

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 (Submit all your Forms 499R-2/W-2PR, 499R-2c/W-2cPR or W-2, as applicable). A-Income Tax Withheld B-Wages, Commissions, Allowances and Tips (i) Total of withholding statements with this return (ii) Total of withholding statements with this return under a qualified physician decree (iii) Total C- Wages reported on a Federal W-2 Form (i) Total of W-2 Forms with this return (ii) Total of W-2 Forms with this return under a qualified physician decree 2. Other Income (or Losses): A) Total distributions from qualified retirement plans (Schedule D Individual, Part IV, line 25) B) Gain (or loss) from sale or exchange of capital assets (Schedule D Individual, Part V, line 35 or 36, as applicable) C) Interests (Schedule FF Individual, Part I, line 5) (Total \$) D) Dividends from corporations (Schedule FF Individual, Part II, line 4) (Total \$) E) Distributions from Governmental Plans (Schedule F Individual, Part II, line 3) F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Schedule F Individual, Part I, line 2) G) Other income (Schedule F Individual, Part V, line 5 and Schedule FF Individual, Part III, line 4) (Total \$) H) Income from annuities and pensions (Schedule H Individual, Part II, line 12) I) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1) J) Net long-term capital gain on Investment Funds (Submit Schedule Q1) K) Distributable share on profits from pass-through entities (Submit Schedule R Individual) (Total \$) L) Distributions from deferred compensation plans, or partial or lump-sum distributions from qualified retirement plans and fixed or variable annuities not subject to a preferential rate (Schedule F Individual, Part III or IV, line 1, as applicable) M) Income from salaries, wages, compensations or public shows received by a nonresident individual (Form 480.6C) N) Alimony received (Payer's social security No.) 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) P) Gain (or loss) from manufacturing business (Schedule J Individual, Part IV, line 5) (Total \$) Q) Gain (or loss) from the sale of goods (Schedule K Individual, Part IV, line 5) (Total \$) R) Gain (or loss) from farming (Schedule L Individual, Part IV, line 5) (Total \$) S) Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 5) (Total \$) T) Gain (or loss) from rental business (Schedule N Individual, Part IV, line 5) (Total \$) 3. Total Income (Add lines 1B, 1C and 2A through 2T) 4. Alimony Paid (Recipient's social security No.) (Judgment No.) 5. Adjusted Gross Income (Subtract line 4 from line 3)

Part 2

6. Total Deductions (Schedule A Individual, Part I, line 11 or Part II, line 6) 7. Personal Exemption (Married - \$7,000; Individual taxpayer - \$3,500; Married filing separately - \$3,500) 8. Exemption for Dependents (Complete Schedule A1 Ind., see instructions): A) x \$2,500 (8A) B) x \$1,250 (8B) C) Total Exemption for Dependents (Add lines 8A and 8B) 9. Additional Personal Exemption for Veterans (\$1,500 per veteran. If both spouses are veterans, \$3,000) 10. Total Deductions and Exemptions (Add lines 6 through 9) 11. Net income before the deduction for Private Equity investment (Subtract line 10 from line 5. If line 10 is more than line 5, enter zero) 12. Allowable deduction for Private Equity investment (See instructions) 13. NET TAXABLE INCOME (Subtract line 12 from line 11. If line 12 is more than line 11, enter zero)

Part 3

14. TAX: 1 Tax Table 2 Preferential rates (Schedule A2 Individual) 3 Nonresident alien 4 Form AS 2668.1 5 Optional Tax (Schedule X Individual) 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) 16. Total Normal Tax (Add lines 14 and 15) 17. REGULAR TAX BEFORE THE CREDIT (Multiply line 16 by 1 95% or 2 92%) (See instructions) 18. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions) 19. NET REGULAR TAX (Subtract line 18 from line 17) 20. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 7) (See instructions) 21. Credit for alternate basic tax (Schedule O Individual, Part III, line 4) 22. TOTAL TAX DETERMINED (Subtract line 21 from the sum of lines 19 and 20 or enter the amount from Schedule CO Individual, Part III, line 10, as applicable) 23. Optional Tax (Schedule X Individual, Part II, line 6) 24. Recapture of credit claimed in excess (Schedule B Individual, Part I, line 3) 25. Tax credits (Schedule B Individual, Part II, line 28) 26. TAX LIABILITY (Subtract line 25 from the sum of lines 22, 23 and 24. If it is less than zero, enter zero) 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, Part I of Schedule CO Individual) B) Other payments and withholdings (Schedule B Individual, Part III, line 22) C) Employment credit (See instructions) D) Reimbursable credits from the Federal Government (See instructions) E) Amount paid with automatic extension of time F) Total Tax Withheld, Paid and Reimbursable Credits (Add lines 27A through 27E) 28. AMOUNT OF TAX DUE (If line 27F is less than line 26, enter the difference here, otherwise, enter on line 29) 29. Excess of Tax Withheld, Paid and Reimbursable Credits 30. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Individual, Part II, line 21) 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.

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

Schedule A Individual

Rev. Oct 28 22



DEDUCTIONS APPLICABLE TO INDIVIDUAL TAXPAYERS

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

2022

Taxpayer's name

Social Security Number

Part I Deductions Applicable to Individual Taxpayers (See instructions)

1. Home mortgage interests

Type of Property	Address	Country/State	Zip Code	Total Forms		(A)		(B)	
				480.7A	1098 and Others	Amount 480.7A	Amount 1098 and Others		
a) Principal residence						(1a)	00		00
b) Second residence						(1b)	00		00
c) Section 1033.15(a)(1)(F) (See inst.) Borrower's Soc. Sec. No. _____ Joint Borrower's Soc. Sec. No. _____						(1c)	00		00
d) Loan Origination Fees (Points) Paid Directly by Borrower (See instructions)						(1d)	00		00
e) Loan Discounts (Points) Paid Directly by Borrower (See instructions)						(1e)	00		00
f) Subtotal home mortgage interests paid (Add lines 1(a) through 1(e), Columns (A) and (B), respectively)						1(f)	00		00
g) Total home mortgage interests paid (Add Columns (A) and (B) of line 1(f))						1(g)	00		00
h) Limit (Multiply the sum of Part 1, line 5 of the return or Part I, line 6, Columns B and C of Schedule CO Individual, and line 1, Part III of Schedule IE Individual by 30% and enter here)						1(h)	00		00
i) Allowable deduction for mortgage interests (Enter the smaller of lines 1(g), 1(h) or \$35,000. If the interests do not exceed 30% of the income for any of the 3 previous years, fill in here <input type="radio"/> 1) (See instructions)						1(i)	00		00

2. Casualty loss on your principal residence (See instructions)	(2)	00
3. Medical expenses (Part III, line 3)	(3)	00
4. Charitable contributions (Part III, line 8)	(4)	00
5. Loss of personal property as a result of certain casualties (See instructions)	(5)	00
6. Subtotal (Enter the sum of lines 1(i) through 5. If you choose the optional computation, transfer 50% of this amount to Columns B and C of Part II, line 1 of Schedule CO Individual)	(6)	00

DEDUCTIONS INDIVIDUALLY ALLOCATED IN THE CASE OF THE OPTIONAL COMPUTATION (See instructions):

Financial institution	Account No.	Employer Identification No.	A - Taxpayer		B - Spouse	
			Contribution	Contribution	Contribution	Contribution
			00	00	00	00
			00	00	00	00
a) Total individual contributions (Total of Columns A and B, respectively)	(7a)		00	00	00	00
b) Total contributions (Enter the sum of line 7(a), Columns A and B)	(7b)					00

Financial institution	Account No.	Employer Identification No.	A - Taxpayer		B - Spouse	
			Contribution	Contribution	Contribution	Contribution
			00	00	00	00
a) Total individual contributions	(8a)		00	00	00	00
b) Total contributions (Enter the sum of line 8(a), Columns A and B)	(8b)					00

Financial institution	Account No.	Employer Identification No.	A - Taxpayer		B - Spouse	
			Amount	Amount	Amount	Amount
			00	00	00	00
			00	00	00	00
a) Total interests paid individually (Total of Columns A and B, respectively)	(9a)		00	00	00	00
b) Total interests paid (Enter the sum of line 9(a), Columns A and B)	(9b)					00

Financial institution	Account No.	Employer Identification No.	A - Taxpayer		B - Spouse	
			Contribution	Contribution	Contribution	Contribution
			00	00	00	00
10. Subtotal deductions individually allocated in the case of the optional computation (Enter the sum of lines 7(a), 8(a) and 9(a), Columns A and B, respectively. Transfer to Columns B and C of Part II, line 2 of Schedule CO Individual)	(10)		00	00	00	00

11. Total deductions applicable to individual taxpayers (Add lines 6, 7(b), 8(b) and 9(b). 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. If you choose the optional computation, do not complete Part II and continue in Part IV of Schedule CO Individual)	(11)	00
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Part II Computation of Allowable Amounts of Deductions to Nonresidents or Part-Year Residents

1. Total gross income earned during the period of residence in Puerto Rico (Part 1, line 5 of the return)	(1)	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)	(2)	00
3. Total Gross Income (Add lines 1 and 2)	(3)	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)	(4)	%
5. Total deductions applicable to individual taxpayers (Part I, line 11)	(5)	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)	(6)	00

Schedule A1 Individual

Rev. Oct 28 22



**DEPENDENTS AND BENEFICIARIES
OF EDUCATIONAL CONTRIBUTION
AND MY FUTURE ACCOUNTS**

2022

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

Schedule A1 No. _____

Taxpayer's name _____

Social Security Number _____

Part I **Dependent's Information** (See instructions)

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/ Married Filing Separately if the exemption for dependent is claimed under the joint custody rule or taxpayers filing under the personal status of married filing separately. In both cases, the exemption will be \$1,250 for each taxpayer.

	First Name, Initial	Last Name	Second Last Name	Joint Custody/ Married Filing Separately	Eligible for* Employment Credit	Date of Birth Day / Month / Year	Relationship	Category* (N)(U)(I)	Social Security Number
(1)				<input type="checkbox"/>	<input type="checkbox"/>				
(2)				<input type="checkbox"/>	<input type="checkbox"/>				
(3)				<input type="checkbox"/>	<input type="checkbox"/>				
(4)				<input type="checkbox"/>	<input type="checkbox"/>				
(5)				<input type="checkbox"/>	<input type="checkbox"/>				
(6)				<input type="checkbox"/>	<input type="checkbox"/>				
(7)				<input type="checkbox"/>	<input type="checkbox"/>				
(8)				<input type="checkbox"/>	<input type="checkbox"/>				
(9)				<input type="checkbox"/>	<input type="checkbox"/>				
(10)				<input type="checkbox"/>	<input type="checkbox"/>				
(11)				<input type="checkbox"/>	<input type="checkbox"/>				
(12)				<input type="checkbox"/>	<input type="checkbox"/>				
(13)				<input type="checkbox"/>	<input type="checkbox"/>				
(14)				<input type="checkbox"/>	<input type="checkbox"/>				
(15)				<input type="checkbox"/>	<input type="checkbox"/>				
(16)				<input type="checkbox"/>	<input type="checkbox"/>				
(17)				<input type="checkbox"/>	<input type="checkbox"/>				
(18)				<input type="checkbox"/>	<input type="checkbox"/>				
(19)				<input type="checkbox"/>	<input type="checkbox"/>				
(20)				<input type="checkbox"/>	<input type="checkbox"/>				

* See instructions.

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

(1)	First Name, Initial		Last Name		Date of Birth (Day/Month/Year)	Relationship	Social Security Number		Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
	First Name, Initial	Second Last Name	Financial institution	Employer Identification Number							
(2)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(3)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(4)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(5)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(6)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(7)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(8)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(9)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(10)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(11)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(12)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(13)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(14)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(15)	First Name, Initial	Second Last Name	Last Name	Financial institution	Date of Birth (Day/Month/Year)	Relationship	Account number	Employer Identification Number	Who contributes <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Type of Account <input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	Contributed Amount (Not to exceed from \$500 each)
(16)	Total contributions (Add lines (1) through (15) and transfer to Schedule A Individual, Part I, line 8, as applicable)										00

Schedule A2 Individual

Rev. Oct 28 22



TAX ON INCOME SUBJECT TO PREFERENTIAL RATES

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

2022

Taxpayer's name

Fill in one:

1 Taxpayer 2 Spouse 3 Both

Social Security Number

	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
	Taxed at Regular Rates	Taxed at 20%	Taxed at 15%	Taxed at 10%	Taxed at 4%	Taxed at _____%	Taxed at _____%	Taxed at _____%
1. Adjusted Gross Income	(1) 00							
2. Add: Alimony paid (Part 1, line 4 of the return or Part I, line 5, Column B or C of Schedule CO Individual)	(2) 00							
3. Adjusted Gross Income before the deduction for alimony paid (Add lines 1 and 2)	(3) 00							
4. Income subject to preferential rates:								
a) Net long-term capital gain (See instructions)	(4a) 00		00			00	00	00
b) Interests from IRA on deposits in accounts from certain financial institutions (Schedule FF Individual, Part I, line 4, Column B) (10%)	(4b) 00			00				
c) Interests on deposits in accounts from certain financial institutions (Schedule FF Individual, Part I, line 4, Column C) (10%)	(4c) 00			00				
d) Interests from IRA distributions to Governmental Pensioners (Schedule FF Individual, Part I, line 4, Column E) (10%)	(4d) 00			00				
e) Non-exempt eligible interests paid or credited on bonds, notes, other obligations or mortgage loans (Schedule FF Individual, Part I, line 4, Column A) (10%)	(4e) 00			00				
f) Eligible distribution of dividends (Schedule FF Individual, Part II, line 3, Column A (15%), Column B (____%) or Column C (____%))	(4f) 00		00			00	00	00
g) Income paid by sport teams of international associations or federations (Schedule F Individual, Part V, line 3, Column D)	(4g) 00	00						
h) Total distributions from qualified retirement plans (Schedule D Individual)	(4h) 00	00		00				
i) Gain taxable at a reduced rate under an Incentives Act (Schedules J, K, L, M, or N Individual, as applicable) or wages received by a qualified physician under Act 14-2017 or Act 60-2019 (See inst.)	(4i) 00	00	00	00	00	00	00	00
j) Distributable share on net income subject to preferential rates from pass-through entities	(4j) 00	00	00	00	00	00	00	00
k) Others	(4k) 00	00	00	00	00	00	00	00
l) Distributions for reason of a disaster declared by the Governor of Puerto Rico (Schedule F Individual, Part VI, line 5) (See instructions)	(4l) 00				00			
m) Total (Add lines 4a through 4l of Columns B through H) ... (4m)		00	00	00	00	00	00	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)	(5) 00							
6. Income subject to regular tax (Subtract line 5 from line 3)	(6) 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)	(7) %	%	%	%	%	%	%	%

