Form 482.0 Rev. Aug 30 19

Liquidator						Reviewer						
R	G	RO	V1	V2	P1	P2	N	D1	D2	E	A	M

GOVERNMENT OF PUERTO RICO
DEPARTMENT OF THE TREASURY

2019 **2019**

INDIVIDUAL INCOME TAX RETURN

FOR CALENDAR YEAR 2019 OR TAXABLE YEAR BEGINNING ON

_____, _____ AND ENDING ON _____, _____

Serial Number

◯ **AMENDED RETURN**

◯ **DECEASED DURING THE YEAR:** ____/____/____ Day Month Year

◯ **TAXPAYER** ◯ **SPOUSE**

◯ **SURVIVING SPOUSE FILES ANOTHER RETURN FOR THE TAXABLE YEAR (Submit social security number and date of death of the deceased spouse:** _____-_____-_____; Day____ Moth____ Year____)

Receipt Stamp

Taxpayer's First Name | Initial | Last Name | Second Last Name

Taxpayer's Social Security Number

Postal Address

Zip Code

Date of Birth Day Month Year | **Gender** ◯ M ◯ F

Spouse's First Name and Initial | Last Name | Second Last Name

Spouse's Social Security Number

Spouse's Date of Birth Day Month Year | **Gender** ◯ M ◯ F

Home Address (Town or Urbanization, Number, Street)

Home Telephone

Work Telephone

Zip Code

E-Mail Address

CHANGE OF ADDRESS: ◯ Yes ◯ No

EXTENSION OF TIME: ◯ Yes ◯ No

GOVERNMENT CONTRACT: ◯ Taxpayer ◯ Spouse

Questionnaire

	YES	NO	
A.	◯	◯	United States Citizen? (See instructions)
B.	◯	◯	Resident of Puerto Rico during the entire year? If "No", indicate one of the following: 1. ◯ Date moved to P.R. (Day____ Month____ Year____) 2. ◯ Date moved from P.R. (Day____ Month____ Year____) 3. ◯ Nonresident during the entire year
C.	◯	◯	Did you generate income during the period that you were not resident of PR that is not included on this return? (If you answered "Yes", indicate the amount): 1. ◯ Attributable to the taxpayer $_____ 2. ◯ Attributable to the spouse $_____
D.	◯	◯	Other excluded or tax exempt income? **(Submit Schedule IE Individual)**
E.	◯	◯	Resident individual investor? **(Submit Schedule F1 Individual)**
F.	◯	◯	Partner of a partnership subject to tax under the Federal Internal Revenue Code?
G.	◯	◯	Active military service in a combat zone during the taxable year? (Date in which you ceased in the service: Day____ Month____ Year____)
H.	◯	◯	Qualified physician under Act 14-2017? 1. ◯ Taxpayer (Decree No. _____) 2. ◯ Spouse (Decree No. _____)
I.	◯	◯	¿Did you choose the optional tax (Sec. 1021.06 of the Code)? **(Submit Schedule X Ind.)**

J. **HIGHEST SOURCE OF INCOME:**
1. ◯ Government, Municipalities or Public Corporations Employee
2. ◯ Federal Government Employee
3. ◯ Private Business Employee
4. ◯ Retired/Pensioner
5. ◯ Self-Employed (Indicate principal industry or business)
6. ◯ Other _____

K. **FILING STATUS AT THE END OF THE TAXABLE YEAR:**
1. ◯ Married
(Fill in here ◯ if you choose the optional computation and go to Schedule CO Individual)
2. ◯ Individual taxpayer
(Fill in and submit spouse's name and social security number if you are:
◯ **Married with a complete separation of property prenuptial agreement**
◯ **Married not living with spouse)**
3. ◯ Married filing separately **(Submit spouse's name and social security number above)**

Your occupation _____

Spouse's occupation _____

GO TO PAGE 2 TO DETERMINE YOUR REFUND OR PAYMENT.

Refund

1. **AMOUNT OVERPAID** (Part 3, line 31. Indicate distribution on lines A, B, C and D)	01	(01)	00
A) To be credited to estimated tax for 2020		(02)	00
B) Contribution to the San Juan Bay Estuary Special Fund		(03)	00
C) Contribution to the University of Puerto Rico Special Fund		(04)	00
D) **TO BE REFUNDED (If you want your refund to be deposited directly into an account, complete the Deposit Part)**		(05)	00

Payment

2. AMOUNT OF TAX DUE (Part 3, line 31)		(06)	00
3. **Less:** Amount paid **(a) With Return or Electronic Transfer through a Certified Program**		(07)	00
(b) Interests	00	(08)	
(c) Surcharges _____ **and Penalties** _____	00	(09)	
4. **BALANCE OF TAX DUE** (Subtract line 3(a) from line 2 and add lines 3(b) and 3(c))		(10)	00

Deposit

AUTHORIZATION FOR DIRECT DEPOSIT OF REFUND

Type of account ◯ Checking ◯ Savings

Routing/transit number ☐☐☐☐☐☐☐☐☐

Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account in the name of: _____ **and** _____

(Print complete name as it appears on your account. If married and filing jointly, include your spouse's name)

I hereby declare under penalty of perjury that I have examined the information included in this return, schedules and other documents attached to it, and it is true, correct and complete. The declaration of the person that prepares this return (except the taxpayer) is based on the information available, and this information has been verified.

Taxpayer's Signature ✓	Date	**Spouse's Signature** ✓	Date
04 Specialist's Name (Print)		Name of the Firm or Business	
Specialist's Signature ✓	Date	Self - employed Specialist (fill in here) ◯	Registration Number

NOTE TO TAXPAYER: Indicate if you made payments for the preparation of your return: ◯ Yes ◯ No. If you answered "Yes", require the Specialist's signature and registration number.

Retention Period: Ten (10) years

If you choose the optional computation of tax for married individuals living together and filing a joint return, do not complete Parts 1 and 2, neither lines 14 through 21 of Part 3, and go to Schedule CO Individual. On the other hand, if you choose the optional tax (Sec 1021.06 of the Code), do not complete Part 2, neither lines 14 through 22 of Part 3, and complete Schedules X and CO Ind., as applicable.

Part 1

1. **Wages, Commissions, Allowances and Tips (Attach all your Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable).** 02

		A-Income Tax Withheld	B-Wages,Commissions, Allowances and Tips
Total of withholding statements with this return		00	00
Total of withholding statements Under **Act 14-2017** with this return		00	00
Total	(03)	00	(06) 00

C- **Federal Government Wages**

		Exempt wages under Sec. 1031.02(a)(36) of the Code	Income Tax Withheld	Federal Wages
Total of W-2 Forms with this return	(01)	00	(04) 00	(07) 00
Total of W-2 Forms with this return under **Act 14-2017** with this return..	(02)	00	(05) 00	(08) 00

2. **Other Income (or Losses):**

A) Total distributions from qualified retirement plans (Schedule D Individual, Part IV, line 25)	(09)	00
B) Gain (or loss) from sale or exchange of capital assets (Schedule D Individual, Part V, line 35 or 36, as applicable)	(10)	00
C) Interests (Schedule FF Individual, Part I, line 5) (Total $ _____)	(11)	00
D) Dividends from corporations (Schedule FF Individual, Part II, line 4) (Total $ _____)	(13)	00
E) Distributions from Governmental Plans (Schedule F Individual, Part II, line 3)	(14)	00
F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Schedule F Individual, Part I, line 2)	(15)	00
G) Other income (Schedule F Individual, Part V, line 4 and Schedule FF Individual, Part III, line 4) (Total $ _____)	(16) (17)	00
H) Income from annuities and pensions (Schedule H Individual, Part II, line 12)	(18)	00
I) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1)	(19)	00
J) Net long-term capital gain on Investment Funds (Submit Schedule Q1)	(20)	00
K) Distributable share on profits from partnerships, special partnerships and corporations of individuals (Submit Schedule R Individual)	(21)	00
L) Distributions from deferred compensation plans and/or qualified retirement plans (partial or lump-sum not due to separation from service or plan termination) (Schedule F Individual, Part III or IV, line 1, as applicable)	(22)	00
M) Income from salaries, wages, compensations or public shows received by a nonresident individual (Form 480.6C)	(23)	00
N) Alimony received (Payer's social security No. _____)	(24) (25)	00
O) Distributions due to a disaster declared by the Governor of Puerto Rico (See instructions) (Schedule F Ind., Part VI, line 3 or 5, as applicable)	(26)	00
P) Gain (or loss) from the sale of goods (Schedule K Individual, Part IV, line 5) (Total $ _____)	(27) (28)	00
Q) Gain (or loss) from farming (Schedule L Individual, Part IV, line 5) (Total $ _____)	(29) (30)	00
R) Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 3) (Total $ _____)	(31) (32)	00
S) Gain (or loss) from rental business (Schedule N Individual, Part IV, line 5) (Total $ _____)	(33) (34)	00
T) Gain (or loss) from manufacturing business (Schedule J Individual, Part IV, line 5) (Total $ _____)	(35) (36)	00
3. **Total Income** (Add lines 1B, 1C and 2A through 2T)	(37)	00
4. **Alimony Paid** (Recipient's social security No. _____) (39) (Judgment No. _____) (40)	(38) (41)	00
5. **Adjusted Gross Income** (Subtract line 4 from line 3)	(42)	00

Part 2

6. Total Deductions (Schedule A Individual, Part I, line 9 or Part II, line 6) 03	(01)	00
7. Personal Exemption (Married - $7,000; Individual taxpayer - $3,500; Married filing separately - $3,500)	(02)	00
8. Exemption for Dependents (Complete Schedule A1 Ind., see instructions): A) (03) _____ x $2,500	(05)	00
Joint custody or married filing separately → B) (04) _____ x $1,250	(06)	00
Total Exemption for Dependents (Add lines 8A and 8B)	(07)	00
9. Additional Personal Exemption for Veterans ($1,500 per veteran. If both spouses are veterans, $3,000)	(08)	00
10. Total Deductions and Exemptions (Add lines 6 through 9)	(09)	00
11. Net income before the deduction under Act 185-2014 (Subtract line 10 from line 5. If line 10 is more than line 5, enter zero)	(10)	00
12. Allowable deduction under Act 185-2014 (See instructions)	(11)	00
13. **NET TAXABLE INCOME** (Subtract line 12 from line 11. If line 12 is more than line 11, enter zero)	(12)	00

Part 3

14. **TAX:** (21) ⬭ **1 Tax Table** ⬭ **2 Preferential rates (Schedule A2 Individual)** ⬭ **3 Nonresident alien** ⬭ **4 Form SC 2668**	(22)	00
15. Gradual Adjustment Amount (Determine adjustment if the amount indicated on line 13 or Schedule A2 Ind., line 11 is more than $500,000) (Schedule P Ind., line 7)	(23)	00
16. Total Normal Tax (Add lines 14 and 15)	(24)	00
17. **REGULAR TAX BEFORE THE CREDIT** (See instructions)	(25)	00
18. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions)	(26)	00
19. **NET REGULAR TAX** (Subtract line 18 from line 17)	(27)	00
20. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 7) (See instructions)	(28)	00
21. Credit for alternate basic tax (Schedule O Individual, Part III, line 4)	(29)	00
22. **TOTAL TAX DETERMINED** (Subtract line 21 from the sum of lines 19 and 20 or enter the amount from Schedule CO Individual, line 25, as applicable)	(30)	00
23. Optional Tax (Schedule X Individual, Part II, line 3)	(31)	00
24. Recapture of credit claimed in excess (Schedule B Individual, Part I, line 3)	(32)	00
25. Tax credits (Schedule B Individual, Part II, line 31)	(33)	00
26. **TAX LIABILITY** (Subtract line 25 from the sum of lines 22, 23 and 24. If it is less than zero, enter zero)	(34)	00
27. **TAX WITHHELD, PAID AND REIMBURSABLE CREDITS:**		
A) Tax withheld on wages (Add lines 1A and 1C of Part 1 or lines 1A and 2A of Schedule CO Individual)	(35)	00
B) Other payments and withholdings (Schedule B Individual, Part III, line 22)	(36)	00
C) Employment Credit (See instructions)	(37)	00
D) American Opportunity Tax Credit (Submit Schedule B2 Individual) (Does not apply to married filing separately)	(38)	00
E) Amount paid with automatic extension of time	(39)	00
F) Total Tax Withheld, Paid and Reimbursable Credits (Add lines 27A through 27E)	(40)	00
28. **AMOUNT OF TAX DUE** (If line 27F is less than line 26, enter the difference here, otherwise, enter on line 29)	(41)	00
29. **Excess of Tax Withheld, Paid and Reimbursable Credits**	(42)	00
30. **Addition to the Tax for Failure to Pay Estimated Tax** (Schedule T Individual, Part II, line 21)	(43)	00
31. BALANCE: ▪ If line 29 is more than the sum of lines 28 and 30, you have an overpayment. Enter the difference here and on line 1 of page 1. ▪ If line 29 is less than the sum of lines 28 and 30, you have a balance of tax due. Enter the difference here and on line 2 of page 1. ▪ If the difference between line 29 and the sum of lines 28 and 30 is equal to zero, enter zero here and sign your return on page 1.	(50)	00

THE AMOUNT SHOWN ON LINE 31 SHALL BE TRANSFERRED TO THE CORRESPONDING LINE OF PAGE 1.

Retention Period: Ten (10) years

Schedule A Individual
Rev. Aug 30 19

DEDUCTIONS APPLICABLE TO INDIVIDUAL TAXPAYERS

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

2019

Taxpayer's name

Social Security Number

Part I Deductions Applicable to Individual Taxpayers (See instructions)

1. Home mortgage interest

Name of entity to which payment was made	Mortgage	Loan Number	Employer Identification Number	Amount	10
a) Principal residence:	First		(01)		00 (05)
b)	Second		(02)		00 (06)
c) Second residence:	First		(03)		00 (07)
d)	Second		(04)		00 (08)

e) Home mortgage interest of the principal residence not reported on Form 480.7A (See instructions):
○ **1** Section 1033.15(a)(1)(F) (09) $_____ ○ **2** Form 1098 and other (12) $_____
Borrower's Social Sec. No. (10) _____
Joint Borrower's Social Sec. No. (11) _____ 00 (13)

f) Loan Origination Fees (Points) Paid Directly by Borrower (See instructions)	00	(14)
g) Loan Discounts (Points) Paid Directly by Borrower (See instructions)	00	(15)
h) Total home mortgage interest paid	00	(16)
i) Limit (Multiply the sum of Part 1, line 5 of the return and line 1, Part III of Schedule IE Individual by 30% and enter here)	00	(17)

j) **Allowable deduction for mortgage interest** (Enter the smaller of lines 1(h), 1(i) or $35,000. If the total interest does not exceed 30% of the income for any of the 3 previous years, fill in here ○ **1**) (18)(See instructions) ..... (19) 00

2. Casualty loss on your principal residence (See instructions) ..... (20) 00
3. Medical expenses (Part III, line 3) ..... (21) 00
4. Charitable contributions (Part III, line 8) ..... (22) 00
5. Loss of personal property as a result of certain casualties (See instructions) ..... (23) 00
6. Contributions to individual retirement accounts (Do not exceed from $5,000 or $10,000 if married):

Financial inst.	Account No.	Employer Ident. No.	Contribution	
	(24)	(27)	(30)	○ **1** Taxpayer ○ **2** Spouse
	(25)	(28)	(31)	○ **1** Taxpayer ○ **2** Spouse
	(26)	(29)	(32)	○ **1** Taxpayer ○ **2** Spouse

Total contributions to individual retirement accounts ..... (33) 00

7. Educational Contribution and My Future Accounts (Schedule A1 Individual, Part II, line (16)) (See instructions) ..... (34) 00
8. Interest paid on students loans at university level (See instructions):

Financial Inst.	Loan No.		Employer Ident. No.		Amount
		(35)		(40)	
		(36)		(41)	
		(37)		(42)	
		(38)		(43)	
		(39)		(44)	

Total interest paid on students loans ..... (45) 00

9. **Total deductions applicable to individual taxpayers** (Add lines 1 through 8 and transfer to Part 2, line 6 of the return. If you answered "No" to question B of the questionnaire on page 1 of the return, continue with Part II) ..... (46) 00

Part II Computation of Allowable Amounts of Deductions to Nonresident or Part-year Resident

1. Total gross income earned during the period of residence in Puerto Rico (Part 1, line 5 of the return)	(47)	00
2. Total gross income earned during the period of nonresidence in Puerto Rico (Question C of the questionnaire on page 1 of the return)	(48)	00
3. Total Gross Income (Add lines 1 and 2)	(49)	00
4. Percentage of income related to the period of residence in Puerto Rico (Divide line 1 by line 3. Enter the result rounded to two decimal places)	(50)	%
5. Total deductions applicable to individual taxpayers (Part 1, line 9)	(51)	00
6. Total deductions attributable to the period of residence in Puerto Rico (Multiply line 5 by line 4 and transfer to Part 2, line 6 of the return)	(60)	00

Retention Period: Ten (10) years

Taxpayer's name | Social Security Number

Part III **Medical expenses and Charitable Contributions** 46

Name of person or institution to whom payment was made	Employer Identification Number	(A) Medical Expenses	(B) Contributions	Nature of Organization	(C) Conservacion Easement and Museological Institutions	(D) Contributions to Municipalities and Others
	(01)	00	(18) 00	(35)	(49) 00	00
	(02)	00	(19) 00	(36)	(50) 00	00
	(03)	00	(20) 00	(37)	(51) 00	00
	(04)	00	(21) 00	(38)	(52) 00	00
	(05)	00	(22) 00	(39)	(53) 00	00
	(06)	00	(23) 00	(40)	(54) 00	00
	(07)	00	(24) 00	(41)	(55) 00	00
	(08)	00	(25) 00	(42)	(56) 00	00
	(09)	00	(26) 00	(43)	(57) 00	00
	(10)	00	(27) 00	(44)	(58) 00	00
	(11)	00	(28) 00	(45)	(59) 00	00
	(12)	00	(29) 00	(46)	(60) 00	00
	(13)	00	(30) 00	(47)	(61) 00	00
	(14)	00	(31) 00	(48)	(62) 00	00
1. Total Columns A, B, C and D	(15)	00	(32) 00		(63) 00	(66) 00
2. Multiply the adjusted gross income (Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) by 6% and enter here (See instructions)	(16)	00				
3. Allowable deduction for medical expenses (Subtract line 2 from line 1. Enter here and in Part I, line 3 of this Schedule or on Schedule CO Individual, line 7C)	(17)	00				
4. Multiply the adjusted gross income (Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) by 50% and enter here (See instructions) ...	(33)		00			
5. Deduction for contributions (Enter the smaller of lines 1B and 4)	(34)		00			
6. Multiply the adjusted gross income (Part 1, line 5 of the return or line 6, Columns B and C of Schedule CO Individual) by 30% and enter here (See instructions)	(64)				00	
7. Deduction for contributions to Conservation Easements and Museological Institutions (Enter the smaller of lines 1C and 6) ...	(65)				00	
8. Total allowable deductions for contributions (Add lines 1D, 5 and 7. Enter here and in Part I, line 4 of this Schedule or on Schedule CO Individual, line 7D)	(70)					00

Schedule A1 Individual
Rev. Oct 30 19

DEPENDENTS AND BENEFICIARIES OF EDUCATIONAL CONTRIBUTION AND MY FUTURE ACCOUNTS

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

2019

Taxpayer's name

Social Security Number

Part I Dependent's Information (See instructions)

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IMPORTANT INFORMATION

- Do not include the spouse on this schedule. A married individual who lives with his/her spouse for tax purposes, should not include the spouse as part of the dependents.
- Submit this Schedule with your return in order to consider the exemption for dependents.
- Fill in the oval for joint custody if the dependent is subject to this condition. The exemption will be $1,250 for each taxpayer.

	First Name, Initial	Last Name	Second Last Name	Joint Custody	Elegible for Employment Credit *	Date of Birth Day / Month / Year	Relationship	Category* (N)(U)(I)	Social Security Number
(01)				○	○				
(02)				○	○				
(03)				○	○				
(04)				○	○				
(05)				○	○				
(06)				○	○				
(07)				○	○				
(08)				○	○				
(09)				○	○				
(10)				○	○				
(11)				○	○				
(12)				○	○				
(13)				○	○				
(14)				○	○				
(15)				○	○				
(16)				○	○				
(17)				○	○				
(18)				○	○				
(19)				○	○				
(20)				○	○				

* See instructions.

