

Liquidator:	Reviewer:	20	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	20	Serial Number
Field Audited by:		Income Tax Return for Exempt Businesses under the Puerto Rico Incentives Programs Tourism Development			
Date: ____/____/____		TAXABLE YEAR BEGINNING ON ____ AND ENDING ON ____			
R M N		TAXABLE YEAR: 1 <input type="radio"/> CALENDAR 2 <input type="radio"/> FISCAL 3 <input type="radio"/> 52-53 WEEKS			

Taxpayer's Name	Employer Identification Number	Payment Stamp Receipt No. _____ Amount: _____
Postal Address	Department of State Registry No.	
Zip Code	Industrial Code Municipal Code	
Location of Principal Industry or Business - Number, Street and Country	Merchant's Registration Number	
NAICS Code	Telephone Number - Extension () -	
Type of Principal Industry or Business	Date Incorporated Day ____/Month ____/Year ____	
E-mail Address of the Contact Person	Place Incorporated 1 <input type="radio"/> Domestic (PR) 2 <input type="radio"/> Foreign	
Change of Address: <input type="radio"/> Yes <input type="radio"/> No	Extension of Time: <input type="radio"/> Yes <input type="radio"/> No	
Contracts with Governmental Entities: <input type="radio"/> Yes <input type="radio"/> No		

Exempt business operates under:

Act 74-2010 (Schedule L Incentives) Case No.: _____

Act 52 of 1983 (Schedule L Incentives) Case No.: _____

Act 118-2010 (Schedule Z Incentives) Case No.: _____

Act 78-1993 (Schedule L Incentives) Case No.: _____

Other _____ Case No.: _____

Type of Entity _____

Indicate if you are a member of a group of related entities
 Yes No

Group number _____

Part I	1. Tax liability:	a) Schedule L Incentives, Part II, line 11 (1a)	00	
		b) Schedule Z Incentives, Part II, line 5 (1b)	00	
		c) Schedule P Incentives, Part II, line 19 (See instructions) (1c)	00	
		d) Total (Add lines 1(a) through 1(c)) (1d)	00	00
	2. Less:	a) Tax withheld at source (2a)	00	
		b) Current year estimated tax payments (2b)	00	
		c) Excess from previous years not included on line 2(b) (2c)	00	
		d) Tax withheld on partners distributable share from partnerships or special partnerships (Form 480.60EC) .. (2d)	00	
		e) Amount paid with automatic extension of time or with original return (2e)	00	
		f) Tax withheld at source on services rendered (Form 480.6SP) (2f)	00	
	g) Tax withheld at source on eligible interests (2g)	00		
	h) Total payments (Add lines 2(a) through 2(g)) (2h)	00	00	
	3. Balance of tax due (If line 1(d) is more than line 2(h), enter the difference here, otherwise, on line 5)			
	(a) Tax (3a)	00		
	(b) Interests (3b)	00		
	(c) Surcharges (3c)	00		
	(d) Total (Add lines 3(a) through 3(c)) (3d)	00	00	
	4. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Incentives, Part II, line 21)	(4)	00	
	5. Excess of tax withheld or paid (See instructions)	(5)	00	
	6. Amount paid with this return (Subtract line 5 from the sum of lines 3(d) and 4)	(6)	00	
	7. Amount overpaid to be credited to estimated tax for 2020	(7)	00	
	8. Contribution to the San Juan Bay Estuary Special Fund	(8)	00	
	9. Contribution to the University of Puerto Rico Special Fund	(9)	00	
	10. Amount to be refunded	(10)	00	

OATH

I, the undersigned (president, vice-president, treasurer, assistant treasurer or other principal or finance officer of the corporation for which this income tax return is made), declare under penalty of perjury, that this return (including schedules and statements attached), has been examined by me, and to the best of my knowledge and belief, is a true, correct and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 2011, as amended, and the Regulations thereunder.

Authorized Officer's Name and Title

Date

Authorized Officer's Signature

SPECIALIST'S USE ONLY

I declare under penalty of perjury that this return (including schedules and statements attached) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return. The declaration of the person who prepares this return is with respect to the information received and this information may be verified.

