

Liquidator		Reviewer		2024		GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY		2024		Control Number	
R G RO V1 V2 P1 P2 N D1 D2 E A M				2024		INDIVIDUAL INCOME TAX RETURN FOR CALENDAR YEAR 2024 OR TAXABLE YEAR BEGINNING ON				AMENDED RETURN	
										DECEASED DURING THE YEAR: / / Day Month Year	
										TAXPAYER SPOUSE	
										SURVIVING SPOUSE REMARRIED DURING THE TAXABLE YEAR (If you checked this option, indicate social security number and date of death of the deceased spouse: / / Day Month Year)	
Taxpayer's First Name		Initial		Last Name		Second Last Name		Taxpayer's Social Security Number		Receipt Stamp	
Postal Address								Date of Birth		Gender	
								Day Month Year		M F	
Zip Code								Spouse's Social Security Number			
Spouse's First Name		Initial		Last Name		Second Last Name		Spouse's Date of Birth		Gender	
								Day Month Year		M F	
Home Address (Town or Urbanization, Number, Street)								Home Telephone			
								( ) -			
E-Mail Address								Work Telephone		Your occupation	
								( ) -		Spouse's occupation	
YES NO											
A. United States Citizen? (See instructions)											
B. Resident of Puerto Rico during the entire year?											
If you answered "No", indicate the corresponding information:											
1. Date moved to P.R. (Day Month Year)											
2. Date moved from P.R. (Day Month Year)											
3. Nonresident during the entire year (See instructions)											
C. Did you generate income during the period that you were not resident of P.R. that is not included on this return? (If you answered "Yes", indicate the amount):											
1. Attributable to the taxpayer \$											
2. Attributable to the spouse \$											
D. Change of address?											
E. Did you request an extension of time?											
F. Did you have a contract with the Government?											
1. Taxpayer											
2. Spouse											
G. HIGHEST SOURCE OF INCOME:											
1. Government, Municipalities or Public Corporations Employee											
2. Federal Government Employee											
3. Private Business Employee											
4. Retired/Pensioner											
5. Self-Employed (Indicate principal industry or business)											
6. Other											
H. FILING STATUS AT THE END OF THE TAXABLE YEAR:											
1. Married											
(Fill in here if you choose the optional computation and go to Schedule CO Individual)											
2. Individual taxpayer											
(Fill in and submit spouse's name and social security number if you are:											
Married with a complete separation of property prenuptial agreement											
Married not living with spouse)											
3. Married filing separately											
(Submit spouse's name and social security number above)											
DETERMINE YOUR REFUND OR PAYMENT ON PAGE 3.											
1. AMOUNT OVERPAID (Part 3, line 31. Indicate distribution on lines A, B, C and D)											
A) To be credited to estimated tax for 2025											
B) Contribution to the San Juan Bay Estuary Special Fund											
C) Contribution to the University of Puerto Rico Special Fund											
D) TO BE REFUNDED (If you want your refund to be deposited directly into an account, complete the Deposit Part)											
2. AMOUNT OF TAX DUE (Part 3, line 31)											
3. Less: Amount paid (a) With Return or Electronic Transfer through a Certified Program											
(b) Interests											
(c) Surcharges \$ and Penalties \$											
4. BALANCE OF TAX DUE (Subtract line 3(a) from line 2 and add lines 3(b) and 3(c))											
AUTHORIZATION FOR DIRECT DEPOSIT OF REFUND											
Type of account Routing/transit number Account number											
Checking Savings											
Account in the name of: and											
(Print complete name as it appears on your account. If married and filing jointly, include your spouse's name)											
I hereby declare under penalty of perjury that I have examined the information included in this return, schedules and other documents attached to it, and it is true, correct and complete. The declaration of the person that prepares this return (except the taxpayer) is based on the information available, and this information has been verified.											
Taxpayer's Signature Date Spouse's Signature Date											
Specialist's Name (Print) Name of the Firm or Business											
Specialist's Signature Date Self-employed Specialist (fill in here) Registration Number											
NOTE TO TAXPAYER: Indicate if you made payments for the preparation of your return: Yes No. If you answered "Yes", require the Specialist's signature and registration number.											
Retention Period: Ten (10) years											

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

**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.....	<input type="text"/>	<input type="text"/>	00	<input type="text"/>	00
(ii) Total of withholding statements with this return under a qualified physician decree .....	<input type="text"/>	<input type="text"/>	00	<input type="text"/>	00
(iii) <b>Total</b> .....		(1A)	00	(1B)	00

**C- Wages reported on a Federal W-2 Form**

Exempt Wages  
Sec. 1031.02(a)(37) of the Code

**Income Tax Withheld**

**Federal Wages**

(i) Total of W-2 Forms with this return .....	<input type="text"/>	<input type="text"/>	00	<input type="text"/>	00
(ii) Total of W-2 Forms with this return under a qualified physician decree .....	<input type="text"/>	<input type="text"/>	00	<input type="text"/>	00

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

A) Total distributions from qualified retirement plans (Schedule D Individual, Part IV, line 25) .....	(2A)	00
B) Gain (or loss) from sale or exchange of capital assets (Schedule D Individual, Part V, line 35 or 36, as applicable) .....	(2B)	00
C) Interests (Schedule FF Individual, Part I, line 5) (Total \$ .....) .....	(2C)	00
D) Dividends from corporations (Schedule FF Individual, Part II, line 4) (Total \$ .....) .....	(2D)	00
E) Distributions from Governmental Plans (Schedule F Individual, Part II, line 3) .....	(2E)	00
F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Schedule F Individual, Part I, line 2) .....	(2F)	00
G) Other income (Schedule F Individual, Part V, line 5 and Schedule FF Individual, Part III, line 4) (Total \$ .....) .....	(2G)	00
H) Income from annuities and pensions (Schedule H Individual, Part II, line 12) .....	(2H)	00
I) Dividends from Capital Investment or Tourism Fund (See instructions) .....	(2I)	00
J) Net long-term capital gain on Investment Funds (See instructions) .....	(2J)	00
K) Distributable share on profits from pass-through entities (Submit Schedule R Individual) (Total \$ .....) .....	(2K)	00
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) .....	(2L)	00
M) Income from salaries, wages, compensations or public shows received by a nonresident individual (Form 480.6C) .....	(2M)	00
N) Alimony received (Payer's social security No. ....) .....	(2N)	00
O) Distributions due to a disaster declared by the Governor of Puerto Rico (See instructions) (Schedule F Ind., Part VI, line 3 or 5, as applicable) .....	(2O)	00
P) Gain (or loss) from manufacturing business (Schedule J Individual, Part IV, line 9) (Total \$ .....) .....	(2P)	00
Q) Gain (or loss) from the sale of goods (Schedule K Individual, Part IV, line 9) (Total \$ .....) .....	(2Q)	00
R) Gain (or loss) from farming (Schedule L Individual, Part IV, line 9) (Total \$ .....) .....	(2R)	00
S) Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 9) (Total \$ .....) .....	(2S)	00
T) Gain (or loss) from rental business (Schedule N Individual, Part IV, line 9) (Total \$ .....) .....	(2T)	00
3. <b>Total Income</b> (Add lines 1B, 1C and 2A through 2T) .....	(3)	00
4. <b>Alimony Paid</b> (Recipient's social security No. ....) (Judgment No. ....) .....	(4)	00
5. <b>Adjusted Gross Income</b> (Subtract line 4 from line 3) .....	(5)	00

6. Total Deductions (Schedule A Individual, Part I, line 11 or Part II, line 6) .....	(6)	00
7. Personal Exemption (Married - \$7,000; Individual taxpayer - \$3,500; Married filing separately - \$3,500) .....	(7)	00
8. Exemption for Dependents (Complete Schedule A1 Ind., see instructions):		
A) ..... x \$2,500 .....	(8A)	00
Joint custody or married filing separately → B) ..... x \$1,250 .....	(8B)	00
C) Total Exemption for Dependents (Add lines 8A and 8B) ..	(8C)	00
9. Additional Personal Exemption for Veterans (\$1,500 per veteran. If both spouses are veterans, \$3,000) .....	(9)	00
10. Total Deductions and Exemptions (Add lines 6 through 9) .....	(10)	00
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) .....	(11)	00
12. Allowable deduction for Private Equity investment (See instructions) .....	(12)	00
13. <b>NET TAXABLE INCOME</b> (Subtract line 12 from line 11. If line 12 is more than line 11, enter zero) .....	(13)	00

Retention Period: Ten (10) years

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)                      (14)

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) ... (15)

16. Total Normal Tax (Add lines 14 and 15) ..... (16)

17. REGULAR TAX BEFORE THE CREDIT (Multiply line 16 by ☐ 1 95% or ☐ 2 92%) (See instructions) ..... (17)

18. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions) ..... (18)

19. NET REGULAR TAX (Subtract line 18 from line 17) ..... (19)

20. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 7) (See instructions) ..... (20)

21. Credit for alternate basic tax (Schedule O Individual, Part III, line 4) ..... (21)

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) (22)

23. Optional Tax (Schedule X Individual, Part II, line 6) ..... (23)

24. Recapture of credit claimed in excess (Schedule B Individual, Part I, line 3) ..... (24)

25. Tax credits (Schedule B Individual, Part II, line 28) ..... (25)

26. TAX LIABILITY (Subtract line 25 from the sum of lines 22, 23 and 24. If it is less than zero, enter zero) ..... (26)

27. TAX WITHHELD, PAID AND REIMBURSABLE CREDITS:

A) Tax withheld on wages (Add lines 1A and 1C of Part I or lines 1A and 2A, Part I of Schedule CO Individual) ..... (27A)

B) Other payments and withholdings (Schedule B Individual, Part III, line 22) ..... (27B)

C) Employment credit (See instructions) ..... (27C)

D) Reimbursable credits from the Federal Government (See instructions) ..... (27D)

E) Amount paid with automatic extension of time ..... (27E)

F) Total Tax Withheld, Paid and Reimbursable Credits (Add lines 27A through 27E) ..... (27F)

28. AMOUNT OF TAX DUE (If line 27F is less than line 26, enter the difference here, otherwise, enter on line 29) ..... (28)

29. Excess of Tax Withheld, Paid and Reimbursable Credits ..... (29)

30. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Individual, Part II, line 21) ..... (30)

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. (31)

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

Questionnaire

1. At any time during the year, did you (a) buy, receive, or otherwise acquire (as a reward, award, or compensation); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? ..... (1)

2. Other excluded or tax exempt income? (Sumit Schedule IE Individual) ..... (2)

3. Resident individual investor? (Submit Schedule F1 Individual) ..... (3)

(a) ☐ Taxpayer (Decree No. \_\_\_\_\_)

(b) ☐ Spouse (Decree No. \_\_\_\_\_)

4. Did you hold financial accounts outside of Puerto Rico or the United States that must be reported under Section 1061.25 of the Code? (See instructions) (Submit Schedule CFF Individual) ..... (4)

5. Active military service in a combat zone during the taxable year? ..... (5)

Date in which you ceased in the service: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_\_

6. Qualified physician under Act 14-2017 or Act 60-2019? ..... (6)

(a) ☐ Taxpayer (Decree No. \_\_\_\_\_)

(b) ☐ Spouse (Decree No. \_\_\_\_\_)

7. Did you choose the optional tax (Section 1021.06 of the Code)? (Submit Schedule X Individual) ..... (7)

8. Do you report the result of the operations of a Disregarded Entity? (See instructions) ..... (8)

(a) If you are making an election with this return to be treated as a Disregarded Entity, are you including Form AS 6045? ..... (8a)

(b) Does the Disregarded Entity have tax credits registered in the Tax Credits Manager generated or acquired during the taxable year for which the election was effective? If you answered "Yes", submit detail ..... (8b)

9. Do you report wages as a Remote Worker ..... (9)

(a) ☐ Taxpayer

(b) ☐ Spouse

Retention Period: Ten (10) years

## Schedule A Individual

Rev. Jul 12 24



## DEDUCTIONS APPLICABLE TO INDIVIDUAL TAXPAYERS

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

2024

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 480.7A	1098 and Others	(A) Amount 480.7A	(B) Amount 1098 and Others
a) Principal residence						(1a)	00
b) Second residence						(1b)	00
c) Section 1033.15(a)(1)(F) (See inst.) Borrower's Soc. Sec. No.  Joint Borrower's Soc. Sec. No.						(1c)	00
d) Loan Origination Fees (Points) Paid Directly by Borrower (See instructions)						(1d)	00
e) Loan Discounts (Points) Paid Directly by Borrower (See instructions)						(1e)	00
f) Subtotal home mortgage interests paid (Add lines 1(a) through 1(e), Columns (A) and (B), respectively)						1(f)	00
g) Total home mortgage interests paid (Add Columns (A) and (B) of line 1(f))						(1g)	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)						(1h)	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)						(1i)	00