8. Deductions and Exemptions:		Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
		Taxed at Regular Rates	Taxed at 20%	Taxed at 15%	Taxed at 10%	Taxed at 4%	Taxed at _____%	Taxed at _____%	Taxed at _____%
a) Deductions applicable to individual taxpayers (See instructions) \$ _____ (8a)		00	00	00	00	00	00	00	00
b) Allowed deduction (Multiply line 8a by line 7 for each Column)..... (8b)		00	00	00	00	00	00	00	00
c) Personal exemption (Line 7, Part 2 of the return or Part II, line 5, Column B or C of Schedule CO Individual) (8c)		00							
d) Exemption for dependents (Line 8, Part 2 of the return or Part II, line 6D, Column B or C of Schedule CO Individual) (8d)		00							
e) Additional personal exemption for veterans (Line 9, Part 2 of the return or Part II, line 7, Column B or C of Schedule CO Individual) (8e)		00							
f) Total deductions and exemptions (Add lines 8b through 8e of all Columns) (8f)		00	00	00	00	00	00	00	00
9. Deduction for alimony paid (Part 1, line 4 of the return or Part I, line 5, Column B or C of Schedule CO Individual. See instructions) \$ _____ (9)		00	00	00	00	00	00	00	00
10. Allowable deduction for Private Equity investment (See instructions) \$ _____ (10)		00	00	00	00	00	00	00	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) (11)		00	00	00	00	00	00	00	00
12. Normal Tax:									
a) Regular tax for Column A (See instructions) (12a)		00							
b) Add: Gradual adjustment amount (Schedule P Individual, line 7) (12b)		00							
c) Total normal tax (Add lines 12a and 12b) (12c)		00							
d) Multiply line 12c by 95% or 92%, as applicable (See instructions) (12d)		00							
13. Tax according to the corresponding rate for Columns B through H (See instructions) (13)			00	00	00	00	00	00	00
14. Total normal tax and tax at preferential rates (Add line 12d and line 13 of Columns B through H) (14)									00
15. Net income subject to normal tax (Line 13, Part 2 of the return or line 11, Part II, Column B or C of Schedule CO Individual) (15)									00
16. Tax on line 15 according to regular tax rates:									
a) Regular tax (See instructions) (16a)									00
b) Add: Gradual adjustment amount (Schedule P Individual, line 7) (16b)									00
c) Total normal tax (Add lines 16a and 16b) (16c)									00
d) Multiply line 16c by 95% or 92%, as applicable (See instructions) (16d)									00
17. Tax determined (Enter the smaller between line 14 and line 16d. Transfer to page 2, Part 3, line 14 of the return or to Part III, line 1, Column B or C of Schedule CO Individual) (17)									00

Schedule B Individual

Rev. Oct 28 22



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

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Recapture of Credits Claimed in Excess

	Column A	Column B	Column C
Name of entity:			
Employer identification No:			
Indicate Act:			
1. Total credit claimed in excess			00
2. Recapture of credit claimed in excess paid in previous year, if applicable			00
3. Recapture of credit claimed in excess paid this year (Transfer to Part 3, line 24 of the return. See instructions)			00
4. Excess of credit due to next year, if applicable (Subtract lines 2 and 3 from line 1. See instructions)			00

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

A. CREDITS SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE	A - Pre Tax Credits Manager		B - Post Tax Credits Manager	
1. Credit attributable to losses or for investment in the Capital Investment Fund (See instructions)	(1)	00		00
2. Credit for investment in housing infrastructure (Act 98-2001, as amended) (See instructions)	(2)	00		00
3. Credit for investment in the acquisition, construction or rehabilitation of affordable rental housing to the elderly (Chapter 2 of Act 140-2001, as amended) (See instructions)	(3)	00		00
4. Credit for construction investment in urban centers (Act 212-2002, as amended) (See instructions)	(4)	00		00
5. Credit for the establishment of an eligible conservation easement or donation of eligible land (Act 183-2001, as amended) (See instructions)	(5)	00		00
6. Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(6)	00		00
7. Credits carried from previous years (Submit detail)	(7)	00		00
8. Other credits subject to limitation not included on the preceding lines (Submit detail)	(8)	00		00
9. Total credits subject to limitation (Add lines 1 through 8, Columns A and B, respectively)	(9)	00		00
10. 50% of the tax determined (Multiply the amount in Part 3, lines 22 and 23 of the return by .50; \$ _____ Distribute this amount between Columns A and B, as it is more beneficial for you)	(10)	00		00
11. Total credits subject to limitation to be claimed (Enter the smaller of line 9 or 10 for each one of Columns A and B)	(11)	00		00
B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE				
12. Credit for investment in Tourism Development (Act 78-1993, Act 74-2010 and Act 60-2019)	(12)	00		00
13. Credit for: <input type="radio"/> Section 4(a) of Act 8 of 1987 or <input type="radio"/> Section 3(b) of Act 135-1997 (See instructions)	(13)	00		00
14. Credit for investment in film industry development (Act 27-2011): <input type="radio"/> Film Project or <input type="radio"/> Infrastructure Project (See instructions)	(14)	00		00
15. Credit for the purchase or transmission of television programming made in Puerto Rico (Section 1051.14) (See instructions)	(15)	00		00
16. Credit for contributions to former governors foundations (See instructions)	(16)	00		00
17. Credit for payments of Membership Certificates by Ordinary and Extraordinary Members of Employees-Owned Special Corporations (See instructions)	(17)	00		00
18. Credit for contributions to: <input type="radio"/> 1 Santa Catalina's Palace Patronage <input type="radio"/> 2 Patronage of the State Capitol of the Legislative Assembly (See instructions)	(18)	00		00
19. Credit for investment (Section 6 of Act 73-2008)	(19)	00		00
20. Credit for investment in opportunity zones (Act 60-2019)	(20)	00		00
21. Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(21)	00		00
22. Credits carried from previous years (Submit detail)	(22)	00		00
23. Other credits not subject to limitation not included on the preceding lines (Submit detail)	(23)	00		00
24. Total credits not subject to limitation to be claimed (Add lines 12 through 23, Columns A and B, respectively)	(24)	00		00
25. Total tax credits (Add lines 11 and 24 for each one of Columns A and B)	(25)	00		00
26. Total tax determined (Part 3, lines 22 and 23 of the return: \$ _____ Distribute this amount between Columns A and B, as it is more beneficial for you)	(26)	00		00
27. Credit to be claimed (Enter the smaller of line 25 or 26 for each one of Columns A and B)	(27)	00		00
28. Total credit to be claimed (Add the amounts of Columns A and B, line 27. Transfer to page 2, Part 3, line 25 of the return)	(28)			00
29. Carryforward credits (Subtract line 27 from the sum of lines 9 and 24, Columns A and B, respectively)	(29)	00		00

Part III Other Payments and Withholdings

1. Estimated tax payments for 2022	(1)		00
2. Tax paid in excess in prior years credited to estimated tax	(2)		00
3. Payment with original return (Applies only if you are filing an amended return. See instructions)	(3)		00
4. Tax withheld to nonresidents (Form 480.6C)			
(a) Dividends subject to 15% under Section 1062.08	(4a)		00
(b) Dividends subject to preferential rate under special act	(4b)		00
(c) Royalties subject to special rate under incentives acts	(4c)		00
(d) Other withholdings	(4d)		00
5. Tax withheld to nonresidents on IRA distributions (Form 480.7)	(5)		00
6. Tax withheld on interests			
(a) Form 480.6B	(6a)		00
(b) Form 480.7	(6b)		00
(c) Form 480.7B	(6c)		00
7. Dividends from corporations (Form 480.6B)	(7)		00
8. Dividends subject to preferential rate under special act (Form 480.6B)	(8)		00
9. Services rendered by individuals (Form 480.6SP) (Total of Informative Returns <input type="text"/>)	(9)		00
10. Payments for judicial or extrajudicial indemnification (Form 480.6B)	(10)		00
11. Tax withheld at source on distributable share to pass-through entities' owners (Form 480.60 EC) on:			
(a) Interest income subject to preferential rate (See instructions)	(11a)		00
(b) Eligible distribution of dividends from corporations (See instructions)	(11b)		00
(c) Net income (or loss) from the entity's industry or business (See instructions)	(11c)		00
(d) Net income (or loss) on partially exempt income (See instructions)	(11d)		00
(e) Net income (or loss) on income subject to preferential rate (See instructions)	(11e)		00
(f) Other items (See instructions)	(11f)		00
12. Tax withheld at source on distributable share to trustees of revocable trusts or grantor trusts (Form 480.60 F) on:			
(a) Interest income subject to preferential rate (See instructions)	(12a)		00
(b) Eligible distribution of dividends from corporations (See instructions)	(12b)		00
(c) Total distributions from qualified retirement plans (See instructions)	(12c)		00
(d) Other items (See instructions)	(12d)		00
13. Tax withheld at source on distributable share to stockholders of an employees-owned special corporation (Form 480.60 CPT) (See instructions):			
(a) Eligible distribution of benefits or dividends (Line 1, Part V of Form 480.60 CPT)	(13a)		00
(b) Other items	(13b)		00
14. Tax withheld on IRA or Educational Contribution Accounts distributions of income from sources within Puerto Rico:			
(a) Form 480.7	(14a)		00
(b) Form 480.7B	(14b)		00
15. Tax withheld on IRA distributions to Governmental pensioners (Form 480.7)	(15)		00
16. Tax withheld at source on distributions from deferred compensation plans (Non qualified) (Form 480.7C)	(16)		00
17. Tax withheld at source on qualified pension plans distributions (Form 480.7C)	(17)		00
18. Tax withheld at source on pension plan distributions received as an annuity or periodic payments (Form 480.7C)	(18)		00
19. Tax withheld on distributions and transfers from Governmental Plans (Form 480.7C)	(19)		00
20. Income tax withheld on income from sport teams of international associations or federations (Form 480.6B or 480.6C)	(20)		00
21. Other payments and withholdings not included on the preceding lines:			
(a) Reported in an Informative Return (See instructions)	(21a)		00
(b) Not reported in an Informative Return (Submit detail)	(21b)		00
(c) Tax withheld at source on distributions for reason of a disaster declared by the Governor of Puerto Rico (See instructions)	(21c)		00
(d) Tax withheld at source on behalf of Disregarded Entities (Submit detail)	(21d)		00
(e) Estimated tax payments on behalf of Disregarded Entities for taxable year 2022 (Submit detail)	(21e)		00
22. Total other payments and withholdings (Add lines 1 through 21. Transfer to page 2, Part 3, line 27B of the return)	(22)		00

Part IV Breakdown of the Purchase of Tax Credits		A - Pre Tax Credits Manager		B - Post Tax Credits Manager	
Fill in the oval corresponding to the act (or acts) under which you acquired the credit and enter the amount:					
A. CREDITS SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE					
1.	<input type="radio"/> Solid Waste Disposal (Act 159-2011) (1)		00		00
2.	<input type="radio"/> Capital Investment Fund (Act 46-2000) (2)		00		00
3.	<input type="radio"/> Housing Infrastructure (Act 98-2001) (3)		00		00
4.	<input type="radio"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families or Investment in the Acquisition, Construction or Rehabilitation of Affordable Rental Housing to the Elderly (Act 140-2001, as amended) (4)		00		00
5.	<input type="radio"/> Conservation Easement (Act 183-2001) (5)		00		00
6.	<input type="radio"/> Revitalization of Urban Centers (Act 212-2002) (6)		00		00
7.	<input type="radio"/> Other: _____ (Submit detail) (7)		00		00
8.	Total credit for the purchase of tax credits subject to the limitation (Add lines 1 through 7, Columns A and B, respectively. Transfer to Part II, line 6) (8)		00		00
B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE					
9.	<input type="radio"/> Tourism Development (Act 78-1993 and Act 74-2010) (9)		00		00
10.	<input type="radio"/> Tourism Eligible Investment (Act 60-2019) (10)		00		00
11.	<input type="radio"/> Film Industry Development (Act 27-2011) (11)		00		00
12.	<input type="radio"/> Creative Industries (Act 60-2019) (12)		00		00
13.	<input type="radio"/> Economic Incentives (Research and Development) (Section 5(c) of Act 73-2008) (13)		00		00
14.	<input type="radio"/> Economic Incentives (Industrial Investment) (Section 6 of Act 73-2008) (14)		00		00
15.	<input type="radio"/> Green Energy Incentives (Research and Development) (Act 83-2010) (15)		00		00
16.	<input type="radio"/> Research and Development Investment (Act 60-2019) (16)		00		00
17.	<input type="radio"/> Opportunity Zones (Act 60-2019) (17)		00		00
18.	<input type="radio"/> Other: _____ (Submit detail) (18)		00		00
19.	Total credit for the purchase of tax credits not subject to the limitation (Add lines 9 through 18, Columns A and B, respectively. Transfer to Part II, line 21) (19)		00		00

