

Liquidator	Reviewer	2025	GOVERNMENT OF PUERTORICO DEPARTMENT OF THE TREASURY	2025	Control Number
		INDIVIDUAL INCOME TAX RETURN			
		FOR CALENDAR YEAR 2025 OR TAXABLE YEAR BEGINNING ON _____			
		AND ENDING ON _____			

<input type="checkbox"/> AMENDED RETURN	<input type="checkbox"/> DECEASED DURING THE YEAR: _____ / _____ / _____ Day / Month / Year	<input type="checkbox"/> TAXPAYER	<input type="checkbox"/> SPOUSE		
<input type="checkbox"/> 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 _____)				Receipt Stamp	

Taxpayer's First Name	Initial	Last Name	Second Last Name	Taxpayer's Social Security Number	
Postal Address				Date of Birth	Gender <input type="radio"/> M <input type="radio"/> F
Zip Code				Spouse's Social Security Number	
Spouse's First Name				Spouse's Date of Birth	
Initial				Gender <input type="radio"/> M <input type="radio"/> F	
Last Name				Spouse's Date of Birth	
Second Last Name				Home Telephone () -	
Home Address (Town or Urbanization, Number, Street)				Work Telephone () -	
Zip Code				Your occupation _____	
E-Mail Address				Spouse's occupation _____	

<p>YES NO</p> <p>A. <input type="radio"/> <input type="radio"/> United States Citizen? (See instructions)</p> <p>B. <input type="radio"/> <input type="radio"/> Resident of Puerto Rico during the entire year? If you answered "No", indicate the corresponding information: 1. <input type="radio"/> Date moved to P.R. (Day / Month / Year _____)</p>	<p>G. HIGHEST SOURCE OF INCOME:</p> <p>1. <input type="radio"/> Government, Municipalities or Public Corporations Employee</p> <p>2. <input type="radio"/> Federal Government Employee</p> <p>3. <input type="radio"/> Private Business Employee</p> <p>4. <input type="radio"/> Retired/Pensioner</p> <p>5. <input type="radio"/> Self-Employed (Indicate principal industry or business above)</p> <p>6. <input type="radio"/> Other _____</p>
<p>C. <input type="radio"/> <input type="radio"/> 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. <input type="radio"/> Attributable to the taxpayer \$ _____</p> <p>D. <input type="radio"/> <input type="radio"/> Change of address?</p> <p>E. <input type="radio"/> <input type="radio"/> Did you request an extension of time?</p> <p>F. <input type="radio"/> <input type="radio"/> Did you have a contract with the Government? 1. <input type="radio"/> Taxpayer 2. <input type="radio"/> Spouse</p>	<p>H. FILING STATUS AT THE END OF THE TAXABLE YEAR:</p> <p>1. <input type="radio"/> Married (Fill in here <input type="checkbox"/> if you choose the optional computation and go to Schedule CO Individual)</p> <p>2. <input type="radio"/> Individual taxpayer (Fill in and submit spouse's name and social security number if you are: <input type="checkbox"/> Married with a complete separation of property prenuptial agreement <input type="checkbox"/> Married not living with spouse)</p> <p>3. <input type="radio"/> Married filing separately (Submit spouse's name and social security number above)</p>

DETERMINE YOUR REFUND OR PAYMENT ON PAGE 3.

Refund	1. AMOUNT OVERPAID (Part 3, line 31. Indicate distribution on lines A, B, C and D)	(1)		00
	A) To be credited to estimated tax for 2026	(1A)		00
	B) Contribution to the San Juan Bay Estuary Special Fund	(1B)		00
	C) Contribution to the University of Puerto Rico Special Fund	(1C)		00
	D) TO BE REFUNDED (If you want your refund to be deposited directly into an account, complete the Deposit Part)	(1D)		00
Payment	2. AMOUNT OF TAX DUE (Part 3, line 31)	(2)		00
	3. Less: Amount paid (a) With Return or Electronic Transfer through a Certified Program	(3a)		00
	(b) Interests	(3b)	00	
	(c) Surcharges _____ and Penalties	(3c)	00	
	4. BALANCE OF TAX DUE (Subtract line 3(a) from line 2 and add lines 3(b) and 3(c))	(4)		00

Deposit	AUTHORIZATION FOR DIRECT DEPOSIT OF REFUND		
Type of account	Routing/transit number	Account number	
<input type="checkbox"/> Checking <input type="checkbox"/> 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, 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) <input type="checkbox"/>	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.

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

Table with 3 columns: Description, A-Income Tax Withheld, B-Wages, Commissions, Allowances and Tips. Rows include (i) Total of withholding statements with this return, (ii) Total of withholding statements with this return under a qualified physician decree, and (iii) Total.

C- Wages reported on a Federal W-2 Form

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

Income Tax Withheld

Federal Wages

Table with 4 columns: Description, Exempt Wages, Income Tax Withheld, Federal Wages. Rows include (i) Total of W-2 Forms with this return and (ii) Total of W-2 Forms with this return under a qualified physician decree.

2. Other Income (or Losses):

Table with 2 columns: Description, Amount. Rows include A) Total distributions from qualified retirement plans, B) Gain (or loss) from sale or exchange of capital assets, C) Interests, D) Dividends from corporations, E) Distributions from Governmental Plans, F) Distributions from Individual Retirement Accounts, G) Other income, H) Income from annuities and pensions, I) Dividends from Capital Investment or Tourism Fund, J) Net long-term capital gain on Investment Funds, K) Distributable share on profits from pass-through entities, L) Distributions from deferred compensation plans, M) Income from salaries, wages, compensations or public shows received by a nonresident individual, N) Alimony received, O) Distributions due to a disaster declared by the Governor of Puerto Rico, P) Gain (or loss) from manufacturing business, Q) Gain (or loss) from the sale of goods, R) Gain (or loss) from farming, S) Gain (or loss) from services rendered, T) Gain (or loss) from rental business, 3. Total Income, 4. Alimony Paid, 5. Adjusted Gross Income.