## 2. Casualty loss on your principal residence (See instructions)

## 3. Medical expenses (Part III, line 3)

## 4. Charitable contributions (Part III, line 8)

## 5. Loss of personal property as a result of certain casualties (See instructions)

## 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)

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

## 7. Contributions to individual retirement accounts (Do not exceed from \$5,000 to \$10,000 if married):

Financial institution	Account No.	Employer Identification No.	A - Taxpayer Contribution	B - Spouse Contribution
			00	00
			00	00
			00	00

## a) Total individual contributions (Total of Columns A and B, respectively)

## b) Total contributions (Enter the sum of line 7(a), Columns A and B)

## 8. Educational Contribution and My Future Accounts (Schedule A1 Individual, Part II) (See inst.):

A - Taxpayer	B - Spouse
a) Total individual contributions	
b) Total contributions (Enter the sum of line 8(a), Columns A and B)	

## 9. Interests paid on students loans at university level (See instructions):

Financial institution	Account No.	Employer Identification No.	A - Taxpayer Amount	B - Spouse Amount
			00	00
			00	00
			00	00

## a) Total interests paid individually (Total of Columns A and B, respectively)

## b) Total interests paid (Enter the sum of line 9(a), Columns A and B)

## 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)

A - Taxpayer	B - Spouse
(10)	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 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)

## 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 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

Retention Period: Ten (10) years

Schedule A1 Individual

Rev. Jul 12 24



DEPENDENTS AND BENEFICIARIES  
OF EDUCATIONAL CONTRIBUTION  
AND MY FUTURE ACCOUNTS

2024

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

Taxpayer's name

Schedule A1 No. \_\_\_\_\_

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="radio"/>	<input type="radio"/>				
(2)				<input type="radio"/>	<input type="radio"/>				
(3)				<input type="radio"/>	<input type="radio"/>				
(4)				<input type="radio"/>	<input type="radio"/>				
(5)				<input type="radio"/>	<input type="radio"/>				
(6)				<input type="radio"/>	<input type="radio"/>				
(7)				<input type="radio"/>	<input type="radio"/>				
(8)				<input type="radio"/>	<input type="radio"/>				
(9)				<input type="radio"/>	<input type="radio"/>				
(10)				<input type="radio"/>	<input type="radio"/>				
(11)				<input type="radio"/>	<input type="radio"/>				
(12)				<input type="radio"/>	<input type="radio"/>				
(13)				<input type="radio"/>	<input type="radio"/>				
(14)				<input type="radio"/>	<input type="radio"/>				
(15)				<input type="radio"/>	<input type="radio"/>				
(16)				<input type="radio"/>	<input type="radio"/>				
(17)				<input type="radio"/>	<input type="radio"/>				
(18)				<input type="radio"/>	<input type="radio"/>				
(19)				<input type="radio"/>	<input type="radio"/>				
(20)				<input type="radio"/>	<input type="radio"/>				

\* See instructions.

Retention Period: Ten (10) years



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

(1)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(2)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(3)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(4)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(5)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(6)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(7)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(8)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(9)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(10)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(11)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(12)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(13)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(14)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(15)	First Name, Initial	Last Name	Second 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)
		Financial institution		Account number		Employer Identification Number			00
(16)	Total contributions (Add lines (1) through (15) and transfer to Schedule A Individual, Part I, line 8, as applicable)								(16)

## Schedule A2 Individual

Rev. Jul 12 24



## TAX ON INCOME SUBJECT TO PREFERENTIAL RATES

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

2024

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. Plus: 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 due to 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)									
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) Plus: Gradual adjustment amount (Schedule P Ind., 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) Plus: 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 3, 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. Jul 12 24

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

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

2024

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

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

Use lines 1 through 23 of this part to claim only the tax credits that are considered Pre Tax Credits Manager. The Post Tax Credits Manager credits are claimed on line 25, Column B of this part.

**A. CREDITS SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE**

	Pre Tax Credits Manager
1. Credit for investment in housing infrastructure (Act 98-2001, as amended) (See instructions)	(1) 00
2. 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)	(2) 00
3. Credit for construction investment in urban centers (Act 212-2002, as amended) (See instructions)	(3) 00
4. Credit for the establishment of an eligible conservation easement or donation of eligible land (Act 183-2001, as amended) (See instructions)	(4) 00
5. Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(5) 00
6. Credits carried from previous years (Submit detail)	(6) 00
7. Other credits subject to limitation not included on the preceding lines (Submit detail)	(7) 00
8. Total credits subject to limitation (Add lines 1 through 7)	(8) 00
9. 50% of the tax determined (Multiply the amount in Part 3, lines 22 and 23 of the return by .50)	(9) 00
10. Total credits subject to limitation to be claimed (Enter the smaller of line 8 or 9)	(10) 00

**B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE**

11. Credit for investment in Tourism Development (Act 78-1993, Act 74-2010 and Act 60-2019)	(11) 00
12. 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)	(12) 00
13. Credit for investment in film industry development (Act 27-2011) - Film Project (See instructions)	(13) 00
14. Credit for investment in film industry development (Act 27-2011) - Infrastructure Project (See instructions)	(14) 00
15. Credit for the purchase or transmission of television programming made in Puerto Rico (Section 1051.14) (See instructions)	(15) 00
16. Credit for contributions to former governors foundations (See instructions)	(16) 00
17. Credit for payments of Membership Certificates by Ordinary and Extraordinary Members of Employees-Owned Special Corporations (See instructions)	(17) 00
18. Credit for investment (Section 6 of Act 73-2008 and Section 5A of Act 135-1997)	(18) 00
19. Credit for investment in opportunity zones (Act 60-2019)	(19) 00
20. Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(20) 00
21. Credits carried from previous years (Submit detail)	(21) 00
22. Other credits not subject to limitation not included on the preceding lines (Submit detail)	(22) 00
23. Total credits not subject to limitation to be claimed (Add lines 11 through 22)	(23) 00
24. Total Pre Tax Credits Manager tax credits (Add lines 10 and 23)	(24) 00

25. Total tax credits (Enter the amount of line 24 in Column A, and in Column B, the amount of Part V, line 22)	(25) 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
27. Credit to be claimed (Enter the smaller of line 25 or 26 for each one of Columns A and B)	(27) 00
28. Total credit to be claimed (Add the amounts of Columns A and B, line 27. Transfer to page 3, Part 3, line 25 of the return)	(28) 00
29. Pre Tax Credits Manager carryforward credits (Subtract line 27, Column A from the sum of lines 8 and 23)	(29) 00

A- Pre Tax Credits Manager	B- Post Tax Credits Manager
00	00
00	00
00	00
	00
00	

**Part III Other Payments and Withholdings**

1. Estimated tax payments for 2024 .....	(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	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	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	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	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	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 due to 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 2024 (Submit detail) .....	(21e)		00
22. <b>Total other payments and withholdings</b> (Add lines 1 through 21. Transfer to page 3, Part 3, line 27B of the return) .....	(22)		00

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

Use this part to claim only the tax credits acquired through purchase and that are considered Pre Tax Credits Manager. The purchase of Post Tax Credits Manager credits is claimed in Part V.

Pre 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
2. <input type="radio"/> Capital Investment Fund (Act 46-2000) .....	(2)	00
3. <input type="radio"/> Housing Infrastructure (Act 98-2001) .....	(3)	00
4. <input type="radio"/> Conservation Easement (Act 183-2001) .....	(4)	00
5. <input type="radio"/> Revitalization of Urban Centers (Act 212-2002) .....	(5)	00
6. <input type="radio"/> Other: _____ (Submit detail) .....	(6)	00
7. <b>Total credit for the purchase of tax credits subject to limitation</b> (Add lines 1 through 6. Transfer to Part II, line 5) .....	(7)	00

**B. CREDITS NOT SUBJECT TO THE LIMITATION PROVIDED UNDER SECTION 1051.13 OF THE CODE**


8. <input type="radio"/> Tourism Development (Act 78-1993 and Act 74-2010) .....	(8)	00
9. <input type="radio"/> Tourism Eligible Investment (Act 60-2019) .....	(9)	00
10. <input type="radio"/> Film Project Investment (Act 27-2011 and Act 60-2019) .....	(10)	00
11. <input type="radio"/> Investment in Research and Development Activities (Section 5(c) of Act 73-2008, Article 2.11(c) of Act 83-2010 and Section 3030.01 of Act 60-2019) .....	(11)	00
12. <input type="radio"/> Economic Incentives (Industrial Investment) (Section 6 of Act 73-2008) .....	(12)	00
13. <input type="radio"/> Opportunity Zones (Act 60-2019) .....	(13)	00
14. <input type="radio"/> Other: _____ (Submit detail) .....	(14)	00
15. <b>Total credit for the purchase of tax credits not subject to limitation</b> (Add lines 8 through 14. Transfer to Part II, line 20) ....	(15)	00

**Part V Tax Credits Post Tax Credits Manager (See instructions)**

The tax credits claimed in this part must be duly registered in the Tax Credits Manager. The amount included must be the amount you are claiming against the tax in the return, net of all limitation.

Post Tax Credits  
Manager

1. Credit for stockholders who are individuals (Act 8 of 1987, as amended; or Act 135-1997, as amended) .....	(1)	00
2. Credit to hospital units for eligible payroll expenses (Act 168 of 1968, as amended) .....	(2)	00
3. Credit for investment in machinery and equipment for the generation and use of energy (Act 73-2008, as amended - Section 5(d)) .....	(3)	00
4. Credit for investment in machinery and equipment for the generation and use of energy (Act 73-2008, as amended - Section 5(d)(3)(B) applicable only to eligible businesses under Section 2(d)(1)(H)) .....	(4)	00
5. Credit for the purchase of products manufactured in Puerto Rico (Act 135-1997, as amended; Act 73-2008, as amended; Act 83-2010, as amended; or Act 60-2019, as amended) .....	(5)	00
6. Technology transfer investment credit (Act 73-2008, as amended - Section 5(f); Act 83-2010, as amended - Article 2.11(d); or Act 60-2019, as amended) .....	(6)	00
7. Credit for investment in research and development activities (Act 73-2008, as amended - Section 5(c); Act 83-2010, as amended - Article 2.11(c); or Act 60-2019, as amended - Section 3030.01) .....	(7)	00
8. Credit for industrial investment (Act 135-1997, as amended - Section 5A; or Act 73-2008, as amended - Section 6) .....	(8)	00
9. Credit for contributions to former governors foundations (Act 1-2011, as amended - Section 1051.10) .....	(9)	00
10. Credit for construction investment in urban centers (Act 212-2002, as amended) .....	(10)	00
11. Credit for Puerto Rico conservation easement (Act 183-2001, as amended) .....	(11)	00
12. Credit for investment in rental housing to the elderly (Act 77-2015, as amended) .....	(12)	00
13. Credit for investment in film project (Act 27-2011, as amended; or Act 60-2019, as amended) .....	(13)	00
14. Credit for investment in housing infrastructure (Act 98-2001, as amended) .....	(14)	00
15. Credit for investment in infrastructure project for film projects (Act 27-2011, as amended) .....	(15)	00
16. Credit for investment in opportunity zones (Act 60-2019, as amended) .....	(16)	00
17. Credit for payments of membership certificates of employees-owned special corporations (Act 1-2011, as amended - Section 1113.14) .....	(17)	00
18. Credit for the purchase or transmission of television programming made in Puerto Rico (Act 1-2011, as amended - Section 1051.14) .....	(18)	00
19. Credit for tourism investment - Alternate credit (Act 74-2010, as amended; or Act 60-2019, as amended) .....	(19)	00
20. Credit for tourism investment - Regular credit (Act 74-2010, as amended) .....	(20)	00
21. Other Post Tax Credits Manager credits not included on the preceding lines (Submit detail) .....	(21)	00
22. <b>Total Post Tax Credits Manager Tax Credits</b> (Add lines 1 through 21. Transfer the total to Part II, line 25, Column B) .....	(22)	00

<div>Schedule B2 Individual</div> <div>Rev. Jul 12 24</div> <div></div>		<div>AMERICAN OPPORTUNITY TAX CREDIT</div> <div>(American Recovery and Reinvestment Act of 2009)</div> <div>Taxable year beginning on _____ and ending on _____</div>							<div>2024</div>								
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	00	00	00	00	00	00	00
		Student's SSN:															
		Institution's EIN:		00	00	00	00	00	00	00	00	00	00	00	00	00	00
		Student's SSN:															
		Institution's EIN:		00	00	00	00	00	00	00	00	00	00	00	00	00	00
		Student's SSN:															
		Institution's EIN:		00	00	00	00	00	00	00	00	00	00	00	00	00	00
		Student's SSN:															
		Institution's EIN:		00	00	00	00	00	00	00	00	00	00	00	00	00	00
		Student's SSN:															
		Institution's EIN:		00	00	00	00	00	00	00	00	00	00	00	00	00	00
		Student's SSN:															
		Institution's EIN:		00	00	00	00	00	00	00	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 3, Part 3, line 27D of the return) ..... (1)												00		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.																	