Retention Period: Ten (10) years

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**Schedule B2
Individual**

Rev. Oct 28 22



**AMERICAN OPPORTUNITY TAX CREDIT
(American Recovery and Reinvestment Act of 2009)**

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Determination of Credit

(A) Student's Name	(B) Student's Social Security Number (SSN) and Institution's Employer Identification Number (EIN)	(C) Eligible Educational Expenses (Do not exceed \$4,000 per student)	(D) Enter the smaller of the amount in Column (C) or \$2,000	(E) Enter the difference between Columns (C) and (D) (Column C - Column D)	(F) Multiply the amount in Column (E) by 25% (Column E x .25)	(G) Maximum Credit Amount (Column D + Column F)	(H)* Base Credit Amount (Column G x Line 5, Part II)	(I) Amount of Reimbursable Credit (Column H x .40)
	Student's SSN:							
	Institution's EIN:	00	00	00	00	00	00	00
	Student's SSN:							
	Institution's EIN:	00	00	00	00	00	00	00
	Student's SSN:							
	Institution's EIN:	00	00	00	00	00	00	00
	Student's SSN:							
	Institution's EIN:	00	00	00	00	00	00	00
	Student's SSN:							
	Institution's EIN:	00	00	00	00	00	00	00
	Student's SSN:							
	Institution's EIN:	00	00	00	00	00	00	00
	Student's SSN:							
	Institution's EIN:	00	00	00	00	00	00	00
	Student's SSN:							
	Institution's EIN:	00	00	00	00	00	00	00
1. Amount of eligible credit to be claimed (Total of Columns (G), (H) and (I). Transfer the total of Column (I) to page 2, Part 3, line 27D of the return) (1)							00	00

* If your adjusted gross income (Part 1, line 5 of the return or Part I, line 6, Columns B and C of Schedule CO Individual) does not exceed \$80,000 or \$160,000 if married, enter the amount of Column (G) in Column (H), finish this Part I and do not complete Part II.

Part II Credit Limitation (Complete only if your adjusted gross income exceeds \$80,000 or \$160,000 if married)

1. Enter \$180,000 if married or \$90,000 if you are an individual taxpayer	(1)		00	
2. Adjusted gross income (Enter the amount of Part 1, line 5 of the return or Part I, line 6, Columns B and C of Schedule CO Individual)	(2)		00	
3. Subtract line 2 from line 1. If the result is zero ("0") or less do not continue; you cannot claim this credit	(3)		00	
4. Enter \$20,000 if married or \$10,000 if you are an individual taxpayer	(4)		00	
5. Divide line 3 by line 4. Enter the result rounded to two decimal places	(5)			

Part III Eligible Student's Compliance Certification

By signing the Individual Income Tax Return (Form 482.0) with which this schedule is filed, I declare under penalty of perjury that, to the best of my knowledge and belief, each one of the students for whom I claim this American Opportunity Tax Credit (Credit) complies with **all** the following eligibility requirements:

1. At the beginning of the taxable year for which the Credit is claimed, the student has not completed the first four (4) years of post-secondary education at an eligible educational institution;
2. for at least one academic period that begins during the taxable year for which the Credit is claimed, the student was enrolled at an eligible educational institution in a program leading to a degree, certification or other recognized post-secondary educational credential;
3. the student was enrolled and studied for at least an academic period beginning on the taxable year for which the Credit is claimed and had at least one-half of the normal full-time academic workload in courses leading to the degree;
4. this Credit has not been claimed for the eligible student for more than four (4) taxable years (See instructions);
5. the student has not been convicted of a felony for the possession or distribution of controlled substances at the end of the taxable year for which the Credit is claimed;
6. the student's name and social security number are reported in the Individual Income Tax Return; and
7. evidence of the eligible educational expenses paid by or on behalf of the eligible student enrolled in an eligible educational institution, is submitted with this return (See instructions).

Retention Period: Ten (10) years

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Schedule C Individual

Rev. Oct 28 22



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

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Social Security Number _____

1 Taxpayer 2 Spouse 3 Both

Computed for the: 1 Regular tax 2 Alternate basic tax 3 Optional tax

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

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

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

Check here if you include income from Disregarded Entities for which taxes were paid to foreign countries, the United States, its states, territories and possessions.

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. Gross income subject to tax from sources of the country, state, territory or possession:

a) Interests (1a)	00	00	00	00	00
b) Dividends (1b)	00	00	00	00	00
c) Rental income (1c)	00	00	00	00	00
d) Capital gain (See instructions) (1d)	00	00	00	00	00
e) Fiduciary income (1e)	00	00	00	00	00
f) Wages (1f)	00	00	00	00	00
g) Professions, industry or business (1g)	00	00	00	00	00
h) Others (1h)	00	00	00	00	00
i) Total gross income subject to tax (Add lines 1(a) through 1(h)) (1i)	00	00	00	00	00

2. Deductions and losses:

a) Expenses directly related to the income on line 1(i) (2a)	00	00	00	00	00
b) Losses from foreign sources (See instructions) (2b)	00	00	00	00	00

c) Determination of pro rata share of deductions and exemptions not directly related:

(i) Deductions applicable to individual taxpayers (Part 2, line 6 of the return or Part II, line 3 of Schedule CO Individual) (2ci) 00

(ii) Personal exemption, for dependents and additional exemption for veterans (Add lines 7 through 9, Part 2 of the return or lines 5, 6D and 7, Part II of Schedule CO Individual) (2cii) 00

(iii) Other deductions claimed (See instructions) (2ciii) 00

(iv) Total deductions and exemptions (Add lines 2(c)(i) through 2(c)(iii)).. (2civ) 00

(v) Gross income subject to tax from all sources (See instructions) (2cv) 00

(vi) Attributable percentage of the gross income from all sources to the gross income subject to tax (Divide line 1(i) by line 2(c)(v). Enter the result rounded to two decimal places) (2cvi) %

(vii) Pro rata share of deductions and exemptions not directly related (Multiply line 2(c)(iv) by line 2(c)(vi))..... (2cvii) 00

d) Total deductions and losses (Add lines 2(a), 2(b) and 2(c)(vii))..... (2d) 00

3. Net income from sources of the country, state, territory or possession (Subtract line 2(d) from line 1(i)) (3) 00

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

1 Taxpayer 2 Spouse 3 Both Computed for the: 1 Regular tax 2 Alternate basic tax 3 Optional tax

Table with columns: Foreign Country, State, Territory or Possession of the United States (A, B, C), United States (See instructions), Total (See instructions). Rows include Name of the country, state, territory or possession, Type of Form, and Total tax paid or accrued during the year.

Part III Reduction in Credit for Tax Paid or Accrued

Table with 7 columns for calculations. Rows include: 1. Income from sources of the country, state, territory or possession not subject to tax in Puerto Rico less deductions attributable to such income; 2. Total income subject to tax in the country, state, territory or possession less expenses attributable to such income; 3. Limitation (Divide line 1 by line 2); 4. Reduction in tax paid or accrued during the year; 5. Total tax paid or accrued available as credit.

Part IV Determination of Credit

Table with 7 columns for calculations. Rows include: 1. Net income from sources of the country, state, territory or possession; 2. Net income from all sources; 3. Limitation (Divide line 1 by line 2); 4. Taxes to be paid in Puerto Rico; 5. Limitation by country, state, territory or possession; 6. Total limitation.

Part V Determination of Credit Attributable to Long-Term Capital Gain of Resident Individual Investors

Table with columns: Foreign Country, State, Territory or Possession of the United States (A, B, C), United States (See instructions), Total (See instructions). Rows include Name of the country, state, territory or possession, Type of Form, and calculations for Gross income subject to tax from sources of the country, state, territory or possession, Amount of tax paid or accrued, and Total credit to be claimed.

Schedule CH Individual
Rev. Oct 28 22



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

2022

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

Taxpayer's name _____

Social Security Number _____

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

I, _____, agree and promise not to claim an exemption for dependents for
Name of parent releasing claim to exemption
taxable year 2022 for (enter the name(s) of child (children)):

	Joint Custody	First Name, Initial	Last Name	Second Last Name	Social Security Number
(1)	<input type="radio"/>				
(2)	<input type="radio"/>				
(3)	<input type="radio"/>				
(4)	<input type="radio"/>				
(5)	<input type="radio"/>				
(6)	<input type="radio"/>				
(7)	<input type="radio"/>				
(8)	<input type="radio"/>				
(9)	<input type="radio"/>				
(10)	<input type="radio"/>				
(11)	<input type="radio"/>				
(12)	<input type="radio"/>				
(13)	<input type="radio"/>				
(14)	<input type="radio"/>				
(15)	<input type="radio"/>				
(16)	<input type="radio"/>				
(17)	<input type="radio"/>				
(18)	<input type="radio"/>				
(19)	<input type="radio"/>				
(20)	<input type="radio"/>				

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Signature of parent releasing claim to exemption

Social Security Number

Date

Schedule CFF Individual

Rev. Oct 28 22



FOREIGN FINANCIAL ACCOUNTS

2022

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

Schedule CFF No. _____

Taxpayer's name

Fill in one:

- Taxpayer
- Spouse
- Both

Social Security Number

Every individual resident of Puerto Rico must complete a Schedule CFF Individual for each financial account held outside of Puerto Rico or the United States in which he/she maintains a financial interest whose maximum value during the taxable year exceeds \$10,000.

1. Name of the institution where you maintain the account

2. Account number

3. Country where the institution is located

4. Name under which the account is held (If different from the taxpayer)

5. Percentage of participation in the account

6. If the owner of record is a legal entity, indicate the type of entity

7. Highest value of the account during the year

8. If you opened the account during the year, indicate the date:

Day _____ Month _____ Year _____

9. If you closed the account during the year, indicate the date:

Day _____ Month _____ Year _____

10. Type of account:

- a) Bank accounts, such as savings accounts, checking accounts and term deposit accounts, among others.
- b) Securities accounts, such as managed accounts and derivatives or other financial instrument accounts.
- c) Options or futures contract accounts
- d) Crypto assets accounts
- e) Cash value insurance policies, such as whole-life policies
- f) Accounts in investment companies or any similar account
- g) Any other type of account where funds are maintained with a financial institution outside of Puerto Rico or the United States or with a person providing services similar to a financial institution

11. Financial interest:

- a) Is the owner of record of the account
- b) The owner of record is an agent, attorney or any other person acting on your behalf (Complete Box 4)
- c) The owner of record is a legal entity in which the taxpayer has, directly or indirectly, at least 50% of the total stocks or shares by vote or value (Complete Boxes 4 and 6)
- d) The owner of record is a grantor trust (Complete Boxes 4 and 6)
- e) The individual has authority (individually or with others) to control the disposal of assets held in such account (Complete Box 5)

CERTIFICATION

By means of the signature on page 1 of the return, I hereby declare under penalty of perjury that I have examined the information included in this form and it is true, correct, and complete.

Schedule CO Individual

Rev. Oct 28 22



OPTIONAL COMPUTATION OF TAX

(Under Section 1021.03 of the Puerto Rico Internal Revenue Code of 2011, as amended)

2022

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

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.

Part I Determination of Individually Adjusted Gross Income

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

Wages, Commissions, Allowances and Tips

A - Income Tax Withheld

B - TAXPAYER

C - SPOUSE

Table with 4 columns: Description, A - Income Tax Withheld, B - TAXPAYER, C - SPOUSE. Rows include (i) Total of withholding statements with this schedule, (ii) Total of withholding statements with this schedule under a qualified physician decree, and (iii) Total.

2. Wages reported on a Federal W-2 Form

Exempt Wages

Sec. 1031.02(a)(36) of the Code

Table with 4 columns: Description, Exempt Wages, A - Income Tax Withheld, B - TAXPAYER, C - SPOUSE. Rows include (i) Total of W-2 with this schedule and (ii) Total of W-2 with this schedule under a qualified physician decree.

3. Other Income (or Losses):

Main table for Other Income (or Losses) with 4 columns: Description, A - Income Tax Withheld, B - TAXPAYER, C - SPOUSE. Rows include A) Total distributions from qualified retirement plans, B) Gain (or loss) from sale or exchange of capital assets, C) Interests, D) Dividends from corporations, E) Distributions from Governmental Plans, F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts, G) Other income, H) Income from annuities and pensions, I) Dividends from Capital Investment or Tourism Fund, J) Net long-term capital gain on Investment Funds, K) Distributable share on profits from pass-through entities, L) Distributions from deferred compensation plans, M) Income from salaries, wages, compensations or public shows received by a nonresident individual, N) Alimony received, O) Distributions due to a disaster declared by the Governor of Puerto Rico, P) Gain (or loss) from manufacturing business, Q) Gain (or loss) from the sale of goods, R) Gain (or loss) from farming, S) Gain (or loss) from services rendered, T) Gain (or loss) from rental business, 4. Total Income, 5. Alimony Paid, 6. Adjusted Gross Income.

Part II Determination of Net Taxable Income

Table with 3 columns: Line Item, B - TAXPAYER, C - SPOUSE. Rows include Deductions allocated in half (50% of the total), Deductions individually allocated, TOTAL DEDUCTIONS, EXEMPTION FOR DEPENDENTS, and NET TAXABLE INCOME.