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

Exempt Business - Comparative Balance Sheet

Part II	Assets	Beginning of the year			Ending of the year		
				Total			Total
1.	Cash on hand and banks	(1)		00	(1)		00
2.	Accounts receivable	(2)	00		(2)	00	
3.	Less: Reserve for bad debts	(3)	(00)	00	(3)	(00)	00
4.	Inventories	(4)		00	(4)		00
5.	Other current assets	(5)		00	(5)		00
6.	Notes receivable	(6)		00	(6)		00
7.	Investments	(7)		00	(7)		00
8.	Depreciable assets	(8)	00		(8)	00	
9.	Less: Reserve for depreciation	(9)	(00)	00	(9)	(00)	00
10.	Loans receivable from stockholders or related entities.....	(10)		00	(10)		00
11.	Land	(11)		00	(11)		00
12.	Other long-term assets	(12)		00	(12)		00
13.	Total Assets	(13)		00	(13)		00
Liabilities and Net Worth							
Liabilities							
14.	Accounts payable	(14)	00		(14)	00	
15.	Accrued expenses not paid	(15)	00		(15)	00	
16.	Other current liabilities	(16)	00		(16)	00	
17.	Long-term notes payable	(17)	00		(17)	00	
18.	Notes payable to stockholders or related entities	(18)	00		(18)	00	
19.	Other long-term liabilities	(19)	00		(19)	00	
20.	Total Liabilities	(20)		00	(20)		00
Net Worth							
21.	Capital stock						
	(a) Preferred stock	(21a)	00		(21a)	00	
	(b) Common stock	(21b)	00		(21b)	00	
22.	Additional paid in capital	(22)	00		(22)	00	
23.	Retained earnings	(23)	00		(23)	00	
24.	Reserve	(24)	00		(24)	00	
25.	Total Net Worth	(25)		00	(25)		00
26.	Total Liabilities and Net Worth	(26)		00	(26)		00

Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return

Part III	1.	Net income (or loss) per books	(1)	00	7.	Income recorded on books this year not included on this return (Itemize, use schedule if necessary)		
	2.	Income tax per books	(2)	00	(a)	Exempt interests \$ _____		
	3.	Excess of capital losses over capital gains	(3)	00	(b)	_____ \$ _____		
	4.	Taxable income not recorded on books this year (Itemize, use schedule if necessary)			(c)	_____ \$ _____		
	(a)	_____ \$ _____			(d)	_____ \$ _____		
	(b)	_____ \$ _____			(e)	_____ \$ _____		
	(c)	_____ \$ _____			(f)	_____ \$ _____		
	(d)	_____ \$ _____			(g)	_____ \$ _____		
	(e)	_____ \$ _____			Total	(7)	00
	(f)	_____ \$ _____			4.	Total	(4)	00
5.	Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)			8.	Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)			
(a)	Meal and entertainment (amount not deductible) \$ _____			(a)	Depreciation \$ _____			
(b)	Depreciation \$ _____			(b)	_____ \$ _____			
(c)	Vessels, aircrafts and property located outside of P.R. \$ _____			(c)	_____ \$ _____			
(d)	Expenses incurred or paid to stockholders, persons or related entities (amount not deductible) \$ _____			(d)	_____ \$ _____			
(e)	Travel and lodging expenses (amount not deductible) \$ _____			(e)	_____ \$ _____			
(f)	Indemnization for harassment and related costs \$ _____			(f)	_____ \$ _____			
(g)	_____ \$ _____			(g)	_____ \$ _____			
(h)	_____ \$ _____			(h)	_____ \$ _____			
(i)	_____ \$ _____			(i)	_____ \$ _____			
(j)	_____ \$ _____			Total	.....	(8)	00
Total	.....	(5)	00	9.	Total (Add lines 7 and 8)	(9)	00
6.	Total (Add lines 1 through 5)	(6)	00	10.	Net taxable income (or loss) per return			
				(Subtract line 9 from line 6)	(10)		00	