<b>Part II</b>		<b>Credit Limitation (Complete only if your adjusted gross income exceeds \$80,000 or \$160,000 if married)</b>	
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 or less <b>do not continue; you cannot claim this credit</b> .....	(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)		

<b>Part III</b>		<b>Eligible Student's Compliance Certification</b>	
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 <b>all</b> 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

FOR INFORMATION PURPOSES ONLY.  
DO NOT USE FOR FILING.



Schedule C Individual

Rev. Jul 12 24



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

2024

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 ☐ 3 Optional tax  
☐ 2 Alternate basic 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				
	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

**Part II Taxes Paid to Foreign Countries, the United States, its States, Territories and Possessions**☐ 1 Taxpayer☐ 2 Spouse☐ 3 BothComputed for the: ☐ 1 Regular tax ☐ 3 Optional tax  
☐ 2 Alternate basic tax

Credit for taxes:

☐ 1 Paid ☐ 2 AccruedForeign Country, State, Territory or Possession of the  
United StatesUnited States  
(See instructions)Total  
(See instructions)

A

B

C

Name of the country, state, territory or possession .....

Type of Form (See instructions):

☐ 1 Form 1099  
☐ 2 Return  
☐ 3 Other document☐ 1 Form 1099  
☐ 2 Return  
☐ 3 Other document☐ 1 Form 1099  
☐ 2 Return  
☐ 3 Other document☐ 1 Form 1099  
☐ 2 Form 1040  
☐ 3 Other document

1. Date paid or accrued ..... (1)

2. Total tax paid or accrued during the year ..... (2)

**Part III Reduction in Credit for Tax Paid or Accrued**

1. Income from sources of the country, state, territory or possession not subject to tax in Puerto Rico less deductions attributable to such income (See instructions) ..... (1)

2. Total income subject to tax in the country, state, territory or possession less expenses attributable to such income (See instructions) ..... (2)

3. Limitation (Divide line 1 by line 2) ..... (3)

4. Reduction in tax paid or accrued during the year (Multiply line 3 by the amount reflected on line 2 of Part II) ..... (4)

5. **Total tax paid or accrued available as credit** (Subtract line 4 from the amount reflected on line 2 of Part II) ..... (5)**Part IV Determination of Credit**

1. Net income from sources of the country, state, territory or possession (Part I, line 3) ..... (1)

2. Net income from all sources (See instructions) ..... (2)

3. Limitation (Divide line 1 by line 2. Enter the result rounded to two decimal places) ..... (3)

4. Taxes to be paid in Puerto Rico (See instructions) ..... (4)

5. **Limitation by country, state, territory or possession:**

a) Multiply line 4 by line 3 ..... (5a)

b) Enter the smaller of line 5(a) or Part III, line 5 ..... (5b)

6. **Total limitation:**

a) Limitation (Divide line 1 of the Total Column by line 2) ..... (6a)

b) Multiply line 6(a) by line 4 ..... (6b)

c) Credit to be claimed (Enter the smaller of the Total Column, line 5(b) or line 6(b). Transfer to Part 3, line 18 of the return, to Part III, line 5 of Schedule CO Individual or to Part II, line 5 of Schedule X Individual, as applicable) ..... (6c)

**Part V Determination of Credit Attributable to Long-Term Capital Gain of Resident Individual Investors**Foreign Country, State, Territory or Possession of the  
United StatesUnited States  
(See instructions)Total  
(See instructions)

A

B

C

Name of the country, state, territory or possession .....

Type of Form (See instructions):

☐ 1 Form 1099  
☐ 2 Return  
☐ 3 Other document☐ 1 Form 1099  
☐ 2 Return  
☐ 3 Other document☐ 1 Form 1099  
☐ 2 Return  
☐ 3 Other document☐ 1 Form 1099  
☐ 2 Form 1040  
☐ 3 Other document

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

a) Long-term capital gain of Resident Individual Investors ..... (1a)

2. Amount of tax paid or accrued to the country, state, territory or possession corresponding to the capital gain attributable to the period prior to the residence in Puerto Rico (See instructions) ..... (2)

3. **Limitation by country, state, territory or possession:**

a) Tax to be paid in Puerto Rico attributable to the long-term capital gain of Resident Individual Investors (See instructions) ..... (3a)

b) Enter the smaller of line 2 or line 3(a) ..... (3b)

4. Total credit to be claimed (Enter the amount of line 3(b) of the Total Column. Transfer to Part 3, line 18 of the return or to Part III, line 5 of Schedule CO Individual) ..... (4)

**Schedule CFF  
Individual**

Rev. Jul 12 24



**FOREIGN FINANCIAL ACCOUNTS**

**2024**

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 that meets the requirements established in Section 1061.25 of the Code.

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.

Retention Period: Ten (10) years

<b>Schedule CH Individual</b> Rev. Jul 12 24 		<b>TRANSFER OF CLAIM FOR EXEMPTION FOR CHILD (CHILDREN) OF DIVORCED OR SEPARATED PARENTS</b>  Taxable year beginning on _____, _____ and ending on _____, _____		<b>2024</b>	
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 2024 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"/>	<div>FOR INFORMATION PURPOSES ONLY. DO NOT USE FOR FILING.</div>			
(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"/>				
<div>_____ Signature of parent releasing claim to exemption</div> <div>_____ Social Security Number</div> <div>_____ Date</div>					

## Schedule CO Individual

Rev. Jul 12 24



## OPTIONAL COMPUTATION OF TAX

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

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

2024

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 (Submit all your 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

(i) Total of withholding statements with this schedule

(ii) Total of withholding statements with this schedule under a qualified physician decree

(iii) Total

(1A)

(1B)

(1C)

## 2. Wages reported on a Federal W-2 Form

## Exempt Wages

Sec. 1031.02(a)(37) of the Code

(i) Total of W-2 with this schedule

(ii) Total of W-2 with this schedule under a

qualified physician decree

## 3. 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)

(50% of the total to each spouse)

C) Interests (Schedule FF Individual, Part I, line 5) (50% of the total to each spouse)

(Total taxpayer \$ ) (Total spouse \$ )

D) Dividends from corporations (Schedule FF Individual, Part II, line 4) (50% of the total to each spouse)

(Total taxpayer \$ ) (Total spouse \$ )

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 taxpayer \$ ) (Total spouse \$ )

H) Income from annuities and pensions (Schedule H Individual, Part II, line 12)

I) Dividends from Capital Investment or Tourism Fund (See instructions) (50% of the total to each spouse)

J) Net long-term capital gain on Investment Funds (See instructions) (50% of the total to each spouse)

K) Distributable share on profits from pass-through entities (Submit Schedule R Individual) (Total taxpayer

\$ ) (Total spouse \$ )

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 Individual, Part VI, line 3 or 5, as applicable)

P) Gain (or loss) from manufacturing business (Schedule J Individual, Part IV, line 9)

(Total taxpayer \$ ) (Total spouse \$ )

Q) Gain (or loss) from the sale of goods (Schedule K Individual, Part IV, line 9)

(Total taxpayer \$ ) (Total spouse \$ )

R) Gain (or loss) from farming (Schedule L Individual, Part IV, line 9)

(Total taxpayer \$ ) (Total spouse \$ )

S) Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 9)

(Total taxpayer \$ ) (Total spouse \$ )

T) Gain (or loss) from rental business (Schedule N Individual, Part IV, line 9) (50% of the total to each spouse)

(Total taxpayer \$ ) (Total spouse \$ )

4. Total Income (Add lines 1, 2 and 3A through 3T, of Columns B and C, respectively)

5. Alimony Paid (Recipient's social security No. )

(Judgment No. )

6. Adjusted Gross Income (Subtract line 5 from line 4, of Columns B and C, respectively)

Retention Period: Ten (10) years

**Part II**      **Determination of Net Taxable Income**

		B - TAXPAYER	C - SPOUSE
1. Deductions allocated in half (50% of the total) (Enter in Columns B and C, 50% of the amount determined in Part I, line 6 of Schedule A Individual) .....	(1)	00	00
2. Deductions individually allocated (Enter in Columns B and C corresponding to the taxpayer or spouse, the amounts determined in Part I, line 10, Columns A and B of Schedule A Individual) .....	(2)	00	00
3. TOTAL DEDUCTIONS (Add lines 1 and 2. If you answered "No" to question B on page 1 of the return, enter zero here and complete Part IV) .....	(3)	00	00
4. TOTAL DEDUCTIONS APPLICABLE TO NONRESIDENTS OR PART-YEAR RESIDENTS (Part IV, line 6) .....	(4)	00	00
5. PERSONAL EXEMPTION .....	(5)	3,500	3,500
6. EXEMPTION FOR DEPENDENTS (Complete Schedule A1 Individual, see instructions)			
A) _____ X \$2,500 .....	(6A)	00	
B) _____ X \$1,250 (Joint custody) .....	(6B)	00	
C) Total exemption for dependents (Add lines 6A and 6B) .....	(6C)	00	
D) Enter 50% of the total of line 6C in Columns B and C .....	(6D)	00	00
7. Additional Personal Exemption for Veterans (See instructions) .....	(7)	00	00
8. Total Deductions and Exemptions (Add lines 3, 4, 5, 6D and 7, Columns B and C, respectively) .....	(8)	00	00
9. Net income before the deduction for Private Equity investment (Subtract line 8 from line 6, Part I. If line 8 is more than line 6, Part I, enter zero) .....	(9)	00	00
10. Allowable deduction for Private Equity investment (See instructions) .....	(10)	00	00
11. NET TAXABLE INCOME (Subtract line 10 from line 9. If line 10 is more than line 9, enter zero) .....	(11)	00	00

**Part III**      **Determination of Tax**

		B - TAXPAYER	C - SPOUSE
1. TAX: (Select the oval corresponding to the method used to determine the tax. See instructions)			
Taxpayer:			
<input type="radio"/> 1 Tax table			
<input type="radio"/> 2 Preferential rates (Schedule A2 Individual)			
<input type="radio"/> 3 Nonresident alien			
<input type="radio"/> 4 Form AS 2668.1			
<input type="radio"/> 5 Optional Tax (Schedule X Individual)			
Spouse:			
<input type="radio"/> 1 Tax table			
<input type="radio"/> 2 Preferential rates (Schedule A2 Individual)			
<input type="radio"/> 3 Nonresident alien			
<input type="radio"/> 4 Form AS 2668.1			
<input type="radio"/> 5 Optional Tax (Schedule X Individual)			
2. Gradual Adjustment Amount (Determine this adjustment if the amount indicated in Part II, line 11, Column B or C, or on Schedule A2 Individual, line 11 is more than \$500,000) (Schedule P Individual, line 7) .....	(1)	00	00
3. Total Normal Tax (Add lines 1 and 2, Columns B and C) .....	(2)	00	00
4. REGULAR TAX BEFORE THE CREDIT (Taxpayer: Multiply line 3 by 1 <input type="radio"/> 95% or 2 <input type="radio"/> 92%; Spouse: Multiply line 3 by 1 <input type="radio"/> 95% or 2 <input type="radio"/> 92% (See instructions) .....	(3)	00	00
5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions) .....	(4)	00	00
6. NET REGULAR TAX (Subtract line 5 from line 4) .....	(5)	00	00
7. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 7) (See instructions) .....	(6)	00	00
8. Credit for alternate basic tax (Schedule O Individual, Part III, line 4) .....	(7)	00	00
9. Tax Determined Individually (Subtract line 8 from the sum of lines 6 and 7, Columns B and C, respectively) .....	(8)	00	00
10. TOTAL TAX DETERMINED (Add the amounts of Columns B and C of line 9 and transfer to Part 3, line 22 of the return) .....	(9)	00	00
	(10)		

Continue in Part 3, line 22 of the return.

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

		B - TAXPAYER	C - SPOUSE
1. Total gross income earned during the period of residence in Puerto Rico (Line 6, Part I) .....	(1)	00	00
2. Total gross income earned during the period of nonresidence in Puerto Rico (Question C on page 1 of the return corresponding to taxpayer and spouse) .....	(2)	00	00
3. Total Gross Income (Add lines 1 and 2) .....	(3)	00	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 (Add lines 1 and 2, Part II) .....	(5)	00	00
6. Total deductions attributable to the period of residence in Puerto Rico (Multiply line 5 by line 4 and transfer to line 4, Part II) .....	(6)	00	00



**Schedule CT  
Individual**

Rev. Jul 12 24

**EARNED INCOME CREDIT****2024**

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

Taxpayer's name

Merchant's Registration Number

Social Security Number

**Part I Eligibility Requirements (See instructions)**

Complete Parts II and III to determine the amount of refundable credit to which you are entitled based on your information corresponding to the taxable year, if you meet all the eligibility requirements established below. If you do not meet all of the following eligibility requirements, do not continue; you are not entitled to claim this credit.