Part III Determination of Tax

Table with 3 columns: Line Item, B - TAXPAYER, C - SPOUSE. Rows include TAX (method selection), Gradual Adjustment Amount, Total Normal Tax, REGULAR TAX BEFORE THE CREDIT, Credit for taxes paid to foreign countries, NET REGULAR TAX, Excess of Net Alternate Basic Tax, Credit for alternate basic tax, Tax Determined Individually, and TOTAL TAX DETERMINED.

Continue in Part 3, line 22 of the return.

Part IV Computation of Allowable Amounts of Deductions to Nonresidents or Part-Year Residents

Table with 3 columns: Line Item, B - TAXPAYER, C - SPOUSE. Rows include Total gross income earned during the period of residence in Puerto Rico, Total Gross Income, Percentage of income related to the period of residence in Puerto Rico, Total deductions applicable to individual taxpayers, and Total deductions attributable to the period of residence in Puerto Rico.

Schedule D Individual

Rev. Oct 28 22



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

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

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

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
			00	00	00	00
			00	00	00	00
			00	00	00	00

1. Net short-term capital gain (or loss)	(1)	00
2. Net short-term capital gain on sale of your principal residence or sole proprietorship business (Submit Schedule D1, D3 or G Individual, as applicable. See instructions)	(2)	00
3. Distributable share on net short-term capital gain (or loss) from Estates or Trusts (See instructions)	(3)	00
4. Distributable share on net short-term capital gain (or loss) from Pass-Through Entities (Submit Form 480.60 EC. See instructions)	(4)	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)	(5)	00
6. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)	(6)	00
7. Net short-term capital gain (or loss) (Add lines 1 through 6)	(7)	00

Part II Long-Term Capital Assets Gains and Losses (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
	<input type="radio"/>			00	00	00	00	00
	<input type="radio"/>			00	00	00	00	00
	<input type="radio"/>			00	00	00	00	00

8. Net long-term capital gain (or loss)	(8)	00
9. Net long-term capital gain on sale of your principal residence or sole proprietorship business (Submit Schedule D1, D3 or G Individual, as applicable. See instructions)	(9)	00
10. Distributable share on net long-term capital gain (or loss) from Estates or Trusts (See instructions)	(10)	00
11. Distributable share on net long-term capital gain (or loss) from Pass-Through Entities (Submit Form 480.60 EC. See instructions)	(11)	00
12. Lump-sum distributions from annuity contracts: <input type="radio"/> 1 Variable <input type="radio"/> 2 Fixed - Taxpayer (See instructions)	(12)	00
13. Lump-sum distributions from annuity contracts: <input type="radio"/> 1 Variable <input type="radio"/> 2 Fixed - Spouse (See instructions)	(13)	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)	(14)	00
15. Net long-term capital gain (or loss) of Resident Individual Investors (Submit Schedule F1 Individual, Part III, line 1, Column (E)) (See instructions)	(15)	00
16. Capital gain distributions under Section 1112.01(c)(3) (See instructions)	(16)	00
17. Net long-term capital gain (or loss) (Add lines 8 through 16)	(17)	00

Part III Capital Assets Gains and Losses Realized under Special Legislation (See instructions)

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
	<input type="radio"/>			00	00	00	00

18. **Net capital gain (or loss) under Act:** _____ (Decree No. _____) (18) align="right">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
	<input type="radio"/>			00	00	00	00

19. **Net capital gain (or loss) under Act:** _____ (Decree No. _____) (19) align="right">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
	<input type="radio"/>			00	00	00	00

20. **Net capital gain (or loss) under Act:** _____ (Decree No. _____) (20) align="right">00

Part IV Total Distributions from Qualified Pension Plans (See instructions)					
Description	Fill in if you Prepaid	Distribution Date (Day/Month/Year)	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount
21. Taxable at 20% - Taxpayer (21)	0		00	00	00
22. Taxable at 20% - Spouse (22)	0		00	00	00
23. Taxable at 10% - Taxpayer (23)	0		00	00	00
24. Taxable at 10% - Spouse (24)	0		00	00	00
25. Total distributions from qualified pension plans (Total of Column C. Transfer this amount to Part 1, line 2A of the return or to Part I, line 3A, Columns B and C of Schedule CO Individual, as applicable) (25)					00

Part V Net Capital Gains or Losses for Determination of the Adjusted Gross Income					
Gains or Losses	Column A	Column B	Column C	Column D	Column E
	Short-Term	Long-Term	Under Special Legislation	Under Special Legislation	Under Special Legislation
26. Enter the gains determined on lines 7, 17 and 18 through 20 in the corresponding Column (26)	00	00	00	00	00
27. Enter the losses determined on lines 7, 17 and 18 through 20 in the corresponding Column (27)	00	00	00	00	00
28. If one or more of Columns B through E reflects a loss on line 27, add them and apply the total proportionally to the gains in the other Columns (See instructions) (28)		00	00	00	00
29. Subtract line 28 from line 26. If any Column reflected a loss on line 27, enter zero here (29)		00	00	00	00
30. Apply the loss from line 27, Column A proportionally to the gains of Columns B through E (See instructions) (30)		00	00	00	00
31. Subtract line 30 from line 29 (31)		00	00	00	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 (32)					00
33. Net capital gain (or loss) for the current year (Add line 26, Column A and line 32) (33)					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) (34)				00	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 in Part I, line 3B of Schedule CO Individual, as applicable. If line 33 is more than zero, complete Part VII) (35)					00
36. If line 33 is a net loss, enter here and in Part 1, line 2B of the return or in Part I, 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) (36)					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)..... (37)					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
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
38. Total net capital loss carryover (Transfer this amount to Part V, line 34, Column D of this Schedule) (38)				00

Taxpayer's name

Social Security Number

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

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Short-Term	Long-Term (15%)	Special Legislation (____%)	Special Legislation (____%)	Special Legislation (____%)	Total Long-Term (Add Columns B through E)	Total Net Capital Gain (Add Columns A and F)
1. Net Capital Gain (In the case of short-term gains, transfer the amount on line 26, Column A, Part V. In the case of long-term gains, transfer the amount from line 31, Columns B through E, Part V, as it corresponds) (1)	00	00	00	00	00	00	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) (2)	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) (3)	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% (4)		%	%	%	%	%	
5. Capital loss carryforward attributable to long-term transactions (Columns B through E) (Multiply line 3 - Column A by line 4 of each Column) (5)		00	00	00	00	00	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) (6a) (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) (6b) 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) (7) 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) (8)							00

Retention Period: Ten (10) years

Schedule D1 Individual

Rev. Oct 28 22



SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Computation of Gain

1. Date in which the residence was sold (day, month, year) (1)

	/		/	
--	---	--	---	--

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? 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?
Taxpayer: 1 Yes 2 No 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 (3)

	00
--	----

4. Selling price of the residence (Do not include personal property items sold with your residence) (4)

	00
--	----

5. Selling and fixing-up expenses (See instructions) (5)

	00
--	----

6. Total realized (Subtract line 5 from line 4) (6)

	00
--	----

7. Adjusted basis of residence sold. Includes prepayment: 1 Yes 2 No (See instructions) (7)

	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 17 (8)

	00
--	----

Retention Period: Ten (10) years

FOR INFORMATION PURPOSES ONLY. DO NOT USE FOR FILING.

Schedule D3 Individual

Rev. Oct 28 22



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)

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Computation of Gain under Section 1034.04(m)

- 1. Date in which the old residence was sold (day, month, year)
2. Were funds from an Individual Retirement Account (IRA) used to acquire the old residence?
3. Have you bought or built a new residence?
4. Selling price of the old residence
5. Selling expenses
6. Total realized
7. Adjusted basis of residence sold
8. Gain realized on sale
9. If you have not replaced your residence, do you plan to do so during the replacement period?

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?
11. Who was age 60 or older on the date of sale?
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
13. If line 12 is "Yes", do you elect to take the once in a lifetime exclusion from the gain on the sale?
14. Exemption: Enter the smaller of line 8 or \$150,000 (\$300,000 if married that choose the optional computation of tax)

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 the result here.
16. Fixing-up expenses of the old residence
17. Add lines 14 and 16
18. Adjusted sales price
19. (a) Enter date you moved into new residence (day, month, year) (b) Cost of new residence
20. Subtract line 19(b) from line 18. If it is zero or less, enter zero
21. Taxable gain. Enter the smaller of line 15 or 20. If it is zero or less, enter zero.
22. Gain to be postponed
23. Adjusted basis of new residence

Schedule DDC Individual

Rev. Oct 28 22



**DUE DILIGENCE CHECKLIST BY ACCREDITED AGENT-
TAX RETURNS SPECIALIST**
For Individuals Engaged in Trade or Business with Business Volume
of Less than \$1,000,000

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name	Social Security Number
-----------------	------------------------

Name of the Accredited Agent- Tax Returns Specialist	Accredited Agent- Tax Returns Specialist Number
--	---

Indicate, if for the taxable year the taxpayer will include with the return audited financial statements or an agreed upon procedures report ("AUP"). If you answered "Yes", submit copy of such documents with the return and you will not be required to complete this form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	---------------------------------	--------------------------------

Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Nature of the activity: <input type="radio"/> 1 Manufacturing (Schedule J Individual) <input type="radio"/> 3 Farming (Schedule L Individual) <input type="radio"/> 5 Rent (Schedule N Individual) <input type="radio"/> 2 Sale of Goods (Schedule K Individual) <input type="radio"/> 4 Services Rendered (Schedule M Individual)
---	--

Part I	Detail of Expenses	Amount	Amount
1.	Indicate the concept of expenses and amounts claimed as a deduction in the taxpayer's return:		
	a) Automobile expenses (Mileage _____)..... (1a)		00
	b) Other motor vehicle expenses (1b)		00
	c) Repairs and maintenance..... (1c)		00
	d) Travel expenses (Total expenses \$ _____)..... (1d)		00
	e) Meal and entertainment expenses (Total expenses \$ _____)..... (1e)		00
	f) Materials and office supplies..... (1f)		00
	g) Materials directly used in the industry or business..... (1g)		00
	h) Stamps, vouchers and fees..... (1h)		00
	i) Postage and shipping charges..... (1i)		00
	j) Uniforms..... (1j)		00
	k) Parking and toll..... (1k)		00
	l) Office expenses..... (1l)		00
	m) Bank fees..... (1m)		00
	n) Bad debts..... (1n)		00
	o) Other expenses (Submit detail, if necessary):		
	i) _____ (1oi)	00	
	ii) _____ (1oii)	00	
	iii) _____ (1oiii)	00	
	iv) Total other expenses (Add lines 1(o)(i) through 1(o)(iii))..... (1oiv)		00
2.	Total expenses (Add lines 1(a) through 1(o)(iv))..... (2)		00

Part II	Due Diligence Requirements	Yes	No
You must answer each of the following questions to confirm that you complied with the due diligence requirements as provided in Section 1021.02(a)(2)(D) of the Puerto Rico Internal Revenue Code of 2011, as amended (Code).			
1.	Are the expenses listed in Part I, ordinary and necessary expenses to carry out the operation of the taxpayer's industry or business? If you answered "Yes", continue with questions 1(a) and 1(b). If you answered "No", continue with question 2..... (1)	<input type="checkbox"/>	<input type="checkbox"/>
	a) Were the expenses incurred and paid by the taxpayer and claimed in the taxpayer's return according to his/her accounting method?..... (1a)	<input type="checkbox"/>	<input type="checkbox"/>
	b) Indicate the accounting method used by the taxpayer in the industry or business: <input type="radio"/> Cash <input type="radio"/> Accrual <input type="radio"/> Other: _____		
2.	Do the expenses listed in Part I, include personal expenses of the taxpayer?..... (2)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did you comply with the knowledge requirement?..... (3)	<input type="checkbox"/>	<input type="checkbox"/>
	To meet this requirement, you must:		
	a) Interview the taxpayer, ask questions and document at the moment the taxpayer's responses to determine that the expenses claimed in the return are ordinary and necessary to carry out the operation of the industry or business of such taxpayer; and		
	b) Review documents to support that such expenses were incurred and paid by the taxpayer.		
4.	Did the information provided by the taxpayer, or a related authorized person, appear to be incorrect, incomplete or inconsistent? If you answered "Yes", respond questions 4(a) and 4(b). If you answered "No", continue with question 5..... (4)	<input type="checkbox"/>	<input type="checkbox"/>
	a) Did you make reasonable questions to determine the correct, complete and consistent information?..... (4a)	<input type="checkbox"/>	<input type="checkbox"/>
	b) Did you document the answers received? (Documentation must include the questions and the name of the person who answered, when you asked (date of the interviews), the information that was provided and the impact of the information in the items included in the taxpayer's return)..... (4b)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did you comply with the document retention requirement? To comply with this requirement, you must keep a copy of the documentation indicated in question 4(b), copy of this form, copy of any worksheet, a record of how, when and the name of the person from whom the information used to complete this form was obtained. In the same way, you must keep copy of any worksheet or copy of any document provided by the taxpayer in which you based the deduction of the expenses listed in Part I of this form..... (5)	<input type="checkbox"/>	<input type="checkbox"/>

Continue on back.

