed to claim more than one of the deductions of Columns a, b, c and d of Part I, and the sum of said deductions is larger than the Industrial Development Income of the year)			Limit for the year	Carryforward to future years
<b>Order to claim the special deductions</b>					
1.	Industrial development income subject to special deductions (Schedule N Incentives, Part I, line 5) .....	(1)		00	
2.	Less: Payroll deduction (only manufacture)				
(a)	5% of the production payroll (Up to 50% of line 1) .....	(2a)		00	
(b)	15% of the production payroll (If line 1 is less than \$30,000 per production job, up to 50% of line 1) .....	(2b)		00	
(c)	If line 1 is less than \$500,000 and the corporation keeps an average of 15 persons or more employed, enter \$100,000 .....	(2c)		00	
(d)	Enter the larger of line 2(a), 2(b) or 2(c) .....	(2d)		00	
3.	Industrial development income after the payroll deduction (Subtract line 2(d) from line 1. It cannot be less than zero) .....	(3)		00	
4.	Enter line 2(d) but not to exceed the amount on line 1 (Enter on Schedule N Incentives, Part I, line 6(a)) .....	(4)		00	
5.	Industrial development income (Same as line 3) .....	(5)		00	
6.	Less: Human resources training and improvement expenses deduction .....	(6)		00	
7.	Industrial development income after deduction (Subtract line 6 from line 5. It cannot be less than zero) .....	(7)		00	
8.	Enter line 6 but not to exceed the amount on line 5 (Enter on Schedule N Incentives, Part I, line 6(b)) .....	(8)		00	
9.	Industrial development income (Same as line 7) .....	(9)		00	
10.	Less: Research and development expenses deduction				
(a)	Preceding year .....	(10a)		00	
(b)	Current year .....	(10b)		00	
(c)	Total lines 10(a) and 10(b) .....	(10c)		00	
11.	Industrial development income after deduction (Subtract line 10(c) from line 9. It cannot be less than zero) .....	(11)		00	
12.	Enter line 10(c) but not to exceed the amount on line 9 (Enter on Schedule N Incentives, Part I, line 6(c)) .....	(12)		00	
13.	Excess of line 10(c) over line 9 .....	(13)			00
14.	Industrial development income (Same as line 11. It cannot be less than zero) .....	(14)		00	
15.	Less: Special deduction for investment on buildings, structures, machinery and equipment				
(a)	Preceding year .....	(15a)		00	
(b)	Current year .....	(15b)		00	
(c)	Total lines 15(a) and 15(b) .....	(15c)		00	
16.	Industrial development income after deduction (Subtract line 15(c) from line 14. It cannot be less than zero) .....	(16)		00	
17.	Enter line 15(c) but not to exceed the amount on line 14 (Enter on Schedule N Incentives, Part I, line 6(d)) .....	(17)		00	
18.	Excess of line 15(c) over line 14 .....	(18)			00

**Schedule O Incentives**  
Rev. 02.08



**OPTIONAL INCOME TAX FOR EXEMPT  
BUSINESSES PURSUANT TO SECTION 3A  
OF ACT 8 OF 1987**

**200** \_\_\_\_\_

To be filed with Form 480.30(II)

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name	Employer Identification Number
Type of Business	Case Number

**Part I Questionnaire**

		Yes	No
If the exempt business has more than one grant and the grants provide different tax exemption rates for income tax, a Schedule O Incentives must be completed for each one. <b>Number of Schedules O Incentives submitted:</b> <input style="width:50px;" type="text"/>			
1. Do you have the approved election pursuant Section 3A of Act 8 of 1987? If you answered "Yes", continue completing this Schedule. If you answered "No", <b>do not continue</b> .....	(1)		
2. Is this the first year of such election? If "Yes", submit a copy of the approved election .....	(2)		
3. Did you or will you make an investment of at least 25% of your net industrial development income within the time required, in 2(j) investments for at least 5 years? (For these purposes, the net Industrial Development Income does not include 2(j) investments income) .....	(3)		
4. Did you or will you make an investment of at least 50% of your net industrial development income within the time required, in 2(j) investments for at least 5 years? (For these purposes, the net Industrial Development Income does not include 2(j) investments income) .....	(4)		