**Requirements:**

1. The taxpayer and spouse, in the case of married taxpayers, must have generated income from wages, salaries, tips, pensions, self-employed industry or business or activity for the production of income, for the taxable year, subject to the limitations established in Section 1052.01 of the Code.
2. The taxpayer, spouse or qualified dependents were residents of Puerto Rico during the entire taxable year and at the time of filing the income tax return. Also, they must include the Social Security numbers issued on or before the due date to file the return, including extension, of the taxpayer, spouse and qualified dependents.
3. The taxpayer and spouse, in the case of married taxpayers, must be 19 years of age or older at the end of the taxable year, have not been claimed as dependents in another return for the same taxable year, and cannot file the return under the personal status of married filing separately.
4. Qualified dependents will only include the taxpayer's or spouse's children who on the last day of the taxable year are eighteen (18) years of age or younger. In the case of full-time student dependents, the age as of the last day of the taxable year shall not exceed twenty-five (25) years.
5. The taxpayer cannot claim the credit for persons over sixty-five (65) years or older with low income, if claiming the earned income credit.
6. The taxpayer must file the return no later than the due date provided by the Code, including extension of time to file.

**Part II Eligibility Determination for the Earned Income Credit****1. Determination of Earned Gross Income:**

- |   |      |    |
|---|------|----|
| A) Salaries, wages and tips (Enter the sum of lines 1B and 1C of Part 1 of the return and lines 6, 7, 8, 9, 11, 12 and 31A, first Column of Part II of Schedule IE Individual (or the total of lines 1 and 2 of Part I of Schedule CO Individual, Columns B and C, and lines 6, 7, 8, 9, 11, 12 and 31A, first Column of Part II of each Schedule IE Individual, if you choose the optional computation of tax))  | (1A) | 00 |
| B) Income from pensions (See instructions)  | (1B) | 00 |
| C) Gain attributable to a self-employed industry or business or activity for the production of income (Enter the sum of lines 2P through 2S of Part 1 of the return and lines 31B through 31E, 39, 40, 41 and 42, first Column of Part II of Schedule IE Individual (or lines 3P through 3S of Part I of Schedule CO Individual, Columns B and C, and lines 31B through 31E, 39, 40, 41 and 42, first Column of Part II of each Schedule IE Individual, if you choose the optional computation of tax)) | (1C) | 00 |
| D) <b>Total earned gross income</b> (Add lines 1A through 1C)   | (1D) | 00 |

**2. Determination of Net Income from Other Concepts:**

- |   |         |    |
|---|---------|----|
| A) Other income (Enter the sum of lines 2A through 2G, 2I through 2L, 2N, 2O and 2T of Part 1 of the return and line 7, Part II of Schedule H Individual, only if the "Annuity" option was selected in question 2 (or lines 3A through 3G, 3I through 3L, 3N, 3O and 3T of Part I of Schedule CO Individual and line 7, Part II of Schedule H Individual, only if the "Annuity" option was selected in question 2, if you choose the optional computation of tax)) (See instructions) | (2A)    | 00 |
| B) Other exempt income (Schedule IE Individual, Part II, line 45, first Column)   | (2B)    | 00 |
| C) Less:  |         |    |
| (i) Exempt income from services rendered as an employee (Enter the sum of lines 6, 7, 8, 9, 10, 11, 12 and line 31A, first Column of Part II of Schedule IE Individual)   | (2Ci)   | 00 |
| (ii) Exempt pension amount (Enter the sum of lines 15 and 16, Part II of Schedule IE Individual)  | (2Cii)  | 00 |
| (iii) Exempt income derived by young people with self-employed industry or business or activity for the production of income with special agreement under Act 135-2014 (Enter the sum of lines 31B through 31E, first Column of Part II of Schedule IE Individual)  | (2Ciii) | 00 |
| (iv) Exempt amount from income from self-employed industry or business or activity for the production of income (Enter the sum of lines 39 through 42, first Column of Part II of Schedule IE Individual)   | (2Civ)  | 00 |
| (v) Total adjustments for exempt amounts (Add lines 2C(i) through 2C(iv))   | (2Cv)   | 00 |
| D) Total other income (Add lines 2A and 2B and subtract line 2C(v). If this amount is more than \$10,000, do not continue and enter zero on line 27C of Part 3 of the return)   | (2D)    | 00 |

- |   |     |    |
|---|-----|----|
| 3. <b>Total gross earned income for the determination of the earned income credit</b> (Transfer the amount determined on line 1D, as long as the amount determined on line 2D is \$10,000 or less. If the amount determined on line 2D is more than \$10,000, do not continue and enter zero on line 27C of Part 3 of the return) | (3) | 00 |
|---|-----|----|

- |   |     |  |
|---|-----|--|
| 4. Number of qualified dependents, according to the return (See instructions) | (4) |  |
|---|-----|--|

5. **If the total earned gross income determined on line 3 exceeds the following amounts, you do not qualify for this credit. Do not continue and enter zero on line 27C of Part 3 of the return.**

- a) Taxpayers without qualified dependents - \$30,240 (Married taxpayers filing jointly - \$32,570)
- b) Taxpayers with one (1) qualified dependent (Line 4, Part II) - \$36,062 (Married taxpayers filing jointly - \$40,712)
- c) Taxpayers with two (2) qualified dependents (Line 4, Part II) - \$43,045 (Married taxpayers filing jointly - \$47,695)
- d) Taxpayers with three (3) or more qualified dependents (Line 4, Part II) - \$46,537 (Married taxpayers filing jointly - \$51,187)

**Part III Computation of Earned Income Credit**

**Determine the earned income credit by selecting the applicable computation, considering the limitation of earned gross income and the number of qualified dependents, as established in Section 1052.01 of the Code.**

**A. Taxpayers with no dependents:**

1. If the earned gross income (Line 3, Part II) is not more than \$18,610 (or not more than \$20,940 in the case of married taxpayers filing jointly), multiply line 3, Part II by 15%. Otherwise, do not complete lines 1 and 2, and continue with line 3 .....	(1)		00	
2. Enter the smaller amount between line 1 and \$1,745. Transfer this amount to line 27C of Part 3 of the return .....	(2)			00
3. If the earned gross income (Line 3, Part II) is more than \$18,610 but not more than \$30,240 (or more than \$20,940 but not more than \$32,570 in the case of married taxpayers filing jointly):				
a) Maximum credit to be claimed by taxpayers with no dependents .....	(3a)	1,745	00	
b) Maximum credit reduction (Subtract \$18,610 (or \$20,940 in the case of married taxpayers filing jointly) from the amount on line 3, Part II, multiply said amount by 15% and enter the result here) .....	(3b)		00	
c) <b>Total available earned income credit</b> (Subtract line 3(b) from line 3(a), enter the result here and on line 27C of Part 3 of the return. If the result is zero or less than zero, enter zero on line 27C of Part 3 of the return) .....	(3c)			00

**B. Taxpayers with one (1) dependent:**

1. If the earned gross income (Line 3, Part II) is not more than \$20,940 (or not more than \$25,590 in the case of married taxpayers filing jointly), multiply line 3, Part II by 33.98%. Otherwise, do not complete lines 1 and 2, and continue with line 3 .....	(1)		00	
2. Enter the smaller amount between line 1 and \$4,071. Transfer this amount to line 27C of Part 3 of the return .....	(2)			00
3. If the earned gross income (Line 3, Part II) is more than \$20,940 but not more than \$36,062 (or more than \$25,590 but not more than \$40,712 in the case of married taxpayers filing jointly):				
a) Maximum credit to be claimed by taxpayers with one (1) dependent .....	(3a)	4,071	00	
b) Maximum credit reduction (Subtract \$20,940 (or \$25,590 in the case of married taxpayers filing jointly) from the amount on line 3, Part II, multiply that amount by 26.92% and enter the result here) .....	(3b)		00	
c) <b>Total available earned income credit</b> (Subtract line 3(b) from line 3(a), enter the result here and on line 27C of Part 3 of the return. If the result is zero or less than zero, enter zero on line 27C of Part 3 of the return) .....	(3c)			00

**C. Taxpayers with two (2) dependents:**

1. If the earned gross income (Line 3, Part II) is not more than \$24,430 (or not more than \$29,080 in the case of married taxpayers filing jointly), multiply line 3, Part II by 40%. Otherwise, do not complete lines 1 and 2, and continue with line 3 .....	(1)		00	
2. Enter the smaller amount between line 1 and \$6,400. Transfer this amount to line 27C of Part 3 of the return .....	(2)			00
3. If the earned gross income (Line 3, Part II) is more than \$24,430 but not more than \$43,045 (or more than \$29,080 but not more than \$47,695 in the case of married taxpayers filing jointly):				
a) Maximum credit to be claimed by taxpayers with two (2) dependents .....	(3a)	6,400	00	
b) Maximum credit reduction (Subtract \$24,430 (or \$29,080 in the case of married taxpayers filing jointly) from the amount of line 3, Part II, multiply that amount by 34.38% and enter the result here) .....	(3b)		00	
c) <b>Total available earned income credit</b> (Subtract line 3(b) from line 3(a), enter the result here and on line 27C of Part 3 of the return. If the result is zero or less than zero, enter zero on line 27C of Part 3 of the return) .....	(3c)			00

**D. Taxpayers with three (3) or more dependents:**

1. If the earned gross income (Line 3, Part II) is not more than \$24,430 (or not more than \$29,080 in the case of married taxpayers filing jointly), multiply line 3, Part II by 44.83%. Otherwise, do not complete lines 1 and 2, and continue with line 3 .....	(1)		00	
2. Enter the smaller amount between line 1 and \$7,563. Transfer this amount to line 27C of Part 3 of the return .....	(2)			00
3. If the earned gross income (Line 3, Part II) is more than \$24,430 but not more than \$46,537 (or more than \$29,080 but not more than \$51,187 in the case of married taxpayers filing jointly):				
a) Maximum credit to be claimed by taxpayers with three (3) or more dependents .....	(3a)	7,563	00	
b) Maximum credit reduction (Subtract \$24,430 (or \$29,080 in the case of married taxpayers filing jointly) from the amount on line 3, Part II, multiply that amount by 34.21% and enter the result here) .....	(3b)		00	
c) <b>Total available earned income credit</b> (Subtract line 3(b) from line 3(a), enter the result here and on line 27C of Part 3 of the return. If the result is zero or less than zero, enter zero on line 27C of Part 3 of the return) .....	(3c)			00

## Schedule D Individual

Rev. Jul 12 24

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

2024

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	Disregarded Entity	Cadastre Number (If applicable)	(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
	<input type="radio"/>					00	00	00
	<input type="radio"/>					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	Disregarded Entity	Cadastre Number (If applicable)	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"/>		<input type="radio"/>			00	00	00	00	00
	<input type="radio"/>		<input type="radio"/>			00	00	00	00	00
	<input type="radio"/>		<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	Disregarded Entity	Cadastre Number (If applicable)	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"/>		<input type="radio"/>			00	00	00	
18. Net capital gain (or loss) under Act: _____ (Decree No. _____) .....									(18) 00
	<input type="radio"/>		<input type="radio"/>			00	00	00	
19. Net capital gain (or loss) under Act: _____ (Decree No. _____) .....									(19) 00
	<input type="radio"/>		<input type="radio"/>			00	00	00	
20. Net capital gain (or loss) under Act: _____ (Decree No. _____) .....									(20) 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) 00		00	00	00
22. Taxable at 20% - Spouse .....	(22) 00		00	00	00
23. Taxable at 10% - Taxpayer .....	(23) 00		00	00	00
24. Taxable at 10% - Spouse .....	(24) 00		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 <b>one or more</b> 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 <b>any</b> 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 (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	
38. <b>Total net capital loss carryover</b> (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. <b>The total shall be 100%</b> ..... (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	
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)		00				00	
(b) Net Long-Term Capital Gain subject to the tax rate provided by Special Legislation (Columns C through E - Subtract line 5 from line 1. Transfer the result to Columns F, G and H, as it corresponds, line 4(a) of Schedule A2 Individual) ..... (6b)			00	00	00	00	
7. Total net long-term capital gain (Column F - Add lines 6(a) and 6(b). Transfer this result to Column A - line 4(a) of Schedule A2 Individual) ..... (7)						00	
8. Net capital gain (If line 3 is more than zero, add lines 3 and 7 and enter the result here. Otherwise, enter here the amount on line 7. This amount must be the same amount reported on line 35, Part V of this Schedule) ..... (8)							00