Part II Beneficiaries of Educational Contribution Accounts and My Future Accounts (See instructions)

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	First Name, Initial / Last Name / Second Last Name	Date of Birth (Day/Month/Year) / Relationship	Social Security Number	Who contributes	Type of Account	Contributed Amount (Not to exceed from $500 each)
(01)	Financial Institution	Account Number	Employer Identification Number	1 Taxpayer 2 Spouse	1 Educational Contribution 2 My Future	00
(02)						00
(03)						00
(04)						00
(05)						00
(06)						00
(07)						00
(08)						00
(09)						00
(10)						00
(11)						00
(12)						00
(13)						00
(14)						00
(15)						00
(16)	**Total contributions** (Add lines (01) through (15) and transfer to Schedule A Individual, Part I, line 7 or line 8B of Schedule CO Individual)					00

Schedule A2 Individual

Rev. Aug 30 19

TAX ON INCOME SUBJECT TO PREFERENTIAL RATES

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

2019

Taxpayer's name

Fill in one: (01) ⬭ 1 Taxpayer ⬭ 2 Spouse ⬭ 3 Both

Social Security Number

22	Column A Taxed at Regular Rates	Column B Taxed at 20%	Column C Taxed at 15%	Column D Taxed at 10%	Column E Taxed at 4%	Column F Taxed at _____%	Column G Taxed at _____%	Column H Taxed at _____%
1. **Adjusted Gross Income**	(02) 00							
2. Add: Alimony paid (Part 1, line 4 of the return or line 5, Column B or C of Schedule CO Individual)	(03) 00							
3. Adjusted Gross Income before the deduction for alimony paid (Add lines 1 and 2)	(04) 00							
4. **Income subject to preferential rates:**								
a) Net long-term capital gain (See instructions)	(05) 00		(27) 00			(50) 00	(57) 00	(64) 00
b) Interest from IRA on deposits in accounts from certain financial institutions (Schedule FF Individual, Part I, line 4, Column B) (10%)	(06) 00			(34) 00				
c) Interest on deposits in accounts from certain financial institutions (Schedule FF Individual, Part I, line 4, Column C) (10%)	(07) 00			(35) 00				
d) Interest from distributions of IRA to Governmental Pensioners (Schedule FF Individual, Part I, line 4, Column E) (10%)	(08) 00			(36) 00				
e) Non-exempt eligible interest paid or credited on bonds, notes, other obligations or mortgage loans (Schedule FF Individual, Part I, line 4, Column A) (10%)	(09) 00			(37) 00				
f) Eligible distribution of dividends (Schedule FF Individual, Part II, line 3, Column A (15%), Column B (___%) and/or Column C (___%))	(10) 00		(28) 00			(51) 00	(58) 00	(65) 00
g) Income paid by sport teams of international associations or federations (Schedule F Individual, Part V, line 3, Column D)	(11) 00	(20) 00						
h) Total distributions from qualified retirement plans (Schedule D Individual)	(12) 00	(21) 00		(38) 00				
i) Gain taxable at a reduced rate under an Incentives Act (Schedules J, L, M, or N Individual, as applicable) or wages received by a qualified physician under Act 14-2017 (See instructions)	(13) 00	(22) 00	(29) 00	(39) 00	(45) 00	(52) 00	(59) 00	(66) 00
j) Distributable share on net income subject to preferential rates from pass-through entities	(14) 00	(23) 00	(30) 00	(40) 00	(46) 00	(53) 00	(60) 00	(67) 00
k) Others	(15) 00	(24) 00	(31) 00	(41) 00	(47) 00	(54) 00	(61) 00	(68) 00
l) Distributions for reason of a disaster declared by the Governor of Puerto Rico (Schedule F Individual, Part VI, line 5) (See instructions)	(16) 00			(42) 00				
m) **Total (Add lines 4a through 4l of Columns B through H)**		(25) 00	(32) 00	(43) 00	(48) 00	(55) 00	(62) 00	(69) 00
5. **Total income subject to preferential rates (Add line 4m of Columns B through H)** (If this line is less than $20,000, enter 100% on line 7A and zero on lines 7B through 7H, and enter the total of line 8a on line 8b)	(17) 00							
6. **Income subject to regular tax (Subtract line 5 from line 3)**	(18) 00							
7. **Proportion of income according to each tax rate (Column A - Divide line 6 by line 3; Columns B through H - Divide line 4m by line 3)** (Round to the nearest whole number)	(19) %	(26) %	(33) %	(44) %	(49) %	(56) %	(63) %	(70) %

Retention Period: Ten (10) years

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8. **Deductions and Exemptions:**	Column A Taxed at Regular Rates	Column B Taxed at 20%	Column C Taxed at 15%	Column D Taxed at 10%	Column E Taxed at 4%	Column F Taxed at (34) _____%	Column G Taxed at (41) _____%	Column H Taxed at (48) _____%
a) Deductions applicable to individual taxpayers (See instructions) $_____								
b) Allowed deduction (Multiply line 8a by line 7 for each Column)...	(01) 00	(10) 00	(16) 00	(22) 00	(28) 00	(35) 00	(42) 00	(49) 00
c) Personal exemption (Line 7, Part 2 of the return)	(02) 00							
d) Exemption for dependents (Line 8, Part 2 of the return).....	(03) 00							
e) Additional personal exemption for veterans (Line 9, Part 2 of the return)	(04) 00							
f) Total deductions and exemptions (Add lines 8b through 8e of all Columns)	(05) 00	(11) 00	(17) 00	(23) 00	(29) 00	(36) 00	(43) 00	(50) 00
9. Deduction for alimony paid (Part 1, line 4 of the return or line 5, Column B or C of Schedule CO Individual. See instructions) $_____	(06) 00	(12) 00	(18) 00	(24) 00	(30) 00	(37) 00	(44) 00	(51) 00
10. Allowable deduction under Act 185-2014 (See instructions) $_____	(07) 00	(13) 00	(19) 00	(25) 00	(31) 00	(38) 00	(45) 00	(52) 00
11. Net taxable income (Column A – Subtract lines 8f, 9 and 10 from line 6; Columns B through H – Subtract lines 8f, 9 and 10 from line 4m)	(08) 00	(14) 00	(20) 00	(26) 00	(32) 00	(39) 00	(46) 00	(53) 00
12. Tax according to the corresponding rate (See instructions)	(09) 00	(15) 00	(21) 00	(27) 00	(33) 00	(40) 00	(47) 00	(54) 00
13. **Total of regular tax and tax at preferential rates (Add line 12 of Columns A through H)**								(55) 00
14. Net income subject to regular tax (Line 13, Part 2 of the return or line 15, Column B or C of Schedule CO Individual)								(56) 00
15. Tax over line 14 according to regular tax rates (See instructions)								(57) 00
16. Tax determined (Enter the smaller between line 13 and line 15. Transfer to page 2, Part 3, line 14 of the return or line 16, Column B or C of Schedule CO Individual and fill in (⬭) "Preferential rates" if you chose the amount on line 13, or (⬭) "Tax Table" if you chose the amount on line 15)								(58) 00

Retention Period: Ten (10) years

Schedule B Individual
Rev. Oct 30 19

RECAPTURE OF CREDITS CLAIMED IN EXCESS, TAX CREDITS, AND OTHER PAYMENTS AND WITHHOLDINGS

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

2019

Taxpayer's name

Social Security Number

Part I Recapture of Credits Claimed in Excess

20	Column A	Column B	Column C
Name of entity:			
Employer identification No:	(01)	(03)	(05)
Credit for:	(02)	(04)	(06)
Tourism Development	1 ○	1 ○	1 ○
Solid Waste Disposal	2 ○	2 ○	2 ○
Capital Investment Fund	3 ○	3 ○	3 ○
Theatrical District of Santurce	4 ○	4 ○	4 ○
Film Industry Development	5 ○	5 ○	5 ○
Housing Infrastructure	6 ○	6 ○	6 ○
Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	7 ○	7 ○	7 ○
Conservation Easement	8 ○	8 ○	8 ○
Economic Incentives (Research and Development)	9 ○	9 ○	9 ○
Economic Incentives (Strategic Projects)	10 ○	10 ○	10 ○
Economic Incentives (Industrial Investment)	11 ○	11 ○	11 ○
Green Energy Incentives (Research and Development)	12 ○	12 ○	12 ○
Other: _____	13 ○	13 ○	13 ○

1. Total credit claimed in excess	(07)		00
2. **Recapture of credit claimed in excess paid in previous year, if applicable**	(08)		00
3. **Recapture of credit claimed in excess paid this year** (Transfer to Part 3, line 24 of the return. See instructions)	(09)		00
4. Excess of credit due to next year, if applicable (Subtract lines 2 and 3 from line 1. See instructions)	(10)		00

Part II Tax Credits (Do not include estimated tax payments. Include such payments in Part III of this Schedule)

A. CREDITS SUBJECT TO MORATORIUM			
1. Credit attributable to losses or for investment in the Capital Investment Fund (See instructions)	(11)		00
2. Credit for construction investment in urban centers (Act 212-2002, as amended) (See instructions)	(12)		00
3. Credit for merchants affected by urban centers revitalization (Act 212-2002, as amended) (See instructions)	(13)		00
4. Credit for purchases of products manufactured in Puerto Rico and Puerto Rican agricultural products (Submit Schedule B1 Individual)	(14)		00
5. Credit for investment in housing infrastructure (Act 98-2001)	(15)		00
6. Credit for investment in construction or rehabilitation of rental housing projects for low or moderate income families (Act 140-2001)	(16)		00
7. Credit for the establishment of an eligible conservation easement or donation of eligible land (Act 183-2001, as amended) (See instructions)	(17)		00
8. Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(18)		00
9. Other credits subject to moratorium not included on the preceding lines (Submit detail)	(19)		00
10. Credits carried from previous years (Submit detail)	(20)		00
11. **Total credits subject to moratorium** (Add lines 1 through 10)	(21)		00
12. 50% of the tax determined (Multiply the amount in Part 3, lines 22 and 23 of the return by .50)	(22)		00
13. **Total credits subject to moratorium to be claimed** (Enter the smaller of line 11 or 12)	(23)		00
B. CREDITS NOT SUBJECT TO MORATORIUM			
14. Credit for investment in Tourism Development (Act 78-1993) or Farming (Act 225-1995) (See instructions)	(24)		00
15. Credit for: (25) ○ Section 4(a) of Act 8 of 1987 or (26) ○ Section 3(b) of Act 135-1997 (See instructions)	(27)		00
16. Credit for investment in film industry development (Act 27-2011): (28) ○ Film Project or (29) ○ Infrastructure Project (See instructions)	(30)		00
17. Credit for the purchase or transmission of television programming made in Puerto Rico (Section 1051.14) (See instructions)	(31)		00
18. Credit for contributions to former governors foundations (See instructions)	(32)		00
19. Credit for payments of Membership Certificates by Ordinary and Extraordinary Members of Employees-Owned Special Corporations (See instructions)	(33)		00
20. Credit to investors who acquire an exempt business that is in the process of closing its operations in Puerto Rico (Act 109-2001) (See instructions)	(34)		00
21. Credit for contributions to: (35) ○ Santa Catalina's Palace Patronage or (36) ○ Patronage of the State Capitol of the Legislative Assembly (See instructions)	(37)		00
22. Credit for investment Act 73-2008 (See instructions)	(38)		00
23. Credit for investment Act 83-2010 (Research and Development) (See instructions)	(39)		00
24. Credit for investment in opportunity zone (Act 60-2019) (See instructions)	(40)		00
25. Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(41)		00
26. Other credits not subject to moratorium not included on the preceding lines (Submit detail)	(42)		00
27. Credits carried from previous years (Submit detail)	(43)		00
28. **Total credits not subject to moratorium to be claimed** (Add lines 14 through 27)	(44)		00
29. **Total tax credits** (Add lines 13 and 28)	(45)		00
30. Total tax determined (Part 3, lines 22 and 23 of the return)	(46)		00
31. **Credit to be claimed** (Enter the smaller of line 29 or 30. Transfer to page 2, Part 3, line 25 of the return)	(47)		00
32. Carryforward credits (Subtract line 31 from the sum of lines 11 and 28)	(48)		00

Part III Other Payments and Withholdings

20

1. Estimated tax payments for 2019			(49)		00
2. Tax paid in excess in prior years credited to estimated tax			(50)		00
3. Payment with original return (Applies only if you are filing an amended return. See instructions)			(51)		00
4. Tax withheld to nonresidents (Form 480.6C)					
(a) Dividends subject to 15% under Section 1062.08	(52)	00			
(b) Dividends subject to preferential rate under special act	(53)	00			
(c) Royalties subject to special rate under incentives acts	(54)	00			
(d) Other withholdings	(55)	00	(56)		00
5. Tax withheld to nonresidents on IRA distributions (Form 480.7)			(57)		00
6. Tax withheld on interests					
(a) Form 480.6B	(58)	00			
(b) Form 480.7	(59)	00			
(c) Form 480.7B	(60)	00	(61)		00
7. Dividends from corporations (Form 480.6B)			(62)		00
8. Dividends subject to preferential rate under special act (Form 480.6B)			(63)		00
9. Services rendered by individuals (Form 480.6SP) (Total of Informative Returns [ ] (64)			(65)		00
10. Payments for judicial or extrajudicial indemnification (Form 480.6B)			(66)		00
11. Tax withheld on distributable share of net profits to stockholders or partners of pass-through entities (Form 480.60 EC) on:					
(a) Interest income subject to preferential rate (See instructions)	(67)	00			
(b) Eligible distribution of dividends from corporations (See instructions)	(68)	00			
(c) Net income (or loss) from the entity's trade or business (See instructions)	(69)	00			
(d) Net income (or loss) on partially exempt income (See instructions)	(70)	00			
(e) Net income (or loss) on income subject to preferential rate (See instructions)	(71)	00			
(f) Other items (See instructions)	(72)	00	(73)		00
12. Tax withheld on distributable share of net profits to trustees of revocable trusts or grantor trusts (Form 480.60 F) on:					
(a) Interest income subject to preferential rate (See instructions)	(74)	00			
(b) Eligible distribution of dividends from corporations (See instructions)	(75)	00			
(c) Total distributions from qualified retirement plans (See instructions)	(76)	00			
(d) Other items (See instructions)	(77)	00	(78)		00
13. Tax withheld on distributable share to members of an employees-owned special corporation (Form 480.6 CPT) (See instructions):					
(a) Eligible distribution of benefits or dividends (Line 1, Part V of Form 480.6 CPT)	(79)	00			
(b) Other items	(80)	00	(81)		00
14. Tax withheld on IRA or Educational Contribution Accounts distributions of income from sources within Puerto Rico:					
(a) Form 480.7			(82)		00
(b) Form 480.7B			(83)		00
15. Tax withheld on IRA distributions to Governmental pensioners (Form 480.7)			(84)		00
16. Tax withheld at source on distributions from deferred compensation plans (Non qualified) (Form 480.7C)			(85)		00
17. Tax withheld at source on qualified pension plans distributions (Form 480.7C)			(86)		00
18. Tax withheld at source on pension plan distributions received as an annuity or periodic payments (Form 480.7C)			(87)		00
19. Tax withheld on distributions and transfers from Governmental Plans (Form 480.7C)			(88)		00
20. Income tax withheld on income from sport teams of international associations or federations (Forms 480.6B or 480.6C)			(89)		00
21. Other payments and withholdings not included on the preceding lines:					
(a) Reported in an Informative Return (See instructions)			(90)		00
(b) Not reported in an Informative Return (Submit detail)			(91)		00
(c) Tax withheld at source on distributions for reason of a disaster declared by the Governor of Puerto Rico (See instructions)			(92)		
22. **Total other payments and withholdings** (Add lines 1 through 21. Transfer to page 2, Part 3, line 27B of the return)			(93)		00

Part IV Breakdown of the Purchase of Tax Credits

Fill in the oval corresponding to the act (or acts) under which you acquired the credit and enter the amount:

24

A. CREDITS SUBJECT TO MORATORIUM			
1. ○ Solid Waste Disposal (Act 159-2011)	(01)		00
2. ○ Capital Investment Fund (Act 46-2000)	(02)		00
3. ○ Theatrical District of Santurce (Act 178-2000)	(03)		00
4. ○ Housing Infrastructure (Act 98-2001)	(04)		00
5. ○ Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families (Act 140-2001)	(05)		00
6. ○ Conservation Easement (Act 183-2001)	(06)		00
7. ○ Revitalization of Urban Centers (Act 212-2002)	(07)		00
8. ○ Other: _____ (Someta detalle)	(08)		00
9. **Total credit for the purchase of tax credits subject to moratorium** (Add lines 1 through 8. Transfer to Part II, line 8)	(09)		00
B. CREDITS NOT SUBJECT TO MORATORIUM			
10. ○ Tourism Development (Act 78-1993)	(10)		00
11. ○ Film Industry Development (Act 27-2011)	(11)		00
12. ○ Adquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico (Act 109-2001)	(12)		00
13. ○ Economic Incentives (Research and Development) (Act 73-2008)	(13)		00
14. ○ Economic Incentives (Strategic Projects) (Act 73-2008)	(14)		00
15. ○ Economic Incentives (Industrial Investment) (Act 73-2008)	(15)		00
16. ○ Green Energy Incentives (Research and Development) (Act 83-2010)	(16)		00
17. ○ Opportunity Zone (Act 60-2019)	(17)		00
18. ○ Other: _____ (Submit detail)	(18)		00
19. **Total credit for the purchase of tax credits not subject to moratorium** (Add lines 10 through 18. Transfer to Part II, line 25)	(19)		00

Schedule C Individual

Rev. Aug 30 19

CREDIT FOR TAXES PAID TO FOREIGN COUNTRIES, THE UNITED STATES, ITS STATES, TERRITORIES AND POSSESSIONS

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

2019

Taxpayer's name

Social Security Number

(01) ⬭ 1 Taxpayer ⬭ 2 Spouse ⬭ 3 Both

(02) Computed for the: ⬭ 1 Regular tax ⬭ 2 Alternate basic tax

Resident of: ⬭ 1 Puerto Rico ⬭ 2 United States ⬭ 3 Other (Indicate possession, territory or country) _____

Citizen of: ⬭ 1 United States ⬭ 2 Other (Indicate) _____

Part I **Determination of Net Income from Sources Outside of Puerto Rico** 30

Name of the country, state, territory or possession	Foreign Country, State, Territory or Possession of the United States A	B	C	United States (See instructions)	Total (See instructions)
1. Gross income subject to tax from sources of the country, state, territory or possession:					
a) Interests	00	00	00	00	00
b) Dividends	00	00	00	00	00
c) Rental income	00	00	00	00	00
d) Capital gain	00	00	00	00	00
e) Fiduciary income	00	00	00	00	00
f) Wages	00	00	00	00	00
g) Professions, industry or business	00	00	00	00	00
h) Others	00	00	00	00	00
i) Total gross income subject to tax ..... (03)	00 (12)	00 (19)	00 (26)	00 (33)	00
2. Deductions and losses:					
a) Expenses directly related to the income on line 1(i) ..... (04)	00 (13)	00 (20)	00 (27)	00 (34)	00
b) Losses from foreign sources ..... (05)	00 (14)	00 (21)	00 (28)	00 (35)	00
c) Pro rata share of other deductions:					
(i) Other expenses and deductions not related to a category of income ..... (06)	00				
(ii) Gross income subject to tax from all sources (See instructions) ..... (07)	00				
(iii) Percentage of gross income subject to tax from sources of the country, state, territory or possession (Divide line 1(i) by line 2(c)(ii). Enter the result rounded to two decimal places) ..... (08)	% (15)	% (22)	% (29)	% (36)	%
(iv) Multiply line 2(c)(i) by line 2(c)(iii) ..... (09)	00 (16)	00 (23)	00 (30)	00 (37)	00
d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(iv)) ..... (10)	00 (17)	00 (24)	00 (31)	00 (38)	00
3. Net income from sources of the country, state, territory or possession (Subtract line 2(d) from line 1(i)) ..... (11)	00 (18)	00 (25)	00 (32)	00 (39)	00

Retention Period: Ten (10) years

Part II Taxes Paid to the United States, its States, Territories, Possessions and Foreing Countries 33

(01) ⬭ 1 Taxpayer ⬭ 2 Spouse ⬭ 3 Both

(02) Computed for the: ⬭ 1 Regular tax ⬭ 2 Alternate basic tax

Credit for taxes: ⬭ 1 Paid ⬭ 2 Accrued	Foreign Country, State, Territory or Possession of the United States			United States (See instructions)	Total (See instructions)
	A	B	C		
Name of the country, state, territory or possession					
1. Taxes paid or accrued during the year ..... (03)	00 (10) 00	(15) 00		(20) 00	(25) 00
2. Date paid or accrued					

Part III Determination of Credit

1. Net income from sources of the country, state, territory or possession: (Part I, line 3) ..... (04)	00 (11) 00	(16) 00		(21) 00	(26) 00
2. Net income from all sources (See instructions) ..... (05) 00					
3. Limitation (Divide line 1 by line 2. Enter the result rounded to two decimal places) ..... (06)	% (12) %	(17) %		(22) %	(27) %
4. Taxes to be paid in Puerto Rico (See instructions) ..... (07) 00					
5. Limitation by country, state, territory or possession: a) Multiply line 4 by line 3 ..... (08)	00 (13) 00	(18) 00		(23) 00	(28) 00
b) Enter the smaller of line 5(a) or Part II, line 1 ..... (09)	00 (14) 00	(19) 00		(24) 00	
6. Total limitation: a) Add line 5(b) from Columns A, B, C and United States ..... (29)					00
b) Enter the smaller of the Total Column, line 5(a) or line 6(a). Transfer to Part 3, line 18 of the return or line 20, Schedule CO Individual (30)					00

Retention Period: Ten (10) years

Schedule CH Individual

Rev. Aug 30 19

TRANSFER OF CLAIM FOR EXEMPTION FOR CHILD (CHILDREN) OF DIVORCED OR SEPARATED PARENTS

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

2019

Taxpayer's name

Social Security Number

Fill in the joint custody oval if the dependent is subject to this condition. 47

I, _____, agree and promise not to claim an exemption for dependents for
Name of parent releasing claim to exemption

taxable year 2019 for (enter the name(s) of child (children)):

	Joint Custody	First Name, Initial	Last Name	Second Last Name	Social Security Number
(01)	○				
(02)	○				
(03)	○				
(04)	○				
(05)	○				
(06)	○				
(07)	○				
(08)	○				
(09)	○				
(10)	○				
(11)	○				
(12)	○				
(13)	○				
(14)	○				
(15)	○				
(16)	○				
(17)	○				
(18)	○				
(19)	○				
(20)	○				

_____ (21)_____ _____

Signature of parent releasing claim to exemption | Social Security Number | Date

Retention Period : Ten (10) years

Schedule CO Individual

Rev. Oct 30 19

OPTIONAL COMPUTATION OF TAX

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

2019

Taxpayer's name

Social Security Number

Use this Schedule only if you choose the optional computation of tax for married individuals living together and filing a joint return.