**Part II Computation of Optional Tax**

1. Net industrial development income (Schedules M Incentives or N Incentives, Part I, line 9 or 10, whichever applies) .....	(1)		00
2. Add interest income from certain 2(j) investments (See instructions) .....	(2)		00
3. Total net industrial development income subject to tax (Add lines 1 and 2) .....	(3)		00
4. Tax rate before investment credits (Check the applicable box):			
<input type="checkbox"/> a) Exempt business is 90% exempt (Enter 14% on line 4(c), do not complete line 4(b)) .....	(4a)	14%	
<input type="checkbox"/> b) Exempt business is less than 90% exempt (Complete lines 4(b)(2) through 4(b)(4))			
(1) % base exemption .....	(4b1)	90%	
(2) Case number _____ Income tax exemption .....	(4b2)	%	
(3) Subtract line 4(b)(2) from line 4(b)(1) .....	(4b3)	%	
(4) Multiply line 4(b)(3) by 45% .....	(4b4)	%	
c) Add percentage on lines 4(a) and 4(b)(4) .....	(4c)	%	
d) Other upfront taxes .....	(4d)	%	
e) Tax rate before investment credits (Enter the smaller of line 4(c) or 4(d)) .....	(4e)	%	
5. Less investment credits (If you answered "Yes" in Part I, question 3, enter 3%. If you answered "Yes" in Part I, question 4, enter 5%) .....	(5)	%	
6. Tax rate after credits (Subtract line 5 from line 4(e)) .....	(6)		%
7. Total tax (Multiply line 3 by percentage on line 6) .....	(7)		00
8. Recapture of credit claimed in excess (Schedule B Incentives, Part I, line 3) .....	(8)		00
9. Less credits:			
a) Special credits granted (Art. 41A-6)(Do not exceed 50% of line 7) .....	(9a)		00
b) Credit for products manufactured in Puerto Rico (See instructions) .....	(9b)		00
c) Credit for the establishment of an eligible conservation easement or donation of eligible land (See instructions) .....	(9c)		00
d) Credit for construction investment in urban centers (See instructions) .....	(9d)		00
e) Credit for merchants affected by urban centers revitalization (See instructions) .....	(9e)		00
f) Other credits (See instructions) .....	(9f)		00
g) Total credits (Add lines 9(a) through 9(f)) .....	(9g)		00
10. <b>Total tax liability</b> (Subtract line 9(g) from the sum of lines 7 and 8. Enter difference here and on Form 480.30(II), Part I, line 1(b)) .	(10)		00

**Schedule P Incentives**

Rev. 02.08



**INCOME FROM FULLY TAXABLE OPERATIONS OR  
PARTIALLY EXEMPT INCOME UNDER ACT 148 OF  
1988, ACT 75 OF 1995, ACT 225 OF 1995, ACT 14 OF 1996  
OR ACT 178 OF 2000**

**200** \_\_\_\_\_

To be filed with Form 480.30(II)

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name \_\_\_\_\_ Case Number \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

Type of Business \_\_\_\_\_

- Income from fully taxable operations**  
 Partially exempt income under:  Act 178 of 2000  
 Act 148 of 1988  Act 225 of 1995  
 Act 75 of 1995  Act 14 of 1996

**Part I Net Income Subject to Tax**

1. Net operating income (or loss) for the year (Part III, line 44) .....	(1)		00
2. Net operating loss deduction from the preceding year (See instructions. Submit detail) .....	(2)		00
3. Net operating income (or loss) before exemptions (Subtract line 2 from line 1) .....	(3)		00
4. Exempt amount: [ ] % of line 3 (Only apply to partially exempt income under Act 148, Act 75, Act 225 and Act 14. See instructions) .....	(4)		00
5. Net income before credit for dividends or profits received from domestic corporations or partnerships .....	(5)		00
6. Less: Credit for dividends or profits received from domestic corporations or partnerships (See instructions) .....	(6)		00
7. <b>Net income subject to tax</b> (Subtract line 6 from line 5. Enter here and on Schedule K Incentives, Part I, line 1(d)) .....	(7)		00

**Part II Gross Profit on Sales and Other Income**

1. Net sales .....	(1)		00
Less: Cost of goods sold or direct costs of production			
2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"			
a) Materials .....	(2a)		00
b) Goods in process .....	(2b)		00
c) Finished goods or merchandise .....	(2c)		00
3. Purchase of materials and merchandise .....	(3)		00
4. Direct wages .....	(4)		00
5. Other direct costs (Detail in Part IV) .....	(5)		00
6. Total goods available for sale (Add lines 2 through 5) .....	(6)		00
7. Less: Inventory at end of year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"			
a) Materials .....	(7a)		00
b) Goods in process .....	(7b)		00
c) Finished goods or merchandise .....	(7c)		00
8. Gross profit on sales or production .....	(8)		00
9. Net capital gain (Schedule D Corporation and Partnership) .....	(9)		00
10. Net gain (or loss) from the sale or exchange of property other than capital assets (Schedule D Corporation and Partnership) .....	(10)		00
11. Rent .....	(11)		00
12. Interest .....	(12)		00
13. Dividends from corporations and partnerships distributions (a) Domestic _____ (b) Foreign _____ .....	(13)		00
14. Distributable share of net income (or loss) from special partnerships .....	(14)		00
15. Other income (Submit detail) .....	(15)		00
16. Casino's income .....	(16)		00
17. <b>Total gross income</b> (Add lines 8 through 16) .....	(17)		00