Schedule D1 Individual

Rev. Sep 30 24



SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

2024

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

Taxpayer's name	Cadastre Number	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? <input type="radio"/> 1 Yes <input type="radio"/> 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: <input type="radio"/> 1 Yes <input type="radio"/> 2 No Spouse: <input type="radio"/> 1 Yes <input type="radio"/> 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. Acquisition date of the residence (day / month / year) .....	(7)	/	/
8. Sale price of the residence at the moment of its acquisition (See instructions) .....	(8)		00
9. Adjusted basis of residence sold. Includes prepayment: <input type="radio"/> 1 Yes <input type="radio"/> 2 No (See instructions) .....	(9)		00
10. Gain realized on sale (Subtract line 9 from line 6) (See instructions) If it is zero or less, <b>enter zero</b> . If it is more than zero, transfer this amount to the corresponding Schedule: <input type="radio"/> 1 Schedule IE Individual, Part II, line 17; or <input type="radio"/> 2 Schedule D Individual, as applicable: <input type="radio"/> 3 Short-term (Part I, line 2) <input type="radio"/> 4 Long-term (Part II, line 9) .....			
	(10)		00

Retention Period: Ten (10) years



## Schedule D3 Individual

Rev. Jul 12 24



## 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)

2024

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

Taxpayer's name

Cadastral Number

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) ..... (1) / /
2. Were funds from an Individual Retirement Account (IRA) used to acquire the old 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 ..... (2) 00
3. Have you bought or built a new residence? ☐ 1 Yes ☐ 2 No  
If you bought or built, enter date (day, month, year) ..... (3) / /
4. Selling price of the old residence (Do not include personal property items sold with your residence) ..... (4) 00
5. Selling expenses (Include sales commissions, advertising, legal fees, etc.) ..... (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).  
If it is zero or less, **enter zero** and do not complete the rest of the form. If your answer on line 3 is "Yes", continue with Part II or III, whichever applies. If your answer on line 3 is "No", continue with line 9 ..... (8) 00
9. If you have not replaced your residence, do you plan to do so during the replacement period? ☐ 1 Yes ☐ 2 No  
If your answer is "Yes", see instructions.  
If your answer is "No", continue with Part II or III, whichever applies.

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

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

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

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

## Schedule DDC Individual

Rev. Jul 12 24

**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

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

**2024**

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

No

☐☐

Fill in one:

☐ 1 Taxpayer☐ 2 Spouse

Nature of the activity:

☐ 1 Manufacturing (Schedule J Individual) ☐ 3 Farming (Schedule L Individual)☐ 5 Rent (Schedule N Individual)☐ 2 Sale of Goods (Schedule K Individual) ☐ 4 Services Rendered (Schedule M Individual)**Part I** Detail of Expenses

	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. <b>Total expenses</b> (Add lines 1(a) through 1(o)(iv))..... (2)	00

**Part II** Due Diligence Requirements

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).

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 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:<br><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.

Retention Period: Ten (10) years

**Part II Due Diligence Requirements (Continued)**

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

Yes

No

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. 05.24



DEPRECIATION

2024

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
---	--	--	--	--	----

<b>TOTAL:</b> (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. 05.24



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

2024

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: <input type="radio"/>		
		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: <input type="radio"/>		
		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: <input type="radio"/>		
		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. Jul 12 24		OTHER INCOME										2024			
Taxable year beginning on _____, _____ and ending on _____, _____															
Taxpayer's name						Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse <input type="radio"/> 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 Total Distribution	Column B Basis (See instructions)	Column C Interests from IRA of Financial Institutions Not Subject to Withholding (Transfer to Part I, line 1(b), Col. D of Schedule FF Ind.)	Column D Interests from IRA of Financial Institutions (10%) (Transfer to Part I, line 1(b), Col. B of Schedule FF Ind.)	Column E Interests from Distributions to Government Pensioners (10%) (Transfer to Part I, line 1(b), Column E of Schedule FF Individual)	Column F IRA Distributions to Government Pensioners (excluding contributions) (10%)	Column G IRA or Educational Contribution Accounts Distributions of Income from Sources Within P.R. (10%)	Column H IRA or Educational Contribution Accounts Distributions			
				<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						
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, Column B or C of Schedule CO Individual, as applicable) .....						<input type="radio"/>		00	00	00					
Retention Period: Ten (10) years															



**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, Column B or C of Schedule CO Individual, as applicable) ..... <sup>(1)</sup>	0		00	00	00

## Part V Other Income

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
1. Amount received .....				(1)			00		00		00		00		00
2. Less: Expenses related to the production of these income (See instructions) .....				(2)			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
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)(37) 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, Column B or C 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 2 <input type="radio"/> 480.7C	00	00		00
				1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C	00	00		00
				1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C	00	00		00
				1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C	00	00		00
				1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C	00	00		00
				1 <input type="radio"/> 480.7 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 20 of the return or to Part I, line 30, 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="text"/> ) ..... (6a)							00	
(b) Form 480.7C, Box 22 (Total Informative Returns .... <input type="text"/> ) ..... (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)								

Schedule FF Individual

Rev. Jul 12 24



INTERESTS, DIVIDENDS AND MISCELLANEOUS INCOME

2024

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

Taxpayer's name

Social Security Number

Part I Interests				Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Payer's name	Disregarded Entity	Employer Identification Number	Account Number	Eligible interests subject to withholding (Section 1023.05(b)) (10%)	Interests from IRA from financial institutions subject to withholding (10%)	Interests from financial institutions subject to withholding (Section 1023.04)(10%)	Interests from financial institutions, including interests from IRA, not subject to withholding	Interests from IRA distributions to Government Pensioners (10%)	Other interests subject to withholding _____%	Other interests	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
	<input type="radio"/>			00		00	00		00	00	
1. Interests:				00		00	00	00	00	00	
a) Subtotal of Columns A, C, D, F and G..... (1a)					00		00	00			
b) Total from Schedule F Individual, Part I, Columns C, D and E..... (1b)											
c) Total (Add lines 1(a) and 1(b))..... (1c)				00	00	00	00	00	00	00	
2. Less: Expenses related to the purchase of investments (See instructions)..... (2)				00	00	00	00	00	00	00	
3. Less: Interest exemption (See instructions)..... (3)					00	00	00	00			
4. <b>Total interests</b> (Subtract lines 2 and 3 from line 1(c), Columns A through G. Transfer the amounts of Columns A through C, E and F to line 4, Columns A, D and F through H, as applicable, of Schedule A2 Individual)..... (4)				00	00	00	00	00	00	00	
5. Add line 4, Columns A through G. Transfer to Part 1, line 2C of the return or to Part I, line 3C of Schedule CO Individual, as applicable..... (5)											00

Part II


Corporate Dividends

Payer's name	Disregarded Entity	Employer Identification Number	Account Number	Column A		Column B		Column C		Column D	
				Subject to withholding (15%)		Subject to withholding ( ____%)		Subject to withholding ( ____%)		Not subject to withholding	
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
	0				00		00		00		00
1. Dividends distributed amount .....					00		00		00		00
2. Less: Expenses related to the purchase of investments (See instructions) .....					00		00		00		00
3. Subtotal (Subtract line 2 from line 1, Columns A through D. Transfer the total of Columns A through C to line 4(f), Columns A, C and F through H, as applicable, of Schedule A2 Individual) .....					00		00		00		00
4. Total (Add line 3, Columns A through D and transfer to Part 1, line 2D of the return or to Part I, line 3D of Schedule CO Individual, as applicable) .....					00		00		00		00

Part III

Miscellaneous Income

Payer's name	Disregarded Entity	Employer Identification Number	Account Number	Column A		Column B	
				Miscellaneous Income		Income from Prizes and Contests	
	0				00		00
	0				00		00
	0				00		00
	0				00		00
	0				00		00
1. Amount received .....					00		00
2. Less: Expenses related to the production of these income (See instructions) .....					00		00
3. Subtotal (Subtract line 2 from line 1) .....					00		00
4. Total miscellaneous income (Add the total of line 3, Columns A and B. Transfer to Part 1, line 2G of the return or to Part I, line 3G of Schedule CO Individual, as applicable) .....							00

<b>Schedule F1 Individual</b> <small>Rev. Jul 12 24</small>		<b>DETAIL OF INCOME OF RESIDENT INDIVIDUAL INVESTORS</b> <b>(Act 22-2012, as amended, or Act 60-2019, as amended)</b>				<b>2024</b>			
		Taxable year beginning on _____, _____ and ending on _____, _____							
Nombre del contribuyente			Decree number		Date on which you established residence in Puerto Rico Day _____ Month _____ Year _____		Social Security Number		
Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse									
<b>Part I</b>		<b>Interest</b>							
Description						Amount			
						00			
						00			
						00			
						00			
						00			
1. Total interests (Transfer to Schedule IE Individual, Part II, line 33) .....						(1) 00			
<b>Part II</b>		<b>Dividends</b>							
Description						Amount			
						00			
						00			
						00			
						00			
1. Total dividends (Transfer to Schedule IE Individual, Part II, line 33) .....						(1) 00			
<b>Part III</b>		<b>Capital Assets Gains and Losses</b>							
Transactions of sales of securities and other assets related to any accretion of said securities and assets owned by the resident individual investor before becoming a resident of Puerto Rico, which are recognized after 10 years of becoming a resident of Puerto Rico, must be included on Schedule D Individual, Part III and not in this part (See instructions).									
Description and Location of Property		Date Acquired (Day/Month/ Year)	Date Sold (Day/Month/Year)	(A) Sale Price	(B) Market Value on the Date of Establishing Residence in P.R.	(C) Adjusted Basis	(D) Gain or Loss (Col. A - Col. C)	(E) Amount Attributed to the Period Prior to Establishing Residence in P.R. (Col. B - Col. C)	(F) Amount Attributed to the Period after Establishing Residence in P.R. (Col. D - Col. E)
				00	00	00	00	00	00
				00	00	00	00	00	00
				00	00	00	00	00	00
1. Net capital gain or loss (Transfer the total of Column (E) to Schedule D Individual, Part II, line 15. Transfer the total of Column (F) to Schedule IE Individual, Part II, line 33) .....								(1) 00	00
<b>CERTIFICATION</b>									
By means of the signature on page 1 of the return, I hereby declare under penalty of perjury that I have not been resident of Puerto Rico between the period of January 17, 2006 and January 17, 2012 and that I became resident of Puerto Rico no later than the taxable year ending on December 31, 2035.									

## Schedule G Individual

Rev. Jul 12 24

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

2024

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

Taxpayer's name

Cadastre Number

Social Security Number

## Part I Questionnaire

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

## Part II Computation of Gain (or Loss)

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

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

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

## Schedule H Individual

Rev. Jul 12 24

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

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

2024

Taxpayer's name

Taxpayer's Social Security Number

Spouse's Social Security Number

## Questionnaire

1. Recipient of annuity or pension (fill in one): ☐ 1 Taxpayer ☐ 2 Spouse2. 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 plan4. 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)

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

## Part II Taxable Income (See instructions)

7. Total amount of pension or annuity received during the year .....	(7)		00
8. Tax exempt pension (Enter here and on Schedule IE Individual, Part II, line 15. Do not exceed the amount indicated on line 7. If you indicated Annuity or Non qualified plan, enter zero on this line) .....	(8)		00
9. Subtract line 8 from line 7. If it is less than zero, go to line 13 .....	(9)		00
10. Cost of pension or annuity to be recovered (Same as line 6) .....	(10)		00
11. Pension or annuity income in excess of the cost to be recovered (Subtract line 10 from line 9) .....	(11)		00
12. Taxable pension or annuity income (Enter here the amount of line 11 or 3% of line 1, whichever is greater (but not greater than the amount of line 9). Enter this amount in Part I, line 2H of the return or in Part I, line 3H, Column B or C of Schedule CO Individual, as applicable) .....	(12)		00
13. Tax withheld on pension or annuity for the taxable year (Enter this amount on Schedule B Individual, Part III, line 18) .....	(13)		00



## Schedule IE Individual

Rev. Jul 12 24



## EXCLUDED AND EXEMPT INCOME

2024

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 (Submit detail) .....	(10) 00	
11. Amount received from any subsidy or stimulus paid by the Government of Puerto Rico (Submit detail) .....	(11) 00	
12. Interests upon mortgages over residential property located in Puerto Rico granted after January 1, 2014 .....	(12) 00	
13. Exclusions from the operations of a Disregarded Entity (Submit detail) .....	(13) 00	
14. Other exclusions (Submit detail) .....	(14) 00	00
15. Total (Add lines 1 through 14) .....	(15) 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. Exempt income received by an active or retired member of the Puerto Rico Police Bureau or from the overtime worked by a Municipal Police member (Form 499R-2/W2-2PR or 480.7C) .....	(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 Sections 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.