Part 1

Part 2

Table with 2 columns: Description, Amount. Rows include 6. Total Deductions, 7. Personal Exemption, 8. Exemption for Dependents (with sub-rows A, B, C), 9. Additional Personal Exemption for Veterans, 10. Total Deductions and Exemptions, 11. Net income before the deduction for Private Equity investment, 12. Allowable deduction for Private Equity investment, 13. NET TAXABLE INCOME.

Part 3	14. TAX: <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)	(14)	00	
	15. Gradual Adjustment Amount (Determine adjustment if the amount indicated on line 13 or Schedule A2 Ind., line 11 is more than \$500,000) (Schedule P Ind., line 7) ...	(15)	00	
	16. Total Normal Tax (Add lines 14 and 15)	(16)	00	
	17. REGULAR TAX BEFORE THE CREDIT (Multiply line 16 by <input type="radio"/> 1 95% or <input type="radio"/> 2 92%) (See instructions)	(17)	00	
	18. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions)	(18)	00	
	19. NET REGULAR TAX (Subtract line 18 from line 17)	(19)	00	
	20. Excess of Net Alternate Basic Tax over Net Regular Tax (Schedule O Individual, Part II, line 7) (See instructions)	(20)	00	
	21. Credit for alternate basic tax (Schedule O Individual, Part III, line 4)	(21)	00	
	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)	00	
	23. Optional Tax (Schedule X Individual, Part II, line 6)	(23)	00	
	24. Recapture of credit claimed in excess (Schedule B Individual, Part I, line 3)	(24)	00	
	25. Tax credits (Schedule B Individual, Part II, line 28)	(25)	00	
	26. TAX LIABILITY (Subtract line 25 from the sum of lines 22, 23 and 24. If it is less than zero, enter zero)	(26)	00	
	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)	00	
	B) Other payments and withholdings (Schedule B Individual, Part III, line 22)	(27B)	00	
	C) Employment credit (See instructions)	(27C)	00	
	D) Reimbursable credits from the Federal Government (See instructions)	(27D)	00	
	E) Amount paid with automatic extension of time	(27E)	00	
	F) Total Tax Withheld, Paid and Reimbursable Credits (Add lines 27A through 27E)	(27F)	00	
	28. AMOUNT OF TAX DUE (If line 27F is less than line 26, enter the difference here, otherwise, enter on line 29)	(28)	00	
	29. Excess of Tax Withheld, Paid and Reimbursable Credits	(29)	00	
	30. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Individual, Part II, line 21)	(30)	00	
	31. BALANCE: • If line 29 is more than the sum of lines 28 and 30, you have an overpayment. Enter the difference here and on line 1 of page 1. • If line 29 is less than the sum of lines 28 and 30, you have a balance of tax due. Enter the difference here and on line 2 of page 1. • If the difference between line 29 and the sum of lines 28 and 30 is equal to zero, enter zero here and sign your return on page 1. (31)		00	

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)	YES	NO
	2. Other excluded or tax exempt income? (Submit Schedule IE Individual)	(2)		
	3. Resident individual investor? (Submit Schedule F1 Individual)	(3)		
	(a) <input type="radio"/> Taxpayer (Decree No. _____)			
	(b) <input type="radio"/> 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) <input type="radio"/> Taxpayer (Decree No. _____)			
	(b) <input type="radio"/> 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) <input type="radio"/> Taxpayer				
(b) <input type="radio"/> Spouse				
10. Do you include audited financial statements, as established in Section 1061.15 of the Code? (See instructions)	(10)			
CPA Association Stamp Number _____				
(a) Do you include Schedule PCI - Uncertain Tax Positions?	(10a)			

Schedule A Individual

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DEDUCTIONS APPLICABLE TO INDIVIDUAL TAXPAYERS

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

2025

Taxpayer's name

Social Security Number

Part I Deductions Applicable to Individual Taxpayers (See instructions)

1. Home mortgage interests:

Table with columns: Type of Property, Address, Country/State, Zip Code, Total Forms 480.7A, 1098 and Others, (A) Amount 480.7A, (B) Amount 1098 and Others. Rows include Principal residence, Second residence, Section 1033.15(a)(1)(F) Borrower's Soc. Sec. No., Joint Borrower's Soc. Sec. No., Loan Origination Fees (Points) Paid Directly by Borrower, Loan Discounts (Points) Paid Directly by Borrower, Subtotal home mortgage interests paid, Total home mortgage interests paid, Limit, and Allowable deduction for mortgage interests.

- 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 the limit provided in Section 1033.15 of the Code) (See instructions):

Table with columns: Financial institution, Account No., Employer Identification No., Contribution (A - Taxpayer, B - Spouse)

- 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.):

Table with columns: A - Taxpayer, B - Spouse. Rows for Total individual contributions and Total contributions.

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

Table with columns: Financial institution, Account No., Employer Identification No., Amount (A - Taxpayer, B - Spouse)

- 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)

Table with columns: A - Taxpayer, B - Spouse

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)

Table with columns: A - Taxpayer, B - Spouse

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)
2. Total gross income earned during the period of nonresidence in Puerto Rico (Question C on page 1 of the return)
3. Total Gross Income (Add lines 1 and 2)
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)
5. Total deductions applicable to individual taxpayers (Part I, line 11)
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)

Schedule A1 Individual

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

2025

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

Schedule A1 No. _____

Taxpayer's name _____

Social Security Number _____

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

IMPORTANT INFORMATION

- Do not include the spouse on this schedule. A married individual who lives with his/her spouse for tax purposes, should not include the spouse as part of the dependents.
- Submit this Schedule with your return in order to consider the exemption for dependents.
- Fill in the oval for Joint Custody/Married Filing Separately if the exemption for dependent is claimed under the joint custody rule or taxpayers filing under the personal status of Married filing separately. In both cases, the exemption will be \$1,250 for each taxpayer.