<b>Part III</b>		<b>Deductions and Net Operating Income</b>	
18. Compensation to officers .....	(18)		00
19. Salaries, commissions and bonuses to employees .....	(19)		00
20. Commissions to businesses .....	(20)		00
21. Social security tax (FICA) .....	(21)		00
22. Unemployment tax .....	(22)		00
23. State Insurance Fund premiums .....	(23)		00
24. Medical or hospitalization insurance .....	(24)		00
25. Insurance .....	(25)		00
26. Interest .....	(26)		00
27. Rent .....	(27)		00
28. Property tax: (a) Personal _____ (b) Real _____ .....	(28)		00
29. Other taxes, patents and licenses (Submit detail) .....	(29)		00
30. Losses from fire, storms, theft or other casualties .....	(30)		00
31. Motor vehicles expenses (Do not include depreciation) .....	(31)		00
32. Meals and entertainment expenses (Total _____) (See instructions) .....	(32)		00
33. Travel expenses .....	(33)		00
34. Professional services .....	(34)		00
35. Contributions to pension or other qualified plans (See instructions. Submit Schedule F Incentives).....	(35)		00
36. Depreciation (See instructions. Submit Schedule E) .....	(36)		00
37. Flexible depreciation (See instructions. Submit Schedule E) .....	(37)		00
38. Accelerated depreciation (See instructions. Submit Schedule E) .....	(38)		00
39. Bad debts (See instructions. Submit detail) .....	(39)		00
40. Charitable contributions .....	(40)		00
41. Repairs .....	(41)		00
42. Other deductions (See instructions. Submit detail) .....	(42)		00
43. <b>Total deductions</b> (Add lines 18 through 42) .....	(43)		00
44. <b>Net operating income (or loss) for the year</b> (Subtract line 43 from line 17. Enter in Part I, line 1) .....	(44)		00

<b>Part IV</b>		<b>Other Direct Costs</b>			
1. Salaries, wages and bonuses .....	(1)	00	9. Utilities .....	(9)	00
2. Social security tax (FICA) .....	(2)	00	10. Current depreciation (Schedule E) .....	(10)	00
3. Unemployment tax .....	(3)	00	11. Flexible depreciation (Schedule E) .....	(11)	00
4. State Insurance Fund premiums .....	(4)	00	12. Accelerated depreciation (Schedule E) .....	(12)	00
5. Medical or hospitalization insurance .....	(5)	00	13. Other expenses (Submit detail) .....	(13)	00
6. Other insurance .....	(6)	00	14. <b>Total other direct costs</b> (Add lines 1 through 13. Enter here and in Part II, line 5) .....	(14)	00
7. Excise taxes .....	(7)	00			
8. Repairs .....	(8)	00			



**Schedule T Incentives**

Rev. 02.08



**ADDITION TO THE TAX FOR FAILURE TO PAY ESTIMATED TAX IN  
CASE OF EXEMPT BUSINESSES UNDER THE PUERTO RICO  
INCENTIVES PROGRAMS**

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

**200** \_\_\_\_\_

Taxpayer's Name

Employer Identification Number

**Part I Estimated Tax Required**

1. Tax liability (See instructions) .....	(1)		00
2. Credits and overpayments (See instructions) .....	(2)		00
3. Estimated tax (Subtract line 2 from line 1. If it is zero or less, do not complete this Schedule) .....	(3)		00
4. Line 1 multiplied by 90% .....	(4)		00
5. Subtract line 2 from line 4 (If it is zero or less, enter zero) .....	(5)		00
6. Tax to be paid based on the income tax return from previous year (See instructions) .....	(6)		00
7. Tax to be paid based on the income tax return from previous year determined according to the rates corresponding to the current taxable year (See instructions) .....	(7)		00
8. Enter the smaller of lines 5, 6 and 7 .....	(8)		00

**Section A - Estimated Tax to Be Paid per Installment Placing the Net Income on an Annual Basis**

	First _____ months	First _____ months	First _____ months	First _____ months
9. Basis Period (See instructions) .....	(9)			
10. Enter the net income for each basis period .....	(10)	00	00	00
11. Divide line 10 between the number of months of the basis period on line 9 .....	(11)	00	00	00
12. Net income placed on an annual basis (Multiply line 11 by 12) .....	(12)	00	00	00
13. Determine the normal tax on the net income placed on an annual basis of line 12 (See instructions) .....	(13)	00	00	00
14. Determine the additional tax on the net income placed on an annual basis of line 12 (See instructions) .....	(14)	00	00	00
15. Determine the recapture on the net income placed on an annual basis of line 12 (See instructions) .....	(15)	00	00	00
16. Determine the special tax on the net income placed on an annual basis of line 12 .....	(16)	00	00	00
17. Determine the Alternative Tax - Capital Gains .....	(17)	00	00	00
18. Tax Determined (Enter the smaller between the sum of lines 13 through 16, or line 17) ..	(18)	00	00	00
19. Enter the recapture of credit claimed in excess or others .....	(19)	00	00	00
20. Determine the alternative minimum tax only on the fully taxable operations net income placed on an annual basis of line 12 .....	(20)	00	00	00
21. Total annual basis tax (Add lines 18 through 20) .....	(21)	00	00	00
22. Multiply line 21 by 90% .....	(22)	00	00	00
23. Enter the credits and other payments per period (See instructions) .....	(23)	00	00	00
24. Estimated Tax to be Paid (Subtract line 23 from line 22. If it is less than zero, enter zero) .....	(24)	00	00	00
25. Add the amounts of all previous columns of line 24 (See instructions) .....	(25)		00	00
26. Subtract line 25 from line 24 (If it is less than zero, enter zero) .....	(26)	00	00	00
27. Number of installments .....	(27)	4	3	2
28. <b>Estimated Tax to be Paid per Installment Placing the Net Income on an Annual Basis</b> (Line 26 divided by line 27) .....	(28)	00	00	00