Retention Period: Ten (10) years

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 2) \$			
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. Exempt income of resident individual investors (Schedule F1 Individual) .....		(33) 00	
34. Other payments subject to alternate basic tax reported in a Form 480.6D.....		(34) 00	00
35. Other payments not subject to alternate basic tax reported in a Form 480.6D.....		(35) 00	
36. Other exemptions subject to alternate basic tax not reported in a Form 480.6D (Submit detail) .....		(36) 00	00
37. Other exemptions not subject to alternate basic tax not reported in a Form 480.6D (Submit detail) .....		(37) 00	
38. Income from residential rent under Act 132-2010 (Schedule N Individual, Part II, line 2) .....		(38) 00	
39. Exempt amount from manufacturing income (Schedule J Individual, Part IV, line 2) .....		(39) 00	00
40. Exempt amount on income from the sale of goods (Schedule K Individual, Part IV, line 2) .....		(40) 00	00
41. Exempt amount from farming income (Schedule L Individual, Part IV, line 2) .....		(41) 00	00
42. Exempt amount on income from services rendered (Schedule M Individual, Part IV, line 2) .....		(42) 00	00
43. Exempt amount from rental income (Schedule N Individual, Part IV, line 2) .....		(43) 00	00
44. Exemptions from the operations of a Disregarded Entity (Submit detail) .....		(44) 00	00
45. Total (Add lines 1 through 44) .....		(45) 00	00
Part III Total			
1. Total of items considered for the home mortgage interests limitation (Add line 15 of Part I and line 45 of Part II, first column) .....		(1) 00	
2. Total of items subject to alternate basic tax (Add line 15 of Part I and line 45 of Part II, second column) .....		(2)	00

Retention Period: Ten (10) years

FOR INFORMATION PURPOSES ONLY.  
DO NOT USE FOR FILING.

<b>Schedule J Individual</b> Rev. Jul 12 24		<b>MANUFACTURING INCOME</b> Taxable year beginning on _____ and ending on _____		<b>2024</b>	
Taxpayer's name			Social Security Number		Schedule J No. _____
<b>Part I Questionnaire</b>		Fill in here if it is a Disregarded Entity (See instructions) <input type="radio"/>			Fully Taxable <input type="radio"/>
Employer Identification Number		Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="radio"/>	Date operations began: Day _____ Month _____ Year _____	Tax Incentives under: Act No. 26 of 1978 <input type="radio"/> Act No. 8 of 1987 <input type="radio"/> Act 135-1997 <input type="radio"/> Act 73-2008 <input type="radio"/> Act 83-2010 <input type="radio"/> Act 1-2013 <input type="radio"/> Act 135-2014 <input type="radio"/> Act 60-2019: Section _____ Other: _____
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="radio"/>		Accounting Method: <input type="radio"/> 1 Cash <input type="radio"/> 2 Accrual	
Manufacturer Number		Location of Manufacturing Business - Number, Street and City		Number of employees	
Case or Concession Number		Nature of business: NAICS _____ Percentage _____ %			
Industrial Code _____ Municipal Code _____		Indicate if you include with this return (See inst.): <input type="radio"/> 1 Audited Financial Statement <input type="radio"/> 2 Agreed Upon Procedures Report ("AUP") <input type="radio"/> 3 Due diligence checklist form ("DDC") Accredited Agent-Specialist No. _____			
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="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
2 vessels		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
3 airships		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
4 residential property outside of Puerto Rico		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<b>Part II Manufacturing Income</b>				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: 2023 _____ 2024 _____ See instructions)		(3)		00	00
4. Less: Exempt amount under Act 135-2014 <input type="radio"/> 1 Up to \$40,000 <input type="radio"/> 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
<b>Part III Operating Expenses and Deductions</b>					
<b>A. Deductions that must be reported in an informative return:</b>					
1. Salaries, commissions and bonuses to employees (See instructions)		(1)		00	00
2. Salaries paid to young university students (Total \$ _____) Dept. of the Treasury's Int. Prog. (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>B. Deductions not reported in an informative return:</b>					
18. Interest 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 No. _____)		(28)		00	00
29. Subtotal (Add lines 18 through 28)		(29)		00	00
<b>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)</b>					
30. Automobile expenses (Mileage _____) (See instructions)		AUP <input type="radio"/> DDC <input type="radio"/>	(30)	00	00
31. Other motor vehicle expenses (See instructions)		AUP <input type="radio"/> DDC <input type="radio"/>	(31)	00	00
32. Repairs and maintenance		AUP <input type="radio"/> DDC <input type="radio"/>	(32)	00	00
33. Travel expenses (Total expenses \$ _____)		AUP <input type="radio"/> DDC <input type="radio"/>	(33)	00	00
34. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)		AUP <input type="radio"/> DDC <input type="radio"/>	(34)	00	00
35. Materials and office supplies		AUP <input type="radio"/> DDC <input type="radio"/>	(35)	00	00
36. Materials directly used in the manufacture		AUP <input type="radio"/> DDC <input type="radio"/>	(36)	00	00
37. Stamps, vouchers and fees		AUP <input type="radio"/> DDC <input type="radio"/>	(37)	00	00
38. Postage and shipping charges		AUP <input type="radio"/> DDC <input type="radio"/>	(38)	00	00
39. Uniforms		AUP <input type="radio"/> DDC <input type="radio"/>	(39)	00	00
40. Parking and toll		AUP <input type="radio"/> DDC <input type="radio"/>	(40)	00	00
41. Office expenses		AUP <input type="radio"/> DDC <input type="radio"/>	(41)	00	00
42. Bank fees		AUP <input type="radio"/> DDC <input type="radio"/>	(42)	00	00
43. Bad debts		AUP <input type="radio"/> DDC <input type="radio"/>	(43)	00	00
44. Other expenses (Complete Part VII)		AUP <input type="radio"/> DDC <input type="radio"/>	(44)	00	00
45. Subtotal (Add lines 30 through 44)			(45)	00	00
46. Total (Add lines 17, 29 and 45)			(46)	00	00

Retention Period: Ten (10) years



## Schedule K Individual

Rev. Jul 12 24



## INCOME FROM THE SALE OF GOODS

2024

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

Taxpayer's name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Schedule K No. \_\_\_\_\_

Fully Taxable ..... 00

Tax Incentives under:

Act 14-1996 ..... 0000

Act 178-2000 ..... 0000

Act 1-2013 ..... 0000

Act 135-2014 ..... 0000

Act 60-2019 - Sec. .... 0000

Other: ..... 0000

## Part I Questionnaire

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

Employer Identification Number \_\_\_\_\_

Fill in one:

☐ 1 Taxpayer☐ 2 SpouseFill in here if this is your principal industry or business ☐

Date operations began:

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

Merchant's Registration Number \_\_\_\_\_

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

Location of Business - Number, Street and City \_\_\_\_\_

Number of employees \_\_\_\_\_

Case or Concession Number \_\_\_\_\_

Nature of business: \_\_\_\_\_

NAICS \_\_\_\_\_

Percentage \_\_\_\_\_ %

Industrial Code \_\_\_\_\_

Municipal Code \_\_\_\_\_

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. \_\_\_\_\_

Accounting Method:

☐ 1 Cash☐ 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)

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 Income from the Sale of Goods

	Regular Tax	Alternate Basic Tax
1. Income from the sale of goods and construction work (See instructions)..... (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: 2023 _____ 2024 _____ 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

<b>A. Deductions that must be reported in an informative return:</b>				
1. Salaries, commissions and bonuses to employees (See instructions)..... (1)			00	00
2. Salaries paid to young university students (Total \$ _____) Dept. of the Treasury's Int. Prog. (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>B. Deductions not reported in an informative return:</b>				
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
e) Special contribution for professional and advisory services under Act 48-2013, as amended ..... (19e)			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 E 1 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 No. _____) ..... (28)			00	00
29. Subtotal (Add lines 18 through 28) ..... (29)			00	00
<b>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)</b>				
30. Automobile 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 sale of goods ..... 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 VI) ..... 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

Retention Period: Ten (10) years

Part IV Determination of Gain or Loss		Regular Tax		Alternate Basic Tax	
1. Net income for the current year (Subtract line 46, Part III from line 5, Part II).....	(1)		00		00
2. <b>Less:</b> Exempt amount % of line 1 or \$ (See instructions).....	(2)		00		00
3. Adjusted net income (Subtract line 2 from line 1).....	(3)		00		
4. <b>Less:</b> Net operating loss accumulated up to taxable year 2019 (From Part VII, line 9. Do not exceed 90% of line 3) .....	(4)		00		
5. Net income after the accumulated loss up to taxable year 2019 (Subtract line 4 from line 3) .....	(5)		00		
6. <b>Less:</b> Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VII, line 10) .....	(6)		00		
7. Net income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5) .....	(7)		00		
8. <b>Less:</b> Net operating loss accumulated after taxable year 2020 (From Part VII, line 14. Do not exceed 90% of line 3) .....	(8)		00		
9. Gain (or loss) (Subtract line 8 from line 7) (If it is a gain, transfer the total to page 2, Part 1, line 2Q of the return or Part I, line 3Q, 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) .....	(9)		00		00

Part V Cost of Goods Sold	
1. Beginning inventory.....	(1) 00
2. <b>Plus:</b> Purchases .....	(2) 00
3. Total (Add lines 1 and 2).....	(3) 00
4. <b>Less:</b> Ending inventory.....	(4) 00
5. Total Cost of Goods Sold (Subtract line 4 from line 3. Transfer to Part II, line 2 of this Schedule).....	(5) 00

Part VI 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 44) .....	(6)	00	00

Part VII 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)
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. ....	00	00	00	00	
7. ....	00	00	00	00	
8. ....	00	00	00	00	
9. <b>Subtotal</b> of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Part IV, line 4) ..... (9)	00	00	00	00	
10. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) ..... (10)	00	00	00	00	
11. ....	00	00	00	00	
12. ....	00	00	00	00	
13. ....	00	00	00	00	
14. <b>Subtotal</b> of losses accumulated after taxable year 2020 (Add lines 11 through 13 and transfer to Part IV, line 8) ..... (14)	00	00	00	00	
15. <b>Total</b> (Add lines 9, 10 and 14) ..... (15)	00	00	00	00	

Retention Period: Ten (10) years



## Schedule L Individual

Rev. Jul 12 24



## FARMING INCOME

2024

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

Taxpayer's name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Schedule L No. \_\_\_\_\_

## Part I Questionnaire

Fill in here if it is a Disregarded Entity (See instructions) ☐☐ 1 Taxpayer ☐ 2 Spouse

Employer Identification Number \_\_\_\_\_

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

Date operations began:

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

Number of employees \_\_\_\_\_

Merchant's Registration Number \_\_\_\_\_

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

Location of Farming Business - Number, Street and City \_\_\_\_\_

Case or Concession Number \_\_\_\_\_

Nature of business:

NAICS \_\_\_\_\_

Percentage \_\_\_\_\_ %

Accounting Method: ☐ 1 Cash ☐ 2 Accrual

Industrial Code \_\_\_\_\_

Municipal Code \_\_\_\_\_

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.