1. **Wages, Commissions, Allowances and Tips. Provide the Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable.** (16)

		A - Income Tax Withheld	Wages, Commissions, Allowances and Tips B - TAXPAYER ⬭ Optional tax	C - SPOUSE ⬭ Optional tax
Total of withholdings statements with this schedule		00	00	00
Total of withholdings statements under **Act 14-2017** with this schedule		00	00	00
Total	(03)	00	(06) 00	(43) 00

2. **Federal Government Wages**

		Exempt Wages under Sec. 1031.02(a)(36) of the Code				
Total of W-2 with this return	(01)	00	(04) 00	(07) 00	(44)	00
Total of W-2 under **Act 14-2017** with this schedule	(02)	00	(05) 00	(08) 00	(45)	00

3. **Other Income (Losses):**

		B - TAXPAYER		C - SPOUSE	
A) Total distributions from qualified retirement plans (Schedule D Individual, Part IV, line 25)	(09)	00	(46)	00	
B) Gain (or loss) from sale or exchange of capital assets (Schedule D Individual, Part V, line 35 or 36, as applicable) (50% of the total to each spouse)	(10)	00	(47)	00	
C) Interests (Schedule FF Individual, Part I, line 5) (50% of the total to each spouse) (Total $ _____) (11)	(12)	00	(48)	00	
D) Dividends from corporations (Schedule FF Individual, Part II, line 4) (50% of the total to each spouse) (Total $ _____) (13)	(14)	00	(49)	00	
E) Distributions from Governmental Plans (Schedule F Individual, Part II, line 3)	(15)	00	(50)	00	
F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Schedule F Individual, Part I, line 2)	(16)	00	(51)	00	
G) Other income (Schedule F Ind., Part V, line 4 or Schedule FF Individual, Part III, line 4) (Total $ _____) (17)	(18)	00	(52)	00	
H) Income from annuities and pensions (Schedule H Individual, Part II, line 12)	(19)	00	(53)	00	
I) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1) (50% of the total to each spouse)	(20)	00	(54)	00	
J) Net long-term capital gain on Investment Funds (Submit Schedule Q1) (50% of the total to each spouse)	(21)	00	(55)	00	
K) Distributable share on profits from partnerships, special partnerships and corporations of individuals (Submit Schedule R Individual)	(22)	00	(56)	00	
L) Distributions from deferred compensation plans and/or qualified retirement plans (partial or lump-sum not due to separation from service or plan termination) (Schedule F Individual, Part III or IV, line 1, as applicable)	(23)	00	(57)	00	
M) Income from salaries, wages, compensations or public shows received by a nonresident individual (Form 480.6C)	(24)	00	(58)	00	
N) Alimony received (Payer's social security No. _____) (25)	(26)	00	(59)	00	
O) Distributions due to a disaster declared by the Governor of Puerto Rico (See instructions) (Schedule F Ind., Part VI, line 3 or 5, as applicable)	(27)	00	(60)	00	
P) Gain (or loss) from the sale of goods (Schedule K Individual, Part IV, line 5) (Total $ _____) (28)	(29)	00	(61)	00	
Q) Gain (or loss) from farming (Schedule L Individual, Part IV, line 5) (Total $ _____) (30)	(31)	00	(62)	00	
R) Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 3) (Total $ _____) (32)	(33)	00	(63)	00	
S) Gain (or loss) from rental business (Schedule N Individual, Part IV, line 5) (50% of the total to each spouse) (Total $ _____) (34)	(35)	00	(64)	00	
T) Gain (or loss) from manufacturing business (Schedule J Individual, Part IV, line 5) (Total $ _____) (36)	(37)	00	(65)	00	
4. **Total Income** (Add lines 1, 2 and 3A through 3T, of Columns B and C, respectively)	(38)	00	(66)	00	
5. **Alimony Paid** (Recipient's social security No. _____) (39) (Judgment No. _____) (40)	(41)	00	(67)	00	
6. **Adjusted Gross Income** (Subtract line 5 from line 4, of Columns B and C, respectively)	(42)	00	(68)	00	

7. **DEDUCTIONS ALLOCATED IN HALF (50%) OF THE TOTAL** (See instructions) (17)

A) Home mortgage Interest

	Name of entity to which payment was made	Mortgage	Loan Number	Employer Ident. No.	Amount	
i)	First residence:	First		(01)	(05)	00
ii)		Second		(02)	(06)	00
iii)	Second residence:	First		(03)	(07)	00
iv)		Second		(04)	(08)	00

v) Home mortgage interest of the principal residence not reported on Form 480.7A (See instructions):
⬭ **1** Section 1033.15(a)(1)(F) (09) $_____ Borrower's Soc. Sec. No. (10) _____ Joint Borrower's Soc. Sec. No. (11) _____
⬭ **2** 1098 Form and other (12) $_____ — (13) 00

vi)	Loan Origination Fees (Points) Paid Directly by Borrower (See instructions)	(14)	00
vii)	Loan Discounts (Points) Paid Directly by Borrower (See instructions)	(15)	00
viii)	Total home mortgage interest paid	(16)	00
ix)	Limit (Multiply the sum of line 6, Columns B and C of this Schedule and line 1, Part III of Schedule IE Individual by 30% and enter here)	(17)	00
x)	**Allowable deduction for mortgage interest** (Enter the smaller of lines A(viii), A(ix) or $35,000. If the total interest does not exced 30% of the income for any of the 3 previous years, fill in here ⬭ **1**) (18) (See instructions)	(19)	00
	B) Casualty loss on your principal residence (See instructions)	(20)	00
	C) Medical expenses (Schedule A Individual, Part III, line 3)	(21)	00
	D) Charitable contributions (Schedule A Individual, Part III, line 8)	(22)	00
	E) Loss of personal property as a result of certain casualties (See instructions)	(23)	00
	F) **Total deductions allocated in half (50%) of the total** (Add lines 7A through 7E)	(24)	00

		B - TAXPAYER		C - SPOUSE	
G) Enter 50% of the total of line 7F in Columns B and C	(25)	00	(26)	00	

		B - TAXPAYER			C - SPOUSE	
8.	**DEDUCTIONS INDIVIDUALLY ALLOCATED** (See instructions): 18					
	A) Contributions to individual retirement accounts (Do not exceed from $5,000 each):					
	Financial inst. / Account No. / Employer Ident. No. / Contribution					
	(01) (04)					
	(02) (05)					
	(03) (06)					
	Total contributions to individual retirement accounts (Distribute the amount as it corresponds to the taxpayer and spouse) (07)		00	(35)		00
	B) Educational Contribution and My Future Accounts (Complete Part II, Schedule A1 Individual) (See instructions)..... (08)		00	(36)		00
	C) Interest paid on students loans at university level (See instructions):					
	Financial inst. / Loan No. / Employer Ident. No. / Amount					
	(09) (14)					
	(10) (15)					
	(11) (16)					
	(12) (17)					
	(13) (18)					
	Total interest paid on students loans ..... (19)		00	(37)		00
	D) **Total deductions individually allocated** (Add lines 8A through 8C, Columns B and C, respectively) ..... (20)		00	(38)		00
	E) **TOTAL DEDUCTIONS** (Add lines 7G and 8D. If you answered "No" to question B of the questionnaire on page 1 of the return, enter zero here and complete line 26) ..... (21)		00	(39)		00
	F) **TOTAL DEDUCTIONS APPLICABLE TO NONRESIDENTS OR PART-YEAR RESIDENTS** (Line 26F) ..... (22)		00	(40)		00
9.	**PERSONAL EXEMPTION** ..... (23)	3,500	00	(41)	3,500	00
10.	**EXEMPTION FOR DEPENDENTS** (Complete Schedule A1 Individual, see instructions)					
	A) (24) _____ X $2,500 ..... (26)		00			
	B) (25) _____ X $1,250 (Joint custody) ..... (27)		00			
	C) **Total exemption for dependents** (Add lines 10A and 10B) ..... (28)		00			
	D) Enter 50% of the total of line 10C in Columns B and C ..... (29)		00	(42)		00
11.	**Additional Personal Exemption for Veterans** (See instructions) ..... (30)		00	(43)		00
12.	**Total Deductions and Exemptions** (Add lines 8E, 8F, 9, 10D and 11, Columns B and C, respectively) ..... (31)		00	(44)		00
13.	Net income before the deduction under Act 185-2014 (Subtract line 12 from line 6. If line 12 is more than line 6, enter zero) (32)		00	(45)		00
14.	Allowable deduction under Act 185-2014 (See instructions) ..... (33)		00	(46)		00
15.	**NET TAXABLE INCOME** (Subtract line 14 from line 13. If line 14 is more than line 13, enter zero) ..... (34)		00	(47)		00
16.	**TAX:** (01) ○ **1 Tax Table** ○ **2 Preferential rates (Schedule A2 Individual)** 19 ○ **3 Nonresident alien** ○ **4 Form SC 2668** ..... (02)		00	(11)		00
17.	Gradual Adjustment Amount (Determine this adjustment if the amount indicated on line 15, Column B or C, or on Schedule A2 Individual, line 11 is more than $500,000) (Schedule P Individual, line 7) ..... (03)		00	(12)		00
18.	**Total Normal Tax** (Add lines 16 y 17, Columns B and C) ..... (04)		00	(13)		00
19.	**REGULAR TAX BEFORE THE CREDIT** (See instructions) ..... (05)		00	(14)		00
20.	Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions) ..... (06)		00	(15)		00
21.	**NET REGULAR TAX** (Subtract line 20 from line 19) ..... (07)		00	(16)		00
22.	Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 7) (See instructions) ..... (08)		00	(17)		00
23.	Credit for alternate basic (Schedule O Individual, Part III, line 4) ..... (09)		00	(18)		00
24.	**Tax Determined Individually** (Subtract line 23 from the sum of lines 21 and 22, Columns B and C, respectively) ..... (10)		00	(19)		00
25.	**TOTAL TAX DETERMINED** (Add the amounts of Columns B and C of line 24 and transfer to Part 3, line 22 of the return) ..... (20)					00

Continue in Part 3, line 22 of the return.

		B - TAXPAYER			C - SPOUSE	
26.	**Computation of Allowable Amounts of Deductions to Nonresident or Part-year Resident:** 25					
	A) Total gross income earned during the period of residence in Puerto Rico (Line 6) ..... (01)		00	(07)		00
	B) Total gross income earned during the period of nonresidence in Puerto Rico (Question C of the questionnaire on page 1 of the return corresponding to taxpayer and spouse) ..... (02)		00	(08)		00
	C) Total Gross Income (Add lines A and B) ..... (03)		00	(09)		00
	D) Percentage of income related to the period of residence in Puerto Rico (Divide line A by line C. Enter the result rounded to two decimal places) ..... (04)		%	(10)		%
	E) Total deductions applicable to individual taxpayers (Add lines 7G and 8D) ..... (05)		00	(11)		00
	F) Total deductions attributable to the period of residence in Puerto Rico (Multiply line E by line D and transfer to line 8F)... (06)		00	(12)		00

Schedule D Individual

Rev. Oct 30 19

CAPITAL ASSETS GAINS AND LOSSES, TOTAL DISTRIBUTIONS FROM QUALIFIED PENSION PLANS AND VARIABLE ANNUITY CONTRACTS

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

2019

Taxpayer's name

Social Security Number

Part I Short-Term Capital Assets Gains and Losses (Held one year or less) 52

Description and Location of Property	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
			(01) 00	00	00	(04) 00
			(02) 00	00	00	(05) 00
			(03) 00	00	00	(06) 00

1. Net short-term capital gain (or loss)	(07)	00
2. Net short-term capital gain on sale of your principal residence and/or sole proprietorship business (Submit Schedule D1, D3 or G Individual, as applicable. See instructions)	(08)	00
3. Distributable share on net short-term capital gain (or loss) from Estates or Trusts (Submit Form 480.60 F)	(09)	00
4. Distributable share on net short-term capital gain (or loss) from Pass-through Entities (Submit Form 480.60 EC. See instructions)	(10)	00
5. Net short-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net short-term capital gain (or loss) from Employees-Owned Special Corporations (Submit detail. See instructions)	(11)	00
6. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)	(12)	00
7. **Net short-term capital gain (or loss)** (Add lines 1 through 6)	(13)	00

Part II Long-Term Capital Assets Gains and Lossess (Held more than one year)

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss (Act 132-2010 and Act 216-2011. See inst.)	(G) Gain or Loss
	⬭			(14) 00	00	00	(17) 00	(20) 00
	⬭			(15) 00	00	00	(18) 00	(21) 00
	⬭			(16) 00	00	00	(19) 00	(22) 00

8. Net long-term capital gain (or loss)	(23)	00
9. Net long-term capital gain (or loss) on sale of your principal residence and/or sole proprietorship business (Submit Schedule D1, D3 or G Individual as applicable. See instructions)	(24)	00
10. Distributable share on net long-term capital gain (or loss) from Estates or Trusts (Submit Form 480.60 F)	(25)	00
11. Distributable share on net long-term capital gain (or loss) from Pass-through Entities (Submit Form 480.60 EC. See instructions)	(26)	00
12. Lump-sum distributions from variable annuity contracts - Taxpayer (See instructions)	(27)	00
13. Lump-sum distributions from variable annuity contracts - Spouse (See instructions)	(28)	00
14. Net long-term capital gain (or loss) on investment funds or attributable to direct investment and not through a Capital Investment Fund, or distributable share on net long-term capital gain (or loss) from Employees-Owned Special Corporations (Submit detail. See instructions)	(29)	00
15. Net long-term capital gain (or loss) under Act 22-2012 (Submit Schedule F1 Individual, Part III, line 1, Column (E)) (See instructions)	(30)	00
16. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)	(31)	00
17. **Net long-term capital gain (or loss)** (Add lines 8 through 16)	(32)	00

Part III Long-Term Capital Assets Gains and Losses Realized under Special Legislation (See instructions) 53

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	⬭			(01) 00	00	00	00

18. **Net long-term capital gain (or loss) under Act:** _____ (Decree No. _____) ..... (02) 00

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	⬭			(03) 00	00	00	00

19. **Net long-term capital gain (or loss) under Act:** _____ (Decree No. _____) ..... (04) 00

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	⬭			(05) 00	00	00	00

20. **Net long-term capital gain (or loss) under Act:** _____ (Decree No. _____) ..... (06) 00

Retention Period: Ten (10) years

Part IV Total Distributions from Qualified Pension Plans

Description	Fill in if you Prepaid	Distribution Date (Day/Month/Year)	(A) Total Distribution	(B) Basis	(C) Taxable Amount
21. Taxable at 20% - Taxpayer	○	(07)	(11) 00	00	(15) 00
22. Taxable at 20% - Spouse	○	(08)	(12) 00	00	(16) 00
23. Taxable at 10% - Taxpayer	○	(09)	(13) 00	00	(17) 00
24. Taxable at 10% - Spouse	○	(10)	(14) 00	00	(18) 00

25. Total distributions from qualified pension plans (Total of Columns C. Transfer this amount to Part 1, line 2A of the return or line 3A, Columns B and C of Schedule CO Individual, as applicable) ..... (19) 00

Part V Net Capital Gains or Losses for Determination of the Adjusted Gross Income 54

Gains or Losses	Column A Short-Term	Column B Long-Term	Column C Under Special Legislation	Column D Under Special Legislation	Column E Under Special Legislation
26. Enter the gains determined on lines 7, 17 and 18 through 20 in the corresponding Column	(01) 00	(03) 00	(09) 00	(15) 00	(22) 00
27. Enter the losses determined on lines 7, 17 and 18 through 20 in the corresponding Column	(02) 00	(04) 00	(10) 00	(16) 00	(23) 00
28. If **one or more** of Columns B through E reflect a loss on line 27, add them and apply the total proportionally to the gains in the other Columns (See instructions)		(05) 00	(11) 00	(17) 00	(24) 00
29. Subtract line 28 from line 26. If any Column reflected a loss on line 27, enter zero here		(06) 00	(12) 00	(18) 00	(25) 00
30. Apply the loss from line 27, Column A proportionally to the gains in Columns B through E (See instructions)		(07) 00	(13) 00	(19) 00	(26) 00
31. Subtract line 30 from line 29		(08) 00	(14) 00	(20) 00	(27) 00
32. Add the total of Columns B through E, line 31. However, if line 26 does not reflect **any** gain in Columns B through E, you must enter the total amount of line 27, Columns A through E					(28) 00
33. Net capital gain (or loss) for the current year (Add line 26, Column A and line 32. If the result is more than zero, continue with line 34. If the result is less than zero, do not complete lines 34 and 35 and go to line 36)					(29) 00
34. Less: Net capital loss carryover (Enter in Column D the total net capital loss not used in previous years (Part VI, line 38). Enter in Column E the smaller between the amount of line 34, Column D or the result of line 33 by 90%. This is the deductible amount)				(21) 00	(30) 00
35. Net capital gain (Subtract line 34, Column E from line 33. Enter the result here and in Part 1, line 2B of the return or on line 3B of Schedule CO Individual, as applicable. If line 33 is more than zero, complete Part VII)					(31) 00
36. If line 33 is a net loss, enter here and in Part 1, line 2B of the return or on line 3B of Schedule CO Individual, as applicable, the smaller of the following amounts: a) the net loss indicated on line 33, or b)($1,000)					(32) 00
37. Capital loss available for next year (If line 33 is more than zero, subtract line 34, Column E from line 34, Column D. If line 33 is less than zero, add lines 33 and 34D less line 36)					(33) 00

Part VI Determination of the Net Capital Loss Carryover

Year	(A) Accumulated Capital Loss	(B) Amount Used	(C) Capital Loss Carryforward (Column A - Column B)	Expiration Date
(34)	(41) 00	(48) 00	(55) 00	(63)
(35)	(42) 00	(49) 00	(56) 00	(64)
(36)	(43) 00	(50) 00	(57) 00	(65)
(37)	(44) 00	(51) 00	(58) 00	(66)
(38)	(45) 00	(52) 00	(59) 00	(67)
(39)	(46) 00	(53) 00	(60) 00	(68)
(40)	(47) 00	(54) 00	(61) 00	(69)

38. **Total net capital loss carryover.** (Transfer this amount to Part V, line 34, Column D of this Schedule) ..... (62) 00

Taxpayer's name | Social Security Number

Part VII **Determination of the Net Long-Term Capital Gain - For Each Tax Rate** 56

	Column A Short-Term	Column B Long-Term (15%)	Column C Special Legislation (____%)	Column D Special Legislation (____%)	Column E Special Legislation (____%)	Column F Total Long-Term (Sum of Columns B through E)	Column G Total Net Capital Gain (Sum of Columns A and F)
1. Net Capital Gain (In the case of short-term gains, transfer the amount on line 26 of Column A, Part V. In the case of long-term gains, transfer the amount on line 31, Columns B through E, Part V, as it corresponds)	(01) 00	(04) 00	(08) 00	(12) 00	(16) 00	(20) 00	(26) 00
2. Allowable amount as net capital loss not used in previous years claimed on Schedule D Individual (Transfer the amount included on line 34, Column E, Part V) (The amount entered on this line cannot exceed 90% of the amount reflected on line 1, Column G of this Part)	(02) 00						
3. Subtract in Column A line 2 from line 1 (If the result is more than zero, this is the net short-term capital gain. Therefore, enter zero on line 5 of Columns B through E. If the result is less than zero, continue on line 4)	(03) 00						
4. Proportion of the gains according to each tax rate (Divide the amount on line 1, Columns B through E, by the total long-term gains indicated on line 1 of Column F. Enter the result rounded to two decimal places). Add the percentages in Columns B through E and enter the total in Column F. **The total shall be 100%**		(05) %	(09) %	(13) %	(17) %	(21) %	
5. Capital loss carryforward attributable to long-term transactions (Columns B through E) (Multiply line 3 - Column A by line 4 of each Column)		(06) 00	(10) 00	(14) 00	(18) 00	(22) 00	
6. **Net long-term capital gain -**							
(a) Net Long-Term Capital Gain subject to **15%** (Column B – Subtract line 5 from line 1. Transfer the result to Column C, line 4(a) of Schedule A2 Individual)		(07) 00				(23) 00	
(b) Net Long-Term Capital Gain subject to the tax rate provided by Special Legislation (Columns C through E – Subtract line 5 from line 1. Transfer the result to Columns F, G and H, as it corresponds, line 4(a) of Schedule A2 Individual)			(11) 00	(15) 00	(19) 00	(24) 00	
7. **Total net long-term capital gain** (Column F - Add lines 6(a) and 6(b). Transfer this result to Column A – line 4(a) of Schedule A2 Individual)						(25) 00	
8. Net capital gain (If line 3 is more than zero, add lines 3 and 7 and enter the result here. Otherwise, enter here the amount on line 7. This amount must be the same amount reported on line 35, Part V of this Schedule)							(27) 00

Schedule D1 Individual
Rev. Aug 30 19

SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

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

2019

Taxpayer's name

Social Security Number

Computation of Gain 42

1. Date in which the residence was sold (day, month, year)	(01)	/ /	
2. Was the residence occupied by the seller or his/her family for a continuous period during the last two (2) years previous to the sale? (02) ⬭ **1** Yes ⬭ **2** No If you answered "Yes", complete the rest of the form. If you answered "No", go to line 3 and then to Schedule D Individual, Part I or II, as applicable.			
3. Were funds from an Individual Retirement Account (IRA) used to acquire the residence? (03) Taxpayer: ⬭ **1** Yes ⬭ **2** No (04) Spouse: ⬭ **1** Yes ⬭ **2** No. If the answer is "Yes", enter here and in Part I of Schedule F Individual the amount of the withdrawn contributions	(05)		00
4. Selling price of the residence (Do not include personal property items sold with your residence)	(06)		00
5. Selling and fixing-up expenses (See instructions)	(07)		00
6. Total realized (Subtract line 5 from line 4)	(08)		00
7. Adjusted basis of residence sold. (09) Includes prepayment: ⬭ **1** Yes ⬭ **2** No (See instructions)	(10)		00
8. Gain realized on sale (Subtract line 7 from line 6) (See instructions) If it is zero or less, **enter zero.** If it is more than zero, transfer this amount to Schedule IE Individual, Part II, line 10	(11)		00

Retention Period: Ten (10) years

Schedule D3 Individual

Rev. Aug 30 19

SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

(Under Sections 1034.04(m) and 1031.02(a)(16) of the Puerto Rico Internal Revenue Code of 2011, as amended)

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

2019

Taxpayer's name

Social Security Number

Part I Computation of Gain under Section 1034.04(m)

43

1. Date in which the old residence was sold (day, month, year) ..... (01) / /
2. Were funds from an Individual Retirement Account (IRA) used to acquire the old residence? (02) Taxpayer: ⬭ 1 Yes ⬭ 2 No
   (03) Spouse: ⬭ 1 Yes ⬭ 2 No. If the answer is "Yes", enter here and in Part I of Schedule F Individual the amount of the withdrawn contribution (04) 00
3. Have you bought or built a new residence? (05) ⬭ 1 Yes ⬭ 2 No
   If you bought or built, enter date ..... (06) / /
4. Selling price of the old residence (Do not include personal property items sold with your residence) ..... (07) 00
5. Selling expenses (Include sales commissions, advertising, legal fees, etc.) ..... (08) 00
6. Total realized (Subtract line 5 from line 4) ..... (09) 00
7. Adjusted basis of residence sold. (10) Includes prepayment: ⬭ 1 Yes ⬭ 2 No (See instructions) ..... (11) 00
8. Gain realized on sale (Subtract line 7 from line 6).
   If it is zero or less, **enter zero** and do not complete the rest of the form. If your answer on line 3 is "Yes", continue with Part II or III, whichever applies. If your answer on line 3 is "No", continue with line 9 ..... (12) 00
9. If you have not replaced your residence, do you plan to do so during the replacement period? (13) ⬭ 1 Yes ⬭ 2 No
   If your answer is "Yes", see instructions.
   If your answer is "No", continue with Part II or III, whichever applies.