**Section B - Estimated Tax Required**

29. Subtract line 25 from line 8 .....	(29)	00	00	00	00
30. Number of installments .....	(30)	4	3	2	1
31. Line 29 divided by line 30 .....	(31)	00	00	00	00
32. <b>Installment of Required Minimum Estimated Tax</b> (Enter the smaller of line 28 and line 31. Transfer to line 34) .....	(32)	00	00	00	00

<b>Part II Failure to Pay</b>		(a)	(b)	(c)	(d)
		First Installment	Second Installment	Third Installment	Fourth Installment
33. Due date (See instructions) <input type="checkbox"/> CALENDAR YEAR <input type="checkbox"/> FISCAL YEAR (Enter the corresponding dates) .....	(33)				
34. Amount of minimum estimated tax per installment (If you completed Section A and B of Part I, enter line 32. Otherwise, see instructions) .....	(34)	00	00	00	00
35. Amount of estimated tax paid per installment (See instructions) .....	(35)	00	00	00	00
36. Payment date (See instructions) .....	(36)				
37. Line 43 from previous column .....	(37)		00	00	00
38. Add lines 35 and 37 .....	(38)	00	00	00	00
39. Subtract line 34 from line 38 (If it is zero or less, enter zero) .....	(39)	00	00	00	00
40. <b>Failure to Pay</b> (If line 39 is zero, subtract line 38 from line 34. Otherwise, enter zero) .....	(40)	00	00	00	00
41. Add lines 40 and 42 from previous column .....	(41)		00	00	
42. If line 41 is equal or larger than line 39, subtract line 39 from line 41 and go to line 37 of next column. Otherwise, go to line 43 .....	(42)		00	00	
43. Overpayment. (If line 39 is larger than line 41, subtract line 41 from line 39, and go to line 37 of next column. Otherwise, enter zero) .....	(43)	00	00	00	

<b>Part III Addition to the Tax for Failure to Pay</b>		(a)	(b)	(c)	(d)
44. Multiply line 40 by 20% (See instructions) .....	(44)	00	00	00	00
45. Number of days from the due date to the payment date (See instructions) .....	(45)				
46. <u>Line 45</u> 365 X line 44 (See instructions) .....	(46)	00	00	00	00
47. <b>Addition to the Tax for Failure to Pay</b> (Add the amounts from columns of line 46. Transfer to page 1, Part I, line 5 of the return) .....	(47)				00

<b>Part IV Tables to Calculate the Addition to the Tax for Failure to Pay the Installments of Estimated Tax</b>					
TABLE 1 - Payments to Meet the First Installment <b>Made After its Due Date</b> ( _____ )					
Amount due and not paid before the payment (a)	Amount of payment or overpayment (b)	Date of payment or overpayment (c)	Days elapsed from the due date (d)	Multiply (a) by 20% by $\frac{(d)}{365}$ (e)	
00	00				00
00	00				00
00	00				00
<b>Total:</b> Add Column (e) and transfer to Part III, line 46, Column (a) .....					00
TABLE 2 - Payments to Meet the Second Installment <b>Made After its Due Date</b> ( _____ )					
Amount due and not paid before the payment (a)	Amount of payment or overpayment (b)	Date of payment or overpayment (c)	Days elapsed from the due date (d)	Multiply (a) by 20% by $\frac{(d)}{365}$ (e)	
00	00				00
00	00				00
00	00				00
<b>Total:</b> Add Column (e) and transfer to Part III, line 46, Column (b) .....					00
TABLE 3 - Payments to Meet the Third Installment <b>Made After its Due Date</b> ( _____ )					
Amount due and not paid before the payment (a)	Amount of payment or overpayment (b)	Date of payment or overpayment (c)	Days elapsed from the due date (d)	Multiply (a) by 20% by $\frac{(d)}{365}$ (e)	
00	00				00
00	00				00
00	00				00
<b>Total:</b> Add Column (e) and transfer to Part III, line 46, Column (c) .....					00
TABLE 4 - Payments to Meet the Fourth Installment <b>Made After its Due Date</b> ( _____ )					
Amount due and not paid before the payment (a)	Amount of payment or overpayment (b)	Date of payment or overpayment (c)	Days elapsed from the due date (d)	Multiply (a) by 20% by $\frac{(d)}{365}$ (e)	
00	00				00
00	00				00
00	00				00
<b>Total:</b> Add Column (e) and transfer to Part III, line 46, Column (d) .....					00

**Schedule V Incentives**

Rev. 02.08



**INCOME TAX FOR EXEMPT BUSINESSES UNDER ACT 135 OF 1997**

To be filed with Form 480.30(II)

**200**\_\_\_

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name	Type of Decree: <input type="checkbox"/> New <input type="checkbox"/> Renegotiated <input type="checkbox"/> Converted <input type="checkbox"/> Extended	Employer Identification Number
Type of Business		Case Number
Effective period for income: Begins: _____ Ends: _____	Number of jobs directly related with the manufacture or designated service: Current: _____ Required: _____	