Part II Due Diligence Requirements (Continued)

List the documents used, if any. If you need additional space, submit detail.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- 6. Did you ask the taxpayer if he/she could provide documentation to corroborate the amount of any deduction claimed in the return if such return was selected for an audit process by the Department of the Treasury (Department)? (6)
- 7. Did you ask the taxpayer if any of the deductions claimed and included in Part I of this form was rejected or reduced in a previous taxable year? (7)

Part III Certification

The Accredited Agent-Tax Returns Specialist, will have complied with all due diligence requirements for the deductions subject to verification under the provisions of Section 1021.02 of the Code, if he/she meets all the following requirements:

- A. Interviewed the taxpayer, made adequate questions, documented at the moment the taxpayer's responses in this form or in his/her worksheets, and reviewed the information provided by the taxpayer;
- B. Completed this form truthfully and accurately and performed the actions described in Part II;
- C. Submit copy duly completed and signed of this form with the taxpayer's return; and
- D. You promise to keep copy of the following documents as part of your records for a period of no less than ten (10) years from the filing date of the return for which this form is completed:
 - 1. Copy of this form duly signed.
 - 2. Every worksheet that has been used as part of the due diligence process.
 - 3. Copies of any document provided by the taxpayer on which you relied for the deduction of the expenses listed in Part I of this form.
 - 4. A record of how, when and from whom the information used to prepare this form and the corresponding worksheets was obtained.
 - 5. Any additional information or document used as part of the due diligence process.

OATH

I hereby declare under penalty of perjury that I have examined the information included in this form and it is true, correct and complete. I am aware that by issuing and signing this form I attest that the categories of deductions and the amounts included in this form are ordinary and necessary expenses to carry out the operation of the taxpayer's industry or business. I understand that, if I have not met all the due diligence requirements listed above, I am subject to the suspension of my license as Accredited Agent-Tax Returns Specialist by the Department. I also accept that, in the case that the Department determines that any of the amounts included in this form and claimed as deduction by the taxpayer is not supported with documentary evidence, I will be subject to the payment of the fine and other applicable penalties provided in Section 6074.03 of the Code.

Name of the Accredited Agent-Tax Returns Specialist (Print)

Signature of the Accredited Agent-Tax Returns Specialist

Date

Registration Number of the Accredited Agent-Tax Returns Specialist

Retention Period: Ten (10) years

Schedule E

Rev. 10.22



DEPRECIATION

2022

Taxable year beginning on _____ and ending on _____

Schedule E No. _____

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.

(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 _____)

					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 to the corresponding line of other returns)					00

Schedule E1

Rev. 10.22



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

2022

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

Schedule E1 No. _____

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	6. Depreciation claimed this year
---------------------	------------------	---------------------------------	--	--------------------------	-----------------------------------

(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

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 to the corresponding line of other returns) 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.

Schedule F Individual

Rev. Oct 28 22



OTHER INCOME

2022

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

Taxpayer's name _____

Fill in one:
 1 Taxpayer 2 Spouse 3 Both

Social Security Number _____

Part I Distributions from Individual Retirement Accounts and Educational Contribution Accounts				Taxable Amount							
Payer's name	Employer Identification Number	Account Number	Fill in if you Prepaid	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
				Total Distribution	Basis (See instructions)	Interests from IRA of Financial Institutions Not Subject to Withholding (Transfer to Part I, line 1(b), Col. D of Schedule FF Ind.)	Interests from IRA of Financial Institutions (10%) (Transfer to Part I, line 1(b), Col. B of Schedule FF Ind.)	Interests from Distributions to Government Pensioners (10%) (Transfer to Part I, line 1(b), Column E of Schedule FF Individual)	IRA Distributions to Government Pensioners (excluding contributions) (10%)	IRA or Educational Contribution Accounts Distributions of Income from Sources Within P.R. (10%)	IRA or Educational Contribution Accounts Distributions
			<input type="radio"/>	00	00	00	00	00	00	00	00
			<input type="radio"/>	00	00	00	00	00	00	00	00
			<input type="radio"/>	00	00	00	00	00	00	00	00
			<input type="radio"/>	00	00	00	00	00	00	00	00
Distributions from Individual Retirement Accounts used to acquire your principal residence (Enter the amount of line 3, Schedule D1 Individual or from line 2, Part I of Schedule D3 Individual)				00							00
1. Subtotal (Transfer the total of Columns F and G to line 4(k), Columns A and D, of Schedule A2 Individual)				00	00	00	00	00	00	00	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 to Part I, line 3F, Column B or C of Schedule CO Individual, as applicable)											00

Part II Distributions and Transfers from Governmental Plans									
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(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	<input type="radio"/>		00	00	00	00	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)	<input type="radio"/>		00	00				00	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 to Part I, line 3E, Column B or C of Schedule CO Individual, as applicable)									00

Part III Distributions from Deferred Compensation Plans (Non Qualified)						
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount	
1. Taxable as ordinary income (Transfer the amount of Column C to Part 1, line 2L of the return or to Part I, line 3L of Schedule CO Individual, as applicable)	<input type="radio"/>		00	00	00	00

Part IV Partial or Lump-Sum Distributions from Qualified Retirement Plans and Fixed or Variable Annuities Not Subject to a Preferential Rate (See instructions)						
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount	
1. Taxable as ordinary income (Transfer the amount of Column C to Part 1, line 2L of the return or to Part I, line 3L of Schedule CO Individual, as applicable) (1)	0		00	00	00	00

Part V Other Income			Column A	Column B	Column C	Column D	Column E	Column F
Payer's name	Employer Identification Number	Account Number	Income from Debt Discharge	Income from the Use of Intangibles	Judicial or Extrajudicial Indemnification	Income from Sport Teams of International Associations or Federations	Other Income	Distributable Share on Net Income Subject to Preferential Rates from Pass-Through Entities
			00	00	00	00	00	00
			00	00	00	00	00	00
			00	00	00	00	00	00
			00	00	00	00	00	00
1. Amount received (1)			00	00	00	00	00	00
2. Less: Expenses related to the production of these income (See instructions) (2)			00	00	00	00	00	00
3. Subtotal Columns A through C and E (Subtract line 2 from line 1, as applicable). Column D (Transfer the total to line 4(g), Columns A and B of Schedule A2 Individual). Column F (Transfer the total to line 4(j), Column A and to the one that applies of Columns B through H of Schedule A2 Individual) (3)			00	00	00	00	00	00
4. Wages, salaries or compensation reported on a Federal W-2 Form of a private company employer (See instructions) (Exempt Wages Sec. 1031.02(a)(36) of the Code \$) (4)							00	
5. Total other income (Add the total of line 3, Columns A through F and line 4, Column E. Transfer to Part 1, line 2G of the return or to Part I, line 3G of Schedule CO Individual, as applicable) (5)								00

Part VI Distributions Due to a Disaster Declared by the Governor of Puerto Rico								
Payer's name	Employer Identification Number	Account Number	Distribution Date	Select the form in which the distribution was reported	Column A	Column B	Column C	Column D
					Exempt Amount	Amount Subject to Withholding (10%)	Amount over which a Prepayment was Made and After-Tax Contributions	Total Distribution
				1 <input type="radio"/> 480.7	00	00		00
				2 <input type="radio"/> 480.7C	00	00		00
				1 <input type="radio"/> 480.7	00	00		00
				2 <input type="radio"/> 480.7C	00	00		00
				1 <input type="radio"/> 480.7	00	00		00
				2 <input type="radio"/> 480.7C	00	00		00
				1 <input type="radio"/> 480.7	00	00		00
				2 <input type="radio"/> 480.7C	00	00		00
1. Amount received (Total of Columns A, B, C and D) (1)					00	00		00
2. Less: Amounts over which a prepayment was made and after-tax contributions (Transfer the total of line 1, Column C) (2)								00
3. Eligible distribution (Subtract line 2 from line 1, Column D) (See instructions) (3)								00
4. Less: Exempt amount (Enter the smaller of the amount on line 1, Column D or \$10,000. Transfer to line 8, Part I of Schedule IE Individual) (4)								00
5. Amount taxable at 10% (Subtract line 4 from line 3. Transfer to Part 1, line 2O of the return or to Part I, line 3O, Column B or C of Schedule CO Individual, as applicable. Transfer also to line 4(l) of Schedule A2 Individual) (See instructions) (5)								00
6. Tax withheld at source:								
(a) Form 480.7, Box 10 (Total Informative Returns <input type="checkbox"/>) (6a)							00	
(b) Form 480.7C, Box 22 (Total Informative Returns <input type="checkbox"/>) (6b)							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)) (6c)								00

Schedule G Individual

Rev. Oct 28 22



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

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

- 1. Did you elect to defer the gain from the sale of the first sole proprietorship business?
2. Adjusted basis of the new sole proprietorship business
3. Did you sell your sole proprietorship business during this year?
4. Date in which the first sole proprietorship business was sold
5. (a) Did you buy a new sole proprietorship business? (b) If you answered "Yes", enter date

Part II Computation of Gain (or Loss)

- 6. Selling price of the first sole proprietorship business
7. Selling expenses
8. Total realized
9. Adjusted basis of the first sole proprietorship business
10. Gain realized on sale
11. Loss realized on sale
12. If you haven't replaced your first sole proprietorship business, do you plan to do so within the replacement period?

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

- 13. Recognized gain. Enter the amount of line 10.
14. Selling price of the first sole proprietorship business
15. (a) Enter date you acquired the new sole proprietorship business (b) Cost of new sole proprietorship business
16. Purchasing commissions and expenses incurred in the new sole proprietorship business
17. Reinvested total
18. Subtract line 17 from line 14. If it is zero or less, enter zero
19. Taxable gain. Enter the smaller of line 13 or 18. If it is zero or less, enter zero.
20. Postponed gain
21. Adjusted basis of the new sole proprietorship business

Schedule H Individual

Rev. Oct 28 22



INCOME FROM ANNUITIES OR PENSIONS RECEIVED IN THE FORM OF PERIODIC PAYMENTS

Taxable year beginning on _____ and ending on _____

2022

Taxpayer's name

Taxpayer Social Security Number

Spouse's Social Security Number

Questionnaire

1. Recipient of annuity or pension (fill in one): 1 Taxpayer 2 Spouse

2. Type of income (fill in one): 1 Annuity 2 Pension

3. Pension granted by (fill in one):

1 Government of Puerto Rico 2 Federal Government

3 Private Business Employer (if you chose this alternative, fill in one): 1 Qualified plan under Section 1081.01 2 Non qualified plan

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

5. Date on which you started to receive the pension: Day _____ Month _____ Year _____

6. Name of the pension payer

6(a). Employer identification number

7. Form in which the pension or annuity was reported:

- 1 Form 480.7C: Control Number _____ Electronic Filing Confirmation Number _____
2 Form 1099-R 3 Other: _____

Part I Determination of Cost to be Recovered of the Pension or Annuity (See instructions)

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-6 for cost determination.

Part II Taxable Income (See instructions)

Table with 3 columns: Line number, Description, and Amount. Includes lines 7-13 for taxable income calculation.

Schedule IE Individual

Rev. Oct 28 22



EXCLUDED AND EXEMPT INCOME

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Fill in one:

1 Taxpayer 2 Spouse

Social Security Number _____

Part I Exclusions from Gross Income

		Items Considered for the Home Mortgage Interests Limitation	Items subject to Alternate Basic Tax
1. Life insurance	(1)	00	
2. Donations, legacies and inheritances	(2)	00	
3. Compensation for injuries or sickness	(3)	00	
4. Benefits from federal social security for old-age and survivors	(4)	00	
5. Income derived from discharge of debts (See instructions)	(5)	00	
6. Child support payments.....	(6)	00	
7. Compensation or indemnification paid to an employee due to dismissal	(7)	00	
8. Compensation, payments or distributions due to a disaster declared by the Governor of Puerto Rico - Reported in a withholding statement or informative return	(8)	00	
9. Compensation, payments or distributions due to a disaster declared by the Governor of Puerto Rico - Not reported in a withholding statement or informative return (Submit detail)	(9)	00	
10. Amount received from any subsidy or stimulus paid by the Federal Government as a result of COVID-19 (Submit detail)	(10)	00	
11. Amount received from any subsidy or stimulus paid by the Government of Puerto Rico as a result of COVID-19 (Submit detail)	(11)	00	
12. Interests upon mortgages over residential property located in Puerto Rico granted after January 1, 2014	(12)	00	
13. Other exclusions (Submit detail)	(13)	00	00
14. Total (Add lines 1 through 13)	(14)	00	00