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 Farming 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: 2023 _____ 2024 _____ 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 \$ _____) Dept. of the Treasury's Int. Prog. (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 No. _____)	(28)	00	00
29. Planting insurance	(29)	00	00
30. Subtotal (Add lines 18 through 29)	(30)	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)

31. Automobile expenses (Mileage _____) (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(31)	00	00
32. Other motor vehicle expenses (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(32)	00	00
33. Repairs and maintenance	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(33)	00	00
34. Travel expenses (Total expenses \$ _____)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(34)	00	00
35. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(35)	00	00
36. Materials and office supplies	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(36)	00	00
37. Materials directly used in farming	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(37)	00	00
38. Stamps, vouchers and fees	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(38)	00	00
39. Postage and shipping charges	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(39)	00	00
40. Uniforms	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(40)	00	00
41. Parking and toll	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(41)	00	00
42. Office expenses	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(42)	00	00
43. Bank fees	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(43)	00	00
44. Bad debts	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(44)	00	00
45. Other expenses (Complete Part VII)	AUP <input type="checkbox"/> DDC <input type="checkbox"/>	(45)	00	00
46. Subtotal (Add lines 31 through 45)		(46)	00	00
47. Total (Add lines 17, 30 and 46)		(47)	00	00

Retention Period: Ten (10) years

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.	<b>Less:</b> Exempt amount % of line 1 or \$ (See instructions).....	(2)		00		00	
3.	Adjusted net income (Subtract line 2 from line 1).....	(3)		00			
4.	<b>Less:</b> Net operating loss accumulated up to taxable year 2019 (From Part VIII, line 9. Do not exceed 90% of line 3).....	(4)		00			
5.	Net income after the accumulated loss up to taxable year 2019 (Subtract line 4 from line 3).....	(5)		00			
6.	<b>Less:</b> Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VIII, line 10).....	(6)		00			
7.	Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5).....	(7)		00			
8.	<b>Less:</b> Net operating loss accumulated after taxable year 2020 (From Part VIII, line 14. Do not exceed 90% of line 3).....	(8)		00			
9.	Gain (or loss) (Subtract line 8 from line 7) (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).....	(9)		00			00

Part V		Cost of Goods Sold	
1.	Beginning inventory.....	(1)	00
2.	<b>Plus:</b> 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.	<b>Less:</b> 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: (a) Schedule E No. \$.....	(15)	00
	(b) Schedule E1 No. \$.....	(16)	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)
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.	00	00	00	00	
7.	00	00	00	00	
8.	00	00	00	00	
9.	Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Part IV, line 4)..... (9)	00	00	00	
10.	Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions)..... (10)	00	00	00	
11.	00	00	00	00	
12.	00	00	00	00	
13.	00	00	00	00	
14.	Subtotal of losses accumulated after taxable year 2020 (Add lines 11 through 13 and transfer to Part IV, line 8)..... (14)	00	00	00	
15.	Total (Add lines 9, 10 and 14)..... (15)	00	00	00	

## Schedule M Individual

Rev. Jul 12 24



## INCOME FROM SERVICES RENDERED

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

2024

Taxpayer's name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Schedule M No. \_\_\_\_\_

## Part I Questionnaire

(You must fill out one schedule for each source of income) ☐ 1 Taxpayer ☐ 2 Spouse

Employer Identification Number \_\_\_\_\_

Fill in here if it is a Disregarded Entity (See instructions) ☐Fill in here if this is your principal industry or business ☐ Date operations began: \_\_\_\_\_ Number of employees \_\_\_\_\_  
Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Merchant's Registration Number \_\_\_\_\_

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

Location of Principal Office - Number, Street and City \_\_\_\_\_

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

Nature of service: \_\_\_\_\_ NAICS \_\_\_\_\_ Percentage \_\_\_\_\_ %

Accounting Method: ☐ 1 Cash ☐ 2 AccrualOptional Tax: ☐ Yes ☐ No

Industrial Code \_\_\_\_\_

Municipal Code \_\_\_\_\_

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. \_\_\_\_\_

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="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2 vessels	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3 airships	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4 Residential property outside of Puerto Rico	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

## Part II Income from Services

Regular Tax

Alternate Basic Tax

1. Income	(1)	00	00
2. Less: Exempt amount under Act 135-2014 <input type="radio"/> 1 Up to \$40,000 <input type="radio"/> 2 Up to \$500,000 (See instructions)	(2)	00	00
3. Income after the exemption under Act 135-2014 (Subtract line 2 from line 1, if applicable. Otherwise, enter the amount of line 1)	(3)	00	00
4. Income earned through pass-through entities	(4)	00	00
5. Income for the current year (Add lines 3 and 4)	(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 \$ _____) Dept. of the Treasury's Int. Prog. (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. Subcontracted services	(5)	00	00
6. Lease, rent and fees paid (See instructions) (Personal \$ _____) (Real \$ _____)	(6)	00	00
7. Insurance premiums (Except contributions to health or accident plans) (See instructions)	(7)	00	00
8. Telecommunication services	(8)	00	00
9. Internet and cable or satellite television services	(9)	00	00
10. Bundles (See instructions)	(10)	00	00
11. Advertising	(11)	00	00
12. Royalties	(12)	00	00
13. Payments for virtual and technology tools and other subscriptions	(13)	00	00
14. Professional associations fees and dues paid for the benefit of employees	(14)	00	00
15. Homeowners association fees	(15)	00	00
16. Payments for judicial or extrajudicial indemnification	(16)	00	00
17. Certain other expenses (See instructions)	(17)	00	00
18. Subtotal (Add lines 1 through 17)	(18)	00	00

## B. Deductions not reported in an informative return:

19. Interests on business debts: Mortgages \$ _____ Automobile leases \$ _____ and Others \$ _____	(19)	00	00
20. Taxes, patents and licenses:			
a) Property tax (Personal \$ _____) (Real \$ _____)	(20a)	00	00
b) Other taxes: Patents \$ _____ Licenses \$ _____ and Others \$ _____	(20b)	00	00
c) State Insurance Fund Policy	(20c)	00	00
d) Sales and use tax	(20d)	00	00
e) Special contribution for professional and advisory services under Act 48-2013, as amended	(20e)	00	00
21. Depreciation and amortization (Submit Schedule E No. _____)	(21)	00	00
22. Depreciation for businesses with volume of \$3,000,000 or less (Submit Schedule E1 No. _____)	(22)	00	00
23. Electric power	(23)	00	00
24. Water and sewage	(24)	00	00
25. Contributions to health or accident plans	(25)	00	00
26. Social security tax (FICA)	(26)	00	00
27. Unemployment tax	(27)	00	00
28. Federal self-employment tax (See instructions)	(28)	00	00
29. Contributions to qualified pension plans (See instructions. Submit Form AS 6042.1 No. _____)	(29)	00	00
30. Subtotal (Add lines 19 through 29)	(30)	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)

31. Automobile expenses (Mileage _____) (See instructions)	AUP <input type="radio"/> DDC <input type="radio"/>	(31)	00	00
32. Other motor vehicle expenses (See instructions)	AUP <input type="radio"/> DDC <input type="radio"/>	(32)	00	00
33. Repairs and maintenance	AUP <input type="radio"/> DDC <input type="radio"/>	(33)	00	00
34. Travel expenses (Total expenses \$ _____) (See instructions)	AUP <input type="radio"/> DDC <input type="radio"/>	(34)	00	00
35. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	AUP <input type="radio"/> DDC <input type="radio"/>	(35)	00	00
36. Materials and office supplies	AUP <input type="radio"/> DDC <input type="radio"/>	(36)	00	00
37. Materials directly used in services rendered	AUP <input type="radio"/> DDC <input type="radio"/>	(37)	00	00
38. Stamps, vouchers and fees	AUP <input type="radio"/> DDC <input type="radio"/>	(38)	00	00
39. Postage and shipping charges	AUP <input type="radio"/> DDC <input type="radio"/>	(39)	00	00
40. Uniforms	AUP <input type="radio"/> DDC <input type="radio"/>	(40)	00	00
41. Parking and toll	AUP <input type="radio"/> DDC <input type="radio"/>	(41)	00	00
42. Office expenses	AUP <input type="radio"/> DDC <input type="radio"/>	(42)	00	00
43. Bank fees	AUP <input type="radio"/> DDC <input type="radio"/>	(43)	00	00
44. Bad debts	AUP <input type="radio"/> DDC <input type="radio"/>	(44)	00	00
45. Other expenses (Complete Part V)	AUP <input type="radio"/> DDC <input type="radio"/>	(45)	00	00
46. Subtotal (Add lines 31 through 45)		(46)	00	00
47. Total (Add lines 18, 30 and 46)		(47)	00	00

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.	<b>Less:</b> Exempt amount % of line 1 or \$ (See instructions) .....	(2)		00		00	
3.	Adjusted net income (Subtract line 2 from line 1).....	(3)		00			
4.	<b>Less:</b> Net operating loss accumulated up to taxable year 2019 (From Part VI, line 9. Do not exceed 90% of line 3) .....	(4)		00			
5.	Net income after the accumulated loss up to taxable year 2019 (Subtract line 4 from line 3) .....	(5)		00			
6.	<b>Less:</b> Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VI, line 10) .....	(6)		00			
7.	Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5) .....	(7)		00			
8.	<b>Less:</b> Net operating loss accumulated after taxable year 2020 (From Part VI, line 14. Do not exceed 90% of line 3) .....	(8)		00			
9.	Gain (or loss) (Subtract line 8 from line 7) (If it is a gain, transfer the total to page 2, Part 1, line 2S of the return or Part I, line 3S, Column B or C of Schedule CO Individual, as applicable. If it is a loss, see instructions. On the other hand, if it is a gain taxable at a reduced rate under an Incentives Act, transfer the total to the corresponding Column of line 4(i) of Schedule A2 Individual, according to the tax rate applicable to such gain) .....	(9)		00			00

Part V		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 VI						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)		
1.	00	00	00	00	00		
2.	00	00	00	00	00		
3.	00	00	00	00	00		
4.	00	00	00	00	00		
5.	00	00	00	00	00		
6.	00	00	00	00	00		
7.	00	00	00	00	00		
8.	00	00	00	00	00		
9. <b>Subtotal</b> of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Part IV, line 4) .....	(9) 00	00	00	00	00		
10. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) .....	(10) 00	00	00	00	00		
11.	00	00	00	00	00		
12.	00	00	00	00	00		
13.	00	00	00	00	00		
14. <b>Subtotal</b> of losses accumulated after taxable year 2020 (Add lines 11 through 13 and transfer to Part IV, line 8) .....	(14) 00	00	00	00	00		
15. <b>Total</b> (Add lines 9, 10 and 14) .....	(15) 00	00	00	00	00		

Retention Period: Ten (10) years



## Schedule N Individual

Rev. Jul 12 24



## RENTAL INCOME

2024

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) ☐

Employer Identification Number \_\_\_\_\_

Fill in here if this is your  
principal industry or  
business ☐Date operations began:  
Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Number of employees \_\_\_\_\_

☐ 1 Taxpayer  
☐ 2 Spouse

Merchant's Registration Number \_\_\_\_\_

Location of rented property - Number, Street and City \_\_\_\_\_

Property

(Fill in one):

☐ 1 Residential  
☐ 2 Commercial

Accounting Method:

☐ 1 Cash  
☐ 2 AccrualFill 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. \_\_\_\_\_

Fully Taxable ☐

Fully Exempt:

Act 132-2010 ☐Section 1031.02(a)(35)(F) of the Code.. ☐

Tax Incentives under:

Act No. 52 of 1983 ☐Act 78-1993 ☐Act 74-2010 ☐Act 83-2010 ☐Act 1-2013 ☐Act 135-2014 ☐Act 60-2019: Section ☐Other: ☐

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)

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 Rental Income**

Regular Tax

Alternate Basic Tax

1. Income	(1)	00	00
2. Less: <input type="checkbox"/> 1 Exempt amount under Act 135-2014 up to \$500,000: \$			
<input type="checkbox"/> 2 Exempt amount under Act 132-2010: \$	(2)	00	00
3. Income for the current year (Subtract line 2 from line 1)	(3)	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 \$ _____) Dept. of the Treasury's Int. Prog. (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. Interest 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. Subtotal (Add lines 18 through 26)	(27)	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)**

28. Automobile expenses (Mileage _____) (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (28)	00	00
29. Other motor vehicle expenses (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (29)	00	00
30. Repairs and maintenance	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (30)	00	00
31. Travel expenses (Total expenses \$ _____)	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (31)	00	00
32. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (32)	00	00
33. Materials and office supplies	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (33)	00	00
34. Materials directly used in the rental business	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (34)	00	00
35. Stamps, vouchers and fees	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (35)	00	00
36. Postage and shipping charges	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (36)	00	00
37. Uniforms	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (37)	00	00
38. Parking and toll	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (38)	00	00
39. Office expenses	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (39)	00	00
40. Bank fees	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (40)	00	00
41. Bad debts	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (41)	00	00
42. Other expenses (Complete Part V)	AUP <input type="checkbox"/> DDC <input type="checkbox"/> (42)	00	00
43. Subtotal (Add lines 28 through 42)		00	00
44. Total (Add lines 17, 27 and 43)		00	00

Part IV Determination of Gain or Loss		Regular Tax	Alternate Basic Tax
1. Net income for the current year (Subtract line 44, Part III from line 3, Part II).....	(1)	00	00
2. <b>Less:</b> Exempt amount % of line 1 or \$ (See instructions).....	(2)	00	00
3. Adjusted net income (Subtract line 2 from line 1).....	(3)	00	
4. <b>Less:</b> Net operating loss accumulated up to taxable year 2019 (From Part VI, line 9. Do not exceed 90% of line 3).....	(4)	00	
5. Net income after the accumulated loss up to taxable year 2019 (Subtract line 4 from line 3).....	(5)	00	
6. <b>Less:</b> Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VI, line 10).....	(6)	00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5).....	(7)	00	
8. <b>Less:</b> Net operating loss accumulated after taxable year 2020 (From Part VI, line 14. Do not exceed 90% of line 3).....	(8)	00	
9. Gain (or loss) (Subtract line 8 from line 7) (If it is a gain, transfer the total to page 2, Part 1, line 2T of the return or Part I, line 3T, 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).....	(9)	00	00