	First Name, Initial	Last Name	Second Last Name	Joint Custody/ Married Filing Separately	Eligible * for Earned Income 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.

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	Type of Account	Contributed Amount (See instructions)
		Financial institution		Account number		Employer Identification Number	<input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	<input type="radio"/> 1 Educational Contribution <input type="radio"/> 2 My Future	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 (See instructions) 00
		Financial institution		Account number		Employer Identification Number			
(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 (See instructions) 00
		Financial institution		Account number		Employer Identification Number			
(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 (See instructions) 00
		Financial institution		Account number		Employer Identification Number			
(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 (See instructions) 00
		Financial institution		Account number		Employer Identification Number			
(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 (See instructions) 00
		Financial institution		Account number		Employer Identification Number			
(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 (See instructions) 00
		Financial institution		Account number		Employer Identification Number			
(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 (See instructions) 00
		Financial institution		Account number		Employer Identification Number			
(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 (See instructions) 00
		Financial institution		Account number		Employer Identification Number			
(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 (See instructions) 00
		Financial institution		Account number		Employer Identification Number			
(11)	Total contributions (Add lines (1) through (10) and transfer to Schedule A Individual, Part I, line 8, as applicable)								
	Retention Period: Ten (10) years (11)								

Schedule A2 Individual

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TAX ON INCOME SUBJECT TO PREFERENTIAL RATES

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

2025

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
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 taxed 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)		00	00	00	00	00	00	00	00
b) Allowed deduction (Multiply line 8a by line 7 for each Column)..... (8b)		00	00	00	00	00	00	00	00
c) Personal exemption (Line 7, Part 2 of the return or Part II, line 5, Column B or C of Schedule CO Individual) (8c)		00							
d) Exemption for dependents (Line 8, Part 2 of the return or Part II, line 6D, Column B or C of Schedule CO Individual) (8d)		00							
e) Additional personal exemption for veterans (Line 9, Part 2 of the return or Part II, line 7, Column B or C of Schedule CO Individual) (8e)		00							
f) Total deductions and exemptions (Add lines 8b through 8e of all Columns) (8f)		00	00	00	00	00	00	00	00
9. Deduction for alimony paid (Part 1, line 4 of the return or Part I, line 5, Column B or C of Schedule CO Individual. See instructions) \$ _____ (9)		00	00	00	00	00	00	00	00
10. Allowable deduction for Private Equity investment (See instructions) \$ _____ (10)		00	00	00	00	00	00	00	00
11. Net taxable income (Column A – Subtract lines 8f, 9 and 10 from line 6; Columns B through H – Subtract lines 8f, 9 and 10 from line 4m) (11)		00	00	00	00	00	00	00	00
12. Normal Tax:									
a) Regular tax for Column A (See instructions) (12a)		00							
b) 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

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

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

2025

Taxpayer's name

Social Security Number

Part I Recapture of Credits Claimed in Excess

Table with 3 columns: Column A, Column B, Column C. Rows include Name of entity, Employer identification No, Indicate Act, and numbered items 1-4 for recapture of credits.

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.

Main table for tax credits with columns for Pre Tax Credits Manager and Post Tax Credits Manager. Includes sections A (Credits Subject to Limitation) and B (Credits Not Subject to Limitation), and summary rows 25-29.

Part III Other Payments and Withholdings

1. Estimated tax payments for 2025	(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 2025 (Submit detail)	(21e)		00
22. Total other payments and withholdings (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		Pre Tax Credits Manager
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.		
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. Total credit for the purchase of tax credits subject to limitation (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. Total credit for the purchase of tax credits not subject to limitation (Add lines 8 through 14. Transfer to Part II, line 20)	(15)	00
Part V Tax Credits Post Tax Credits Manager (See instructions)		Post Tax Credits Manager
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.		
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. Credit for contributions to Santa Catalina's Palace Patronage (Act 1-2011, as amended - Section 1051.06)	(21)	00
22. Other Post Tax Credits Manager credits not included on the preceding lines (Submit detail)	(22)	00
23. Total Post Tax Credits Manager Tax Credits (Add lines 1 through 22. Transfer the total to Part II, line 25, Column B)	(23)	00

**Schedule B2
Individual**

Rev. Jul 18 25



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

2025

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Determination of Credit

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

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

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

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

Part III Eligible Student's Compliance Certification

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

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

Retention Period: Ten (10) years

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Schedule C Individual

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

2025

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

1 Taxpayer 2 Spouse 3 Both

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

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

Citizen of: 1 United States 2 Other (Indicate)

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

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

Foreign Country, State, Territory or Possession of the United States

Table with columns A, B, C, United States (See instructions), Total (See instructions)

Name of the country, state, territory or possession

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

Table with rows a) through h) and 1(h) for gross income categories and columns A, B, C, United States, Total.

2. Deductions and losses:

Table with rows a) and b) for deductions and losses and columns A, B, C, United States, Total.

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

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

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

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

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

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

Table with row (vi) for attributable percentage and columns A, B, C, United States, Total.

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

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

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

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

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

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

Part III Reduction in Credit for Tax Paid or Accrued

Table with 7 columns for calculations. Rows include Income from sources, Total income subject to tax, Limitation, Reduction in tax paid, and Total tax paid or accrued available as credit.

Part IV Determination of Credit

Table with 7 columns for calculations. Rows include Net income from sources, Limitation, Taxes to be paid in Puerto Rico, and Total limitation.

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

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

Schedule CFF Individual

Rev. Jul 18 25



FOREIGN FINANCIAL ACCOUNTS

2025

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.