Analysis of Unappropriated Retained Earnings per Books

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

Questionnaire

Part V	1. If a foreign corporation, indicate if the trade or business in Puerto Rico was held as a branch (1)	YES	NO	N/A	11. Have you been audited by the Federal Internal Revenue Service (IRS)? Which years? (11)	YES	NO	N/A
	2. If a branch, indicate the percent that represents the income from sources within Puerto Rico from the total income of the exempt business: _____ %				12. Did the exempt business distribute dividends other than stock dividends or distributions in liquidation in excess of the current and accumulated earnings during this year? If answered "Yes", indicate amount \$ (12)			
	3. Did the exempt business keep any part of its records on a computerized system during this year? (3)				13. Is the exempt business a partner in a partnership or special partnership? (If more than one, submit detail) (13)			
	4. The exempt business books are in care of: Name _____ Address _____ E-mail _____ Telephone _____				Name of the Partnership or Special Partnership _____ Employer identification number _____			
	5. Indicate the book accounting method for tax purposes: <input type="radio"/> Cash <input type="radio"/> Accrual <input type="radio"/> Other (specify): _____				14. Did the exempt business 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? (14)			
	6. Did the exempt business file the following documents? (a) Informative Return (Forms 480.6A, 480.6B, 480.6C, 480.6SP) (6a)				If "Yes", attach a schedule showing: (a) name and employer identification number, (b) percentage owned, and (c) taxable income (or loss) before net operating loss and special deductions of the corporation for the taxable year (even when such taxable year does not coincide with the one of the exempt business for which this return is filed).			
	(b) Withholding Statement (Form 499R-2/W-2PR) (6b)				15. Did any individual, partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly, 50% or more of the corporation's voting stocks? If "Yes", attach a schedule showing the name and employer identification number. Enter the percentage owned: [] %			
	7. The business volume of the entity or group of related entities is \$3,000,000 or more? (7)				16. Enter the amount of exempt interests: _____			
	(a) Are audited financial statements or agreed-upon procedures signed by a CPA licensed in Puerto Rico included with this return, as established in Section 1061.15 of the Code? (See instructions) (7a)				17. Does the exempt business have other exempt activities not covered under the Tourism Incentives Acts? (Attach schedule) (17)			
	(b) Do you include Schedule PCI with Uncertain Tax Positions? (7b)				Under which act? _____			
	8. Number of employees during the year: _____				18. Have you made a timely election under: (18)			
	(a) Production: _____ (b) Non-production: _____				<input type="radio"/> Section 5(b) Act No. 52 of 1983 <input type="radio"/> Section 3(a)(1)(D) Act 74-2010 <input type="radio"/> Section 3(a)(1)(D) Act 78-1993 <input type="radio"/> Other _____			
	9. Did the exempt business claim expenses connected to the ownership, use, maintenance and depreciation of:				19. Enter the total amount of charitable contributions to municipalities claimed during the taxable year: _____			
	(a) Vehicles? (9a)				20. Indicate if your books reflect premiums paid by unauthorized insurers (20)			
	(b) Vessels? (9b)				21. Employer number assigned by the Department of Labor and Human Resources _____			
	(1) Was more than 80% of the total income derived from activities exclusively related to fishing or transportation of passengers or cargo or lease? (9b1)				22. Did the exempt business claim expenses related to services provided by nonresidents of Puerto Rico? (Total \$ _____) (See inst.) (22)			
	(c) Aircrafts? (9c)				(a) Did you pay the corresponding sales and use tax? (22a)			
	(1) Was more than 80% of the total income derived from activities exclusively related to transportation of passengers or cargo or lease? (9c1)				23. Did the exempt business claim depreciation expenses for tangible personal property acquired outside of Puerto Rico, for use in its operations not covered by a tax exemption decree? (23)			
	(d) Residential property outside of Puerto Rico? (9d)				(a) Did you pay the corresponding sales and use tax? (23a)			
	(1) Was more than 80% of the total income derived from activities exclusively related to the lease of property to non related persons? (9d1)				24. Did the exempt business pay deemed dividend during the previous year? If "Yes", indicate the amount \$ (24)			
10. Did the exempt business claim expenses connected to:								
(a) Housing? (except business employees) (10a)								
(b) Employees attending conventions outside of Puerto Rico or the United States? (10b)								

Compensation to Directors

Part VI	Name of director	Social security number	Percentage of time devoted to industry or business	Percentage of stocks owned		Compensation	
				Common	Preferred		
							00
							00
							00
							00
Total compensation to directors						00	