Part II Once in a Lifetime Exclusion for Taxpayers Age 60 or Older under Section 1031.02(a)(16) (See instructions)

10. At the time of sale, who owned the residence? ..... (14) ⬭ 1 Taxpayer ⬭ 2 Spouse ⬭ 3 Both
11. Who was age 60 or older on the date of sale? ..... (15) ⬭ 1 Taxpayer ⬭ 2 Spouse ⬭ 3 Both
12. Did the person who was age 60 or older own and use the property sold as his or her principal residence for a total of at least 3 years (except for short absences) of the 5 year period ended at the time of sale? If the answer is "No", go to Part III ..... (16) ⬭ 1 Yes ⬭ 2 No
13. If line 12 is "Yes", do you elect to take the once in a lifetime exclusion from the gain on the sale? ..... (17) ⬭ 1 Yes ⬭ 2 No
14. **Exemption:** Enter the smaller of line 8 or $150,000 ($300,000 if married that choose the optional computation of tax) ..... (18) 00

Part III Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Residence

15. Recognized gain. If line 14 is zero, enter here the amount of line 8. Otherwise, subtract line 14 from line 8 and enter here.
    - If line 15 is zero or less, do not complete the rest of the form and attach the same to your return.
    - If line 15 is more than zero and line 3 is "Yes", go to line 16.
    - If line 15 is more than zero and line 9 is "No", do not complete lines 16 through 20. Enter the gain on line 21 ..... (20) 00
16. Fixing-up expenses of the old residence (See instructions) ..... (21) 00
17. Add lines 14 and 16 ..... (22) 00
18. **Adjusted sales price** (Subtract line 17 from line 6) ..... (23) 00
19. (a) Enter date you moved into new residence (24) ..... / / (b) Cost of new residence ..... (25) 00
20. Subtract line 19(b) from line 18. If it is zero or less, **enter zero** ..... (26) 00
21. **Taxable gain.** Enter the smaller of line 15 or 20. If it is zero or less, **enter zero.**
    If it is a gain, transfer to Schedule D Individual, as applicable: (27) ⬭ 1 Short-term (Part I, line 2) ⬭ 2 Long-term (Part II, line 9) ..... (28) 00
22. Gain to be postponed (Subtract line 21 from line 15) ..... (29) 00
23. **Adjusted basis of new residence** (Subtract line 22 from line 19(b)) ..... (30) 00

Retention Period: Ten (10) years

Schedule E
Rev. 11.19

DEPRECIATION

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

2019

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 $30,000 per vehicle.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year. 37
(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) Amortization (i.e. Goodwill)					
		00	00		00
		00	00		00
		00	00		00
Total			00		00
(e) Automobiles (See instructions)					
		00	00		00
		00	00		00
		00	00		00
Total			00		00
(f) Vehicles under financial lease (Form 480.7D) (Amount of vehicles _____) (01) ..... (02)					00
TOTAL: (Add total of lines (a) through (f) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or the corresponding line of other returns) ..... (10)					00

Retention Period: Ten (10) years

Schedule E1
Rev. 11.19

DEPRECIATION FOR BUSINESSES WITH VOLUME OF $3,000,000 OR LESS

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

2019

Taxpayer's name

Social Security or Employer Identification Number

1. Type of property	2. Date acquired	3. Original cost or other basis	4. Depreciation claimed in prior years	5. Estimated useful life to compute the depreciation	6. Depreciation claimed this year (38)
(a) Computer systems (Section 1033.07(a)(1)(G))					Check here to elect: ⬭
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
		00	00	00	00
Total					00
(b) Ground transportation equipment, except automobiles (Section 1033.07(a)(1)(H))					Check here to elect: ⬭
		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00
Total					00
(c) Machinery and equipment, furniture and fixtures, and any other fixed asset to be used in the industry or business (Section 1033.07(a)(1)(K))					Check here to elect: ⬭
		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00
Total					00
Total (Add total of lines (a) through (c) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or the corresponding line of other returns) (01)					00

By filing this schedule, I acknowledge that this election is irrevocable and that in subsequent years the depreciation on the books on these assets will not be deductible to determine the net income subject to income tax.

Retention Period: Ten (10) years

Schedule F Individual

Rev. Aug 30 19

GOVERNMENT OF PUERTO RICO · TREASURY

OTHER INCOME

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

2019

Taxpayer's name

Fill in one: (01) ⬭ 1 Taxpayer ⬭ 2 Spouse ⬭ 3 Both

Social Security Number

Part I Distributions from Individual Retirement Accounts and Educational Contribution Accounts

Taxable Amount (40)

Payer's name	Employer Identification Number	Account Number	Fill in if you Prepaid	Column A Total Distribution	Column B Basis (See instructions)	Column C Interest from IRA of Financial Institutions Not Subject to Withholding (Transfer to Part I, line 1(b), Col. D of Schedule FF Ind.)	Column D Interest from IRA of Financial Institutions (10%) (Transfer to Part I, line 1(b), Col. B of Schedule FF Ind.)	Column E Interest from Distributions to Government Pensioners (10%) (Transfer to Part I, line 1(b), Column E of Schedule FF Individual)	Column F IRA Distributions to Government Pensioners (excluding contributions) (10%)	Column G IRA or Educational Contribution Accounts Distributions of Income from Sources Within P.R. (10%)	Column H IRA or Educational Contribution Accounts Distributions
	(02)		⬭	00	00	00	00	00	00	00	00
	(03)		⬭	00	00	00	00	00	00	00	00
	(04)		⬭	00	00	00	00	00	00	00	00
	(05)		⬭	00	00	00	00	00	00	00	00
	(06)		⬭	00	00	00	00	00	00	00	00

1. Subtotal (Transfer the total of Columns F and G to line 4(k), Columns A and D, as applicable, of Schedule A2 Individual) ..... (07) 00 | 00 | (08) 00 | (09) 00 | (10) 00 | (11) 00 | (12) 00 | (13) 00

2. **Total distributions from Individual Retirement Accounts and Educational Contribution Accounts** (Add the total of Columns F through H. Transfer to Part 1, line 2F of the return or line 3F, Column B or C of Schedule CO Individual, as applicable) ..... (14) 00

Part II Distributions and Transfers from Governmental Plans

Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount	Taxable Amount - Savings Account (D) Distributions under $10,000	(E) Lump-sum Distributions ($10,000 or more)	(F) Transfers under Section 1081.03
1. Taxable as ordinary income	⬭		(15) 00	00	(17) 00	(18) 00		
2. Taxable at 10% (Transfer the total of Columns E and F to line 4(k), Columns A and D of Schedule A2 Individual)	⬭		(16) 00	00			(19) 00	(20) 00

3. Total distributions and transfers from governmental plans (Add line 1, Columns C and D and line 2, Columns E and F. Transfer to Part 1, line 2E of the return or line 3E, Column B or C of Schedule CO Individual, as applicable) ..... (21) 00

Part III Distributions from Deferred Compensation Plans (Non Qualified)

Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount
1. Taxable as ordinary income (Transfer the amount of Column C to Part 1, line 2L of the return or line 3L of Schedule CO Individual, as applicable)	⬭		(22) 00	00	(23) 00

Retention Period: Ten (10) years

Part IV Distributions from Qualified Retirement Plans (Partial or Lump-Sum Not due to Separation from Service or Plan Termination) 40

Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount
1. Taxable as ordinary income (Transfer the amount of Column C to Part 1, line 2L of the return or line 3L of Schedule CO Individual, as applicable)	⬭		(24) 00	00	(25) 00

Part V Other Income

Payer's name	Employer Identification Number	Account Number	Column A Income from Debt Discharge	Column B Income from the Use of Intangibles	Column C Judicial or Extrajudicial Indemnification	Column D Income from Sport Teams of International Associations or Federations	Column E Other Income	Column F Distributable Share on Net Income Subject to Preferential Rates from Pass-Through Entities
	(26)		00	00	00	00	00	00
	(27)		00	00	00	00	00	00
	(28)		00	00	00	00	00	00
1. Amount received			(29) 00	(32) 00	(35) 00	(38) 00	(40) 00	(43) 00
2. Less: Expenses related to the production of these income (See instructions)			(30) 00	(33) 00	(36) 00		(41) 00	
3. Subtotal Columns A through C and E (Subtract line 2 from line 1, as applicable. Transfer the total in Column D to line 4(g), Columns A and B of Schedule A2 Individual, and the total of Column F to line 4(j), Column A and to the one that applies of Columns B through H of Schedule A2 Individual)			(31) 00	(34) 00	(37) 00	(39) 00	(42) 00	(44) 00
4. Total other income (Add the total of line 3, Columns A through F. Transfer to Part 1, line 2G of the return or line 3G of Schedule CO Individual, as applicable)								(45) 00

Part VI Distributions Due to a Disaster Declared by the Governor of Puerto Rico 41

Fill in one: (01) ⬭ **1** Taxpayer ⬭ **2** Spouse

Payer's name	Employer Identification Number	Account Number	Distribution Date	Select the form in which the distribution was reported	Column A Exempt Amount	Column B Amount Subject to Withholding (10%)	Column C Amount over which a Prepayment was Made, Voluntary Contributions and After-Tax Contributions	Column D Total Distribution
	(02)			(07) 1 ⬭ 480.7 2 ⬭ 480.7C	(12) 00	(18) 00	(24)	(30) 00
	(03)			(08) 1 ⬭ 480.7 2 ⬭ 480.7C	(13) 00	(19) 00	(25)	(31) 00
	(04)			(09) 1 ⬭ 480.7 2 ⬭ 480.7C	(14) 00	(20) 00	(26)	(32) 00
	(05)			(10) 1 ⬭ 480.7 2 ⬭ 480.7C	(15) 00	(21) 00	(27)	(33) 00
	(06)			(11) 1 ⬭ 480.7 2 ⬭ 480.7C	(16) 00	(22) 00	(28)	(34) 00
1. Amount received (Total of Columns A, B, C and D)					(17) 00	(23) 00	(29)	(35) 00

2. Less: Amounts over which a prepayment was made, voluntary contributions and after-tax contributions (Transfer the total of line 1, Column C) (36) 00
3. Eligible distribution (Subtract line 2 from line 1, Column D) (See instructions) (37) 00
4. Less: Exempt amount (Enter the smaller of the amount on line 1, Column D or $10,000. Transfer to line 31, Part II of Schedule IE Individual) (38) 00
5. Amount taxable at 10% (Subtract line 4 from line 3. Transfer to Part 1, line 2O of the return or line 3O, Column B or C of Schedule CO Individual, as applicable. Transfer also to line 4(l) of Schedule A2 Individual) (See instructions) (39) 00
6. Tax withheld at source:
   (a) Form 480.7, Box 10 (Total Informative Returns .....) (40) (42) 00
   (b) Form 480.7C, Box 22 (Total Informative Returns .....) (41) (43) 00
   (c) Total tax withheld on eligible distributions (Add lines 6(a) and 6(b). Enter this amount on Schedule B Individual, Part III, line 21(c)) (44) 00

Schedule FF Individual

Rev. Aug 30 19

GOVERNMENT OF PUERTO RICO · TREASURY

INTERESTS, DIVIDENDS AND MISCELLANEOUS INCOME

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

2019

Taxpayer's name

Social Security Number

Part I Interests 31

Payer's name	Employer Identification Number	Account Number	Column A Eligible interest subject to withholding (Section 1023.05(b)) (10%)	Column B Interest from IRA from financial institutions subject to withholding (10%)	Column C Interest from financial institutions subject to withholding (Section 1023.04)(10%)	Column D Interest from financial institutions, including interest from IRA, not subject to withholding	Column E Interest from IRA distributions to Government Pensioners (10%)	Column F Other interest subject to withholding _____%	Column G Other interest
	(01)		00		00	00		00	00
	(02)		00		00	00		00	00
	(03)		00		00	00		00	00
	(04)		00		00	00		00	00
	(05)		00		00	00		00	00
	(06)		00		00	00		00	00
	(07)		00		00	00		00	00
	(08)		00		00	00		00	00
	(09)		00		00	00		00	00
	(10)		00		00	00		00	00

1. Interest: a) Subtotal of Columns A, C, D, F and G	(11)	00		(20) 00	(25) 00		(36) 00	(40) 00
b) Total from Schedule F Individual, Part I, Columns C, D and E			(15) 00		(26) 00	(31) 00		
c) Total (Add lines 1(a) and 1(b))	(12)	00	(16) 00	(21) 00	(27) 00	(32) 00	(37) 00	(41) 00
2. Less: Expenses related to the purchase of investments (See instructions)	(13)	00	(17) 00	(22) 00	(28) 00	(33) 00	(38) 00	(42) 00
3. Less: Interest exemption (See instructions)			(18) 00	(23) 00	(29) 00	(34) 00		
4. **Total interests** (Subtract lines 2 and 3 from line 1(c), Columns A through G. Transfer the amounts from line 4, Columns A through C, E and F to line 4, Columns A, D and F through H, as applicable, of Schedule A2 Individual)	(14)	00	(19) 00	(24) 00	(30) 00	(35) 00	(39) 00	(43) 00
5. Add line 4, Columns A through G. Transfer to Part 1, line 2C of the return or to line 3C of Schedule CO Individual, as applicable								(44) 00

Retention Period: Ten (10) years

Part II Corporate Dividends

34

Payer's name	Employer Identification Number	Account Number	Column A Subject to withholding (15%)	Column B Subject to withholding (____%)	Column C Subject to withholding (____%)	Column D Not subject to withholding
	(01)		00	00	00	00
	(02)		00	00	00	00
	(03)		00	00	00	00
	(04)		00	00	00	00
	(05)		00	00	00	00
	(06)		00	00	00	00
	(07)		00	00	00	00
	(08)		00	00	00	00
	(09)		00	00	00	00
	(10)		00	00	00	00

1. Dividends distributed amount	(11) 00	(15) 00	(18) 00	(21) 00
2. Less: Expenses related to the purchase of investments (See instructions)	(12) 00	(16) 00	(19) 00	(22) 00
3. Subtotal (Subtract line 2 from line 1, Columns A through D. Transfer the total of Columns A through C to line 4(f), Columns A, C and F through H, as applicable, of Schedule A2 Individual)	(13) 00	(17) 00	(20) 00	(23) 00
4. Total (Add line 3, Columns A through D and transfer to Part 1, line 2D of the return or line 3D of Schedule CO Individual)	(14) 00			

Part III Miscellaneous Income

Payer's name	Employer Identification Number	Account Number	Column A Miscellaneous Income	Column B Income from Prizes and Contests
	(24)		00	00
	(25)		00	00
	(26)		00	00
	(27)		00	00
	(28)		00	00

1. Amount received	(29) 00	(32)	00
2. Less: Expenses related to the production of these income (See instructions)	(30) 00	(33)	00
3. Subtotal (Subtract line 2 from line 1)	(31) 00	(34)	00
4. Total miscellaneous income (Add the total of line 3, Columns A and B. Transfer to Part 1, line 2G of the return or line 3G of Schedule CO Individual, as applicable)	(35)		00

Schedule F1 Individual

Rev. Aug 30 19

DETAIL OF INCOME UNDER ACT 22-2012, AS AMENDED
(Resident Individual Investors)

2019

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

Taxpayer's name	Decree number (01)	Date on which you established residence in Puerto Rico Day _____ Month _____ Year _____	Social Security Number

Part I Interests

49

Description	Amount
	00
	00
	00
	00
	00
	00
	00
	00
	00
1. Total interests (Transfer to Schedule IE Individual, Part II, line 35) ..... (10)	00

Part II Dividends

Description	Amount
	00
	00
	00
	00
	00
	00
	00
	00
	00
1. Total dividends (Transfer to Schedule IE Individual, Part II, line 35) ..... (20)	00

Part III Capital Assets Gains and Losses

Description and Location of Property	Date Acquired (Day/Month/ Year)	Date Sold (Day/Month/ Year)	(A) Sale Price	(B) Market Value on the Date of Establishing Residence in P.R.	(C) Adjusted Basis	(D) Gain or Loss (Col. A - Col. C)	(E) Amount Attributed to the Period Prior to Establishing Residence in P.R. (Col. B - Col. C)	(F) Amount Attributed to a Period after Establishing Residence in P.R. (Col. D - Col. E)
			(21) 00	(24) 00	(27) 00	(30) 00	(33) 00	(37) 00
			(22) 00	(25) 00	(28) 00	(31) 00	(34) 00	(38) 00
			(23) 00	(26) 00	(29) 00	(32) 00	(35) 00	(39) 00
1. Net capital gain or loss (Transfer the total of Column (E) to Schedule D Individual, Part II, line 15. Transfer the total of Column (F) to Schedule IE Individual, Part II, line 35).....							(36) 00	(40) 00

CERTIFICATION

By means of the signature on page 1 of the return, I hereby declare under penalty of perjury that I have not been resident of Puerto Rico during the last six (6) years previous to January 17, 2012 (effective date of Act 22-2012, as amended) and that I became resident of Puerto Rico not later than the taxable year ending on December 31, 2035.

Retention Period: Ten (10) years

Schedule G Individual

Rev. Aug 30 19

TREASURY · GOVERNMENT OF PUERTO RICO

SALE OR EXCHANGE OF ALL TRADE OR BUSINESS ASSETS OF A SOLE PROPRIETORSHIP BUSINESS

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

2019

Taxpayer's name

Social Security Number

Part I Questionnaire (44)

1. Did you elect to defer the gain from the sale of the first sole proprietorship business? (01) ⬭ **1** Yes ⬭ **2** No
   - Taxable Year (02)
   - Amount of deferred gain (03) 00
2. Adjusted basis of the new sole proprietorship business (04) 00
3. Did you sell your sole proprietorship business during this year? (05) ⬭ **1** Yes ⬭ **2** No
   - ◆ If the answer is "Yes", continue with the form.
   - ◆ If the answer is "No", do not complete the rest of the form and attach the same to your return.
4. Date in which the first sole proprietorship business was sold (day, month, year) (06) / /
5. (a) Did you buy a new sole proprietorship business? (07) ⬭ **1** Yes ⬭ **2** No (b) If you answered "Yes", enter date (08) / /

Part II Computation of Gain (or Loss)

6. Selling price of the first sole proprietorship business (09) 00
7. Selling expenses (Include sales commissions, advertising, legal fees, etc.) (10) 00
8. Total realized (Subtract line 7 from line 6) (11) 00
9. Adjusted basis of the first sole proprietorship business. (12) Includes prepayment: ⬭ **1** Yes ⬭ **2** No (See instructions) (13) 00
10. Gain realized on sale (Subtract line 9 from line 8). (14) Qualified property: ⬭ **1** Yes ⬭ **2** No (See instructions)
    If it is zero, do not complete the rest of the form. If less than zero, enter zero and continue on line 11. If more than zero and you answered "Yes" on line 5, continue with Part III. If you answered "No" on line 5, continue on line 12. (15) 00
11. Loss realized on sale (If line 8 less line 9 is less than zero, enter the amount on this line and do not complete the rest of the form). Enter the loss on Schedule D Individual, as applicable: (16) ⬭ **1** Short-term (Part I, line 2) ⬭ **2** Long-term (Part II, line 9) (17) 00
12. If you haven't replaced your first sole proprietorship business, do you plan to do so within the replacement period? (18) ⬭ **1** Yes ⬭ **2** No
    If you answered "Yes", see instructions.
    If you answered "No", continue with Part III, line 13.