Schedule CH Individual
Rev. Jul 18 25



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

2025

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

Taxpayer's name

Social Security Number

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

I, _____, agree and promise not to claim an exemption for dependents for
Name of parent releasing claim to exemption
taxable year 2025 for (enter the name(s) of child (children)):

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

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Signature of parent releasing claim to exemption

Social Security Number

Date

Schedule CO Individual

Rev. Jul 18 25



OPTIONAL COMPUTATION OF TAX

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

2025

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

Taxpayer's name

Social Security Number

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

Part I Determination of Individually Adjusted Gross Income

1. Wages, Commissions, Allowances and Tips (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		00	00	00
(ii) Total of withholding statements with this schedule under a qualified physician decree		00	00	00
(iii) Total	(1A)	00	(1B)	00

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		00	00	00
(ii) Total of W-2 with this schedule under a qualified physician decree		00	00	00

3. Other Income (or Losses):

A) Total distributions from qualified retirement plans (Schedule D Individual, Part IV, line 25) Taxpayer - (Taxed at 20%: \$ _____) (Taxed at 10%: \$ _____) Spouse - (Taxed at 20%: \$ _____) (Taxed at 10%: \$ _____)	(3A)	00	00
B) Gain (or loss) from sale or exchange of capital assets (Schedule D Individual, Part V, line 35 or 36, as applicable) (50% of the total to each spouse)	(3B)	00	00
C) Interests (Schedule FF Individual, Part I, line 5) (50% of the total to each spouse) (Total taxpayer \$ _____) (Total spouse \$ _____)	(3C)	00	00
D) Dividends from corporations (Schedule FF Individual, Part II, line 4) (50% of the total to each spouse) (Total taxpayer \$ _____) (Total spouse \$ _____)	(3D)	00	00
E) Distributions from Governmental Plans (Schedule F Individual, Part II, line 3)	(3E)	00	00
F) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Schedule F Individual, Part I, line 2)	(3F)	00	00
G) Other income (Schedule F Individual, Part V, line 5 and Schedule FF Individual, Part III, line 4) (Total taxpayer \$ _____) (Total spouse \$ _____)	(3G)	00	00
H) Income from annuities and pensions (Schedule H Individual, Part II, line 12)	(3H)	00	00
I) Dividends from Capital Investment or Tourism Fund (See instructions) (50% of the total to each spouse)	(3I)	00	00
J) Net long-term capital gain on Investment Funds (See instructions) (50% of the total to each spouse)	(3J)	00	00
K) Distributable share on profits from pass-through entities (Submit Schedule R Individual) (Total taxpayer \$ _____) (Total spouse \$ _____)	(3K)	00	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)	(3L)	00	00
M) Income from salaries, wages, compensations or public shows received by a nonresident individual (Form 480.6C)	(3M)	00	00
N) Alimony received (Payer's social security No. _____)	(3N)	00	00
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)	(3O)	00	00
P) Gain (or loss) from manufacturing business (Schedule J Individual, Part IV, line 9) (Total taxpayer \$ _____) (Total spouse \$ _____)	(3P)	00	00
Q) Gain (or loss) from the sale of goods (Schedule K Individual, Part IV, line 9) (Total taxpayer \$ _____) (Total spouse \$ _____)	(3Q)	00	00
R) Gain (or loss) from farming (Schedule L Individual, Part IV, line 9) (Total taxpayer \$ _____) (Total spouse \$ _____)	(3R)	00	00
S) Gain (or loss) from services rendered (Schedule M Individual, Part IV, line 9) (Total taxpayer \$ _____) (Total spouse \$ _____)	(3S)	00	00
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 \$ _____)	(3T)	00	00
4. Total Income (Add lines 1, 2 and 3A through 3T, of Columns B and C, respectively)	(4)	00	00
5. Alimony Paid (Recipient's social security No. _____) (Judgment No. _____)	(5)	00	00
6. Adjusted Gross Income (Subtract line 5 from line 4, of Columns B and C, respectively)	(6)	00	00

Part II Determination of Net Taxable Income

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

Part III Determination of Tax

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

Continue in Part 3, line 22 of the return.

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

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

Anejo CT Individuo

Rev. 20 jun 25



CRÉDITO POR TRABAJO

2025

Año contributivo comenzado el ____ de ____ de ____ y terminado el ____ de ____ de ____

Nombre del contribuyente

Número de Registro de Comerciante

Número de Seguro Social

Parte I Requisitos de Elegibilidad (Véanse instrucciones)

Complete las Partes II y III para determinar la cantidad de crédito reembolsable a la que tiene derecho a base de su información correspondiente al año contributivo, si cumple con todos los requisitos de elegibilidad que se establecen a continuación. Si no cumple con todos estos requisitos no continúe; no tiene derecho a reclamar este crédito.

Requisitos:

1. El contribuyente y cónyuge, en el caso de contribuyentes casados, tienen que haber generado ingresos por concepto de salarios, sueldos, propinas, pensiones, industria o negocio por cuenta propia o actividad para la producción de ingresos, sujeto a las limitaciones establecidas en la Sección 1052.01 del Código durante el año contributivo.
2. El contribuyente, cónyuge y los dependientes cualificados fueron residentes de Puerto Rico durante todo el año contributivo y al momento de radicar la planilla de contribución sobre ingresos. Además, deberán incluir los números de Seguro Social emitidos en o antes de la fecha límite para rendir la planilla, incluyendo prórroga, del contribuyente, cónyuge y dependientes cualificados.
3. El contribuyente y cónyuge, en el caso de contribuyentes casados, deberán tener 19 años o más de edad al cierre del año contributivo, no haber sido reclamados como dependientes en otra planilla para el mismo año contributivo y no pueden radicar la planilla bajo el estado personal de casado que rinde por separado.
4. Solo se considerarán como dependientes cualificados los hijos del contribuyente o su cónyuge que al último día del año contributivo tengan dieciocho (18) años de edad o menos. En el caso de dependientes estudiantes a tiempo completo, la edad al último día del año contributivo no excederá de veinticinco (25) años.
5. El contribuyente no puede reclamar el crédito para personas mayores de sesenta y cinco (65) años o más de bajos recursos, si reclama el crédito por trabajo.
6. El contribuyente deberá radicar la planilla no más tarde de la fecha límite dispuesta por el Código, incluyendo prórroga.