Compensation to Officers

Part VII	Name of officer	Social security number	Percentage of time devoted to industry or business	Percentage of stocks owned		Compensation	
				Common	Preferred		
							00
							00
							00
							00
Total compensation to officers						00	

Schedule L Incentives

Rev. 06.20



**PARTIALLY EXEMPT INCOME UNDER ACT 52 OF 1983,
ACT 78-1993 OR ACT 74-2010**

20__

To be filed with Form 480.30(II)DT

Taxable year beginning on _____ and ending on _____

Taxpayer's Name	Case Number	Employer Identification Number
Type of Business	Partially exempt income under: <input type="radio"/> Act 52 of 1983 <input type="radio"/> Act 78-1993 <input type="radio"/> Act 74-2010 <input type="radio"/> Other _____	
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 IV, line 59)	(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 activities subject to the computation (Subtract line 2 from line 1)	(3)		00
4. Exempt amount: <input type="text" value=""/> % of line 3 (See instructions)	(4)		00
5. Net income subject to tax (Subtract line 4 from line 3) <input type="radio"/> Act 185-2014)	(5)		00

Part II Computation of Tax

1. Net income subject to normal tax (Same as line 5, Part I)	(1)		00
2. Less: Surtax net income deduction (Check here if comes from Form AS 2652.1 <input type="radio"/>)	(2)		00
3. Net income subject to surtax	(3)		00
4. Normal tax (Multiply line 1 by: <input type="radio"/> 18.5% <input type="radio"/> 22% <input type="radio"/> Other _____%) (See instructions)	(4)		00
5. Surtax (See instructions)	(5)		00
6. Total tax (Add lines 4 and 5)	(6)		00
7. Alternative Tax – Capital Gains and Preferential Rates (Schedule D1 Corporation, line 9) (Does not apply to Act 52 of 1983)	(7)		00
8. Tax Determined (Line 6 or 7, whichever is smaller, provided that line 7 is more than zero)	(8)		00
9. Recapture of credit claimed in excess (Schedule B Incentives, Part I, line 3)	(9)		00
10. Tax credits (Schedule B Incentives, Part II, line 30)	(10)		00
11. Tax liability (Subtract line 10 from the sum of lines 8 and 9. Transfer to Form 480.30(II)DT, Part I, line 1(a))	(11)		00

Part III Gross Profit on Sales or Production and Other Income (Exclude income from casino operations)

A. Income from sale of goods or products									
1. Net sales of goods or products (See instructions)	(1)		00						
Less: Cost of goods sold or direct costs of production									
2. Inventory at the beginning of the year 1 <input type="radio"/> "C" 2 <input type="radio"/> "C" or "MV"	(2)		00						
3. Purchase of materials or merchandise	(3)		00						
4. Direct wages	(4)		00						
5. Other direct costs (From Part V, line 17)	(5)		00						
6. Cost of goods available for sale (Add lines 2 through 5)	(6)		00						
7. Less: Inventory at the end of the year 1 <input type="radio"/> "C" 2 <input type="radio"/> "C" or "MV"	(7)		00						
8. Total cost of goods sold or direct costs of production (Subtract line 7 from line 6)	(8)		00						
9. Gross profit (or loss) on sale of goods or products (Subtract line 8 from line 1)	(9)								00
B. Other income									
10. Capital assets gains (Does not apply to operations under Act 52 of 1983. Submit Schedule D Corporation)	(10)								00
11. Net gain (or loss) from the sale or exchange of property other than capital assets (Does not apply to operations under Act 52 of 1983. Submit Schedule D Corporation)	(11)								00
12. Interests	(12)								00
13. Rent	(13)								00
14. Other income (Submit detail)	(14)								00
15. Total income (Add lines 9 through 14)	(15)								00