Part II Exemptions from Gross Income

1. Fringe benefits paid by the employer in relation to a cafeteria plan	(1)	00	
2. Interests upon the following instruments:			
A) Obligations from the United States Government, its states, territories or political subdivisions	(2A)	00	
B) Obligations from the Government of Puerto Rico	(2B)	00	
C) Certain mortgages (See instructions).....	(2C)	00	00
D) Deposits in Puerto Rico interest bearing accounts up to \$100 (Schedule FF Individual)	(2D)	00	00
E) Bonds, notes or other obligations under Section 6070.56(h) of Act 60-2019	(2E)	00	
F) Other interests subject to alternate basic tax reported in a Form 480.6D	(2F)	00	00
G) Other interests not subject to alternate basic tax reported in a Form 480.6D	(2G)	00	
H) Other interests subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(2H)	00	00
I) Other interests not subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(2I)	00	
3. Dividends:			
A) Subject to alternate basic tax reported in a Form 480.6D	(3A)	00	00
B) Not subject to alternate basic tax reported in a Form 480.6D	(3B)	00	
C) Subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(3C)	00	00
D) Not subject to alternate basic tax not reported in a Form 480.6D (Submit detail)	(3D)	00	
4. Expenses of priests or ministers (See instructions)	(4)	00	
5. Exempt interests distributed from IRA or Educational Contribution Account (Form 480.7 or 480.7B)	(5)	00	
6. Stipends received by certain physicians during the internship period (Form 499R-2/W-2PR)	(6)	00	
7. Income from overtime worked by a Puerto Rico Police member (Form 499R-2/W-2PR)	(7)	00	
8. Salaries from overtime during emergency situations (Form 499R-2/W-2PR)	(8)	00	00
9. Compensation received by an eligible researcher or scientist (See instructions)	(9)	00	
10. Amounts paid by an employer for reimbursement of travel, meals, lodging, entertainment and other expenses (Form 499R-2/W-2PR)	(10)	00	
11. Cost of living allowance (COLA) (Federal Form W-2)	(11)	00	
12. Compensation received from active military service in a combat zone (Federal Form W-2)	(12)	00	
13. Recapture of bad debts, prior taxes, surcharges and other items	(13)	00	00
14. Prizes from the Lottery of Puerto Rico and the Additional Lottery	(14)	00	
15. Income from pensions or annuities, up to the applicable limitation (Schedule H Individual, Part II, line 8)	(15)	00	
16. Christmas Bonus, Summer Bonus and Medicine Bonus	(16)	00	
17. Gain from the sale or exchange of principal residence by certain individuals and qualified property (Schedule D1 or D3 Individual)	(17)	00	
18. Unemployment compensation	(18)	00	
19. Compensation to citizens and aliens nonresidents of Puerto Rico for the production of film projects	(19)	00	
20. Income from sources outside of Puerto Rico (Nonresidents or part-year residents)	(20)	00	
21. Remuneration received by employees of foreign governments or international organizations	(21)	00	
22. Income from buildings rented to the Government of Puerto Rico for public hospitals, health or convalescent homes, and public schools (Contracts in force at November 22, 2010)	(22)	00	
23. 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	(23)	00	
24. Accumulated gain in non-qualified options	(24)	00	
25. Distributions of amounts previously notified as deemed eligible distributions under Section 1023.06(j) and 1023.25	(25)	00	
26. Distributions from Non Deductible Individual Retirement Accounts	(26)	00	
27. Certain income related to the operation of employees-owned special corporations (See instructions)	(27)	00	00
28. Distributable share on exempt income from pass-through entities (Forms 480.60 EC and 480.60 F. See instructions)	(28)	00	00
29. Income from copyrights up to \$10,000 under Act 516-2004	(29)	00	00
30. Income received by designers and translators up to \$6,000 under Act 516-2004	(30)	00	00

Continue on back.

Part II	Exemptions from Gross Income (Continued)	Items Considered for the Home Mortgage Interests Limitation	Items subject to Alternate Basic Tax
31.	Income derived by young people from wages, services rendered or self-employment with special agreement under Act 135-2014 from (See instructions):		
A)	Wages (Form 499R-2/W-2PR or Federal W-2) \$ _____		
B)	Manufacturing income (Schedule J Individual, Part II, line 4) \$ _____		
C)	Income from the sale of goods (Schedule K Individual, Part II, line 4) \$ _____		
D)	Farming income (Schedule L Individual, Part II, line 4) \$ _____		
E)	Income from services rendered (Schedule M Individual, Part II, line 4) \$ _____		
F)	Rental income (Schedule N Individual, Part II, line 2) \$ _____		
G)	Total (Add lines 31A through 31F)..... (31G)	00	
32.	Exempt salaries of a professional in a hard-to-fill position (Form 499R-2/W-2PR) (See instructions) (32)	00	
33.	Other payments subject to alternate basic tax reported in a Form 480.6D (33)	00	00
34.	Other payments not subject to alternate basic tax reported in a Form 480.6D (34)	00	
35.	Other exemptions subject to alternate basic tax not reported in a Form 480.6D (Submit detail) (35)	00	00
36.	Other exemptions not subject to alternate basic tax not reported in a Form 480.6D (Submit detail) (36)	00	
37.	Income from residential rent under Act 132-2010 (Schedule N Individual, Part II, line 2) (37)	00	
38.	Exempt amount from manufacturing income (Schedule J Individual, Part IV, line 2) (38)	00	00
39.	Exempt amount on income from the sale of goods (Schedule K Individual, Part IV, line 2) (39)	00	00
40.	Exempt amount from farming income (Schedule L Individual, Part IV, line 2) (40)	00	00
41.	Exempt amount on income from services rendered (Schedule M Individual, Part IV, line 2) (41)	00	00
42.	Exempt amount from rental income (Schedule N Individual, Part IV, line 2) (42)	00	00
43.	Total (Add lines 1 through 42) (43)	00	00
Part III	Total		
1.	Total of items considered for the home mortgage interests limitation (Add line 14 of Part I and line 43 of Part II, first column) (1)	00	
2.	Total of items subject to alternate basic tax (Add line 14 of Part I and line 43 of Part II, second column) (2)		00

Retention Period: Ten (10) years

INFORMATION
 PURPOSES ONLY.
 DO NOT USE FOR
 FILING.

Schedule J Individual		MANUFACTURING INCOME		2022	
Rev. Oct 28 22		Taxable year beginning on _____ and ending on _____			
Taxpayer's name			Social Security Number		Schedule J No. _____
Part I Questionnaire		Fill in here if it is a Disregarded Entity (See instructions) <input type="checkbox"/>			Fully Taxable <input type="checkbox"/>
Employer Identification Number	Fill in one: <input type="checkbox"/> 1 Taxpayer <input type="checkbox"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="checkbox"/>	Date operations began: Day _____ Month _____ Year _____		Tax Incentives under:
Merchant's Registration Number	Fill in here if during the taxable year you disposed all the assets used in your industry or business <input type="checkbox"/>	Accounting Method: <input type="checkbox"/> 1 Cash <input type="checkbox"/> 2 Accrual		Act No. 26 of 1978 <input type="checkbox"/>	Act No. 8 of 1987 <input type="checkbox"/>
Manufacturer Number	Location of Manufacturing Business - Number, Street and City	Number of employees		Act 135-1997 <input type="checkbox"/>	Act 73-2008 <input type="checkbox"/>
Case or Concession Number	Nature of business: NAICS _____ Percentage _____%			Act 83-2010 <input type="checkbox"/>	Act 1-2013 <input type="checkbox"/>
Industrial Code	Municipal Code	Indicate if you include with this return (See inst.): <input type="checkbox"/> 1 Audited Financial Statement <input type="checkbox"/> 2 Agreed Upon Procedures Report ("AUP")			Act 135-2014 <input type="checkbox"/>
		Puerto Rico CPA's College Stamp No. _____			Act 60-2019: Section _____ <input type="checkbox"/>
		<input type="checkbox"/> 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. _____			Other: _____ <input type="checkbox"/>
Indicate if the business derived income or claimed expenses related to the ownership, use, maintenance 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		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 vessels		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 airships		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 residential property outside of Puerto Rico		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part II Manufacturing Income				Regular Tax	Alternate Basic Tax
1. Income		(1)		00	00
2. Less: Cost of goods sold (Complete Part V) (See instructions)		(2)		00	00
3. Gross income (Subtract line 2 from line 1)					
(Gross profit margin percentage: 2021 _____ 2022 _____ See instructions)		(3)		00	00
4. Less: Exempt amount under Act 135-2014 <input type="checkbox"/> 1 Up to \$40,000 <input type="checkbox"/> 2 Up to \$500,000 (See instructions)		(4)		00	00
5. Income for the current year (Subtract line 4 from line 3)		(5)		00	00
Part III Operating Expenses and Deductions					
A. Deductions that must be reported in an informative return:					
1. Salaries, commissions and bonuses to employees (See instructions)		(1)		00	00
2. Salaries paid to young university students (Total \$ _____) Department of the Treasury's Internship Program (Total \$ _____) (See inst.)		(2)		00	00
3. Payments for services rendered in Puerto Rico (See instructions)		(3)		00	00
4. Payments for services rendered outside of Puerto Rico (See instructions)		(4)		00	00
5. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)		(5)		00	00
6. Insurance premiums (Except contributions to health or accident plans) (See instructions)		(6)		00	00
7. Telecommunication services		(7)		00	00
8. Internet and cable or satellite television services		(8)		00	00
9. Bundles (See instructions)		(9)		00	00
10. Advertising		(10)		00	00
11. Royalties		(11)		00	00
12. Payments for virtual and technology tools and other subscriptions		(12)		00	00
13. Professional associations fees and dues paid for the benefit of employees		(13)		00	00
14. Homeowners association fees		(14)		00	00
15. Payments for judicial or extrajudicial indemnification		(15)		00	00
16. Certain other expenses (See instructions)		(16)		00	00
17. Subtotal (Add lines 1 through 16)		(17)		00	00
B. Deductions not reported in an informative return:					
18. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____		(18)		00	00
19. Taxes, patents and licenses:					
a) Property tax (Personal \$ _____) (Real \$ _____)		(19a)		00	00
b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____		(19b)		00	00
c) State Insurance Fund Policy		(19c)		00	00
d) Sales and use tax		(19d)		00	00
20. Depreciation and amortization (Submit Schedule E No. _____)		(20)		00	00
21. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____)		(21)		00	00
22. Electric power		(22)		00	00
23. Water and sewage		(23)		00	00
24. Contributions to health or accident plans		(24)		00	00
25. Social Security tax (FICA)		(25)		00	00
26. Unemployment tax		(26)		00	00
27. Federal self-employment tax (See instructions)		(27)		00	00
28. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1)		(28)		00	00
29. Subtotal (Add lines 18 through 28)		(29)		00	00
C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)					
30. Automobiles expenses (Mileage _____) (See instructions)		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (30)		00	00
31. Other motor vehicle expenses (See instructions)		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (31)		00	00
32. Repairs and maintenance		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (32)		00	00
33. Travel expenses (Total expenses \$ _____)		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (33)		00	00
34. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (34)		00	00
35. Materials and office supplies		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (35)		00	00
36. Materials directly used in the manufacture		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (36)		00	00
37. Stamps, vouchers and fees		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (37)		00	00
38. Postage and shipping charges		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (38)		00	00
39. Uniforms		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (39)		00	00
40. Parking and toll		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (40)		00	00
41. Office expenses		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (41)		00	00
42. Bank fees		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (42)		00	00
43. Bad debts		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (43)		00	00
44. Other expenses (Complete Part VII)		AUP <input type="checkbox"/> DDC <input type="checkbox"/> (44)		00	00
45. Subtotal (Add lines 30 through 44)		(45)		00	00
46. Total (Add lines 17, 29 and 45)		(46)		00	00

Schedule K Individual

Rev. Oct 28 22



INCOME FROM THE SALE OF GOODS

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule K No. _____

Fully Taxable 0
Tax Incentives under:
Act 14-1996 0
Act 178-2000 0
Act 1-2013 0
Act 135-2014 0
Act 60-2019 - Sec. 0
Other: 0

Part I Questionnaire

Fill in here if it is a Disregarded Entity (See instructions) 0

Employer Identification Number

Fill in one:

1 Taxpayer 2 Spouse

Fill in here if this is your principal industry or business 0

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 0

Case or Concession Number

Location of Business - Number, Street and City

Number of employees

Fill in here if you are: 0 Lottery Seller 0 Multilevel Business

Nature of business:

NAICS

Percentage %

Industrial Code

Municipal Code

Indicate if you include with this return (See inst.): 0 1 Audited Financial Statement 0 2 Agreed Upon Procedures Report ("AUP")

Puerto Rico CPA's College Stamp No. _____

0 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. _____

Accounting Method: 0 1 Cash 0 2 Accrual

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

Table with 3 columns: Concept, Indicate if you claimed expenses, Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, residential property outside of Puerto Rico.

Part II Income from the Sale of Goods

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include income from sale of goods, less cost of goods sold, gross income, less exempt amount, and income for the current year.

Part III Operating Expenses and Deductions

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include A. Deductions that must be reported in an informative return (Salaries, insurance, advertising, etc.), B. Deductions not reported in an informative return (Mortgages, taxes, depreciation, etc.), and C. Other deductions (Automobiles, travel, office expenses, etc.).

Schedule L Individual

Rev. Oct 28 22



FARMING INCOME

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule L No. _____

Part I Questionnaire. Includes fields for Employer Identification Number, Merchant's Registration Number, Case or Concession Number, Industrial Code, Municipal Code, and business type information.

Table with 3 columns: Concept, Indicate if you claimed expenses, and Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, and residential property.

Part II Farming Income. Summary table with columns for Regular Tax and Alternate Basic Tax. Rows include Income, Less: Cost of goods sold, Gross income, Less: Exempt amount, and Income for the current year.

Part III Operating Expenses and Deductions. Large table with columns for Regular Tax and Alternate Basic Tax. Rows include A. Deductions that must be reported, B. Deductions not reported, and C. Other deductions.