Parte II Determinación de Elegibilidad para el Crédito por Trabajo

1. Determinación del Ingreso Bruto Ganado:			
A) Salarios, sueldos y propinas (Anote la suma de las líneas 1B y 1C del Encasillado 1 de la planilla y las líneas 6, 7, 8, 9, 11, 12, 31A(i) y 31A(ii), primera Columna de la Parte II del Anejo IE Individuo (o el total de las líneas 1 y 2 de la Parte I del Anejo CO Individuo, Columnas B y C, y las líneas 6, 7, 8, 9, 11, 12, 31A(i) y 31A(ii), primera Columna de la Parte II de cada Anejo IE Individuo, si se acoge al cómputo opcional de la contribución))	(1A)		00
B) Ingreso por concepto de pensiones (Véanse instrucciones)	(1B)		00
C) Ganancia atribuible a una industria o negocio por cuenta propia o actividad para la producción de ingresos (Anote la suma de las líneas 2P a la 2S del Encasillado 1 de la planilla y las líneas 31B a la 31E, 39, 40, 41 y 42, primera Columna de la Parte II del Anejo IE Individuo (o las líneas 3P a la 3S de la Parte I del Anejo CO Individuo, Columnas B y C, y las líneas 31B a la 31E, 39, 40, 41 y 42, primera Columna de la Parte II de cada Anejo IE Individuo, si se acoge al cómputo opcional de la contribución))	(1C)		00
D) Total de ingreso bruto ganado (Sume líneas 1A a la 1C)	(1D)		00
2. Determinación del Ingreso Neto por Otros Conceptos:			
A) Otros ingresos (Anote la suma de las líneas 2A a la 2G, 2I a la 2L, 2N, 2O y 2T del Encasillado 1 de la planilla y la línea 7, Parte II del Anejo H Individuo, únicamente si se seleccionó en la pregunta 2 la opción de "Anualidad" (o líneas 3A a la 3G, 3I a la 3L, 3N, 3O y 3T de la Parte I del Anejo CO Individuo y la línea 7, Parte II del Anejo H Individuo, únicamente si se seleccionó en la pregunta 2 la opción de "Anualidad", si se acoge al cómputo opcional de la contribución)) (Véanse instrucciones)	(2A)		00
B) Otros ingresos exentos (Anejo IE Individuo, Parte II, línea 45, primera Columna)	(2B)		00
C) Menos:			
(i) Ingresos exentos por concepto de prestación de servicios como empleado (Anote la suma de las líneas 6, 7, 8, 9, 10, 11, 12, 31A(i) y 31A(ii), primera Columna de la Parte II del Anejo IE Individuo)	(2C <i>i</i>)		00
(ii) Cantidad exenta por concepto de pensión (Anote la suma de las líneas 15 y 16, Parte II del Anejo IE Individuo)	(2C <i>ii</i>)		00
(iii) Ingresos exentos derivados por jóvenes por concepto de industria o negocio por cuenta propia o actividad para la producción de ingresos con acuerdo especial bajo la Ley 135-2014 (Anote la suma de las líneas 31B a la 31E, primera Columna de la Parte II del Anejo IE Individuo)	(2C <i>iii</i>)		00
(iv) Cantidad exenta proveniente del ingreso de industria o negocio por cuenta propia o actividad para la producción de ingresos (Anote la suma de las líneas 39 a la 42, primera Columna de la Parte II del Anejo IE Individuo)	(2C <i>iv</i>)		00
(v) Total ajustes por cantidades exentas (Sume líneas 2C(i) a la 2C(iv))	(2C <i>v</i>)		00
D) Total de otros ingresos (Sume las líneas 2A y 2B y reste la línea 2C(v). Si esta cantidad es mayor de \$10,000, no continúe y anote cero en la línea 27C del Encasillado 3 de la planilla)	(2D)		00
3. Total del ingreso bruto ganando para la determinación del crédito por trabajo (Transfiera la cantidad determinada en la línea 1D, siempre y cuando la cantidad determinada en la línea 2D sea igual o menor de \$10,000. Si la cantidad determinada en la línea 2D es mayor de \$10,000, no continúe y anote cero en la línea 27C del Encasillado 3 de la planilla)	(3)		00
4. Cantidad de dependientes cualificados, según planilla (Véanse instrucciones)	(4)		
5. Si el total de ingreso bruto ganando determinado en la línea 3 excede las siguientes cantidades, usted no cualifica para este crédito. No continúe y anote cero en la línea 27C del Encasillado 3 de la planilla.			
a) Contribuyentes que no tengan dependientes cualificados - \$31,090 (Contribuyentes casados radicando en conjunto - \$33,490)			
b) Contribuyentes que tengan un (1) dependiente cualificado (Línea 4, Parte II) - \$37,081 (Contribuyentes casados radicando en conjunto - \$41,861)			
c) Contribuyentes que tengan dos (2) dependientes cualificados (Línea 4, Parte II) - \$44,237 (Contribuyentes casados radicando en conjunto - \$49,027)			
d) Contribuyentes que tengan tres (3) dependientes cualificados o más (Línea 4, Parte II) - \$47,833 (Contribuyentes casados radicando en conjunto - \$52,623)			

Parte III Cómputo del Crédito por Trabajo

Determine el crédito por trabajo seleccionando el cómputo aplicable, considerando la limitación de ingreso bruto ganado y el número de dependientes cualificados, según se establece en la Sección 1052.01 del Código.