Part IV Deductions and Net Operating Income

A. Deductions reported on informative returns:

1. Compensation to directors (Complete Part VI, page 3 of the return)	(1)	00
2. Compensation to officers (Complete Part VII, page 3 of the return)	(2)	00
3. Salaries, commissions and bonuses to employees (See instructions)	(3)	00
4. Salaries paid to young university students (Total \$ _____) Department of the Treasury's Internship Program (Total \$ _____)	(4)	00
5. Services rendered	(5)	00
6. Services subcontracted	(6)	00
7. Commissions to businesses	(7)	00
8. Lease, rent and fees paid (See instructions) (a) Personal \$ _____ (b) Real \$ _____	(8)	00
9. Health or accident plans	(9)	00
10. Property, contingency, public liability insurance and bonds (See instructions)	(10)	00
11. Telecommunication services	(11)	00
12. Internet and cable or satellite television services	(12)	00
13. Electric power	(13)	00
14. Water and sewage	(14)	00
15. Advertising	(15)	00
16. Royalties	(16)	00
17. Special contribution for professional advisory services under Act 48-2013 (See instructions)	(17)	00
18. Homeowners association fees paid	(18)	00
19. Mortgage interests	(19)	00
20. Interests paid in automobiles financing lease (Submit Form 480.7D)	(20)	00
21. Professional associations fees paid for the benefit of employees	(21)	00
22. Certain other expenses (See instructions)	(22)	00
23. Subtotal (Add lines 1 through 22)	(23)	00

B. Deductions not reported on informative returns:

24. Interests on business debts	(24)	00
25. Property taxes, patents and licenses:		
a) Property tax: Personal \$ _____ Real \$ _____	(25a)	00
b) Other taxes: Patents \$ _____ Licenses \$ _____ Others \$ _____	(25b)	00
c) State Insurance Fund premiums	(25c)	00
d) Sales and use tax	(25d)	00
26. Depreciation and amortization (Submit Schedule E)	(26)	00
27. Depreciation for businesses with volume less or equal to \$3,000,000 (Submit Schedule E1)	(27)	00
28. Contributions to pension or other qualified plans (See instructions. Submit Form AS 6042.1)	(28)	00
29. Deduction for employers who employ handicapped persons (See instructions)	(29)	00
30. Subtotal (Add lines 24 through 29)	(30)	00

C. Other deductions:

31. Social Security (FICA)	(31)	00
32. Unemployment insurance	(32)	00
33. Automobiles expenses (Mileage _____) (See instructions)	(33)	00
34. Other motor vehicle expenses (See instructions)	(34)	00
35. Repairs and maintenance	(35)	00
36. Travel expenses (Total expenses \$ _____)	(36)	00
37. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	(37)	00
38. Materials and office supplies	(38)	00
39. Materials used directly in the trade or business	(39)	00
40. Stamps, vouchers and fees	(40)	00
41. Shipping and postage charges	(41)	00
42. Uniforms	(42)	00
43. Parkings and toll	(43)	00
44. Office expenses (See instructions)	(44)	00
45. Bank fees	(45)	00
46. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions)	(46)	00
47. Expenses incurred or paid to stockholders, persons or related entities outside of Puerto Rico (See instructions) (Total expenses \$ _____)	(47)	00
48. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions)	(48)	00
49. Losses from fires, storm, other casualties or theft (See instructions)	(49)	00
50. Bad debts (See instructions)	(50)	00
51. Management fees	(51)	00
52. Expenses in property leased to the Puerto Rico Industrial Development Company or Warehouse of the Puerto Rico Trade and Export Company (See instructions)	(52)	00
53. Expenses for dues, subscriptions and memberships	(53)	00
54. Expenses related to licenses and computer programs that cannot be capitalized (See instructions)	(54)	00
55. Other deductions (Submit detail)	(55)	00
56. Subtotal (Add lines 31 through 55)	(56)	00
57. Charitable contributions (See instructions)	(57)	00
58. Total deductions (Add lines 23, 30, 56 and 57)	(58)	00
59. Net operating income (or loss) for the year (Line 15, Part III less line 58. Enter here and in Part I, line1)	(59)	00

Part V Other Direct Costs

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

Schedule Z Incentives

Rev. 06.20



INCOME TAX FOR EXEMPT BUSINESSES

UNDER ACT 118-2010

To be filed with Form 480.30(II)DT

20__

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

Table with 3 rows: 1. Net operating income (or loss) for the year (Part IV, line 59) (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) (Act 185-2014) (3) 00

Part II Computation of Tax

Table with 2 rows: 4. Fixed income tax rate (25%, 15%, 10%, 8%) (4) %; 5. Total tax (Multiply line 3 by the fixed income tax rate on line 4. Enter here and transfer to Form 480.30(II)DT, Part I, line 1(b)) (5) 00