Part III Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Sole Proprietorship Business

13. Recognized gain. Enter the amount of line 10.
    - ◆ If line 13 is zero, do not complete the rest of the form and attach the same to your return.
    - ◆ If line 13 is more than zero and line 5 is "Yes", go to line 14.
    - ◆ If line 13 is more than zero and line 12 is "No", enter the gain on Schedule D Individual, as applicable: (19) ⬭ **1** Short-term (Part I, line 2) ⬭ **2** Long-term (Part II, line 9) (See instructions) (20) 00
14. Selling price of the first sole proprietorship business (Enter the amount of line 6) (21) 00
15. (a) Enter date you acquired the new sole proprietorship business (22) / /
    (b) Cost of new sole proprietorship business (23) 00
16. Purchasing commissions and expenses incurred in the new sole proprietorship business (24) 00
17. Reinvested total (Add lines 15(b) and 16) (25) 00
18. Subtract line 17 from line 14. If it is zero or less, **enter zero** (26) 00
19. **Taxable gain.** Enter the smaller of line 13 or 18. If it is zero or less, **enter zero**.
    If it is a gain, enter on Schedule D Individual, as applicable:
    (27) ⬭ **1** Short-term (Part I, line 2) ⬭ **2** Long-term (Part II, line 9) (See instructions) (28) 00
20. Postponed gain (Subtract line 19 from line 13) (29) 00
21. **Adjusted basis of the new sole proprietorship business** (Subtract line 20 from line 17) (30) 00

Retention Period: Ten (10) years

Schedule H Individual
Rev. Aug 30 19

INCOME FROM ANNUITIES OR PENSIONS FROM QUALIFIED OR GOVERNMENTAL PLANS

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

2019

Taxpayer's name

Social Security Number

Spouse's Social Security Number

Recipient of pension (Fill in one): ⬭ **1** Taxpayer ⬭ **2** Spouse

35

Type of annuity or pension (Fill in one):

⬭ **1** Granted by ELA ⬭ **2** Granted by Federal Government ⬭ **3** Granted by private business employer ⬭ **4** Annuity

If you indicated "Granted by private business employer" on the previous line, fill in one: ⬭ **1** Qualified plan under Section 1081.01 ⬭ **2** Non qualified plan

Place where the service was performed: ⬭ **1** Puerto Rico ⬭ **2** United States ⬭ **3** Others _____

Date on which you started to receive the pension: Day_____ Month_____ Year_____

Name of the pension payer_____ and Employer identification number _____

Part I Determination of Cost to be Recovered (See instructions)

1. Cost of annuity (amount paid). If it is zero, go to Part II and enter zero on line 10	(01)		00
2. Pension received in previous years: Year: _____ _____ _____ _____ _____ Amount: _____ _____ _____ _____ _____	(02)		00
3. Less: (a) Taxable pension received in previous years: Year: _____ _____ _____ _____ _____ Amount: _____ _____ _____ _____ _____	(03)		00
(b) Tax exempt pension received in previous years: Year: _____ _____ _____ _____ _____ Amount: _____ _____ _____ _____ _____	(04)		00
4. Total (Add lines 3(a) and 3(b))	(05)		00
5. Cost of pension tax exempt recovered in previous years (Subtract line 4 from line 2)	(06)		00
6. Cost of pension to be recovered (Subtract line 5 from line 1)	(07)		00

Part II Taxable Income (See instructions)

7. Total amount received during the year	(08)		00
8. Tax exempt amount (Enter here and on Schedule IE Individual, Part II, line 8. Do not exceed the amount indicated on line 7)	(09)		00
9. Pension income less the exempt amount (Subtract line 8 from line 7. If it is less than zero, go to line 13)	(10)		00
10. Cost of pension to be recovered (Same as line 6)	(11)		00
11. Pension income in excess of the cost to be recovered (Subtract line 10 from line 9)	(12)		00
12. **Taxable pension income** (Enter here the amount of line 11 or 3% of line 1, whichever is larger (but not larger than the amount of line 9). Enter this amount in Part I, line 2H of the return or line 3H, Column B or C of Schedule CO Individual, as applicable)	(13)		00
13. Tax withheld on annuity or pension for the taxable year (Enter this amount on Schedule B Individual, Part III, line 18)	(14)		00

Retention Period: Ten (10) years

Schedule IE Individual

Rev. Aug 30 19

EXCLUDED AND EXEMPT INCOME

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

2019

Taxpayer's name

Fill in one: (01) ◯ 1 Taxpayer ◯ 2 Spouse

Social Security Number

Part I Exclusions from Gross Income 28

		Items Considered for the Home Mortgage Interest Limitation		Items subject to Alternate Basic Tax	
1. Life insurance	(02)		00		
2. Donations, legacies and inheritances	(03)		00		
3. Compensation for injuries or sickness	(04)		00		
4. Benefits from federal social security for old-age and survivors	(05)		00		
5. Income derived from discharge of debts (See instructions)	(06)		00		
6. Child support payments	(07)		00		
7. Amounts paid by an employer as reimbursement of expenses related to trips, meals, lodging, entertainment and others	(08)		00		
8. Compensation or Indemnification Paid to an Employee Due to Dismissal	(09)		00		
9. Other exclusions (Submit detail)	(10)		00	(64)	00
10. Total (Add lines 1 through 9)	(15)		00	(65)	00

Part II Exemptions from Gross Income

1. Fringe benefits paid by the employer in relation to a cafeteria plan	(16)		00		
2. Interest upon the following instruments:					
A) Obligations from the United States Government, any of its states, territories or political subdivisions	(17)		00		
B) Obligations from the Government of Puerto Rico	(18)		00		
C) Certain Mortgages (See instructions)	(19)		00	(66)	00
D) Deposits in Puerto Rico interest bearing accounts up to $100 ($200 for married filing jointly) (Schedule FF Individual)	(20)		00	(67)	00
E) Bonds, notes or other obligations under Section 6070.56(h) of Act 60-2019	(21)		00		
F) Other interest subject to alternate basic tax reported in a Form 480.6D	(22)		00	(68)	00
G) Other interest not subject to alternate basic tax reported in a Form 480.6D	(23)		00		
H) Other interest subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(24)		00	(69)	00
I) Other interest not subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(25)		00		
3. Dividends:					
A) Subject to alternate basic tax reported in a Form 480.6D	(26)		00	(70)	00
B) Not subject to alternate basic tax reported in a Form 480.6D	(27)		00		
C) Subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(28)		00	(71)	00
D) Not subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(29)		00		
4. Expenses of priests or ministers (See instructions)	(30)		00	(72)	00
5. Recapture of bad debts, prior taxes, surcharges and other items	(31)		00	(73)	00
6. Stipends received by certain physicians during the internship period (Form 499R-2/W-2PR)	(32)		00		
7. Prizes from the Lottery of Puerto Rico and the Additional Lottery	(33)		00		
8. Income from pensions or annuities, up to the applicable limitation (Schedule H Individual, Part II, line 8)	(34)		00		
9. Christmas Bonus, Summer Bonus and Medicine Bonus	(35)		00		
10. Gain from the sale or exchange of principal residence by certain individuals and qualified property (Schedule D1 and/or D3 Individual)	(36)		00		
11. Certain income related to the operation of an employees-owned special corporation (See instructions)	(37)		00	(74)	00
12. Cost of living allowance (COLA) (Federal Form W-2)	(38)		00		
13. Unemployment compensation	(39)		00	(75)	00
14. Compensation received from active military service in a combat zone (Federal Form W-2)	(40)		00		
15. Compensation received by an eligible researcher or scientist (See instructions)	(41)		00		
16. Rents from the Historic Zone	(42)		00	(76)	00
17. Compensation to citizens and aliens nonresidents of Puerto Rico for the production of film projects	(43)		00		
18. Income from overtime worked by a Puerto Rico Police member (Form 499R-2/W-2PR)	(44)		00		
19. Income from sources outside of Puerto Rico (Nonresidents or part-year residents)	(45)		00		
20. Remuneration received by employees of foreign governments or international organizations	(46)		00		
21. Income from buildings rented to the Government of Puerto Rico for public hospitals, health or convalescent homes, public schools (Contracts in force at November 22, 2010) and residential rent under Act 132-2010	(47)		00		
22. Income derived by the taxpayer from the resale of personal property or services which acquisition was subject to tax under Section 3070.01 or Section 2101 of the Internal Revenue Code of 1994	(48)		00		
23. Accumulated Gain in Nonqualified Options	(49)		00		
24. Distributions of Amounts Previously Notified as Deemed Eligible Distributions under Section 1023.06(j) and 1023.25	(50)		00		
25. Distributions from Non Deductible Individual Retirement Accounts	(51)		00		
26. Salaries from Overtime during Emergency Situations (Form 499R-2/W-2PR)	(52)		00		
27. Income from copyrights up to $10,000 under Act 516-2004	(53)		00		
28. Income received by designers and translators up to $6,000 under Act 516-2004	(54)		00		
29. Distributable share on exempt income from pass-through entities (Forms 480.60 EC, 480.60 F. See instructions)	(55)		00	(77)	00
30. Income derived by young people from wages, services rendered, self-employment or new business with special agreement (Act 135-2014) (See instructions)	(56)		00		
31. Distributions due to a disaster declared by the Governor of Puerto Rico (See instructions)	(57)		00		
32. Other payments subject to alternate basic tax reported in a Form 480.6D	(58)		00	(78)	00
33. Other payments not subject to alternate basic tax reported in a Form 480.6D	(59)		00		
34. Other exemptions subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(60)		00	(79)	00
35. Other exemptions not subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(61)		00		
36. **Total** (Add lines 1 through 35)	(62)		00	(80)	00

Part III Total

1. Total of items considered for the home mortgage interest limitation (Add line 10 of Part I and line 36 of Part II, first column)	(63)		00		
2. Total of items subject to alternate basic tax (Add line 10 of Part I and line 36 of Part II, second column)				(81)	00

Schedule J Individual

Rev. Oct 30 19

MANUFACTURING INCOME

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

2019

Taxpayer's name | Social Security Number | Schedule J No. _____ of _____

Fully Taxable ○ (01)

Tax Incentives under:

Act No. 26 of 1978 ○ (02)
Act No. 8 of 1987 ○ (03)
Act No. 148 of 1988 ○ (04)
Act 78-1993 ○ (05)
Act 75-1995 ○ (06)
Act 14-1996 ○ (07)
Act 135-1997 ○ (08)
Act 362-1999 ○ (09)
Act 178-2000 ○ (10)
Act 73-2008 ○ (11)
Act 83-2010 ○ (12)
Act 27-2011 ○ (13)
Act 1-2013 ○ (14)
Act 135-2014 ○ (15)
Act 14-2017 ○ (16)
Other: _____ ○ (17)

Part I Questionnaire 05

Employer Identification Number

Fill in one: ○ **1** Taxpayer ○ **2** Spouse

Fill in here if this is your principal industry or business ○

Date operations began: Day___ Month___ Year___

Merchant's Registration Number

Fill in here if during the taxable year you disposed all the assets used in your industry or business ○

Location of Industry or Business - Number, Street and City

Number of employees

Manufacturer Number

Case or Concession Number

Nature of business: NAICS _____ Percentage _____%

Industrial Code | Municipal Code

Indicate if you include with this return:
○ **1** Audited Financial Statement ○ **2** Agreed Upon Procedures Report (AUP)
Puerto Rico CPA's College Stamp No. _____

Indicate if the business derived income or claimed expenses related to the ownership, use, maintanance and depreciation of the following concepts (fill in as applicable) (See instructions).

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	○ Yes ○ No	○ Yes ○ No
2 vessels	○ Yes ○ No	○ Yes ○ No
3 airships	○ Yes ○ No	○ Yes ○ No
4 residential property outside of Puerto Rico	○ Yes ○ No	○ Yes ○ No

Part II Manufacturing Income 06

		Regular Tax		Alternate Basic Tax	
1. Income	(01)		00	(11)	00
2. **Less:** Cost of goods sold (Complete Part V) (See instructions)	(02)		00	(12)	00
3. Gross income (Subtract line 2 from line 1) (Gross profit margin percentage: 2018 _____ (03) 2019 _____ (04). See instructions)	(05)		00	(13)	00
4. **Less:** Exempt amount under Act 135-2014 (06) ○ **1** Up to $40,000 ○ **2** Up to $500,000 (See instructions)	(07)		00	(14)	00
5. Gross income after the exemption under Act 135-2014 (Subtract line 4 from line 3, if applicable. Otherwise, enter the amount of line 3)	(08)		00	(15)	00
6. Income earned through corporation of individuals, partnerships and special partnerships (Pass-through Entities)	(09)		00	(16)	00
7. Gross income for the current year (Add lines 5 and 6)	(10)		00	(17)	00

Part III Operating Expenses and Deductions 07

A. Deductions reported in an informative return:					
1. Salaries, commissions and bonuses to employees (See instructions)	(01)		00	(24)	00
2. Salaries paid to young university students (Total $_____) (02) Department of the Treasury's Internship Program (Total $_____) (03) (See inst.)	(04)		00	(25)	00
3. Services rendered (See instructions)	(05)		00	(26)	00
4. Commissions to businesses	(06)		00	(27)	00
5. Lease, rent and fees paid (See instructions) (Personal $_____) (07) (Real $_____) (08)	(09)		00	(28)	00
6. Health or accident plans	(10)		00	(29)	00
7. Property, contingency and public liability insurance and bonds (See instructions)	(11)		00	(30)	00
8. Telecommunication services	(12)		00	(31)	00
9. Internet and cable or satellite television services	(13)		00	(32)	00
10. Electric power	(14)		00	(33)	00
11. Water and sewage	(15)		00	(34)	00
12. Advertising	(16)		00	(35)	00
13. Royalties	(17)		00	(36)	00
14. Mortgage interests	(18)		00	(37)	00
15. Interests paid for automobiles financing leases	(19)		00	(38)	00
16. Homeowners association fees	(20)		00	(39)	00
17. Professional associations fees paid for the benefit of employees	(21)		00	(40)	00
18. Certain other expenses (See instructions)	(22)		00	(41)	00
19. Subtotal (Add lines 1 through 18)	(23)		00	(42)	00
B. Deductions not reported in an informative return: 08					
20. Interest on business debts	(01)		00	(16)	00
21. Taxes, patents and licenses:					
a) Property tax (Personal $_____) (02) (Real $_____) (03)	(04)		00	(17)	00
b) Other taxes: Patents $_____ (05) Licenses $_____ (06) and Others $_____ (07)	(08)		00	(18)	00
c) State Insurance Fund Policy	(09)		00	(19)	00
d) Sales and use tax	(10)		00	(20)	00
22. Depreciation and amortization (Submit Schedule E)	(11)		00	(21)	00
23. Depreciation for business with a volume of $3,000,000 or less (Submit Schedule E1)	(12)		00	(22)	00
24. Federal self-employment tax (See instructions)	(13)		00	(23)	00
25. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(14)		00	(24)	00
26. Subtotal (Add lines 20 through 25)	(15)		00	(25)	00
C. Other deductions: Indicate the deductions that were validated with an AUP 09					
27. Social Security (FICA)	(01)		00	(38)	00
28. Unemployment tax	(02)		00	(39)	00
29. Automobiles expenses (Mileage _____) (03) (See instructions)	(04) AUP ○ (05)		00	(40)	00
30. Other motor vehicle expenses (See instructions)	(06) AUP ○ (07)		00	(41)	00
31. Repairs and maintenance	(08) AUP ○ (09)		00	(42)	00
32. Travel expenses (Total expenses $_____) (10)	(11) AUP ○ (12)		00	(43)	00
33. Meal and entertainment expenses (Total expenses _____) (13) (See instructions)	(14) AUP ○ (15)		00	(44)	00
34. Materials and office supplies	(16) AUP ○ (17)		00	(45)	00
35. Materials directly used in the manufacture	(18) AUP ○ (19)		00	(46)	00
36. Stamps, vouchers and fees	(20) AUP ○ (21)		00	(47)	00
37. Postage and shipping charges	(22) AUP ○ (23)		00	(48)	00
38. Uniforms	(24) AUP ○ (25)		00	(49)	00
39. Parking and toll	(26) AUP ○ (27)		00	(50)	00
40. Office expenses	(28) AUP ○ (29)		00	(51)	00
41. Bank fees	(30) AUP ○ (31)		00	(52)	00
42. Bad debts	(32) AUP ○ (33)		00	(53)	00
43. Other expenses (Complete Part VII)	(34) AUP ○ (35)		00	(54)	00
44. Subtotal (Add lines 27 through 43)	(36)		00	(55)	00
45. **Total** (Add lines 19, 26 and 44)	(37)		00	(56)	00

Retention Period: Ten (10) years

Part IV Determination of Gain or Loss 11

		Regular Tax	Alternate Basic Tax
1. Net income for the current year (Subtract line 45, Part III from line 7, Part II)	(01)	00	(06) 00
2. **Less:** Net operating loss from previous years (Complete Part VIII)	(02)	00	(07) 00
3. Adjusted net income (Subtract line 2 from line 1)	(03)	00	(08) 00
4. **Less:** Exempt amount _____ % of line 3 or $ _____ (See instructions)	(04)	00	(09) 00
5. Gain (or loss) (Subtract line 4 from line 3) (Transfer the total to page 2, Part 1, line 2 T of the return or line 3 T, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to the gain)	(05)	00	(10) 00

Part V Cost of Goods Sold

1. Beginning inventory	(11)	00
2. **Plus:** Purchases	(12)	00
3. Direct salaries	(13)	00
4. Other direct costs (Part VI, line 17)	(14)	00
5. Total (Add lines 1 through 4)	(15)	00
6. **Less:** Ending inventory	(16)	00
7. Total Cost of Goods Sold (Subtract line 6 from line 5. Transfer to Part II, line 2 of this schedule)	(17)	00

Part VI Other Direct Costs

1. Salaries, wages and bonuses	(18)	00	10. Electric power	(27)	00
2. Social security tax (FICA)	(19)	00	11. Water and sewage	(28)	00
3. Unemployment tax	(20)	00	12. Rent	(29)	00
4. State Insurance Fund Premiums	(21)	00	13. Packing products expenses	(30)	00
5. Health or accident plans	(22)	00	14. Meals expenses paid to production employees (Total $ _____) (31)	(32)	00
6. Property, contingency and public liability insurance and bonds	(23)	00	15. Depreciation (Submit Schedule E)	(33)	00
7. Excise taxes / Use taxes	(24)	00	16. Other direct costs (Submit detail)	(34)	00
8. Sales and use tax on imports	(25)	00	17. Total other direct costs (Add lines 1 through 16. Transfer to Part V, line 4)	(35)	00
9. Repairs and maintenance	(26)	00			

Part VII Detail of Other Expenses

Description		Amount Regular Tax	Amount Alternate Basic Tax
1.	(36)	00	(42) 00
2.	(37)	00	(43) 00
3.	(38)	00	(44) 00
4.	(39)	00	(45) 00
5.	(40)	00	(46) 00
6. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 43)	(41)	00	(47) 00

Part VIII Net Operating Losses from Previous Years 12

Year in which the loss was incurred (Day / Month / Year)	(A) Loss Incurred	(B) Amount used in previous years	(C) Adjustment by Section 1033.14(b)(1)(E) of the Code	(D) Amount Available (Subtract Columns B and C from Column A)	Expiration date (Day/Month/Year)
(01)	(13) 00	(26) 00	(39) 00	(52) 00	(65)
(02)	(14) 00	(27) 00	(40) 00	(53) 00	(66)
(03)	(15) 00	(28) 00	(41) 00	(54) 00	(67)
(04)	(16) 00	(29) 00	(42) 00	(55) 00	(68)
(05)	(17) 00	(30) 00	(43) 00	(56) 00	(69)
(06)	(18) 00	(31) 00	(44) 00	(57) 00	(70)
(07)	(19) 00	(32) 00	(45) 00	(58) 00	(71)
(08)	(20) 00	(33) 00	(46) 00	(59) 00	(72)
(09)	(21) 00	(34) 00	(47) 00	(60) 00	(73)
(10)	(22) 00	(35) 00	(48) 00	(61) 00	(74)
(11)	(23) 00	(36) 00	(49) 00	(62) 00	(75)
(12)	(24) 00	(37) 00	(50) 00	(63) 00	(76)
Total (Transfer to Part IV, line 2)	(25) 00	(38) 00	(51) 00	(64) 00	

Schedule K Individual

Rev. Oct 30 19

INCOME FROM THE SALE OF GOODS

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

2019

Taxpayer's name | Social Security Number | Schedule K No. _____ of _____

Part I Questionnaire (65)

Employer Identification Number	Fill in one: ◯ 1 Taxpayer ◯ 2 Spouse	Fill in here if this is your principal industry or business ◯	Date operations began: Day_____ Month_____ Year_____	Fill in here if you are: ◯ Lottery Seller ◯ Multilevel Business
Merchant's Registration Number	Fill in here if during the taxable year you disposed all the assets used in your industry or business ◯			
Number of employees	Location of Industry or Business - Number, Street and City			
	Nature of industry or business: NAICS _____ Percentage _____%			
Industrial Code / Municipal Code	Indicate if you include with this return: ◯ 1 Audited Financial Statement ◯ 2 Agreed Upon Procedures Report (AUP) Puerto Rico CPA's College Stamp No. _____			

Indicate if the business derived income or claimed expenses related to the ownership, use, maintanance and depreciation of the following concepts (fill in as applicable) (See instructions).