**Part I Questionnaire (Applies only to renegotiated cases)**

		Yes	No
1. Were you under the optional tax in <b>any</b> of the years included in the computation of the basis period average income? (See instructions) ..... (1)			
Rate <input type="text"/> % <input type="checkbox"/> Option 3A; Years _____ <input type="checkbox"/> Others; Years _____			
2. Was the 2(j) income subject to tax during <b>all</b> the years included in the computation of the basis period average income? (See instructions) ..... (2)			
Rate <input type="text"/> % <input type="checkbox"/> Option 3A (Enter the amount from Part II, line 4(b) of this schedule on Schedule O Incentives, Part II, line 2) <input type="checkbox"/> Others (Specify) _____			
3. Was the 2(j) income subject to tax during <b>any</b> of the years included in the computation of the basis period average income? (See instructions) ..... (3)			
Rate <input type="text"/> % <input type="checkbox"/> Option 3A; Years _____ <input type="checkbox"/> Others; Years _____			

**Part II Computation of the Basis Period Average Income (Applies only to renegotiated cases)**

1. Industrial development income from the last 5 years before the renegotiation (Part I, lines 2 and 7 of Schedules M Incentives and N Incentives, or Part II, lines 1 and 2 of Schedule O Incentives)

Year	_____	_____	_____	_____	_____
(a) IDI	00	00	00	00	00
(b) 2 (j)	00	00	00	00	00

	(a) IDI	(b) 2 (j)
2. Average income of the 3 years with the highest income ..... (2)	00	00
3. Industrial development income from the year preceding the renegotiation ..... (3)	00	00
4. Basis period income (The larger of line 2 or 3. See instructions) ..... (4)	00	00

**Part III Net Income Subject to Tax**

1. Net operating income (or loss) for the year (Part VI, line 39) ..... (1)		00
2. Less: Investment income (See instructions) ..... (2)		00
3. Total industrial development income (or loss) (Subtract line 2 from line 1. If an operating loss, <b>do not continue</b> . Enter zero (-0-) here and on line 5) ..... (3)		00
4. Net operating loss from preceding year (See instructions) ..... (4)		00
5. Net industrial development income subject to special deductions (Subtract line 4 from line 3. If it is equal or smaller than 0, <b>do not continue</b> ) ..... (5)		00
6. Special deductions for exempt businesses (See instructions Schedule V1 Incentives):		
a) Payroll deduction ..... (6a)	00	
b) Human resources training and improvement expense deduction ..... (6b)	00	
c) Research and development expense deduction ..... (6c)	00	
d) Investment on buildings, structures, machinery and equipment deduction ..... (6d)	00	
e) Total deductions (Add lines 6(a) through 6(d)) ..... (6e)		00
7. Net industrial development income after special deductions (Subtract line 6(e) from line 5) ..... (7)		00
8. Deduction for purchases of products manufactured in Puerto Rico (See instructions) ..... (8)		00
9. Net industrial development income after deduction for purchases of products manufactured in Puerto Rico (Subtract line 8 from line 7) ..... (9)		00
10. Less: Basis period income (Part II, line 4, Column (a). See instructions) ..... (10)		00
11. Net industrial development income subject to tax (Subtract line 10 from line 9. See instructions) ..... (11)		00

**Part IV Tax Computation**

1. Fixed tax rate on IDI: (1a) <input type="checkbox"/> 7%    (1b) <input type="checkbox"/> 4%    (1c) <input type="checkbox"/> other <input type="text"/> %		
2. Total tax (Multiply line 11 by line 1) ..... (2)		00
3. Recapture of credit claimed in excess (Schedule B Incentives Part I, line 3) ..... (3)		00
4. Less credits:		
a) Special credits granted (Art. 41A-6) (Do not exceed 50% of line 2) ..... (4a)	00	
b) Credit for products manufactured in Puerto Rico (See instructions) ..... (4b)	00	
c) Credit for losses of United States parent company (See instructions) ..... (4c)	00	
d) Credit for royalties ..... (4d)	00	
e) Credit for the establishment of an eligible conservation easement or donation of eligible land (See instructions) .. (4e)	00	
f) Credit for construction investment in urban centers (See instructions) ..... (4f)	00	
g) Credit for merchants affected by urban centers revitalization (See instructions) ..... (4g)	00	
h) Other applicable credits ..... (4h)	00	
i) Total credits (Add lines 4(a) through 4(h)) ..... (4i)		00
5. <b>Total tax liability</b> (Subtract line 4(i) from the sum of lines 2 and 3. Enter the difference here and on Form 480.30(II), Part I, line 1(c)) ..... (5)		00
6. Enter here: 95% of line 5 ..... (6a) <input type="text"/> 00 and 5% of line 5 ..... (6b)		00