Part IV Determination of Gain or Loss		Regular Tax	Alternate Basic Tax
1. Net income for the current year (Subtract line 47, Part III from line 5, Part II).....	(1)	00	00
2. Less: Exempt amount % of line 1 or \$ (See instructions).....	(2)	00	00
3. Adjusted net income (Subtract line 2 from line 1).....	(3)	00	
4. Less: Net operating loss from previous years (Complete Part VIII).....	(4)	00	
5. Gain (or loss) (Subtract line 4 from line 3) (If it is a gain, transfer the total to page 2, Part 1, line 2R of the return or Part I, 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 such gain).....	(5)	00	00

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

Part VI Other Direct Costs			
1. Salaries, wages and bonuses.....	(1)	00	
2. Social security tax (FICA).....	(2)	00	
3. Unemployment tax.....	(3)	00	
4. State Insurance Fund Premiums.....	(4)	00	
5. Contributions to health or accident plans.....	(5)	00	
6. Insurance premiums (Except contributions to health or accident plans).....	(6)	00	
7. Excise taxes/Use taxes.....	(7)	00	
8. Sales and use tax on imports.....	(8)	00	
9. Repairs and maintenance.....	(9)	00	
10. Electric power.....	(10)		00
11. Water and sewage.....	(11)		00
12. Rent.....	(12)		00
13. Packing products expenses.....	(13)		00
14. Meal expenses paid to production employees (Total \$.....)	(14)		00
15. Depreciation (Submit Schedule E No. _____ or Schedule E1 No. _____).....	(15)		00
16. Other direct costs (Submit detail).....	(16)		00
17. Total other direct costs (Add lines 1 through 16. Transfer to Part V, line 4).....	(17)		00

Part VII Detail of Other Expenses		Amount	
Description		Regular Tax	Alternate Basic Tax
1.	(1)	00	00
2.	(2)	00	00
3.	(3)	00	00
4.	(4)	00	00
5.	(5)	00	00
6. Total of Other Expenses (Add lines 1 through 5. Transfer to Part III, line 45).....	(6)	00	00

Part VIII Net Operating Losses from Previous Years					
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)
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
	00	00	00	00	
1. Subtotal	00	00	00	00	
2. Losses from 2020 related to COVID-19 (Act 57-2020) (See inst.)	00	00	00	00	
3. Total (Add lines 1 and 2. Transfer to Part IV, line 4 of this Schedule)	00	00	00	00	

Retention Period: Ten (10) years

Schedule M Individual

Rev. Oct 28 22



INCOME FROM SERVICES RENDERED

Taxable year beginning on _____ and ending on _____

2022

Header section containing Taxpayer's name, Social Security Number, Schedule M No., and various identification and service details.

Table with 3 columns: Concept, Indicate if you claimed expenses, and Indicate if you derived 80% or more of the income from this activity. Rows include automobiles, vessels, airships, and residential property.

Table for Part II: Income from Services. Columns include Regular Tax and Alternate Basic Tax. Rows 1-7 show income calculation steps.

Table for Part III: Operating Expenses and Deductions. Columns include Regular Tax and Alternate Basic Tax. Rows 1-46 list various deductions such as salaries, taxes, depreciation, and travel expenses.

Schedule N Individual

Rev. Oct 28 22



RENTAL INCOME

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule N No. _____

Part I Questionnaire

Fill in here if it is a Disregarded Entity (See instructions)

Fully Taxable

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

Fully Exempt:

Act 132-2010

Section 1031.02(a)(35)(F) of the Code..

Merchant's Registration Number

Location of rented property - Number, Street and City

Property (Fill in one):

1 Residential 2 Commercial

Tax Incentives under:

Act 52 of 1983

Act 78-1993

Act 74-2010

Act 83-2010

Act 1-2013

Act 135-2014

Act 60-2019: Section

Other:

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 of Puerto Rico

Nature of business: NAICS _____ Percentage _____ %

Indicate if you include with this return (See inst.): 1 Audited Financial Statement

2 Agreed Upon Procedures Report ("AUP")

Puerto Rico CPA's College Stamp No. _____

3 Due diligence checklist form ("DDC")

Accredited Agent-Specialist No. _____

Case or Concession Number

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

Table with 4 columns: Concept, Indicate if you claimed expenses (Yes/No), and Indicate if you derived 80% or more of the income from this activity (Yes/No). Rows include automobiles, vessels, airships, and residential property outside of Puerto Rico.

Part II Rental Income

Regular Tax Alternate Basic Tax

Table for Part II Rental Income with 3 columns: Line number, Description, and Tax amounts. Includes lines for Income, Less: Exempt amount, and Income for the current year.

Part III Operating Expenses and Deductions

Table for Part III Operating Expenses and Deductions with 4 columns: Line number, Description, and Tax amounts. Includes sections for Deductions that must be reported, Deductions not reported, and Other deductions.

Schedule O Individual

Rev. Oct 28 22



ALTERNATE BASIC TAX

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Fill in one:
 1 Taxpayer 2 Spouse
 3 Both

Social Security Number _____

Part I Determination of Net Income Subject to Alternate Basic Tax

1. Gain (or loss) from manufacturing business (Schedule J Individual, Part IV, line 5, Column of Alternate Basic Tax)	(1)	00
2. Gain (or loss) from the sale of goods business (Schedule K Individual, Part IV, line 5, Column of Alternate Basic Tax)	(2)	00
3. Gain (or loss) from farming business (Schedule L Individual, Part IV, line 5, Column of Alternate Basic Tax)	(3)	00
4. Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 5, Column of Alternate Basic Tax)	(4)	00
5. Gain (or loss) from rental business (Schedule N Individual, Part IV, line 5, Column of Alternate Basic Tax) (See instructions)	(5)	00
6. Other income received (Add lines 1B(i), 1C(i) and 2(A) through 2(O), Part I of the return or lines 1B(i), 1C(i), 2B(i), 2C(i) and 3(A) through 3(O), Part I, Columns B or C of Schedule CO Individual, as applicable)	(6)	00
7. Add: Deductions granted under special acts not contemplated under Section 1033.15 of the Code (See instructions)	(7)	00
8. Add (less): Distributable share in the adjustments for purposes of the alternate basic tax of pass-through entities (Form 480.60 EC. See instructions)	(8)	00
9. Less: Distributions due to a disaster declared by the Governor of Puerto Rico (Schedule F Individual, Part VI, line 5. See instructions)	(9)	00
10. Add (less): Distributable share in the adjustments for purposes of the alternate basic tax of revocable trusts or grantor trusts (Form 480.60 F. See instructions)	(10)	00
11. Add: Excluded and exempt income (Schedule IE Individual, Part III, line 2)	(11)	00
12. Less: Other items not subject to alternate basic tax included in the adjusted gross income (Submit detail. See instructions)	(12)	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)	(13)	00
14. Less: Allowable deduction for Private Equity investment (See instructions)	(14)	00
15. Subtract lines 12 through 14 from the sum of lines 1 through 11	(15)	00
16. Less: Deductions and personal exemptions (Part 2, line 10 of the return or line 8, Part II, Column B or C of Schedule CO Individual, as applicable)	(16)	00
17. Net Income Subject to Alternate Basic Tax (Subtract line 16 from line 15. See instructions)	(17)	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, line 17 of the return or Part III, line 4, Column B or C of Schedule CO Individual, as applicable)	(1)	00
2. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Schedule C Individual)	(2)	00
3. Net regular tax (Subtract line 2 from line 1)	(3)	00
4. Determine the Alternate Basic Tax as follows: If the Net Income Subject to Alternate Basic Tax (Line 17 of Part I) is: a) Over \$25,000 but not over \$50,000, multiply line 17 of Part I by 1%. b) Over \$50,000 but not over \$75,000, multiply line 17 of Part I by 3%. c) Over \$75,000 but not over \$150,000, multiply line 17 of Part I by 5%. d) Over \$150,000 but not over \$250,000, multiply line 17 of Part I by 10%. e) Over \$250,000, multiply line 17 of Part I by 24%. This is your Alternate Basic Tax (Enter the corresponding amount on this line)	(4)	00
5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (See instructions)	(5)	00
6. Net alternate basic tax (Subtract line 5 from line 4)	(6)	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 Part III, line 7, Column B or C of Schedule CO Individual, as applicable)	(7)	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)	(1)	00
2. Multiply line 1 by .25 and enter the result here	(2)	00
3. Amount of alternate basic tax paid in previous years and not claimed as credit (Part IV, line 6 of this Schedule)	(3)	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 Part III, line 8, Column B or C of Schedule CO Individual, as applicable)	(4)	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.	00	00	00	00
2.	00	00	00	00
3.	00	00	00	00
4.	00	00	00	00
5.	00	00	00	00
6. Total (Transfer to Part III, line 3 of this Schedule)	(6)			00

GRADUAL ADJUSTMENT

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

2022

Taxpayer's name _____

Social Security Number _____

Fill in one:
 1 Taxpayer 2 Spouse 3 Both

Fill in one:
 1 Tax Table 2 Preferential rates (Schedule A2 Individual)

1. Net Taxable Income (Part 2, line 13 of the return, Part II, line 11, Column B or C of Schedule CO Individual, as applicable, or line 11, Column A or 15 of Schedule A2 Individual, as applicable)	(1)		00
2. Maximum amount of taxable net income to determine the gradual adjustment	(2)	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)	(3)		00
4. 5% of line 3	(4)		00
5. Limit:			
(a) Basis to determine the adjustment limit	(5a)	8,895	00
(b) Plus: 33% of personal exemption, additional personal exemption for veterans and exemption for dependents (Lines 7, 8 and 9 of Part 2 of the return or lines 5, 6D and 7, Part II, Column B or C, of Schedule CO Individual)	(5b)		00
6. Total limit (Add lines 5(a) and 5(b))	(6)		00
7. Gradual adjustment (The smaller of line 4 or 6. Enter here and in Part 3, line 15 of the return or Part III, line 2, Column B or C of Schedule CO Individual, as applicable)	(7)		00

Retention Period: Ten (10) years

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Schedule Q

Rev. 02.01
Rep. 10.22



INVESTMENT FUNDS

CREDIT FOR INVESTMENT, LOSSES AND AMOUNT TO CARRYOVER

20__

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

Taxpayer's name

Social Security or Employer
Identification Number

Part I Questionnaire

Taxpayer (Check one): 1 Individual 2 Corporation 3 Pass-Through Entity

Entity's Name

Employer Identification Number

Type of Investment

(01) **Column A**

(02) **Column B**

(03) **Column C**

- 1 Tourist Development Fund
- Capital Investment Fund
- 2 Act 3 of 1987
- 3 Act 46 of 2000
- 4 Act 70 of 1978
- 5 Act 78 of 1993
- 6 Act 225 of 1995
- 7 Others _____

Direct Investment and
not through a fund:

- 8 Act 70 of 1978
- 9 Act 78 of 1993
- 10 Act 225 of 1995
- 11 Feature films
(Subchapter K of the Code)

- 1 Tourist Development Fund
- Capital Investment Fund
- 2 Act 3 of 1987
- 3 Act 46 of 2000
- 4 Act 70 of 1978
- 5 Act 78 of 1993
- 6 Act 225 of 1995
- 7 Others _____

Direct Investment and
not through a fund:

- 8 Act 70 of 1978
- 9 Act 78 of 1993
- 10 Act 225 of 1995
- 11 Feature Films
(Subchapter K of the Code)

- 1 Tourist Development Fund
- Capital Investment Fund
- 2 Act 3 of 1987
- 3 Act 46 of 2000
- 4 Act 70 of 1978
- 5 Act 78 of 1993
- 6 Act 225 of 1995
- 7 Others _____

Direct Investment and
not through a fund:

- 8 Act 70 of 1978
- 9 Act 78 of 1993
- 10 Act 225 of 1995
- 11 Feature films
(Subchapter K of the Code)

Part II Credit Computation

1. Qualified investment acquired during the taxable year (1)	00	00	00
2. Allowable credit percentage:			
a) Multiply line 1 x 25% (See instructions) (2a)	00	00	00
b) Multiply line 1 x 50% (See instructions) (2b)	00	00	00
3. Credit available for investment:			
a) Credit attributable to first year (See instructions) (3a)	00	00	00
b) Carryover investment credit from previous years (Submit detail) (3b)	00	00	00
c) Total (Add lines 3(a) and 3(b)) (3c)	00	00	00
4. Total of credit available for investment (Add line 3(c), Columns A, B and C. Transfer to Part III, line 5) (4)			00

Part III Computation of Amount to be Claimed

5. Total credit available for investment (From Part II, line 4)	(5)	00
6. Tax determined in the return (See instructions)	(6)	00
7. Credit for deductible portion of taxes paid to the United States, its states, possessions and foreign countries and for contribution to the Educational Foundation for Free Selection of Schools (See instructions)	(7)	00
8. Excess of Alternate Basic Tax or Alternative Minimum Tax over the Regular Tax (See instructions)	(8)	00
9. Adjusted tax (Line 6 less the sum of lines 7 and 8).....	(9)	00
10. Credit to claim (Enter the smaller of line 5 or 9. See instructions)	(10)	00
11. Prescribed credits from previous years (See instructions)	(11)	00
12. Carryover credit (See instructions):		
(a) Line 5 less the sum of lines 10 and 11.....	(12a)	00
(b) Attributable credit for the second year.....	(12b)	00
(c) Total	(12c)	00

Part IV Determination of Credit and Carryover of Losses in the Sale, Exchange or any other Investment Disposition

1. Total of losses during the taxable year (See instructions):			
a) Short-term (Schedule Q1, Part IV, line 3)	(1a)	00	
b) Long-term (Schedule Q1, Part III, line 1)	(1b)	00	
c) Total	(1c)	00	
2. Carryover losses not claimed in previous years (Submit detail. See instructions)	(2)	00	
3. Total of losses (Add lines 1(c) and 2)	(3)	00	
4. Total losses incurred in each one of previous years (See instructions)	(4)	00	
5. Add lines 1(c) and 4	(5)	00	
6. Maximum amount that you may claim as credit attributable to losses (Multiply line 5 by 33.33%. See instructions)	(6)	00	
7. Available credit for the year (The smaller of line 3 or 6)	(7)	00	
8. Tax determined in the return (See instructions)	(8)	00	
9. Credit for taxes paid to the United States, its states, possessions and foreign countries and for contribution to the Educational Foundation for Free Selection of Schools (See instructions)	(9)	00	
10. Investment credit claimed during the taxable year related to the investment subject to loss, if any.....	(10)	00	
11. Adjusted tax (Line 8 less the sum of lines 9 and 10).....	(11)	00	
12. Credit to claim (Enter the smaller of line 7 or 11. See instructions)	(12)	00	
13. Prescribed credits from previous years	(13)	00	
14. Carryover credit (Line 3 less the sum of lines 12 and 13).....	(14)	00	