A. Contribuyentes que no tengan dependientes:			
1. Si el ingreso bruto ganado (Línea 3, Parte II) no es mayor de \$19,130 (o no mayor de \$21,530 en el caso de casados radicando en conjunto), multiplique la línea 3, Parte II por 15%. De otro modo, no complete las líneas 1 y 2, y continúe con la línea 3 (1)		00	
2. Anote la cantidad que sea menor entre la línea 1 y \$1,794. Traslade esta cantidad a la línea 27C del Encasillado 3 de la planilla (2)			00
3. Si el ingreso bruto ganado (Línea 3, Parte II) es mayor de \$19,130 pero no mayor de \$31,090 (o mayor de \$21,530 pero no mayor de \$33,490 en el caso de casados radicando en conjunto):			
a) Crédito máximo a reclamarse por contribuyentes que no tengan dependientes (3a)	1,794	00	
b) Reducción del crédito máximo (A la cantidad de la línea 3, Parte II reste \$19,130 (o \$21,530 en el caso de casados radicando en conjunto), multiplique dicha cantidad por 15% y anote aquí el resultado) (3b)		00	
c) Total del crédito por trabajo disponible (Reste la línea 3(b) de la línea 3(a), anote el resultado aquí y en la línea 27C del Encasillado 3 de la planilla. Si el resultado es cero o menos de cero, anote cero en la línea 27C del Encasillado 3 de la planilla) (3c)			00
B. Contribuyentes que tengan un (1) dependiente:			
1. Si el ingreso bruto ganado (Línea 3, Parte II) no es mayor de \$21,530 (o no mayor de \$26,310 en el caso de casados radicando en conjunto), multiplique la línea 3, Parte II por 33.98%. De otro modo, no complete las líneas 1 y 2, y continúe con la línea 3 (1)		00	
2. Anote la cantidad que sea menor entre la línea 1 y \$4,186. Traslade esta cantidad a la línea 27C del Encasillado 3 de la planilla (2)			00
3. Si el ingreso bruto ganado (Línea 3, Parte II) es mayor de \$21,530 pero no mayor de \$37,081 (o mayor de \$26,310 pero no mayor de \$41,861 en el caso de casados radicando en conjunto):			
a) Crédito máximo a reclamarse por contribuyentes que tengan un (1) dependiente (3a)	4,186	00	
b) Reducción del crédito máximo (A la cantidad de la línea 3, Parte II reste \$21,530 (o \$26,310 en el caso de casados radicando en conjunto), multiplique dicha cantidad por 26.92% y anote aquí el resultado) (3b)		00	
c) Total del crédito por trabajo disponible (Reste la línea 3(b) de la línea 3(a), anote el resultado aquí y en la línea 27C del Encasillado 3 de la planilla. Si el resultado es cero o menos de cero, anote cero en la línea 27C del Encasillado 3 de la planilla) (3c)			00
C. Contribuyentes que tengan dos (2) dependientes:			
1. Si el ingreso bruto ganado (Línea 3, Parte II) no es mayor de \$25,110 (o no mayor de \$29,900 en el caso de casados radicando en conjunto), multiplique la línea 3, Parte II por 40%. De otro modo, no complete las líneas 1 y 2, y continúe con la línea 3 (1)		00	
2. Anote la cantidad que sea menor entre la línea 1 y \$6,576. Traslade esta cantidad a la línea 27C del Encasillado 3 de la planilla (2)			00
3. Si el ingreso bruto ganado (Línea 3, Parte II) es mayor de \$25,110 pero no mayor de \$44,237 (o mayor de \$29,900 pero no mayor de \$49,027 en el caso de casados radicando en conjunto):			
a) Crédito máximo a reclamarse por contribuyentes que tengan dos (2) dependientes (3a)	6,576	00	
b) Reducción del crédito máximo (A la cantidad de la línea 3, Parte II reste \$25,110 (o \$29,900 en el caso de casados radicando en conjunto), multiplique dicha cantidad por 34.38% y anote aquí el resultado) (3b)		00	
c) Total del crédito por trabajo disponible (Reste la línea 3(b) de la línea 3(a), anote el resultado aquí y en la línea 27C del Encasillado 3 de la planilla. Si el resultado es cero o menos de cero, anote cero en la línea 27C del Encasillado 3 de la planilla) (3c)			00
D. Contribuyentes que tengan tres (3) o más dependientes:			
1. Si el ingreso bruto ganado (Línea 3, Parte II) no es mayor de \$25,110 (o no mayor de \$29,900 en el caso de casados radicando en conjunto), multiplique la línea 3, Parte II por 44.83%. De otro modo, no complete las líneas 1 y 2, y continúe con la línea 3 (1)		00	
2. Anote la cantidad que sea menor entre la línea 1 y \$7,774. Traslade esta cantidad a la línea 27C del Encasillado 3 de la planilla (2)			00
3. Si el ingreso bruto ganado (Línea 3, Parte II) es mayor de \$25,110 pero no mayor de \$47,833 (o mayor de \$29,900 pero no mayor de \$52,623 en el caso de casados radicando en conjunto):			
a) Crédito máximo a reclamarse por contribuyentes que tengan tres (3) o más dependientes (3a)	7,774	00	
b) Reducción del crédito máximo (A la cantidad de la línea 3, Parte II reste \$25,110 (o \$29,900 en el caso de casados radicando en conjunto), multiplique dicha cantidad por 34.21% y anote aquí el resultado) (3b)		00	
c) Total del crédito por trabajo disponible (Reste la línea 3(b) de la línea 3(a), anote el resultado aquí y en la línea 27C del Encasillado 3 de la planilla. Si el resultado es cero o menos de cero, anote cero en la línea 27C del Encasillado 3 de la planilla) (3c)			00

Schedule D Individual

Rev. Jul 18 25



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

2025

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

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

Description and Location of Property	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	00		
18. Net capital gain (or loss) under Act: _____ (Decree No. _____)										(18)	00
	<input type="radio"/>		<input type="radio"/>			00	00	00	00		
19. Net capital gain (or loss) under Act: _____ (Decree No. _____)										(19)	00
	<input type="radio"/>		<input type="radio"/>			00	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)		(B)		(C)
			Total Distribution		Basis and Exempt Income	Taxable Amount	
21. Taxed at 20% - Taxpayer (Fill in here if it is a Thrift Savings Plan distribution <input type="radio"/>) (21)	<input type="radio"/>			00		00	00
22. Taxed at 20% - Spouse (Fill in here if it is a Thrift Savings Plan distribution <input type="radio"/>) (22)	<input type="radio"/>			00		00	00
23. Taxed at 10% - Taxpayer (23)	<input type="radio"/>			00		00	00
24. Taxed at 10% - Spouse (24)	<input type="radio"/>			00		00	00
25. Total distributions from qualified pension plans (Total of Column C. Transfer this amount to Part 1, line 2A of the return or to Part I, line 3A, Columns B and C of Schedule CO Individual, as applicable) (25)							00