Part V		Gross Profit on Sales and Other Income	
1. Net sales	(1)		00
Less: Cost of goods sold or direct costs of production			
2. Inventory at the beginning of the year	<input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"		
a) Materials	(2a)	00	
b) Goods in process	(2b)	00	
c) Finished goods or merchandise	(2c)	00	
3. Purchase of materials or merchandise	(3)	00	
4. Direct wages	(4)	00	
5. Other direct costs (Detail in Part VII)	(5)	00	
6. Total cost of goods available for sale (Add lines 2 through 5)	(6)	00	
7. Less: Inventory at the end of the year	<input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"		
a) Materials	(7a)	00	
b) Goods in process	(7b)	00	
c) Finished goods or merchandise	(7c)	00	
8. Gross profit on sales or production	(8)		00
9. Designated services income	(9)		00
10. Rent	(10)		00
11. Interest	(11)		00
12. Royalties	(12)		00
13. Other income (Submit detail)	(13)		00
14. <b>Total gross income</b> (Add lines 8 through 13)	(14)		00

Part VI		Deductions and Net Operating Income	
15. Compensation to officers	(15)	00	
16. Salaries, commissions and bonuses to employees	(16)	00	
17. Commissions to businesses	(17)	00	
18. Social security tax (FICA)	(18)	00	
19. Unemployment tax	(19)	00	
20. State Insurance Fund premiums	(20)	00	
21. Medical or hospitalization insurance	(21)	00	
22. Insurance	(22)	00	
23. Interest	(23)	00	
24. Rent	(24)	00	
25. Property tax: (a) Personal _____ (b) Real _____	(25)	00	
26. Other taxes, patents and licenses (Submit detail)	(26)	00	
27. Losses from fire, hurricane, theft or other casualties	(27)	00	
28. Motor vehicles expenses (Do not include depreciation)	(28)	00	
29. Meals and entertainment expenses (Total _____) (See instructions)	(29)	00	
30. Travel expenses	(30)	00	
31. Professional services	(31)	00	
32. Contributions to pension or other qualified plans (See instructions. Submit Schedule F Incentives)	(32)	00	
33. Depreciation (See instructions. Submit Schedule E)	(33)	00	
34. Bad debts (See instructions. Submit detail)	(34)	00	
35. Charitable contributions	(35)	00	
36. Repairs	(36)	00	
37. Other deductions (See instructions. Submit detail)	(37)	00	
38. <b>Total deductions</b> (Add lines 15 through 37)	(38)		00
39. <b>Net operating income (or loss) for the year</b> (Subtract line 38 from line 14. Enter here and in Part III, line 1)	(39)		00

Part VII		Other Direct Costs	
1. Salaries, wages and bonuses	(1)	00	
2. Social security tax (FICA)	(2)	00	
3. Unemployment tax	(3)	00	
4. State Insurance Fund premiums	(4)	00	
5. Medical or hospitalization insurance	(5)	00	
6. Other insurances	(6)	00	
7. Excise taxes	(7)	00	
8. Cost sharing allocation	(8)		00
9. Repairs	(9)		00
10. Utilities	(10)		00
11. Depreciation (Submit Schedule E)	(11)		00
12. Other expenses (Submit detail)	(12)		00
13. <b>Total other direct costs</b> (Add lines 1 through 12. Enter here and in Part V, line 5)	(13)		00

**Schedule V1 Incentives**

Rev. 02.08



**COMPUTATION OF THE SPECIAL DEDUCTIONS FOR EXEMPT BUSINESSES UNDER ACT 135 OF 1997**

To be filed with Form 480.30(II)

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

**200** \_\_\_\_\_

Taxpayer's Name		Type of Decree: <input type="checkbox"/> New <input type="checkbox"/> Renegotiated <input type="checkbox"/> Converted <input type="checkbox"/> Extended		Employer Identification Number		Case Number	
Type of Business		Period in force for income: Begins: _____ Ends: _____		Number of jobs directly related with manufacture or designated service: Current: _____ Required: _____			

<b>Part I</b>	<b>Computation of the special deductions</b>	<b>(a)</b>	<b>Payroll Deduction (manufacture)</b>	<b>(b)</b>	<b>Training and Improvement Expenses</b>	<b>(c)</b>	<b>Research and Development Expenses</b>	<b>(d)</b>	<b>Investment on Buildings, Structures and Machinery</b>
1.	Deduction amount of the current year ..... (1)		00		00		00		00
2.	Add line 1, columns (a) through (d) ..... (2)	00							
3.	Industrial development income (Schedule V Incentives, Part III, line 5) ... (3) (If line 2 is larger than line 3, <b>do not continue</b> . Complete Part II)		00		00		00		00
4.	Less: Special deductions according with line 1:								
	(a) Payroll deduction ..... (4a)			00		00			
	(b) Training and improvement expenses ..... (4b)	00				00			
	(c) Research and development expenses ..... (4c)	00		00					
	(d) Investment on buildings, structures and machinery ..... (4d)	00		00		00			
	(e) Total lines 4(a) through 4(d) ..... (4e)		00		00		00		00
5.	Industrial development income to determine the amount of the deduction (Subtract line 4(e) from line 3) ..... (5)		00		00		00		00
6.	Amount of deduction for:								
	(a) Payroll								
	(1) 15% of the production payroll up to 50% of line 5 ..... (6a1)	00							
	(2) If line 3 is less than \$500,000 and keep an average of 15 or more employees, enter \$100,000 ..... (6a2)	00							
	(3) Enter the larger of line 6(a)(1) or 6(a)(2) ..... (6a3)		00		00		00		00
	(b) Human resources training and improvement expenses ..... (6b)				00		00		00
	(c) Research and development expenses ..... (6c)						00		00
	(d) Investment on buildings, structures, machinery and equipment ..... (6d)							00	00
7.	Total deductions:								
	(a) Current year (Line 6(a)(3) through 6(d), as applicable) ..... (7a)		00		00		00		00
	(b) Preceding years ..... (7b)						00		00
	(c) Total (Add lines 7(a) and 7(b)) ..... (7c)		00		00		00		00
8.	Allowable deductions (Line 7(c) up to the amount of line 5. If it is smaller than line 5, enter the amounts on Schedule V Incentives, Part III, line 6 as applicable. If it is larger than line 5, complete Part II of this schedule) ..... (8)		00		00		00		00
9.	Carryforward deductions to subsequent years (If line 7(c) is larger than line 5 and do not have to complete Part II) (See instructions) ..... (9)						00		00