Part V 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 42).....	(6)	00	00

Part VI 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)
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.	00	00	00	00	
7.	00	00	00	00	
8.	00	00	00	00	
9. <b>Subtotal</b> of accumulated losses up to taxable year 2019 (Add lines 1 through 8 and transfer to Part IV, line 4)..... (9)	00	00	00	00	
10. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions)..... (10)	00	00	00	00	
11.	00	00	00	00	
12.	00	00	00	00	
13.	00	00	00	00	
14. <b>Subtotal</b> of losses accumulated after taxable year 2020 (Add lines 11 through 13 and transfer to Part IV, line 8)..... (14)	00	00	00	00	
15. <b>Total</b> (Add lines 9, 10 and 14)..... (15)	00	00	00	00	

Retention Period: Ten (10) years



## Schedule O Individual

Rev. Jul 12 24



## ALTERNATE BASIC TAX

2024

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 9, Column of Alternate Basic Tax) .....	(1)	00
2. Gain (or loss) from the sale of goods business (Schedule K Individual, Part IV, line 9, Column of Alternate Basic Tax) .....	(2)	00
3. Gain (or loss) from farming business (Schedule L Individual, Part IV, line 9, Column of Alternate Basic Tax) .....	(3)	00
4. Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 9, Column of Alternate Basic Tax) .....	(4)	00
5. Gain (or loss) from rental business (Schedule N Individual, Part IV, line 9, 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, Column B or C of Schedule CO Individual, as applicable) .....	(6)	00
7. Plus: Deductions granted under special acts not contemplated under Section 1033.15 of the Code (See instructions) .....	(7)	00
8. Plus (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. Plus (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. Plus: 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. <b>Excess of Net Alternate Basic Tax over Net Regular Tax</b> (Subtract line 3 from line 6. If line 3 is more than line 6, <b>enter zero and complete Part III of this Schedule</b> . 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

Retention Period: Ten (10) years

Schedule P Individual

Rev. Jul 12 24



GRADUAL ADJUSTMENT

2024

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

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)
2. Maximum amount of taxable net income to determine the gradual adjustment ..... (2)
3. Subtract line 2 from line 1 (If it is less than zero, enter zero and do not continue with the schedule) ..... (3)
4. 5% of line 3 ..... (4)
5. Limit:
- (a) Basis to determine the adjustment limit ..... (5a)
- (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)
6. Total limit (Add lines 5(a) and 5(b)) ..... (6)
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
500,000	00
	00
	00
8,895	00
	00
	00
	00

Retention Period: Ten (10) years

## Schedule R Individual

Rev. Jul 12 24

PASS-THROUGH ENTITIES  
(RECONCILIATION)

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

2024

Taxpayer's name

Fill in one:

☐ 1 Taxpayer☐ 2 Spouse☐ 3 Both

Social Security Number

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 4 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. Jul 12 24



## PASS-THROUGH ENTITIES

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

2024

Taxpayer's name \_\_\_\_\_

Schedule R1 Individual No. \_\_\_\_\_

☐ 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 Entities

	Column A	Column B	Column C
A. Type of form (See instructions).....	1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1	1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1	1 <input type="radio"/> 480.60 EC 2 <input type="radio"/> K-1
B. Type of taxable year .....	3 <input type="radio"/> 480.60 F 4 <input type="radio"/> Disregarded	3 <input type="radio"/> 480.60 F 4 <input type="radio"/> Disregarded	3 <input type="radio"/> 480.60 F 4 <input type="radio"/> Disregarded
C. Did the entity choose the optional tax of Section 1071.10 or 1115.11 of the Code? (See instructions) .....	1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal	1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal	1 <input type="radio"/> Calendar 2 <input type="radio"/> Fiscal
D. Name of entity .....	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
E. Employer identification number .....			
F. Control number of Form 480.60 EC or 480.60 F (Does not apply to Federal Schedule K-1) .....			
G. Electronic filing confirmation number of Form 480.60 EC or 480.60 F (Does not apply to Federal Schedule K-1) .....			
H. Distributable share on gross income from services rendered of the entity (See instructions) .....			
I. Distributable share on gross income from services rendered of subsidiary pass-through entities (See instructions) .....			
J. Distributable share in the gross income of the entity (Excluding that related to the services rendered. See instructions) .....			
K. Distributable share in the gross income of subsidiary pass-through entities (Excluding that related to the services rendered. See inst.) .....			
1. Adjusted basis at the end of the previous taxable year .....	(1) 00	00	00
2. Basis increase:			
(a) Owner's distributable share on income and profits from current year (See instructions) .....	(2a) 00	00	00
(b) Contributions made during the year .....	(2b) 00	00	00
(c) Entity's capital assets gain .....	(2c) 00	00	00
(d) Exempt income .....	(2d) 00	00	00
(e) Other income or gains reported in other schedules of this return (See instructions) .....	(2e) 00	00	00
(f) Other increases (Submit detail) .....	(2f) 00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f)) .....	(2g) 00	00	00
3. Basis decrease:			
(a) Owner's distributable share on entity's loss used in previous year .....	(3a) 00	00	00
(b) Entity's capital assets loss .....	(3b) 00	00	00
(c) Distributions during the year .....	(3c) 00	00	00
(d) Credits claimed in the preceding year (See instructions) .....	(3d) 00	00	00
(e) Withholding at source during the year .....	(3e) 00	00	00
(f) Non admissible expenses for the year .....	(3f) 00	00	00
(g) Distributable share on losses from exempt operations during the year .....	(3g) 00	00	00
(h) Contributions .....	(3h) 00	00	00
(i) Owner's debts assumed and guaranteed by the entity .....	(3i) 00	00	00
(j) Other decreases (Submit detail) .....	(3j) 00	00	00
(k) Total basis decrease (Add lines 3(a) through 3(j)) .....	(3k) 00	00	00
4. <b>Adjusted Basis</b> (Subtract line 3(k) from the sum of lines 1 and 2(g). Transfer this amount to line 6(a)) .....	(4) 00	00	00

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

5. (a) Owner's distributable share on entity's loss for the year .....	(5a) 00	00	00
(b) Distributable share on the loss of a pass-through entity owned by the entity or trust .....	(5b) 00	00	00
(c) Loss carryover from previous years (See instructions) .....	(5c) 00	00	00
(d) Total losses (Add lines 5(a) through 5(c)) .....	(5d) 00	00	00
6. (a) <b>Adjusted Basis</b> (Part I, line 4) .....	(6a) 00	00	00
(b) Entity's debts under Tourism Incentives Act or Tourism Development Act attributable to the owner .....	(6b) 00	00	00
(c) Entity's current debts assumed and guaranteed by the owner .....	(6c) 00	00	00
(d) Total owner's adjusted basis (Add lines 6(a) through 6(c)) .....	(6d) 00	00	00
7. (a) Distributable share on entity's net income for the year (See instructions) .....	(7a) 00	00	00
(b) Distributable share in the gain of a pass-through entity owned by the entity or trust .....	(7b) 00	00	00
(c) Total income received (Add lines 7(a) and 7(b)) .....	(7c) 00	00	00
8. Available losses (The smaller of lines 5(d) or 6(d)) .....	(8) 00	00	00
9. Total income (Add the income determined on line 7(c), Columns A through C. Transfer to Schedule R Individual, Part II, line 1) .....	(9) 00		00
10. Total losses (Add the losses determined on line 8, Columns A through C. Transfer to Schedule R Individual, Part II, line 2) .....	(10) 00		00

## Schedule T Individual

Rev. Jul 12 24

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

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

2024

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	
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	
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	

## 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 3, Part 3, line 30 of the return) .....	(21)				00

Retention Period: Ten (10) years

## Schedule U

Rev. 07.24



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

For the taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

20\_\_

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**

1. Net income of the nonresident alien individual or foreign corporation or partnership (See instructions) .....	(1)		00
2. Royalties (See instructions) .....	(2)		00
3. Dividends (See instructions) .....	(3)		00
4. Net operating losses (See instructions) .....	(4)		00
5. Total adjustments (Add lines 2 through 4) .....	(5)		00
6. <b>Net income of the nonresident alien individual or foreign corporation or partnership</b> (Subtract line 5 from line 1) .....	(6)		00

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

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

**Part III Determination of the Property Factor**

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

**Part IV Determination of the Payroll Factor**

1. Total compensation paid or accrued in Puerto Rico during the taxable year .....	(1)		00
2. Total compensation paid or accrued everywhere during the taxable year .....	(2)		00
3. <b>Payroll Factor</b> (Divide line 1 by line 2. Transfer to Part II, line 3) .....	(3)		%

**Part V Determination of the Sales Factor**

1. Total sales in Puerto Rico during the taxable year .....	(1)		00
2. Total sales everywhere during the taxable year .....	(2)		00
3. <b>Sales Factor</b> (Divide line 1 by line 2. Transfer to Part II, line 4) .....	(3)		%

**Part VI Determination of the Purchases Factor**

1. Total purchases in Puerto Rico during the taxable year .....	(1)		00
2. Total purchases everywhere during the taxable year .....	(2)		00
3. <b>Purchases Factor</b> (Divide line 1 by line 2. Transfer to Part II, line 5) .....	(3)		%

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

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

Retention Period: Ten (10) years



## Schedule X Individual

Rev. Sep 30 24

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

2024

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

Taxpayer's name

Social Security Number

Spouse's name

Spouse's Social Security Number

Fill in one:

☐ 1 Taxpayer☐ 3 Both☐ 2 Spouse

Optional tax election (Section 1021.06 of the Code):

☐ 1 Partial Waiver - 6% (CC RI 19-16)☐ 2 With Return

Merchant's Registration Number

**Part I** Determination of Eligibility to Pay the Optional Tax

## 1. Determination of the gross income from services rendered:

A) Gross income from services rendered (Line 1, Part II of Schedule M Individual).....	(1A)	00
B) Income earned through pass-through entities (Line 4, Part II of Schedule M Individual).....	(1B)	00
C) Gross income related to services rendered by pass-through entities (Line 5, Part I of Schedule R Individual. See instructions).....	(1C)	00
D) Total gross income from services rendered (Add lines 1A through 1C).....	(1D)	00

## 2. Other income:

A) Gross income from the income items reported in Part I, page 2 of the return or Part I of Schedule CO Individual, as applicable (See instructions).....	(2A)	00
B) Other gross income reported by a pass-through entity (Line 10, Part I of Schedule R Individual. See instructions).....	(2B)	00
C) Other exempt income (Schedule IE Individual, Part II, subtract line 10 from line 45, first Column).....	(2C)	00

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

(i) Income derived by young people from wages, services rendered or self-employment with special agreement under Act 135-2014 (Sum of lines 31B through 31F, Part II of Schedule IE Individual).....	(2Ci)	00
(ii) Income from residential rent under Act 132-2010 (Line 38, Part II of Schedule IE Individual).....	(2Cii)	00
(iii) Exempt amount from manufacturing income (Line 39, Part II of Schedule IE Individual).....	(2Ciii)	00
(iv) Exempt amount on income from the sale of goods (Line 40, Part II of Schedule IE Individual).....	(2Civ)	00
(v) Exempt amount from farming income (Line 41, Part II of Schedule IE Individual).....	(2Cv)	00
(vi) Exempt amount on income from services rendered (Line 42, Part II of Schedule IE Individual).....	(2Cvi)	00
(vii) Exempt amount from rental income (Line 43, Part II of Schedule IE Individual).....	(2Cvii)	00
(viii) Exempt interests upon deposits in Puerto Rico interest bearing accounts up to \$100 (Line 2D, Part II of Schedule IE Individual).....	(2Cviii)	00

D) Total adjustments for exempt amounts (Add lines 2Ci through 2Cviii).....	(2D)	00
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E) Total other income (Subtract line 2D from the sum of lines 2A through 2C).....	(2E)	00
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3. Total gross income received during the year (Add lines 1D and 2E).....	(3)	00
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4. Percentage of income from services rendered on gross income received (Enter the result rounded to two decimal places. See instructions).....	(4)	%
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- If it is less than 80%, you are not eligible to choose the optional tax. Do not complete the rest of this schedule and determine your tax liability on page 3 of the return or Schedule CO Individual, as applicable.
- If it is 80% or more and you elect the optional tax, continue with Part II and determine the gross income subject to the optional tax.

**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).....	(1)	00
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2. <b>Less:</b> Exempt income (Line 45, Part II of Schedule IE Individual).....	(2)	00
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3. Income Subject to Optional Tax (Subtract line 2 from line 1 of this Part II).....	(3)	00
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## 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%.

<b>This is your Optional Tax</b> .....	(4)	00
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5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions).....	(5)	00
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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).....	(6)	00
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