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	◯ Yes ◯ No	◯ Yes ◯ No
2 vessels	◯ Yes ◯ No	◯ Yes ◯ No
3 airships	◯ Yes ◯ No	◯ Yes ◯ No
4 residential property outside of Puerto Rico	◯ Yes ◯ No	◯ Yes ◯ No

Part II Income from the Sale of Goods (71)

		Regular Tax		Alternate Basic Tax	
1. Income	(01)		00	(11)	00
2. **Less:** Cost of goods sold (Complete Part V) (See instructions)	(02)		00	(12)	00
3. Gross income (Subtract line 2 from line 1) (Gross profit margin percentage: 2018 _____ (03) 2019 _____ (04). See instructions)	(05)		00	(13)	00
4. **Less:** Exempt amount under Act 135-2014 (06) ◯ 1 Up to $40,000 ◯ 2 Up to $500,000 (See instructions)	(07)		00	(14)	00
5. Gross income after the exemption under Act 135-2014 (Subtract line 4 from line 3, if applicable. Otherwise, enter the amount of line 3)..	(08)		00	(15)	00
6. Income earned through corporation of individuals, partnerships and special partnerships (Pass-through Entities)	(09)		00	(16)	00
7. Gross income for the current year (Add lines 5 and 6)	(10)		00	(17)	00

Part III Operating Expenses and Deductions (81)

A. Deductions reported in an informative return:					
1. Salaries, commissions and bonuses to employees (See instructions)	(01)		00	(24)	00
2. Salaries paid to young university students (Total $_____) (02) Department of the Treasury's Internship Program (Total $_____) (03) (See inst.)	(04)		00	(25)	00
3. Services rendered (See instructions)	(05)		00	(26)	00
4. Commissions to businesses	(06)		00	(27)	00
5. Lease, rent and fees paid (See instructions) (Personal $_____) (07) (Real $_____) (08)	(09)		00	(28)	00
6. Health or accident plans	(10)		00	(29)	00
7. Property, contingency and public liability insurance and bonds (See instructions)	(11)		00	(30)	00
8. Telecommunication services	(12)		00	(31)	00
9. Internet and cable or satellite television services	(13)		00	(32)	00
10. Electric power	(14)		00	(33)	00
11. Water and sewage	(15)		00	(34)	00
12. Advertising	(16)		00	(35)	00
13. Royalties	(17)		00	(36)	00
14. Mortgage interests	(18)		00	(37)	00
15. Interests paid for automobiles financing leases	(19)		00	(38)	00
16. Homeowners association fees	(20)		00	(39)	00
17. Professional associations fees paid for the benefit of employees	(21)		00	(40)	00
18. Certain other expenses (See instructions)	(22)		00	(41)	00
19. Subtotal (Add lines 1 through 18)	(23)		00	(42)	00
B. Deductions not reported in an informative return: (82)					
20. Interest on business debts	(01)		00	(16)	00
21. Taxes, patents and licenses:					
a) Property tax (Personal $_____) (02) (Real $_____) (03)	(04)		00	(17)	00
b) Other taxes: Patents $_____ (05) Licenses $_____ (06) and Others $_____ (07)	(08)		00	(18)	00
c) State Insurance Fund Policy	(09)		00	(19)	00
d) Sales and use tax	(10)		00	(20)	00
22. Depreciation and amortization (Submit Schedule E)	(11)		00	(21)	00
23. Depreciation for business with a volume of $3,000,000 or less (Submit Schedule E1)	(12)		00	(22)	00
24. Federal self-employment tax (See instructions)	(13)		00	(23)	00
25. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(14)		00	(24)	00
26. Subtotal (Add lines 20 through 25)	(15)		00	(25)	00
C. Other deductions: Indicate the deductions that were validated with an AUP (84)					
27. Social Security (FICA)	(01)		00	(38)	00
28. Unemployment tax	(02)		00	(39)	00
29. Automobiles expenses (Mileage _____) (03) (See instructions) (04) AUP ◯	(05)		00	(40)	00
30. Other motor vehicle expenses (See instructions) (06) AUP ◯	(07)		00	(41)	00
31. Repairs and maintenance (08) AUP ◯	(09)		00	(42)	00
32. Travel expenses (Total expenses $_____) (10) (11) AUP ◯	(12)		00	(43)	00
33. Meal and entertainment expenses (Total expenses $_____) (13) (See instructions) (14) AUP ◯	(15)		00	(44)	00
34. Materials and office supplies (16) AUP ◯	(17)		00	(45)	00
35. Materials directly used in the manufacture (18) AUP ◯	(19)		00	(46)	00
36. Stamps, vouchers and fees (20) AUP ◯	(21)		00	(47)	00
37. Postage and shipping charges (22) AUP ◯	(23)		00	(48)	00
38. Uniforms (24) AUP ◯	(25)		00	(49)	00
39. Parking and toll (26) AUP ◯	(27)		00	(50)	00
40. Office expenses (28) AUP ◯	(29)		00	(51)	00
41. Bank fees (30) AUP ◯	(31)		00	(52)	00
42. Bad debts (32) AUP ◯	(33)		00	(53)	00
43. Other expenses (Complete Part VI) (34) AUP ◯	(35)		00	(54)	00
44. Subtotal (Add lines 27 through 43)	(36)		00	(55)	00
45. **Total** (Add lines 19, 26 and 44)	(37)		00	(56)	00

Retention Period: Ten (10) years

Part IV Determination of Gain or Loss (86)

		Regular Tax	Alternate Basic Tax
1. Net income for the current year (Subtract line 45, Part III from line 7, Part II)	(01)	00	(06) 00
2. **Less:** Net operating loss from previous years (Complete Part VII)	(02)	00	(07) 00
3. Adjusted net income (Subtract line 2 from line 1)	(03)	00	(08) 00
4. **Less:** Exempt amount _____ % of line 3 or $ _____ (See instructions)	(04)	00	(09) 00
5. Gain (or loss) (Subtract line 4 from line 3) (Transfer the total to page 2, Part 1, line 2P of the return or line 3P, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions)	(05)	00	(10) 00

Part V Cost of Goods Sold

1. Beginning inventory	(11)	00
2. **Plus:** Purchases	(12)	00
3. Total (Add lines 1 and 2)	(13)	00
4. **Less:** Ending inventory	(14)	00
5. Total Cost of Goods Sold (Subtract line 4 from line 3. Transfer to Part II, line 2 of this schedule)	(15)	00

Part VI Detail of Other Expenses

Description		Amount Regular Tax	Amount Alternate Basic Tax
1.	(16)	00	(22) 00
2.	(17)	00	(23) 00
3.	(18)	00	(24) 00
4.	(19)	00	(25) 00
5.	(20)	00	(26) 00
6. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 43)	(21)	00	(27) 00

Part VII Net Operating Losses from Previous Years (88)

Year in which the loss was incurred (Day / Month / Year)	(A) Loss Incurred	(B) Amount used in previous years	(C) Adjustment by Section 1033.14(b)(1)(E) of the Code	(D) Amount Available (Subtract Columns B and C from Column A)	Expiration date (Day/Month/Year)
(01)	(13) 00	(26) 00	(39) 00	(52) 00	(65)
(02)	(14) 00	(27) 00	(40) 00	(53) 00	(66)
(03)	(15) 00	(28) 00	(41) 00	(54) 00	(67)
(04)	(16) 00	(29) 00	(42) 00	(55) 00	(68)
(05)	(17) 00	(30) 00	(43) 00	(56) 00	(69)
(06)	(18) 00	(31) 00	(44) 00	(57) 00	(70)
(07)	(19) 00	(32) 00	(45) 00	(58) 00	(71)
(08)	(20) 00	(33) 00	(46) 00	(59) 00	(72)
(09)	(21) 00	(34) 00	(47) 00	(60) 00	(73)
(10)	(22) 00	(35) 00	(48) 00	(61) 00	(74)
(11)	(23) 00	(36) 00	(49) 00	(62) 00	(75)
(12)	(24) 00	(37) 00	(50) 00	(63) 00	(76)
Total (Transfer to Part IV, line 2)	(25) 00	(38) 00	(51) 00	(64) 00	

Retention Period: Ten (10) years

Schedule L Individual

Rev. Oct 30 19

FARMING INCOME

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

2019

Taxpayer's name | Social Security Number | Schedule L No. _____ of _____

Part I Questionnaire (66)

○ 1 Taxpayer ○ 2 Spouse

Employer Identification Number	Fill in here if this is your principal industry or business ○	Date operations began: Day_____ Month_____ Year_____	Number of employees
Merchant's Registration Number	Fill in here if during the taxable year you disposed all the assets used in your industry or business ○		
Case or Concession Number	Location of Farming Business - Number, Street and City		
Industrial Code / Municipal Code	Nature of business: NAICS _____ Percentage _____%		

Tax incentive under:
Act 1-2013 ○ (01)
Act 135-2014 ○ (02)
Other: _____ ○ (03)
Exemption under:
Act 225-1995 ○ (04)
Section 1033.12 of the Code ○ (05)

Indicate if you include with this return: ○ 1 Audited Financial Statement ○ 2 Agreed Upon Procedures Report (AUP)
Puerto Rico CPA's College Stamp No. _____

Indicate if the business derived income or claimed expenses related to the ownership, use, maintanance and depreciation of the following concepts (fill in as applicable) (See instructions).

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	○ Yes ○ No	○ Yes ○ No
2 vessels	○ Yes ○ No	○ Yes ○ No
3 airships	○ Yes ○ No	○ Yes ○ No
4 residential property outside of Puerto Rico	○ Yes ○ No	○ Yes ○ No

Part II Farming Income (75)

		Regular Tax		Alternate Basic Tax	
1. Income	(01)		00	(11)	00
2. **Less:** Cost of goods sold (Complete Part V) (See instructions)	(02)		00	(12)	00
3. Gross income (Subtract line 2 from line 1) (Gross profit margin percentage: 2018 _____ (03) 2019 _____ (04). See instructions)	(05)		00	(13)	00
4. **Less:** Exempt amount under Act 135-2014 (06) ○ 1 Up to $40,000 ○ 2 Up to $500,000 (See instructions)	(07)		00	(14)	00
5. Gross income after the exemption under Act 135-2014 (Subtract line 4 from line 3, if applicable. Otherwise, enter the amount of line 3)	(08)		00	(15)	00
6. Income earned through corporation of individuals, partnerships and special partnerships (Pass-through Entities)	(09)		00	(16)	00
7. Gross income for the current year (Add lines 5 and 6)	(10)		00	(17)	00

Part III Operating Expenses and Other Costs (83)

A. Deductions reported in an informative return:					
1. Salaries, commissions and bonuses to employees (See instructions)	(01)		00	(24)	00
2. Salaries paid to young university students (Total $_____) (02) Department of the Treasury's Internship Program (Total $_____) (03) (See inst.)	(04)		00	(25)	00
3. Services rendered (See instructions)	(05)		00	(26)	00
4. Commissions to businesses	(06)		00	(27)	00
5. Lease, rent and fees paid (See instructions) (Personal $_____) (07) (Real $_____) (08)	(09)		00	(28)	00
6. Health or accident plans	(10)		00	(29)	00
7. Property, contingency and public liability insurance and bonds (See instructions)	(11)		00	(30)	00
8. Telecommunication services	(12)		00	(31)	00
9. Internet and cable or satellite television services	(13)		00	(32)	00
10. Electric power	(14)		00	(33)	00
11. Water and sewage	(15)		00	(34)	00
12. Advertising	(16)		00	(35)	00
13. Royalties	(17)		00	(36)	00
14. Mortgage interests	(18)		00	(37)	00
15. Interests paid for automobiles financing leases	(19)		00	(38)	00
16. Homeowners association fees	(20)		00	(39)	00
17. Professional associations fees paid for the benefit of employees	(21)		00	(40)	00
18. Certain other expenses (See instructions)	(22)		00	(41)	00
19. Subtotal (Add lines 1 through 18)	(23)		00	(42)	00
B. Deductions not reported in an informative return (74)					
20. Interest on business debts	(01)		00	(17)	00
21. Taxes, patents and licenses:					
a) Property tax (Personal $_____) (02) (Real $_____) (03)	(04)		00	(18)	00
b) Other taxes: Patents $_____ (05) Licenses $_____ (06) and Others $_____ (07)	(08)		00	(19)	00
c) State Insurance Fund Policy	(09)		00	(20)	00
d) Sales and use tax	(10)		00	(21)	00
22. Planting insurance	(11)		00	(22)	00
23. Depreciation and amortization (Submit Schedule E)	(12)		00	(23)	00
24. Depreciation for business with a volume of $3,000,000 or less (Submit Schedule E1)	(13)		00	(24)	00
25. Federal self-employment tax (See instructions)	(14)		00	(25)	00
26. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(15)		00	(26)	00
27. Subtotal (Add lines 20 through 26)	(16)		00	(27)	00
C. Other deductions: Indicate the deductions that were validated with an AUP (76)					
28. Social Security (FICA)	(01)		00	(38)	00
29. Unemployment tax	(02)		00	(39)	00
30. Automobiles expenses (Mileage _____) (03) (See instructions)	(04) AUP ○ (05)		00	(40)	00
31. Other motor vehicle expenses (See instructions)	(06) AUP ○ (07)		00	(41)	00
32. Repairs and maintenance	(08) AUP ○ (09)		00	(42)	00
33. Travel expenses (Total expenses $_____) (10)	(11) AUP ○ (12)		00	(43)	00
34. Meal and entertainment expenses (Total expenses $_____) (13) (See instructions)	(14) AUP ○ (15)		00	(44)	00
35. Materials and office supplies	(16) AUP ○ (17)		00	(45)	00
36. Materials directly used in farming	(18) AUP ○ (19)		00	(46)	00
37. Stamps, vouchers and fees	(20) AUP ○ (21)		00	(47)	00
38. Postage and shipping charges	(22) AUP ○ (23)		00	(48)	00
39. Uniforms	(24) AUP ○ (25)		00	(49)	00
40. Parking and toll	(26) AUP ○ (27)		00	(50)	00
41. Office expenses	(28) AUP ○ (29)		00	(51)	00
42. Bank fees	(30) AUP ○ (31)		00	(52)	00
43. Bad debts	(32) AUP ○ (33)		00	(53)	00
44. Other expenses (Complete Part VII)	(34) AUP ○ (35)		00	(54)	00
45. Subtotal (Add lines 28 through 44)	(36)		00	(55)	00
46. **Total** (Add lines 19, 27 and 45)	(37)		00	(56)	00

Retention Period: Ten (10) years

Part IV Determination of Gain or Loss 78

		Regular Tax		Alternate Basic Tax	
1. Net income for the current year (Subtract line 46, Part III from line 7, Part II)	(01)		00	(06)	00
2. **Less:** Net operating loss from previous years (Complete Part VIII)	(02)		00	(07)	00
3. Adjusted net income (Subtract line 2 from line 1)	(03)		00	(08)	00
4. **Less:** Exempt amount _____ % of line 3 or $ _____ (See instructions)	(04)		00	(09)	00
5. Gain (or loss) (Subtract line 4 from line 3) (Transfer the total to page 2, Part 1, line 2 Q of the return or line 3 Q, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to the gain)	(05)		00	(10)	00

Part V Cost of Goods Sold

1. Beginning inventory	(11)		00
2. **Add:** Purchases	(12)		00
3. Direct salaries	(13)		00
4. Other direct costs (Part VI, line 17)	(14)		00
5. Total (Add lines 1 through 4)	(15)		00
6. **Less:** Ending inventory	(16)		00
7. Total Cost of Goods Sold (Subtract line 6 from line 5. Transfer to Part II, line 2 of this Schedule)	(17)		00

Part VI Other Direct Costs

1. Salaries, wages and bonuses	(18)		00	10. Electric power	(27)	00
2. Social security tax (FICA)	(19)		00	11. Water and sewage	(28)	00
3. Unemployment tax	(20)		00	12. Rent	(29)	00
4. State Insurance Fund Premiums	(21)		00	13. Packing products expenses	(30)	00
5. Health or accident plans	(22)		00	14. Meals expenses paid to production employees (Total $ _____) (31)	(32)	00
6. Property, contingency and public liability insurance and bonds	(23)		00	15. Depreciation (Submit Schedule E)	(33)	00
7. Excise taxes / Use taxes	(24)		00	16. Other direct costs (Submit detail)	(34)	00
8. Sales and Use Tax on Imports	(25)		00	17. Total other direct costs (Add lines 1 through 16. Transfer to Part V, line 4)	(35)	00
9. Repairs and maintenance	(26)		00			

Part VII Detail of Other Expenses

Description		Amount Regular Tax		Amount Alternate Basic Tax	
1.	(36)		00	(42)	00
2.	(37)		00	(43)	00
3.	(38)		00	(44)	00
4.	(39)		00	(45)	00
5.	(40)		00	(46)	00
6. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 44)	(41)		00	(47)	00

Part VIII Net Operating Losses from Previous Years 79

Year in which the loss was incurred (Day / Month / Year)	(A) Loss Incurred	(B) Amount used in previous years	(C) Adjustment by Section 1033.14(b)(1)(E) of the Code	(D) Amount Available (Subtract Columns B and C from Column A)	Expiration date (Day/Month/Year)
(01)	(13) 00	(26) 00	(39) 00	(52) 00	(65)
(02)	(14) 00	(27) 00	(40) 00	(53) 00	(66)
(03)	(15) 00	(28) 00	(41) 00	(54) 00	(67)
(04)	(16) 00	(29) 00	(42) 00	(55) 00	(68)
(05)	(17) 00	(30) 00	(43) 00	(56) 00	(69)
(06)	(18) 00	(31) 00	(44) 00	(57) 00	(70)
(07)	(19) 00	(32) 00	(45) 00	(58) 00	(71)
(08)	(20) 00	(33) 00	(46) 00	(59) 00	(72)
(09)	(21) 00	(34) 00	(47) 00	(60) 00	(73)
(10)	(22) 00	(35) 00	(48) 00	(61) 00	(74)
(11)	(23) 00	(36) 00	(49) 00	(62) 00	(75)
(12)	(24) 00	(37) 00	(50) 00	(63) 00	(76)
Total (Transfer to Part IV, line 2)	(25) 00	(38) 00	(51) 00	(64) 00	

Schedule M Individual

Rev. Oct 30 19

INCOME FROM SERVICES RENDERED

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

2019

Taxpayer's name | Social Security Number

Schedule M No. _____ of _____

Part I Questionaire (You must fill out one schedule for each source of income) 67

○ 1 Taxpayer ○ 2 Spouse

Employer Identification Number	Fill in here if this is your principal industry or business ○	Date operations began: Day____ Month____ Year____	Number of employees	Tax incentive under: Act 1-2013 (01) ○ Act 135-2014 (02) ○ Act 14-2017 (03) ○ Other: _____ (04) ○
Merchant's Registration Number	Fill in here if during the taxable year you disposed all the assets used in your industry or business ○			
Fill in here if you are: ○ Lottery Seller ○ Multilevel Business	Location of Principal Office - Number, Street and City			Case or concession number
Industrial Code / Municipal Code	Nature of service: NAICS _____ Percentage _____%			Optional Tax : Yes ○ No ○
	Indicate if you include with this return: ○ 1 Audited Financial Statement ○ 2 Agreed Upon Procedures Report (AUP) Puerto Rico CPA's College Stamp No. _____			

Indicate if the business derived income or claimed expenses related to the ownership, use, maintanance and depreciation of the following concepts (fill in as applicable) (See instructions).

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	○ Yes ○ No	○ Yes ○ No
2 vessels	○ Yes ○ No	○ Yes ○ No
3 airships	○ Yes ○ No	○ Yes ○ No
4 Residential property outside of Puerto Rico	○ Yes ○ No	○ Yes ○ No

Part II Income from the Services 75

		Regular Tax		Alternate Basic Tax	
1. Income	(01)		00	(09)	00
2. **Less:** Subcontracted Services (See instructions)	(02)		00	(10)	00
3. Subtotal (Subtract line 2 from line 1)	(03)		00	(11)	00
4. **Less:** Exempt amount under Act 135-2014 (04) ○ 1 Up to $40,000 ○ 2 Up to $500,000 (See instructions)	(05)		00	(12)	00
5. Gross income after the exemption under Act 135-2014 (Subtract line 4 from line 3, if applicable. Otherwise, enter the amount of line 3)	(06)		00	(13)	00
6. Income earned through corporation of individuals, partnerships and special partnerships (Pass-through Entities)	(07)		00	(14)	00
7. Gross income for the current year (Add lines 5 and 6)	(08)		00	(15)	00

Part III Operating Expenses and Deductions 85

A. Deductions reported in an informative return:					
1. Salaries, commissions and bonuses to employees (See instructions)	(01)		00	(25)	00
2. Salaries paid to young university students (Total $_____) (02) Department of the Treasury's Internship Program (Total $_____) (03) (See inst.)	(04)		00	(26)	00
3. Services rendered (See instructions)	(05)		00	(27)	00
4. Commissions to businesses	(06)		00	(28)	00
5. Lease, rent and fees paid (See instructions) (Personal $_____) (07) (Real $_____) (08)	(09)		00	(29)	00
6. Health or accident plans	(10)		00	(30)	00
7. Property, contingency and public liability insurance and bonds (See instructions)	(11)		00	(31)	00
8. Telecommunication services	(12)		00	(32)	00
9. Internet and cable or satellite television services	(13)		00	(33)	00
10. Electric power	(14)		00	(34)	00
11. Water and sewage	(15)		00	(35)	00
12. Advertising	(16)		00	(36)	00
13. Royalties	(17)		00	(37)	00
14. Special contribution for professional and advisory services under Act 48-2013	(18)		00	(38)	00
15. Mortgage interests	(19)		00	(39)	00
16. Interests paid for automobiles financing leases	(20)		00	(40)	00
17. Homeowners association fees	(21)		00	(41)	00
18. Professional associations fees paid for the benefit of employees	(22)		00	(42)	00
19. Certain other expenses (See instructions)	(23)		00	(43)	00
20. Subtotal (Add lines 1 through 19)	(24)		00	(44)	00
B. Deductions not reported in an informative return: 80					
21. Interest on business debts	(01)		00	(16)	00
22. Taxes, patents and licenses:					
a) Property tax (Personal $_____) (02) (Real $_____) (03)	(04)		00	(17)	00
b) Other taxes: Patents $_____ (05) Licenses $_____ (06) and Others $_____ (07)	(08)		00	(18)	00
c) State Insurance Fund Policy	(09)		00	(19)	00
d) Sales and use tax	(10)		00	(20)	00
23. Depreciation and amortization (Submit Schedule E)	(11)		00	(21)	00
24. Depreciation for business with a volume of $3,000,000 or less (Submit Schedule E1)	(12)		00	(22)	00
25. Federal self-employment tax (See instructions)	(13)		00	(23)	00
26. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)	(14)		00	(24)	00
27. Subtotal (Add lines 21 through 26)	(15)		00	(25)	00
C. Other deductions: Indicate the deductions that were validated with an AUP 89					
28. Social Security (FICA)	(01)		00	(38)	00
29. Unemployment tax	(02)		00	(39)	00
30. Automobiles expenses (Mileage_____) (03) (See instructions) (04) AUP ○	(05)		00	(40)	00
31. Other motor vehicle expenses (See instructions) (06) AUP ○	(07)		00	(41)	00
32. Repairs and maintenance (08) AUP ○	(09)		00	(42)	00
33. Travel expenses (Total expenses $_____) (10) (11) AUP ○	(12)		00	(43)	00
34. Meal and entertainment expenses (Total expenses $_____) (13) (See instructions) (14) AUP ○	(15)		00	(44)	00
35. Materials and office supplies (16) AUP ○	(17)		00	(45)	00
36. Materials directly used in the services rendered (18) AUP ○	(19)		00	(46)	00
37. Stamps, vouchers and fees (20) AUP ○	(21)		00	(47)	00
38. Postage and shipping charges (22) AUP ○	(23)		00	(48)	00
39. Uniforms (24) AUP ○	(25)		00	(49)	00
40. Parking and toll (26) AUP ○	(27)		00	(50)	00
41. Office expenses (28) AUP ○	(29)		00	(51)	00
42. Bank fees (30) AUP ○	(31)		00	(52)	00
43. Bad debts (32) AUP ○	(33)		00	(53)	00
44. Other expenses (Complete Part V) (34) AUP ○	(35)		00	(54)	00
45. Subtotal (Add lines 28 through 44)	(36)		00	(55)	00
46. **Total** (Add lines 20, 27 and 45)	(37)		00	(56)	00