Part II	Special Rules (Apply to the exempt business that is allowed to claim more than one of the deductions of Columns a, b, c and d of Part I, and the sum of said deductions is larger than the Industrial Development Income of the year)			Limit for the year	Carryforward to future years
<b>Order to claim the special deductions</b>					
1.	Industrial development income subject to special deductions (Schedule V Incentives, Part III, line 5) .....	(1)		00	
2.	Less: Payroll deduction (only manufacture)				
	(a) 15% of the production payroll (If line 1 is less than \$30,000 per production job, up to 50% of line 1) .....	(2a)		00	
	(b) If line 1 is less than \$500,000 and the corporation keeps an average of 15 persons or more employed, enter \$100,000 .....	(2b)		00	
	(c) Enter the larger of line 2(a) or 2(b) .....	(2c)		00	
3.	Industrial development income after the payroll deduction (Subtract line 2(c) from line 1. It cannot be less than zero) .....	(3)		00	
4.	Enter line 2(c) but not to exceed the amount on line 1 (Enter on Schedule V Incentives, Part III, line 6(a)) .....	(4)		00	
5.	Industrial development income (Same as line 3) .....	(5)		00	
6.	Less: Human resources training and improvement expenses deduction .....	(6)		00	
7.	Industrial development income after deduction (Subtract line 6 from line 5. It cannot be less than zero) .....	(7)		00	
8.	Enter line 6 but not to exceed the amount on line 5 (Enter on Schedule V Incentives, Part III, line 6(b)) .....	(8)		00	
9.	Industrial development income (Same as line 7) .....	(9)		00	
10.	Less: Research and development expenses deduction				
	(a) Preceding year .....	(10a)		00	
	(b) Current year .....	(10b)		00	
	(c) Total lines 10(a) and 10(b) .....	(10c)		00	
11.	Industrial development income after deduction (Subtract line 10(c) from line 9. It cannot be less than zero) .....	(11)		00	
12.	Enter line 10(c) but not to exceed the amount on line 9 (Enter on Schedule V Incentives, Part III, line 6(c)) .....	(12)		00	
13.	Excess of line 10(c) over line 9 .....	(13)			00
14.	Industrial development income (Same as line 11. It cannot be less than zero) .....	(14)		00	
15.	Less: Special deduction for investment on buildings, structures, machinery and equipment				
	(a) Preceding year .....	(15a)		00	
	(b) Current year .....	(15b)		00	
	(c) Total lines 15(a) and 15(b) .....	(15c)		00	
16.	Industrial development income after deduction (Subtract line 15(c) from line 14. It cannot be less than zero) .....	(16)		00	
17.	Enter line 15(c) but not to exceed the amount on line 14 (Enter on Schedule V Incentives, Part III, line 6(d)) .....	(17)		00	
18.	Excess of line 15(c) over line 14 .....	(18)			00

**Schedule W Incentives**

Rev. 02.08



**INCOME TAX  
FILM ENTITY  
UNDER ACT 362 OF 1999**

**200**\_\_

To be filed with Form 480.30(II)

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name	Employer Identification Number
Type of Business	Case Number

**Part I Net Income Subject to Tax**

1. Net operating income (or loss) for the year (Part IV, line 30) .....	(1)		00
2. Net operating loss deduction for the preceding year (See instructions. Submit detail) .....	(2)		00
3. Net operating income (or loss) (Subtract line 2 from line 1) .....	(3)		00

**Part II Computation of Tax**

4. Fixed income tax rate .....	(4)		7 %
5. Tax (Multiply line 3 by line 4) .....	(5)		00
6. Recapture of credit claimed in excess (Schedule B Incentives, Part I, line 3) .....	(6)		00
7. Credits (See instructions) .....	(7)		00
8. Total tax (Subtract line 7 from the sum of lines 5 and 6. Enter here and transfer to Form 480.30(II), Part I, line 1(d)) .....	(8)		00