Schedule Q1

Rev. 12.20
Rep. 10.22



INVESTMENT FUNDS

**DETERMINATION OF ADJUSTED BASIS, CAPITAL GAIN,
ORDINARY INCOME AND SPECIAL TAX**

20__

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

Taxpayer's name

Social Security or Employer
Identification Number

Part I Computation of Adjusted Basis and Taxable Distributions

	Column A	Column B	Column C
Entity's Name			
Employer Identification Number			
1. Adjusted basis of the investment at the beginning of the taxable year (1)	00	00	00
2. Additional investments during the year (2)	00	00	00
3. Less: non-recognized gains on reinvestments (See instructions) (3)	00	00	00
4. Adjusted basis before the credit (Subtract line 3 from the sum of lines 1 and 2) (4)	00	00	00
5. Credit claimed during the year (See instructions) (5)	00	00	00
6. Adjusted basis before distributions of the year (Subtract line 5 from line 4) (6)	00	00	00
7. Exempt distributions received from the Fund or Designated Entity during the taxable year from corporations and partnerships under the Tax Incentives Act (according to Form 480.6B) (7)	00	00	00
8. Adjusted basis before the non-exempt distributions (Subtract line 7 from line 6. If it is less than zero, enter zero)..... (8)	00	00	00
9. Non-exempt distributions received during the taxable year..... (9)	00	00	00
10. Adjusted basis at the end of the taxable year: • If line 8 is more than line 9, enter the difference and do not complete the rest of the form (See instructions). • If line 9 is more than line 8, enter zero and transfer the difference to line 11 (10)	00	00	00
11. Excess of distributions over the adjusted basis (Transfer to Part 1, line 21 of the return or to Schedule CO Individual, Part I, line 31, as applicable) (11)	00	00	00
12. Distribution you elect to include as ordinary income (See instructions)..... (12)	00	00	00
13. Total distribution you elect to include as ordinary income (Add line 12 of Column A through C) (13)			00
14. Distribution subject to Special Tax (Add line 11, Columns A, B and C less line 13. Enter here and on Schedule A2 Individual, line 4(k), Column D)..... (14)			00
15. Special Tax (Multiply line 14 by 10%. Enter the amount here) (15)			00
16. Tax Withheld over exempt or taxable distributions (See instructions). Transfer to Schedule B Individual, Part III, line 8 (16)			00

NOTE: Use Part II, III and IV to determine the capital gain (or loss) attributable to the investment through a fund.
 The losses under Act 46-2000 will not be reported on this schedule. The same will be reported on Schedule D Individual or D Corporation, whichever applies.

Part II Determination of Short-term Capital Gain or Loss (See instructions)

Description of Property	(A) Date Acquired	(B) Date Sold	(C) Sales Price	(D) Adjusted Basis	(E) Sales Expenses	(F) Gain or Loss
			00	00	00	00
			00	00	00	00
			00	00	00	00

1. Net short-term capital gain (or loss) in the sale or exchange of securities of a fund:
 • If it is a gain, transfer to Schedule D Individual, Part I (See instructions).
 • If it is a loss, transfer to Part IV, line 2 of this Schedule (1) 00

Part III Determination of Long-term Capital Gain or Loss (See instructions)

Description of Property	(A) Date Acquired	(B) Date Sold	(C) Sales Price	(D) Adjusted Basis	(E) Sales Expenses	(F) Gain or Loss
			00	00	00	00
			00	00	00	00
			00	00	00	00

1. Net long-term capital gain (or loss) in the sale or exchange of securities of a fund:
 • If it is a gain, transfer to Part IV, line 1 of this Schedule.
 • If it is a loss, transfer to Schedule Q, Part IV, line 1(b) (1) 00

Part IV Special Tax Computation over Long-term Capital Gains of an Investment Fund

1. Long-term capital gain in the sale or exchange of securities of a fund (See instructions)..... (1) 00
 2. Net short-term capital loss (See instructions)..... (2) 00
 3. Net capital gain to be recognized (Subtract line 2 from line 1. If it is less than zero, transfer to Schedule Q, Part IV, line 1(a)). If it is more than zero, transfer to Part 1, line 2J of the return or to Schedule CO Individual, Part I, line 3J, as applicable, and to Schedule A2 Individual, line 4(k). See instructions) (3) 00

Schedule R Individual

Rev. Oct 28 22



**PASS-THROUGH ENTITIES
(RECONCILIATION)**

2022

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Fill in one:

Social Security Number

1 Taxpayer 2 Spouse 3 Both

Amount of Schedules R1 Individual included

Amount of Forms 480.60 EC

Amount of Federal Schedules K-1

Amount of Forms 480.60 F

Part I Questionnaire

1. Distributable share on gross income from services rendered of pass-through entities (From Part I, line H of all Schedules R1 Individual included).....	(1)	00
2. Distributable share on gross income from services rendered of subsidiary pass-through entities (From Part I, line I of all Schedules R1 Individual included)	(2)	00
3. Distributable share on gross income from services rendered of pass-through entities (Add lines 1 and 2)	(3)	00
4. Less: Share of net income attributable to the services rendered by the owners (From Part II, line 6 of Schedule M Individual)	(4)	00
5. Total distributable share on gross income related to services rendered of pass-through entities for purposes of the optional tax (Subtract line 4 from line 3)	(5)	00
6. Distributable share in the gross income of pass-through entities (From Part I, line J of all Schedules R1 Individual included)	(6)	00
7. Distributable share in the gross income of subsidiary pass-through entities (From Part I, line K of all Schedules R1 Individual included)	(7)	00
8. Distributable share in the gross income of pass-through entities (Add lines 6 and 7)	(8)	00
9. Less: Exempt income from pass-through entities and other income and profits reported in other schedules of this return (From Part I, lines 2(c), 2(d) and 2(e) of all Schedules R1 Individual included)	(9)	00
10. Total distributable share in the gross income of pass-through entities (Subtract line 9 from line 8)	(10)	00

Part II Net Income or Loss from Pass-Through Entities

1. Total income from Schedule R1 Individual (Enter the total sum of line 9, Part II of all Schedules R1 Individual included)	(1)	00
2. Total losses from Schedule R1 Individual (Enter the total sum of line 10, Part II of all Schedules R1 Individual included)	(2)	00

Part III Distributable Share on Benefits from Pass-Through Entities

1. Aggregated net income from pass-through entities (From Part II, line 1)	(1)	00
2. Multiply line 1 by .90.....	(2)	00
3. Aggregated net loss from pass-through entities (From Part II, line 2)	(3)	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)	(4)	00
5. Subtract line 4 from line 1. Transfer this amount to Part 1, line 2K of the return or to Schedule CO Individual, Part I, line 3K, Column B or C, as applicable	(5)	00
6. Carryforward for future years (Subtract line 4 from line 3. If line 3 is zero, enter zero on this line. See instructions)	(6)	00

Retention Period: Ten (10) years

Schedule R1 Individual

Rev. Oct 28 22



PASS-THROUGH ENTITIES

Taxable year beginning on _____ and ending on _____

2022

Taxpayer's name

Schedule R1 Individual _____ of _____ 1 Taxpayer

Fill in one: 2 Spouse 3 Both

Social Security Number

Part I Adjusted Basis Determination of the Owner of one or more Pass-Through Entity

Table with 3 columns (Column A, Column B, Column C) and rows for various tax items (A-K) and basis adjustments (1-4). Includes a large watermark: 'FOR INFORMATION PURPOSES ONLY. DO NOT USE FOR FILING'.

Part II Determination of Net Income or Loss in one or more Pass-Through Entity

Table with 3 columns (Column A, Column B, Column C) and rows for net income/loss determination (5-10).

Schedule T Individual

Rev. Oct 28 22



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

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

2022

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

1. Tax liability (Add lines 17, 20, 23 and 24 of Part 3 of the return or lines 4 and 7, Columns B and C of Part III of Schedule CO Individual and lines 23 and 24 of Part 3 of the return)	(1)	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 5 and 8, Part III 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)	(2)	00
3. Estimated tax (Subtract line 2 from line 1. If it is \$1,000 or less, do not complete this Schedule)	(3)	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)	(4)	00
5. Total tax determined as it appears on the income tax return from the previous year	(5)	00
6. Enter the smaller of lines 4 and 5, provided you have filed an income tax return for the previous year. Otherwise, indicate the amount of line 4	(6)	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	(7)	00

Part II Addition to the Tax for Failure to Pay

Section A - Failure to Pay

	Due date			
	(a) First Installment	(b) Second Installment	(c) Third Installment	(d) Fourth Installment
1 <input type="radio"/> CALENDAR YEAR				
2 <input type="radio"/> FISCAL YEAR (Enter the corresponding dates)				
Check here to choose the method provided under Article 1061.20(b)-1(c)(1)(ii) of Regulation No. 8049 of July 21, 2011, as amended (See instructions): <input type="radio"/>				
8. Amount of estimated tax per installment (See instructions)	00	00	00	00
9. Amount of estimated tax paid per installment (See instructions)	00	00	00	00
10. Payment date (See instructions)				
11. Line 17 from previous column		00	00	00
12. Add lines 9 and 11	00	00	00	00
13. Subtract line 8 from line 12 (If it is less than zero, enter zero)	00	00	00	00
14. Failure to Pay (If line 13 is zero, subtract line 12 from line 8, otherwise, enter zero)	00	00	00	00
15. Add lines 14 and 16 from previous column		00	00	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		00	00	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)	00	00	00	00

Section B - Penalty

18. Multiply line 14 by 10%	(18)	00	00	00	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)	(19)	00	00	00	00
20. Add lines 18 and 19	(20)	00	00	00	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)	(21)				00

Schedule U

Rev. 10.22



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

20__

For the taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security or Employer Identification Number

Place of Residence or Incorporation

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

Table with 6 rows for Part I: Net income of the nonresident alien individual or foreign corporation or partnership, Royalties, Dividends, Net operating losses, Total adjustments, and Net income of the nonresident alien individual or foreign corporation or partnership.

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

Table with 10 rows for Part II: Net income of the nonresident alien individual or foreign corporation or partnership, Property Factor, Payroll Factor, Sales Factor, Purchases Factor, Add lines 2 through 5, Divide line 6 by 4, Multiply line 1 by line 7, Taxable income from operations in Puerto Rico, and Net Income Attributable to Puerto Rico Sources.

Part III Determination of the Property Factor

Table with 3 rows for Part III: Average value of the real and tangible personal property used in Puerto Rico during the taxable year, Average value of the real and tangible personal property used everywhere during the taxable year, and Property Factor.

Part IV Determination of the Payroll Factor

Table with 3 rows for Part IV: Total compensation paid or accrued in Puerto Rico during the taxable year, Total compensation paid or accrued everywhere during the taxable year, and Payroll Factor.

Part V Determination of the Sales Factor

Table with 3 rows for Part V: Total sales in Puerto Rico during the taxable year, Total sales everywhere during the taxable year, and Sales Factor.

Part VI Determination of the Purchases Factor

Table with 3 rows for Part VI: Total purchases in Puerto Rico during the taxable year, Total purchases everywhere during the taxable year, and Purchases Factor.

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))

Table with 2 rows for Part VII: Net income from the sale or exchange of personal property manufactured or produced, in whole or in part, within Puerto Rico, and Income Effectively Connected with a Trade or Business Within Puerto Rico.

Schedule X Individual

Rev. Oct 28 22



OPTIONAL TAX TO SELF-EMPLOYED INDIVIDUALS
(Under Section 1021.06 of the Puerto Rico Internal Revenue Code of 2011, as amended)

2022

Taxable year beginning on _____ and ending on _____

Form section for Taxpayer's name, Spouse's name, Social Security Number, Spouse's Social Security Number, Merchant's Registration Number, and Optional tax election (Section 1021.06 of the Code).

Part I Determination of Eligibility to Pay the Optional Tax

1. Determination of the gross income from services rendered:

Form section for 1. Determination of the gross income from services rendered (A) through (D).

2. Other income:

Form section for 2. Other income (A) through (C).

Less: Exempt amounts included as part of the gross income reported in Part I, page 2 of the return:

Form section for Less: Exempt amounts (i) through (viii) and (D) Total adjustments for exempt amounts.

3. Total gross income received during the year (Add lines 1D and 2E)

4. Percentage of income from services rendered on gross income received (See instructions)

Part II Computation of the Optional Tax on Gross Income

1. Total gross income received during the year (Line 3, Part I of this Schedule)
2. Less: Exempt income (Line 43, Part II of Schedule IE Individual)
3. Income Subject to Optional Tax (Subtract line 2 from line 1 of this Part II)

4. Determine the Optional Tax as follows:
If the total taxable gross income (Line 3 of this Part II) is:
(a) Not over \$100,000, multiply line 3 of this Part II by 6%.
(b) Over \$100,000 but not over \$200,000, multiply line 3 of this Part II by 10%.
(c) Over \$200,000 but not over \$300,000, multiply line 3 of this Part II by 13%.
(d) Over \$300,000 but not over \$400,000, multiply line 3 of this Part II by 15%.
(e) Over \$400,000 but not over \$500,000, multiply line 3 of this Part II by 17%.
(f) Over \$500,000, multiply line 3 of this Part II by 20%.

This is your Optional Tax

5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions)
6. Optional tax net of the credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Subtract line 5 from line 4. Transfer this amount to Part 3, line 23 of the return)