Part IV Determination of Gain or Loss (90)

		Regular Tax		Alternate Basic Tax	
1. Net income for the current year (Subtract line 46, Part III from line 7, Part II)	(01)		00	(04)	00
2. **Less:** Net operating loss from previous years (Complete Part VI)	(02)		00	(05)	00
3. Gain (or loss) (Subtract line 2 from line 1) (If it is a gain, transfer the total to page 2, Part 1, line 2R of the return or line 3R, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to the gain)	(03)		00	(06)	00

Part V Detail of Other Expenses

Description		Amount Regular Tax		Amount Alternate Basic Tax	
1.	(07)		00	(13)	00
2.	(08)		00	(14)	00
3.	(09)		00	(15)	00
4.	(10)		00	(16)	00
5.	(11)		00	(17)	00
6. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 44)	(12)		00	(18)	00

Part VI Net Operating Losses from Previous Years (92)

Year in which the loss was incurred (Day / Month / Year)	(A) Loss Incurred		(B) Amount used in previous years		(C) Adjustment by Section 1033.14(b)(1)(E) of the Code		(D) Amount Available (Subtract Columns B and C from Column A)		Expiration date (Day/Month/Year)
(01)	(13)	00	(26)	00	(39)	00	(52)	00	(65)
(02)	(14)	00	(27)	00	(40)	00	(53)	00	(66)
(03)	(15)	00	(28)	00	(41)	00	(54)	00	(67)
(04)	(16)	00	(29)	00	(42)	00	(55)	00	(68)
(05)	(17)	00	(30)	00	(43)	00	(56)	00	(69)
(06)	(18)	00	(31)	00	(44)	00	(57)	00	(70)
(07)	(19)	00	(32)	00	(45)	00	(58)	00	(71)
(08)	(20)	00	(33)	00	(46)	00	(59)	00	(72)
(09)	(21)	00	(34)	00	(47)	00	(60)	00	(73)
(10)	(22)	00	(35)	00	(48)	00	(61)	00	(74)
(11)	(23)	00	(36)	00	(49)	00	(62)	00	(75)
(12)	(24)	00	(37)	00	(50)	00	(63)	00	(76)
Total (Transfer to Part IV, line 2)	(25)	00	(38)	00	(51)	00	(64)	00	

Retention Period: Ten (10) years

Schedule N Individual

Rev. Oct 30 19

RENTAL INCOME

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

2019

Taxpayer's name | Social Security Number | Schedule N No. _____ of _____

Part I Questionnaire 68

Employer Identification Number	Fill in here if this is your principal industry or business ◯	Date operations began: Day___ Month___ Year___	Number of employees	◯ 1 Taxpayer ◯ 2 Spouse
Merchant's Registration Number	Location of rented property - Number, Street and City			Property (Fill in one): ◯ 1 Residential ◯ 2 Commercial
Accounting Method: ◯ 1 Cash ◯ 2 Accrual				
Fill in here if during the taxable year you disposed all the assets used in your industry or business ◯	Indicate if the rented property is located outside Puerto Rico ◯			
	Nature of business: NAICS _____ Percentage _____%			
Municipal Code	Indicate if you include with this return: ◯ 1 Audited Financial Statement ◯ 2 Agreed Upon Procedures Report (AUP) Puerto Rico CPA's College Stamp No. _____			

Fully Taxable ◯ (01)
Fully Exempt (Act 132-2010) ◯ (02)
Tax Incentives under:
Act 52 of 1983 ◯ (03)
Act 8 of 1987 ◯ (04)
Act 78-1993 ◯ (05)
Act 135-1997 ◯ (06)
Act 73-2008 ◯ (07)
Act 74-2010 ◯ (08)
Act 83-2010 ◯ (09)
Act 1-2013 ◯ (10)
Act 135-2014 ◯ (11)
Section 1031.02(a)(28) of the Code ◯ (12)
Section 1031.02(a)(35) (F) of the Code... ◯ (13)
Other: _____ ◯ (14)

Case or concession number

Indicate if the business derived income or claimed expenses related to the ownership, use, maintanance and depreciation of the following concepts (fill in as applicable) (See instructions).

Concept	Indicate if you claimed expenses	Indicate if you derived 80% or more of the income from this activity
1 automobiles	◯ Yes ◯ No	◯ Yes ◯ No
2 vessels	◯ Yes ◯ No	◯ Yes ◯ No
3 airships	◯ Yes ◯ No	◯ Yes ◯ No
4 residential property outside of Puerto Rico	◯ Yes ◯ No	◯ Yes ◯ No

Part II Rental Income 77

		Regular Tax		Alternate Basic Tax	
1. Income	(01)		00	(05)	00
2. **Less:** Exempt amount under Act 135-2014 (02) ◯ 1 Up to $40,000 ◯ 2 Up to $500,000 (See instructions)	(03)		00	(06)	00
3. Gross income for the current year (Subtract line 2 from line 1)	(04)		00	(07)	00

Part III Operating Expenses and Deductions 87

A. Deductions reported in an informative return:					
1. Salaries, commissions and bonuses to employees (See instructions)	(01)		00	(24)	00
2. Salaries paid to young university students (Total $_____) (02) Department of the Treasury's Internship Program (Total $_____) (03) (See inst.)	(04)		00	(25)	00
3. Services rendered (See instructions)	(05)		00	(26)	00
4. Commissions to businesses	(06)		00	(27)	00
5. Lease, rent and fees paid (See instructions) (Personal $_____) (07) (Real $_____) (08)	(09)		00	(28)	00
6. Health or accident plans	(10)		00	(29)	00
7. Property, contingency and public liability insurance and bonds (See instructions)	(11)		00	(30)	00
8. Telecommunication services	(12)		00	(31)	00
9. Internet and cable or satellite television services	(13)		00	(32)	00
10. Electric power	(14)		00	(33)	00
11. Water and sewage	(15)		00	(34)	00
12. Advertising	(16)		00	(35)	00
13. Royalties	(17)		00	(36)	00
14. Mortgage interests	(18)		00	(37)	00
15. Interests paid for automobiles financing leases	(19)		00	(38)	00
16. Homeowners association fees	(20)		00	(39)	00
17. Professional associations fees paid for the benefit of employees	(21)		00	(40)	00
18. Certain other expenses (See instructions)	(22)		00	(41)	00
19. Subtotal (Add lines 1 through 18)	(23)		00	(42)	00
B. Deductions not reported in an informative return: 64					
20. Interest on business debts	(01)		00	(14)	00
21. Taxes, patents and licenses:					
a) Property tax (Personal $_____) (02) (Real $_____) (03)	(04)		00	(15)	00
b) Other taxes: Patents $_____ (05) Licenses $_____ (06) and Others $_____ (07)	(08)		00	(16)	00
c) State Insurance Fund Policy	(09)		00	(17)	00
d) Sales and use tax	(10)		00	(18)	00
22. Depreciation and amortization (Submit Schedule E)	(11)		00	(19)	00
23. Depreciation for business with a volume of $3,000,000 or less (Submit Schedule E1)	(12)		00	(20)	00
24. Subtotal (Add lines 20 through 23)	(13)		00	(21)	00
C. Other deductions: Indicate the deductions that were validated with an AUP 69					
25. Social Security (FICA)	(01)		00	(38)	00
26. Unemployment tax	(02)		00	(39)	00
27. Automobiles expenses (Mileage _____) (03) (See instructions) (04) AUP ◯	(05)		00	(40)	00
28. Other motor vehicle expenses (See instructions) (06) AUP ◯	(07)		00	(41)	00
29. Repairs and maintenance (08) AUP ◯	(09)		00	(42)	00
30. Travel expenses (Total expenses $_____) (10) (11) AUP ◯	(12)		00	(43)	00
31. Meal and entertainment expenses (Total expenses $_____) (13) (See instructions) (14) AUP ◯	(15)		00	(44)	00
32. Materials and office supplies (16) AUP ◯	(17)		00	(45)	00
33. Materials directly used in rental business (18) AUP ◯	(19)		00	(46)	00
34. Stamps, vouchers and fees (20) AUP ◯	(21)		00	(47)	00
35. Postage and shipping charges (22) AUP ◯	(23)		00	(48)	00
36. Uniforms (24) AUP ◯	(25)		00	(49)	00
37. Parking and toll (26) AUP ◯	(27)		00	(50)	00
38. Office expenses (28) AUP ◯	(29)		00	(51)	00
39. Bank fees (30) AUP ◯	(31)		00	(52)	00
40. Bad debts (32) AUP ◯	(33)		00	(53)	00
41. Other expenses (Complete Part V) (34) AUP ◯	(35)		00	(54)	00
42. Subtotal (Add lines 25 through 41)	(36)		00	(55)	00
43. Total (Add lines 19, 24 and 42)	(37)		00	(56)	00

Part IV Determination of Gain or Loss 70

		Regular Tax	Alternate Basic Tax
1. Net income for the current year (Subtract line 43, Part III from line 3, Part II)	(01)	00	(06) 00
2. **Less:** Net operating loss from previous years (Complete Part VI)	(02)	00	(07) 00
3. Adjusted net income (Subtract line 2 from line 1)	(03)	00	(08) 00
4. **Less:** Exempt amount _____ % of line 3 or $ _____ (See instructions)	(04)	00	(09) 00
5. Gain (or loss) (Subtract line 4 from line 3) (Transfer the total to page 2, Part 1, line 2S of the return or line 3S, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to the gain)	(05)	00	(10) 00

Part V Detail of Other Expenses

Description		Amount Regular Tax	Amount Alternate Basic Tax
1.	(11)	00	(17) 00
2.	(12)	00	(18) 00
3.	(13)	00	(19) 00
4.	(14)	00	(20) 00
5.	(15)	00	(21) 00
6. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 41)	(16)	00	(22) 00

Part VI Net Operating Losses from Previous Years 72

Year in which the loss was incurred (Day / Month / Year)	(A) Loss Incurred	(B) Amount used in previous years	(C) Adjustment by Section 1033.14(b)(1)(E) of the Code	(D) Amount Available (Subtract Columns B and C from Column A)	Expiration date (Day/Month/Year)
(01)	(13) 00	(26) 00	(39) 00	(52) 00	(65)
(02)	(14) 00	(27) 00	(40) 00	(53) 00	(66)
(03)	(15) 00	(28) 00	(41) 00	(54) 00	(67)
(04)	(16) 00	(29) 00	(42) 00	(55) 00	(68)
(05)	(17) 00	(30) 00	(43) 00	(56) 00	(69)
(06)	(18) 00	(31) 00	(44) 00	(57) 00	(70)
(07)	(19) 00	(32) 00	(45) 00	(58) 00	(71)
(08)	(20) 00	(33) 00	(46) 00	(59) 00	(72)
(09)	(21) 00	(34) 00	(47) 00	(60) 00	(73)
(10)	(22) 00	(35) 00	(48) 00	(61) 00	(74)
(11)	(23) 00	(36) 00	(49) 00	(62) 00	(75)
(12)	(24) 00	(37) 00	(50) 00	(63) 00	(76)
Total (Transfer to Part IV, line 2)	(25) 00	(38) 00	(51) 00	(64) 00	

Retention Period: Ten (10) years

Schedule O Individual

Rev. Oct 30 19

ALTERNATE BASIC TAX

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

2019

Taxpayer's name

Fill in one: (01)
○ 1 Taxpayer ○ 2 Spouse ○ 3 Both

Social Security Number

Part I **Determination of Net Income Subjet to Alternate Basic Tax** 91

1. Net Income from the sale of goods business (Schedule K Individual, Part IV, line 1, Column of the Alternate Basic Tax)	(02)		00
2. Net income from farming business (Schedule L Individual, Part IV, line 1, Column of the Alternate Basic Tax)	(03)		00
3. Net income from services rendered (Schedule M Individual, Part IV, line 1, Column of the Alternate Basic Tax)	(04)		00
4. Net income from rental business (Schedule N Individual, Part IV, line 1, Column of the Alternate Basic Tax)	(05)		00
5. Net income from manufacturing business (Schedule J Individual, Part IV, line 1, Column of the Alternate Basic Tax)	(06)		00
6. Other income received (Add lines 1 and 2(A) through 2(O), Part I of the return or lines 1, 2 and 3(A) through 3(O), Columns B or C Schedule CO Individual, as applicable)	(07)		00
7. Add: Deductions granted under special acts not contemplated under Sections 1033.15 of the Code	(08)		00
8. Add (Less): Distributable share on the adjustments for purposes of the alternate basic tax of pass-through entities (Form 480.60 EC. See instructions)			
9. Add (Less): Adjustment for determination of the share in the profit or loss from certain special partnerships under the percentage of completion method (Form 480.60 EC. See instructions)	(09)		00
	(10)		00
10. Add (Less): Distributable share on the adjustments for purposes of the alternate basic tax of revocable trusts or grantor trusts (Form 480.60 F. See instructions)	(11)		00
11. Add: Excluded and exempt income (Schedule IE Individual, Part III, line 2)	(12)		00
12. Less: Other items not subject to alternate basic tax included in the adjusted gross income (Submit detail. See instructions)	(13)		00
13. Less: Distributable share on net income subject to preferential rates from pass-through entities (Schedule F Individual, Part V, line 3, Column F)	(14)		00
14. Less: Wages received by a qualified physician under Act 14-2017 (See instructions)	(15)		00
15. Less: Allowable deduction under Act 185-2014 (See instructions)	(16)		00
16. Subtract lines 12 through 15 from the sum of lines 1 through 11	(17)		00
17. Less: Deductions and personal exemptions (Part 2, line 10 of the return or line 12, Column B or C of Schedule CO Individual, as applicable)	(18)		00
18. Net Income Subject to Alternate Basic Tax (Subtract line 17 from line 16. See instructions)	(19)		00

Part II **Alternate Basic Tax Computation**

1. Total Regular Tax before the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Part 3, line17 of the return or line 19, Column B or C of Schedule CO Individual, as applicable)	(20)		00
2. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Schedule C Individual)	(21)		00
3. Net regular tax (Subtract line 2 from line 1)	(22)		00
4. Determine the Alternate Basic Tax as follows: If the Net Income Subject to Alternate Basic Tax (Line 18 of Part I) is: a) From $25,000 to $50,000, multiply line 18 of Part I by 1%. b) Over $50,000 but not over $75,000, multiply line 18 of Part I by 3%. c) Over $75,000 but not over $150,000, multiply line 18 of Part I by 5%. d) Over $150,000 but not over $250,000, multiply line 18 of Part I by 10%. e) Over $250,000, multiply line 18 of Part I by 24%. This is your Alternate Basic Tax (Enter the corresponding amount on this line)	(23)		00
5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (See instructions)	(24)		00
6. Net alternate basic tax (Subtract line 5 from line 4)	(25)		00
7. **Excess of Net Alternate Basic Tax over Net Regular Tax** (Subtract line 3 from line 6. If line 3 is more than line 6, **enter zero and complete Part III of this Schedule**. If line 6 is more than line 3, enter the difference here and transfer to Part 3, line 20 of the return or line 22, Column B or C of Schedule CO Individual, as applicable)	(26)		00

Part III **Computation of the Credit for Alternate Basic Tax**

1. Excess of regular tax over alternate basic tax for the current year (Subtract line 6 from line 3, Part II of this Schedule. If line 6 of Part II is more than line 3 of Part II, enter zero and do not complete this part)	(27)		00
2. Multiply line 1 by .25 and enter the result here	(28)		00
3. Amount of alternate basic tax paid in previous years and not claimed as credit (Part IV, line 6 of this Schedule)	(29)		00
4. Amount of credit to be claimed (Enter the smaller of line 2 or 3. Transfer to Part 3, line 21 of the return or line 23, Column B or C of Schedule CO Individual, as applicable)	(30)		00

Part IV **Determination of the Amount of Alternate Basic Tax Paid in Previous Years Not Claimed as Credit**

Taxable Year	(A) Alternate Basic Tax Paid in Excess of Regular Tax		(B) Adjustment under Section 1021.02(a)(6)(B)(iii)		(C) Amount Used as Credit in Previous Years		(D) Balance	
1. 2009	(31)	00	(36)	00	(41)	00	(46)	00
2. 2010	(32)	00	(37)	00	(42)	00	(47)	00
3. 2011	(33)	00	(38)	00	(43)	00	(48)	00
4. 2012	(34)	00	(39)	00	(44)	00	(49)	00
5. 2013	(35)	00	(40)	00	(45)	00	(50)	00
6. Total (Transfer to Part III, line 3 of this Schedule)							(51)	00

Retention Period: Ten (10) years

Schedule P Individual
Rev. Aug 30 19

GRADUAL ADJUSTMENT

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

2019

Taxpayer's name

Fill in one: (01)
⬭ **1** Taxpayer ⬭ **2** Spouse ⬭ **3** Both

Social Security Number

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1. Net Taxable Income (Part 2, line 13 of the return, line 15, Column B or C of Schedule CO Individual, as applicable, or line 11, Column A of Schedule A2 Individual, as applicable)	(02)		00
2. Maximum amount of taxable net income to determine the gradual adjustment	(03)	500,000	00
3. Subtract line 2 from line 1 (If it is less than zero, enter zero and do not continue with the form)	(04)		00
4. 5% of line 3	(05)		00
5. Limit:			
(a) Basis to determine the adjustment limit	(06)	8,895 00	
(b) Plus: 33% of personal exemption, additional personal exemption for veterans and exemption for dependents (Lines 7, 8 and 9 from Part 2 of the return or lines 9, 10D and 11, Column B or C, of Schedule CO Individual)	(07)	00	
6. Total limit (Add lines 5(a) and 5(b))	(08)		00
7. **Gradual adjustment** (The smaller of line 4 or 6. Enter here and in Part 3, line 15 of the return or line 17, Column B or C of Schedule CO Individual, as applicable)	(10)		00

Retention Period: Ten (10) years

Schedule R Individual
Rev. Aug 30 19

PARTNERSHIPS, SPECIAL PARTNERSHIPS AND CORPORATIONS OF INDIVIDUALS

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

2019

Taxpayer's name	Amount of Schedules R1 Individual included	Indicate who is the partner or stockholder of the pass-through entity: (01) ○ 1 Taxpayer ○ 2 Spouse ○ 3 Both	Social Security or Employer Identification No.

Part I **Adjusted Basis Determination of a Partner in one or more Special Partnerships or Partnerships**

	Column A	Column B	Column C
Type of form 95	(02) 1 ○ 480.60 EC 2 ○ K-1	(19) 1 ○ 480.60 EC 2 ○ K-1	(36) 1 ○ 480.60 EC 2 ○ K-1
Type of taxable year	(03) 1 ○ Calendar 2 ○ Fiscal	(20) 1 ○ Calendar 2 ○ Fiscal	(37) 1 ○ Calendar 2 ○ Fiscal
Did the entity choose the Optional tax of Section 1071.10 of the Code? (See instructions)	(04) 1 ○ Yes 2 ○ No	(21) 1 ○ Yes 2 ○ No	(38) 1 ○ Yes 2 ○ No
Name of entity			
Employer identification number	(05)	(22)	(39)
Control number of Form 480.60 EC (Does not apply to Federal Schedule K-1)	(06)	(23)	(40)
Electronic filing confirmation number of Form 480.60 EC (Does not apply to Federal Schedule K-1)	(07)	(24)	(41)
1. Adjusted basis at the end of the previous taxable year	(08) 00	(25) 00	(42) 00
2. Basis increase:	00	00	00
(a) Partner's distributable share on income and profits from current year (See instructions)	00	00	00
(b) Contributions made during the year	(09) 00	(26) 00	(43) 00
(c) Partnership's capital assets gain	00	00	00
(d) Exempt income	00	00	00
(e) Farming income deduction granted by Section 1033.12 of the Code	00	00	00
(f) Other income or gains (See instructions)	00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f))	(10) 00	(27) 00	(44) 00
3. Basis decrease:	00	00	00
(a) Partner's distributable share on partnership's loss used in previous year	00	00	00
(b) Partnership's capital assets loss	00	00	00
(c) Distributions during the year	(11) 00	(28) 00	(45) 00
(d) Credits claimed in the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) Non admissible expenses for the year	00	00	00
(g) Distributable share on losses from exempt operations during the year	00	00	00
(h) Contributions (Does not apply to special partnerships)	00	00	00
(i) Partner's debts assumed and guaranteed by the partnership	00	00	00
(j) Total basis decrease (Add lines 3(a) through 3(i))	(12) 00	(29) 00	(46) 00
4. **Adjusted Basis** (Subtract line 3(j) from the sum of lines 1 and 2(g). Transfer this amount to line 6(a))	(13) 00	(30) 00	(47) 00

Part II **Determination of Net Income or Loss in one or more Special Partnerships or Partnerships**

5. (a) Partner's distributable share on partnership's loss for the year	(14) 00	(31) 00	(48) 00
(b) Loss carryover from previous years (See instructions)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	(15) 00	(32) 00	(49) 00
6. (a) Adjusted Basis (Part I, line 4)	00	00	00
(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner	00	00	00
(c) Partnership's current debts assumed and guaranteed by the partner	00	00	00
(d) Total partner's adjusted basis (Add lines 6(a) through 6(c))	(16) 00	(33) 00	(50) 00
7. Distributable share on partnership's net income for the year (Form 480.60 EC) (See instructions)	(17) 00	(34) 00	(51) 00
8. Available losses (The smaller of lines 5(c) or 6(d))	(18) 00	(35) 00	(52) 00
9. Total income from this Schedule (Add the income determined on line 7, Columns A through C)			(53) 00
10. Total income from Schedule R1 Individual (Enter the amount on line 9, Part II from all Schedules R1 Individual included)			(54) 00
11. Total losses from this Schedule (Add the losses determined on line 8, Columns A through C)			(55) 00
12. Total losses from Schedule R1 Individual (Enter the amount on line 10, Part II from all Schedules R1 Individual included)			(56) 00