**Part III Gross Profit on Sales and Other Income**

1. Net sales .....	(1)		00
2. Interest .....	(2)		00
3. Rent .....	(3)		00
4. Other income (Submit detail) .....	(4)		00
5. <b>Total gross income</b> (Add lines 1 through 4) .....	(5)		00

**Part IV Deductions and Net Operating Income**

6. Compensation to officers .....	(6)		00
7. Salaries, commissions and bonuses to employees .....	(7)		00
8. Commissions to businesses .....	(8)		00
9. Social security tax (FICA) .....	(9)		00
10. Unemployment tax .....	(10)		00
11. State Insurance Fund premiums .....	(11)		00
12. Medical or hospitalization insurance .....	(12)		00
13. Insurance .....	(13)		00
14. Interest .....	(14)		00
15. Rent .....	(15)		00
16. Property tax: (a) Personal _____ (b) Real _____ .....	(16)		00
17. Other taxes, patents and licenses (Submit detail) .....	(17)		00
18. Losses from fire, storms, theft or other casualties .....	(18)		00
19. Motor vehicles expenses (Do not include depreciation) .....	(19)		00
20. Meals and entertainment expenses (Total _____) (See instructions) .....	(20)		00
21. Travel expenses .....	(21)		00
22. Professional services .....	(22)		00
23. Contributions to pension or other qualified plans (See instructions. Submit Schedule F Incentives).....	(23)		00
24. Depreciation (See instructions. Submit Schedule E) .....	(24)		00
25. Bad debts (See instructions. Submit detail) .....	(25)		00
26. Charitable contributions .....	(26)		00
27. Repairs .....	(27)		00
28. Other deductions (See instructions. Submit detail) .....	(28)		00
29. <b>Total deductions</b> (Add lines 6 through 28) .....	(29)		00
30. <b>Net operating income (or loss) for the year</b> (Subtract line 29 from line 5. Enter here and in Part I, line 1) .....	(30)		00

**Formulario 480-E**

Form  
Rev. 10.07



**DECLARACION DE CONTRIBUCION ESTIMADA**  
**ESTIMATED TAX DECLARATION**

PARA USO OFICIAL  
FOR OFFICIAL USE

Número de Serie - Serial Number

Año que comienza el \_\_\_\_\_ de \_\_\_\_\_ de \_\_\_\_\_ y termina el \_\_\_\_\_ de \_\_\_\_\_ de \_\_\_\_\_  
Year beginning on \_\_\_\_\_ of \_\_\_\_\_ and ending on \_\_\_\_\_ of \_\_\_\_\_

R

Liquidador

Revisor

Número de Seguro Social o Identificación Patronal  
Social Security or Employer Identification Number

Número de Registro de Comerciante  
Merchant's Registration Number

Individuo  
Individual  Corporación  
Corporation  Sociedad  
Partnership

Nombre y dirección del contribuyente - Taxpayer's name and address

Declaración Enmendada  
Amended Declaration

Sello de Recibo  
Receipt Stamp

1. Total Contribución Estimada Total Estimated Tax		00
2. Crédito Estimado por Cantidades Retenidas o Pagadas Estimated Credit for Amounts Withheld or Paid		00
3. Contribución Estimada Ajustada (Línea 1 menos línea 2) Adjusted Estimated Tax (Subtract line 2 from line 1)		00
4. Crédito por Contribución Pagada en Exceso Credit for Tax Paid in Excess		00
5. Contribución Estimada a Pagar (Línea 3 menos línea 4) Estimated Tax to be Paid (Subtract line 4 from line 3)		00
6. Importe de cada Plazo Amount of each Installment		00
7. Crédito por Contribución Pagada en Exceso No Reclamado en línea 4 Credit for Tax Paid in Excess not Claimed on line 4		00
8. Balance a Pagar: Balance to be paid:	(a) Primer Plazo First Installment	00
	(b) Segundo Plazo Second Installment	00
	(c) Tercer Plazo Third Installment	00
	(d) Cuarto Plazo Fourth Installment	00

**JURAMENTO - OATH**

Declaro bajo penalidad de perjurio que esta declaración ha sido examinada por mí y que según mi mejor información y creencia es cierta, correcta y completa. I hereby declare under penalty of perjury that this declaration has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Firma del Contribuyente o Representante Autorizado  
Taxpayer's or Duly Authorized Agent's Signature

Título - Title

Fecha - Date \_\_\_\_\_

**INFORMACION IMPORTANTE AL RENDIR ESTA DECLARACION**  
**IMPORTANT INFORMATION WHEN FILING THIS DECLARATION**

- No deberá ser enviada con la planilla.** It should not be sent with the return.
- Se rinde por separado en la Colecturía del Municipio donde reside o se envía al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501.** Must be filed separately at the Internal Revenue Collections Office of the Municipality where you reside or sent to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501.
- Recuerde que si tiene la obligación de rendir una Declaración de Contribución Estimada, no podrá acogerse al beneficio de pagar el balance pendiente de pago de la contribución en dos plazos.** Remember that if you are required to file an Estimated Tax Declaration, you are not entitled to the benefit of paying the balance of tax due in two installments.