Part III Gross Profit on Sales and Other Income

Table with 5 rows: 1. Net sales of goods or products (See instructions) (1) 00; 2. Interests (2) 00; 3. Rent (3) 00; 4. Other income (Submit detail) (4) 00; 5. Total income (Add lines 1 through 4) (5) 00

Part IV Deductions and Net Operating Income

A. Deductions reported on informative returns:

Table with 23 rows of deductions: 1. Compensation to directors (1) 00; 2. Compensation to officers (2) 00; 3. Salaries, commissions and bonuses to employees (3) 00; 4. Salaries paid to young university students (4) 00; 5. Services rendered (5) 00; 6. Services subcontracted (6) 00; 7. Commissions to businesses (7) 00; 8. Lease, rent and fees paid (8) 00; 9. Health or accident plans (9) 00; 10. Property, contingency, public liability insurance and bonds (10) 00; 11. Telecommunication services (11) 00; 12. Internet and cable or satellite television services (12) 00; 13. Electric power (13) 00; 14. Water and sewage (14) 00; 15. Advertising (15) 00; 16. Royalties (16) 00; 17. Special contribution for professional advisory services under Act 48-2013 (17) 00; 18. Homeowners association fees paid (18) 00; 19. Mortgage interests (19) 00; 20. Interests paid in automobiles financing lease (20) 00; 21. Professional associations fees paid for the benefit of employees (21) 00; 22. Certain other expenses (22) 00; 23. Subtotal (Add lines 1 through 22) (23) 00

B. Deductions not reported on informative returns:

Table with 8 rows of deductions: 24. Interests on business debts (24) 00; 25. Property taxes, patents and licenses: a) Property tax: Personal \$ Real \$ (25a) 00; b) Other taxes: Patents \$ Licenses \$ Others \$ (25b) 00; c) State Insurance Fund premiums (25c) 00; d) Sales and use tax (25d) 00; 26. Depreciation and amortization (Submit Schedule E) (26) 00; 27. Depreciation for businesses with volume less or equal to \$3,000,000 (Submit Schedule E1) (27) 00; 28. Contributions to pension or other qualified plans (28) 00; 29. Deduction for employers who employ handicapped persons (29) 00; 30. Subtotal (Add lines 24 through 29) (30) 00

C. Other deductions:

31. Social Security (FICA)	(31)	00
32. Unemployment insurance	(32)	00
33. Automobiles expenses (Mileage _____) (See instructions)	(33)	00
34. Other motor vehicle expenses (See instructions)	(34)	00
35. Repairs and maintenance	(35)	00
36. Travel expenses (Total expenses \$ _____)	(36)	00
37. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	(37)	00
38. Materials and office supplies	(38)	00
39. Materials used directly in the trade or business	(39)	00
40. Stamps, vouchers and fees	(40)	00
41. Shipping and postage charges	(41)	00
42. Uniforms	(42)	00
43. Parkings and toll	(43)	00
44. Office expenses (See instructions)	(44)	00
45. Bank fees	(45)	00
46. Contributions to educational contributions accounts for the employee's beneficiaries (See instructions)	(46)	00
47. Expenses incurred or paid to stockholders, persons or related entities outside of Puerto Rico (See instructions) (Total expenses \$ _____)	(47)	00
48. Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions)	(48)	00
49. Losses from fires, storm, other casualties or theft (See instructions)	(49)	00
50. Bad debts (See instructions)	(50)	00
51. Management fees	(51)	00
52. Expenses in property leased to the Puerto Rico Industrial Development Company or Warehouse of the Puerto Rico Trade and Export Company (See instructions)	(52)	00
53. Expenses for dues, subscriptions and memberships	(53)	00
54. Expenses related to licenses and computer programs that cannot be capitalized (See instructions)	(54)	00
55. Other deductions (Submit detail)	(55)	00
56. Subtotal (Add lines 31 through 55)	(56)	00
57. Charitable contributions (See instructions)	(57)	00
58. Total deductions (Add lines 23, 30, 56 and 57)	(58)	00
59. Net operating income (or loss) for the year (Line 5, Part III less line 58. Enter here and in Part I, line 1)	(59)	00

Retention Period: Ten (10) years