Retention Period: Ten (10) years

Part III **Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals** (97)

Indicate who is the partner or stockholder of the pass-through entity: (01) ◯ 1 Taxpayer ◯ 2 Spouse ◯ 3 Both

	Column A	Column B	Column C
Type of taxable year	(02) 1 ◯ Calendar 2 ◯ Fiscal	(18) 1 ◯ Calendar 2 ◯ Fiscal	(34) 1 ◯ Calendar 2 ◯ Fiscal
Did the entity choose the Optional tax of Section 1115.11 of the Code? (See instructions)	(03) 1 ◯ Yes 2 ◯ No	(19) 1 ◯ Yes 2 ◯ No	(35) 1 ◯ Yes 2 ◯ No
Name of entity			
Employer identification number	(04)	(20)	(36)
Control number of Form 480.60 EC (Does not apply to Federal Schedule K-1)	(05)	(21)	(37)
Electronic filing confirmation number of Form 480.60 EC (Does not apply to Federal Schedule K-1)	(06)	(22)	(38)
1. Adjusted basis at the end of the previous taxable year	(07) 00	(23) 00	(39) 00
2. Basis increase:			
(a) Stockholder's distributable share on income and profits from current year (See instructions)	00	00	00
(b) Contributions made during the year	(08) 00	(24) 00	(40) 00
(c) Corporation of individual's capital assets gain	00	00	00
(d) Exempt income	00	00	00
(e) Farming income deduction granted by Section 1033.12 of the Code	00	00	00
(f) Other income or gains (See instructions)	00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f))	(09) 00	(25) 00	(41) 00
3. Basis decrease:			
(a) Stockholder's distributable share on corporation of individual's loss used in previous year	00	00	00
(b) Corporation of individual's capital assets loss	00	00	00
(c) Distributions during the year	(10) 00	(26) 00	(42) 00
(d) Credits claimed in the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) Non admissible expenses for the year	00	00	00
(g) Distributable share on losses from exempt operations during the year	00	00	00
(h) Stockholder's debts assumed and guaranteed by the corporation of individuals	00	00	00
(i) Total basis decrease (Add lines 3(a) through 3(h))	(11) 00	(27) 00	(43) 00
4. **Adjusted Basis** (Subtract line 3(i) from the sum of lines 1 and 2(g). Transfer this amount to line 6(a))	(12) 00	(28) 00	(44) 00

Part IV **Determination of Net Income or Loss in one or more Corporations of Individuals**

5. (a) Stockholder's distributable share on corporation of individual's loss for the year	(13) 00	(29) 00	(45) 00
(b) Loss carryover from previous years (See instructions)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	(14) 00	(30) 00	(46) 00
6. (a) Adjusted Basis (Part III, line 4)	00	00	00
(b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockholder	00	00	00
(c) Corporation of individual's current debts assumed and guaranteed by the stockholder	00	00	00
(d) Total stockholder's adjusted basis (Add lines 6(a) through 6(c))	(15) 00	(31) 00	(47) 00
7. Distributable share on corporation of individual's net income for the year (Form 480.60 EC) (See instructions)	(16) 00	(32) 00	(48) 00
8. Available losses (The smaller of lines 5(c) or 6(d))	(17) 00	(33) 00	(49) 00
9. Total income from this Schedule (Add the income determined on line 7, Columns A through C)			(50) 00
10. Total income from Schedule R1 Individual (Enter the amount on line 9, Part IV from all Schedules R1 Individual included)			(51) 00
11. Total losses from this Schedule (Add the losses determined on line 8, Columns A through C)			(52) 00
12. Total losses from Schedule R1 Individual (Enter the total amount on line 10, Part IV from all Schedules R1 Individual included)			(53) 00

Part V **Distributable share on Benefits from Partnerships, Special Partnerships and Corporations of Individuals**

1. Aggregated net income from partnerships, special partnerships and corporations of individuals (Add lines 9 and 10 from Parts II and IV)	(54) 00
2. Multiply line 1 by .90	(55) 00
3. Aggregated net loss from partnerships, special partnerships and corporations of individuals (Add lines 11 and 12 from Parts II and IV)	(56) 00
4. Allowable loss (Enter the smaller of the absolute amounts reflected on lines 2 and 3. If line 3 is zero, enter zero on this line. See instructions)	(57) 00
5. Subtract line 4 from line 1. Transfer this amount to Form 482.0, Part 1, line 2(K) or to Schedule CO Individual, line 3(K), Column B or C, as applicable	(58) 00
6. Carryforward for future years (Subtract line 4 from line 3. If line 3 is zero, enter zero on this line. See instructions)	(59) 00

Schedule R1 Individual
Rev. Aug 30 19

PARTNERSHIPS, SPECIAL PARTNERSHIPS AND CORPORATIONS OF INDIVIDUALS (COMPLEMENTARY)

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

2019

Taxpayer's name

_____ of _____ Schedules R1 Individual

Indicate who is the partner or stockholder of the pass-through entity: (01) ⬭ **1** Taxpayer ⬭ **2** Spouse ⬭ **3** Both

Social Security or Employer Identification No.

Part I Adjusted Basis Determination of a Partner in one or more Special Partnerships or Partnerships	Column A	Column B	Column C
Type of form	(02) 1⬭ 480.60 EC 2⬭ K-1	(19) 1⬭ 480.60 EC 2⬭ K-1	(36) 1⬭ 480.60 EC 2⬭ K-1
Type of taxable year	(03) 1⬭ Calendar 2⬭ Fiscal	(20) 1⬭ Calendar 2⬭ Fiscal	(37) 1⬭ Calendar 2⬭ Fiscal
Did the entity choose the Optional tax of Section 1071.10 of the Code? (See instructions)	(04) 1⬭ Yes 2⬭ No	(21) 1⬭ Yes 2⬭ No	(38) 1⬭ Yes 2⬭ No
Name of entity			
Employer identification number	(05)	(22)	(39)
Control number of Form 480.60 EC (Does not apply to Federal Schedule K-1)	(06)	(23)	(40)
Electronic filing confirmation number of Form 480.60 EC (Does not apply to Federal Schedule K-1)	(07)	(24)	(41)
1. Adjusted basis at the end of the previous taxable year	(08) 00	(25) 00	(42) 00
2. Basis increase:	00	00	00
(a) Partner's distributable share on income and profits from current year (See instructions)	(09) 00	(26) 00	(43) 00
(b) Contributions made during the year	00	00	00
(c) Partnership's capital assets gain	00	00	00
(d) Exempt income	00	00	00
(e) Farming income deduction granted by Section 1033.12 of the Code	00	00	00
(f) Other income or gains (See instructions)	(10) 00	(27) 00	(44) 00
(g) Total basis increase (Add lines 2(a) through 2(f))			
3. Basis decrease:	00	00	00
(a) Partner's distributable share on partnership's loss used in previous year	00	00	00
(b) Partnership's capital assets loss	(11) 00	(28) 00	(45) 00
(c) Distributions during the year	00	00	00
(d) Credits claimed in the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) Non admissible expenses for the year	00	00	00
(g) Distributable share on losses from exempt operations during the year	00	00	00
(h) Contributions (Does not apply to special partnerships)	00	00	00
(i) Partner's debts assumed and guaranteed by the partnership	00	00	00
(j) Total basis decrease (Add lines 3(a) through 3(i))	(12) 00	(29) 00	(46) 00
4. **Adjusted Basis** (Subtract line 3(j) from the sum of lines 1 and 2(g). Transfer this amount to line 6(a))	(13) 00	(30) 00	(47) 00
Part II Determination of Net Income or Loss in one or more Special Partnerships or Partnerships			
5. (a) Partner's distributable share on partnership's loss for the year	(14) 00	(31) 00	(48) 00
(b) Loss carryover from previous years (See instructions)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	(15) 00	(32) 00	(49) 00
6. (a) Adjusted Basis (Part I, line 4)	00	00	00
(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner	00	00	00
(c) Partnership's current debts assumed and guaranteed by the partner	00	00	00
(d) Total partner's adjusted basis (Add lines 6(a) through 6(c))	(16) 00	(33) 00	(50) 00
7. Distributable share on partnership's net income for the year (Form 480.60 EC) (See instructions)	(17) 00	(34) 00	(51) 00
8. Available losses (The smaller of lines 5(c) or 6(d))	(18) 00	(35) 00	(52) 00
9. Total income (Add the amounts determined on line 7, Columns A through C. Transfer to Schedule R Individual, Part II, line 10)			(53) 00
10. Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part II, line 12)			(54) 00

Retention Period: Ten (10) years

Part III **Adjusted Basis Determination of a Stockholder in one or more Corporations of Individuals** (98)

Indicate who is the partner or stockholder of the pass-through entity: (01) ◯ **1** Taxpayer ◯ **2** Spouse ◯ **3** Both

	Column A	Column B	Column C
Type of taxable year	(02) **1** ◯ Calendar **2** ◯ Fiscal	(18) **1** ◯ Calendar **2** ◯ Fiscal	(34) **1** ◯ Calendar **2** ◯ Fiscal
Did the entity choose the Optional tax of Section 1115.11 of the Code? (See instructions)	(03) **1** ◯ Yes **2** ◯ No	(19) **1** ◯ Yes **2** ◯ No	(35) **1** ◯ Yes **2** ◯ No
Name of entity			
Employer identification number	(04)	(20)	(36)
Control number of Form 480.60 EC (Does not apply to Federal Schedule K-1)	(05)	(21)	(37)
Electronic filing confirmation number of Form 480.60 EC (Does not apply to Federal Schedule K-1)	(06)	(22)	(38)
1. Adjusted basis at the end of the previous taxable year	(07) 00	(23) 00	(39) 00
2. Basis increase:	00	00	00
(a) Stockholder's distributable share on income and profits from current year (See instructions)	00	00	00
(b) Contributions made during the year	(08) 00	(24) 00	(40) 00
(c) Corporation of individual's capital assets gain	00	00	00
(d) Exempt income	00	00	00
(e) Farming income deduction granted by Section 1033.12 of the Code	00	00	00
(f) Other income or gains (See instructions)	00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f))	(09) 00	(25) 00	(41) 00
3. Basis decrease:	00	00	00
(a) Stockholder's distributable share on corporation of individual's loss used in previous year	00	00	00
(b) Corporation of individual's capital assets loss	00	00	00
(c) Distributions during the year	(10) 00	(26) 00	(42) 00
(d) Credits claimed in the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) Non admissible expenses for the year	00	00	00
(g) Distributable share on losses from exempt operations during the year	00	00	00
(h) Stockholder's debts assumed and guaranteed by the corporation of individuals	00	00	00
(i) Total basis decrease (Add lines 3(a) through 3(h))	(11) 00	(27) 00	(43) 00
4. **Adjusted Basis** (Subtract line 3(i) from the sum of lines 1 and 2(g). Transfer this amount to line 6(a))	(12) 00	(28) 00	(44) 00

Part IV **Determination of Net Income or Loss in one or more Corporations of Individuals**

5. (a) Stockholder's distributable share on corporation of individual's loss for the year	(13) 00	(29) 00	(45) 00
(b) Loss carryover from previous years (See instructions)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	(14) 00	(30) 00	(46) 00
6. (a) Adjusted Basis (Part III, line 4)	00	00	00
(b) Corporation of individual's debts under Tourism Incentives Act or Tourism Development Act attributable to stockholder	00	00	00
(c) Corporation of individual's current debts assumed and guaranteed by the stockholder	00	00	00
(d) Total stockholder's adjusted basis (Add lines 6(a) through 6(c))	(15) 00	(31) 00	(47) 00
7. Distributable share on corporation of individual's net income for the year (Form 480.60 EC)(See instructions)	(16) 00	(32) 00	(48) 00
8. Available losses (The smaller of lines 5(c) or 6(d))	(17) 00	(33) 00	(49) 00
9. Total income (Add the amounts determined on line 7, Columns A through C. Transfer to Schedule R Individual, Part IV, line 10)			(50) 00
10. Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part IV, line 12)			(51) 00

Schedule T Individual

Rev. Oct 30 19

ADDITION TO THE TAX FOR FAILURE TO PAY ESTIMATED TAX IN CASE OF INDIVIDUALS

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

2019

Taxpayer's name

Social Security Number

COMPLETE THIS SCHEDULE ONLY IF YOU HAD THE OBLIGATION TO PAY ESTIMATED TAX. REFER TO THE INSTRUCTIONS OF THE RETURN UNDER THE TOPIC "OBLIGATION TO PAY ESTIMATED TAX" TO VERIFY IF YOU WERE REQUIRED TO MAKE ESTIMATED TAX PAYMENTS.

Part I Determination of the Minimum Amount of Estimated Tax to Pay

14

1. Tax liability (Add lines 17, 20, 23 and 24 of Part 3 of the return or lines 19 and 22, Columns B and C of Schedule CO Individual and lines 23 and 24 of Part 3 of the return)	(01)		00
2. Credits and overpayments (Add lines 18, 21, 25, 27A, 27B, 27C and 27D of Part 3 of the return and subtract lines 1 and 3 of Part III of Schedule B Individual. If you choose the optional computation of tax for married individuals living together and filing a joint return, add lines 20 and 23 of Schedule CO Individual and lines 25, 27A, 27B, 27C and 27D, Part 3 of the return, and subtract lines 1 and 3 of Part III of Schedule B Individual)	(02)		00
3. Estimated tax (Subtract line 2 from line 1. If it is $1,000 or less, do not complete this Schedule)	(03)		00
4. Line 1 multiplied by 90%. If you are a farmer who exercised the option under Section 1061.22, multiply line 1 by 66 2/3% (See instructions)	(04)		00
5. Total tax determined as it appears on the income tax return from the previous year	(05)		00
6. Enter the smaller of lines 4 and 5, if you have filed an income tax return for the previous year. Otherwise, indicate the amount on line 4	(06)		00
7. Subtract line 2 from line 6 (If it is less than zero, enter zero). This is the minimum amount of estimated tax that you should have paid	(07)		00

Part II Addition to the Tax for Failure to Pay

Section A - Failure to Pay

(08)
1 ○ CALENDAR YEAR
2 ○ FISCAL YEAR (Enter the corresponding dates) (09)

		(a) First Installment	(b) Second Installment	(c) Third Installment	(d) Fourth Installment
		Due date			
8. Amount of estimated tax per installment (See instructions)	(10)	00	(18) 00	(29) 00	(40) 00
9. Amount of estimated tax paid per installment (See instructions)	(11)	00	(19) 00	(30) 00	(41) 00
10. Payment date (See instructions)	(12)		(20)	(31)	(42)
11. Line 17 from previous column			(21) 00	(32) 00	(43) 00
12. Add lines 9 and 11	(13)	00	(22) 00	(33) 00	(44) 00
13. Subtract line 8 from line 12 (If it is less than zero, enter zero)	(14)	00	(23) 00	(34) 00	(45) 00
14. **Failure to Pay** (If line 13 is zero, subtract line 12 from line 8, otherwise, enter zero)	(15)	00	(24) 00	(35) 00	(46) 00
15. Add lines 14 and 16 from previous column			(25) 00	(36) 00	
16. If line 15 is equal or more than line 13, subtract line 13 from line 15 and go to line 11 of next column. Otherwise, go to line 17			(26) 00	(37) 00	
17. Overpayment (If line 13 is more than line 15, subtract line 15 from line 13, and go to line 11 of next column. Otherwise, enter zero)	(16)	00	(27) 00	(38) 00	

Section B - Penalty

15

18. Multiply line 14 by 10%	(01)	00	(04) 00	(07) 00	(10) 00
19. If the date indicated on line 10 for any installment is after its due date and: • line 18 is zero, multiply the result of line 8 less line 17 from previous column by 10%; or • line 18 is more than zero, multiply the result of line 8 less line 17 from previous column by 10% and subtract the amount reflected on line 18. (See instructions)	(02)	00	(05) 00	(08) 00	(11) 00
20. Add lines 18 and 19	(03)	00	(06) 00	(09) 00	(12) 00
21. Addition to the Tax for Failure to Pay Estimated Tax (Add the amounts from columns of line 20. Transfer to page 2, Part 3, line 30 of the return)					(20) 00

Retention Period: Ten (10) years

Schedule U
Rev. 06.19

NET INCOME ATTRIBUTABLE TO PUERTO RICO SOURCES PURSUANT TO SECTION 1123(f) OF THE PUERTO RICO INTERNAL REVENUE CODE OF 1994, AS AMENDED

For the taxable year beginning on _____, ____ and ending on _____, _____

20__

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Taxpayer's name

Social Security or Employer Identification Number

Place of Residence or Incorporation

Part I Determination of Entire Net Income of the Nonresident Individual or Foreign Corporation or Partnership

1. Entire net income of the nonresident alien individual or foreign corporation or partnership (See instructions)	(01)		00
2. Royalties (See instructions)	(02)	00	
3. Dividends (See instructions)	(03)	00	
4. Net Operating Losses (See instructions)	(04)	00	
5. Total Adjustments (Add lines 2 through 4)	(05)		00
6. **Entire net income of the nonresident alien individual or foreign corporation or partnership** (Subtract line 5 from line 1)	(06)		00

Part II Computation of the Net Income Attributable to Puerto Rico Sources

1. Entire net income of the nonresident alien individual or foreign corporation or partnership (Part I, line 6)	(07)		00
2. Property Factor (From Part III, line 3)	(08)	%	
3. Payroll Factor (From Part IV, line 3)	(09)	%	
4. Sales Factor (From Part V, line 3)	(10)	%	
5. Purchases Factor (From Part VI, line 3)	(11)	%	
6. Add lines 2 through 5	(12)	%	
7. Divide line 6 by 4	(13)		%
8. Multiply line 1 by line 7	(14)		00
9. Taxable income from operations in Puerto Rico (See instructions. If any of those lines is an operating loss, enter zero (-0-) here)	(15)		00
10. **Net Income Attributable to Puerto Rico Sources** (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero (-0-) here. If line 8 is more than line 9, enter the difference here. See instructions)	(16)		00

Part III Determination of the Property Factor

1. Average value of the real and tangible personal property used in Puerto Rico during the taxable year	(17)		00
2. Average value of the real and tangible personal property used everywhere during the taxable year	(18)		00
3. **Property Factor** (Divide line 1 by line 2. Transfer to Part II, line 2)	(19)		%

Part IV Determination of the Payroll Factor

1. Total compensation paid or accrued in Puerto Rico during the taxable year	(20)		00
2. Total compensation paid or accrued everywhere during the taxable year	(21)		00
3. **Payroll Factor** (Divide line 1 by line 2. Transfer to Part II, line 3)	(22)		%

Part V Determination of the Sales Factor

1. Total sales in Puerto Rico during the taxable year	(23)		00
2. Total sales everywhere during the taxable year	(24)		00
3. **Sales Factor** (Divide line 1 by line 2. Transfer to Part II, line 4)	(25)		%

Part VI Determination of the Purchases Factor

1. Total purchases in Puerto Rico during the taxable year	(26)		00
2. Total purchases everywhere during the taxable year	(27)		00
3. **Purchases Factor** (Divide line 1 by line 2. Transfer to Part II, line 5)	(28)		%

Part VII Computation of Income Effectively Connected with a Trade or Business Within Puerto Rico (Applies only to taxpayers subject to the provisions of Reg. Art. 1123(f)-4(g))

1. Net income from the sale or exchange of personal property manufactured or produced in whole or in part, within Puerto Rico (See instructions)	(29)		00
2. **Income Effectively Connected with a Trade or Business Within Puerto Rico** (Multiply line 1 by 50%, enter the result here. See instructions)	(30)		00

Retention Period: Ten (10) years

Schedule X Individual

Rev. Oct 30 19

OPTIONAL TAX TO SELF EMPLOYED INDIVIDUALS

(Under Section 1021.06 of the Puerto Rico Internal Revenue Code of 2011, as amended)

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

2019

Taxpayer's Name	Social Security Number
Spouse's Name	Spouse's Social Security Number

Fill in one: (01)
○ **1** Taxpayer ○ **2** Spouse

Optional tax election (Section 1021.06 of the Code):
○ **1** Sworn Statement (CC RI 19-02)
○ **2** With return

Merchant's Registration Number

Part I Gross Income

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1. Gross income from services rendered (Line 7, Part II, Schedule M Individual)	(02)		00
2. Other income (See instructions)	(03)		00
3. Total taxable gross income (Add lines 1 and 2)	(04)		00
4. Exempt income (Schedule IE Individual, Part II, line 36, first Column)	(05)		00
5. Total gross income received during the year (Add lines 3 and 4)	(06)		00
6. Percentage of income from services rendered on gross income received (See instructions)	(07)		%

- If it is less than 80%, you are not eligible for the optional tax election. Do not complete the rest of this schedule and determine your tax liability on page 2 of the return or Schedule CO Individual, as applicable.
- If it is 80% or more and you elect the optional tax, continue with Part II.

Part II Computation of the Optional Tax on Gross Income

1. Determine the Optional Tax as follows:
   If the total taxable gross income (Line 3, Part I of this Schedule) is:
   (a) Not over $100,000, multiply line 3, Part I by 6%.
   (b) Over $100,000, but not over $200,000, multiply line 3, Part I by 10%.
   (c) Over $ 200,000, but not over $300,000, multiply line 3, Part I by 13%.
   (d) Over $300,000, but not over $400,000, multiply line 3, Part I by 15%.
   (e) Over $400,000, but not over $500,000, multiply line 3, Part I by 17%.
   (f) In excess of $500,000, multiply line 3, Part I by 20%.
   This is your Optional Tax (08) 00
2. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions) (09) 00
3. Optional tax net of the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Subtract line 2 from line 1. Transfer this amount to Part 3, line 23 of the return) (10) 00

Retention Period: Ten (10) years