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

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

Part VI Determination of the Net Capital Loss Carryover

Year	(A) Accumulated Capital Loss	(B) Amount Used	(C) Capital Loss Carryforward (Column A - Column B)	Expiration Date (Day/Month/Year)
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
	00	00	00	
38. Total net capital loss carryover (Transfer this amount to Part V, line 34, Column D of this Schedule) (38)			00	

Taxpayer's name	Social Security Number
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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 applicable) (1)	00	00	00	00	00	00	00
2. Allowable amount as net capital loss not used in previous years claimed on Schedule D Individual (Transfer the amount included on line 34, Column E, Part V) (The amount entered on this line cannot exceed 90% of the amount reflected on line 1, Column G of this Part) (2)	00						
3. Subtract in Column A, line 2 from line 1 (If the result is more than zero, this is the net short-term capital gain. Therefore, enter zero on line 5 of Columns B through E. If the result is less than zero, continue on line 4) (3)	00						
4. Proportion of the gains according to each tax rate (Divide the amount on line 1, Columns B through E, by the total long-term gains indicated on line 1 of Column F. Enter the result rounded to two decimal places). Add the percentages in Columns B through E and enter the total in Column F. The total shall be 100% (4)		%	%	%	%	%	
5. Capital loss carryforward attributable to long-term transactions (Columns B through E) (Multiply line 3 - Column A by line 4 of each Column) (5)		00	00	00	00	00	
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 applicable, 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

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SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

2025

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Cadastral 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? 1 Yes 2 No
If you answered "Yes", complete the rest of the form.
If you answered "No", go to line 3 and then to Schedule D Individual, Part I or II, as applicable.

3. Were funds from an Individual Retirement Account (IRA) used to acquire the residence?
Taxpayer: 1 Yes 2 No Spouse: 1 Yes 2 No. If the answer is "Yes", enter here and in Part I of Schedule F Individual the amount of the withdrawn contributions (3) 00

4. Selling price of the residence (Do not include personal property items sold with your residence) (4) 00

5. Selling and fixing-up expenses (See instructions) (5) 00

6. Total realized (Subtract line 5 from line 4) (6) 00

7. 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: 1 Yes 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, **enter zero.**
If it is more than zero, transfer this amount to the corresponding Schedule:
 1 Schedule IE Individual, Part II, line 17; or
 2 Schedule D Individual, Part II, line 9 (10) 00

Retention Period: Ten (10) years

Schedule D3 Individual

Rev. Jul 18 25



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)

2025

Taxable year beginning on _____ and ending on _____

Taxpayer's name

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

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

- 10. At the time of sale, who owned the residence?
11. Who was age 60 or older on the date of sale?
12. Did the person who was age 60 or older own and use the property sold as his or her principal residence for a total of at least 3 years
13. If line 12 is "Yes", do you elect to take the once in a lifetime exclusion from the gain on the sale?
14. Exemption: Enter the smaller of line 8 or \$150,000 (\$300,000 if married that choose the optional computation of tax)

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

- 15. Recognized gain. If line 14 is zero, enter here the amount of line 8. Otherwise, subtract line 14 from line 8 and enter the result here.
16. Fixing-up expenses of the old residence
17. Add lines 14 and 16
18. Adjusted sales price
19. (a) Enter date you moved into new residence (day, month, year) (b) Cost of new residence
20. Subtract line 19(b) from line 18. If it is zero or less, enter zero
21. Taxable gain. Enter the smaller of line 15 or 20. If it is zero or less, enter zero.
22. Gain to be postponed
23. Adjusted basis of new residence

Schedule DDC Individual

Rev. Jul 18 25



**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

2025

Taxable year beginning on _____ and ending on _____

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

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

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

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

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

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

Continue on back.

Part II Due Diligence Requirements (Continued)

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

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

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

Part III Certification

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

- A. Interviewed the taxpayer, made adequate questions, documented at the moment the taxpayer's responses in this form or in his/her worksheets, and reviewed the information provided by the taxpayer;
- B. Completed this form truthfully and accurately and performed the actions described in Part II;
- C. Submitted 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. 07.25



DEPRECIATION

2025

Taxable year beginning on _____ and ending on _____

Schedule E No. _____

Taxpayer's name

Social Security or Employer Identification Number

1. Type of property (in case of a building, specify the material used in the construction).

2. Date acquired.

3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$30,000 per vehicle.

4. Depreciation claimed in prior years.

5. Estimated useful life to compute the depreciation.

6. Depreciation claimed this year.

(a) Current Depreciation

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

(b) Flexible Depreciation

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

(c) Accelerated Depreciation

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

(d) Amortization (i.e. Goodwill)

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

(e) Automobiles (See instructions)

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

(f) Vehicles under financial lease (Form 480.7D) (Amount of vehicles _____)

					00
TOTAL: (Add total of lines (a) through (f) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or to the corresponding line of other returns)					00

Schedule E1

Rev. 07.25



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

2025

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

Schedule E1 No. _____

Taxpayer's name _____

Social Security or Employer Identification Number _____

1. Type of property	2. Date acquired	3. Original cost or other basis	4. Depreciation claimed in prior years	5. Estimated useful life	6. Depreciation claimed this year
---------------------	------------------	---------------------------------	--	--------------------------	-----------------------------------

(a) Computer systems (Section 1033.07(a)(1)(G))

Check here to elect:

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

Total 00

(b) Ground transportation equipment, except automobiles (Section 1033.07(a)(1)(H))

Check here to elect:

		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00

Total 00

(c) Machinery and equipment, furniture and fixtures, and any other fixed asset to be used in the industry or business (Section 1033.07(a)(1)(K))

Check here to elect:

		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00
		00	00	2	00

Total 00

Total (Add total of lines (a) through (c) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or to the corresponding line of other returns) 00

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

Schedule F Individual

Rev. Jul 18 25



OTHER INCOME

2025

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Fill in one:
 1 Taxpayer 2 Spouse 3 Both

Social Security Number _____

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

Part II Distributions and Transfers from Governmental Plans									
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis and Exempt Income	(C) Taxable Amount	Taxable Amount - Savings Account			
						(D) Distributions under \$10,000	(E) Lump-sum distributions (\$10,000 or more)	(F) Transfers under Section 1081.03	
1. Taxed as ordinary income	<input type="radio"/>		00	00	00	00			
2. Taxed 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. Taxed 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	

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. Taxed 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) (1)	0		00	00	00	00

Part V Other Income			Column A	Column B	Column C	Column D	Column E	Column F
Payer's name	Employer Identification Number	Account Number	Income from Debt Discharge	Income from the Use of Intangibles	Judicial or Extrajudicial Indemnification	Income from Sport Teams of International Associations or Federations	Other Income	Distributable Share on Net Income Subject to Preferential Rates from Pass-Through Entities
			00	00	00	00	00	00
			00	00	00	00	00	00
			00	00	00	00	00	00
1. Amount received (1)			00	00	00	00	00	00
2. Less: Expenses related to the production of these income or loss carryover from pass-through entities (See instructions) (2)			00	00	00		00	00
3. Subtotal Columns A through C, E and F (Subtract line 2 from line 1, as applicable). Column D (Transfer the total to line 4(g), Columns A and B of Schedule A2 Individual). Column F (Transfer the total to line 4(j), Column A and to the one that applies of Columns B through H of Schedule A2 Individual) (3)			00	00	00	00	00	00
4. Wages, salaries or compensation reported on a Federal W-2 Form of a private company employer (See instructions) (Exempt Wages Sec. 1031.02(a)(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	00
				1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C	00	00	00	00
				1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C	00	00	00	00
				1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C	00	00	00	00
				1 <input type="radio"/> 480.7 2 <input type="radio"/> 480.7C	00	00	00	00
1. Amount received (Total of Columns A, B, C and D) (1)					00	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 taxed at 10% (Subtract line 4 from line 3. Transfer to Part 1, line 2O of the return or to Part I, line 3O, Column B or C of Schedule CO Individual, as applicable. Transfer also to line 4(l) of Schedule A2 Individual) (See instructions) (5)								00
6. Tax withheld at source:								
(a) Form 480.7, Box 10 (Total Informative Returns <input type="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)								00

Schedule F1 Individual

Rev. Jul 18 25



**DETAIL OF INCOME OF RESIDENT INDIVIDUAL INVESTORS
(Act 22-2012, as amended, or Act 60-2019, as amended)**

2025

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: 1 Taxpayer 2 Spouse

Part I Interests

Description	Amount
	00
	00
	00
	00
	00
	00

1. Total interests (Transfer to Schedule IE Individual, Part II, line 33) (1) 00

Part II Dividends

Description	Amount
	00
	00
	00
	00
	00
	00

1. Total dividends (Transfer to Schedule IE Individual, Part II, line 33) (1) 00

Part III Capital Assets Gains and Losses

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

CERTIFICATION

By means of the signature on page 1 of the return, I hereby declare under penalty of perjury that I have not been resident of Puerto Rico 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 18 25



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

2025

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?
Taxable Year
Amount of deferred gain
2. Adjusted basis of the new sole proprietorship business
3. Did you sell your sole proprietorship business during this year?
4. Date in which the first sole proprietorship business was sold
5. (a) Did you buy a new sole proprietorship business? (b) If you answered "Yes", enter date

Part II Computation of Gain (or Loss)

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

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

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

Schedule H Individual

Rev. Jul 18 25



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

Taxable year beginning on _____ and ending on _____

2025

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 Spouse

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

3. Pension granted by (fill in one):

1 Government of Puerto Rico

2 Federal Government

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

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

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

6. Name of the pension payer

6(a). Employer identification number

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

1 Form 480.7C: Control Number _____

Electronic Filing Confirmation Number _____

2 Form 1099-R 3 Other: _____

8. Are you a resident of Puerto Rico reporting a military pension for veterans and retired members of the United States Armed Forces?: 1 Yes 2 No

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 1, 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 18 25



EXCLUDED AND EXEMPT INCOME

2025

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

Table with 3 columns: Line number, Description, and Amount. Includes items like Life insurance, Donations, and Total (Add lines 1 through 14).

Part II Exemptions from Gross Income

Table with 3 columns: Line number, Description, and Amount. Includes items like Fringe benefits, Dividends, Expenses of priests, and Total (Add lines 1 through 30).

Continue on back.

Part II	Exemptions from Gross Income (Continued)	Items Considered for the Home Mortgage Interests Limitation	Items Subject to Alternate Basic Tax
31.	Income derived by young people from wages, services rendered or self-employment with special agreement under Act 135-2014 or under Section 2100.01 of Act 60-2019, as amended, from (See instructions):		
	A) Wages		
	(i) Form 499R-2/W-2PR \$ _____		
	(ii) Federal W-2 Form \$ _____		
	(iii) Federal W-2 Form reported on Schedule F Individual, Part V, line 4 \$ _____		
	B) Manufacturing income (Schedule J Individual, Part II, line 4 or Part IV, line 2(c)) \$ _____		
	C) Income from the sale of goods (Schedule K Individual, Part II, line 4 or Part IV, line 2(c)) \$ _____		
	D) Farming income (Schedule L Individual, Part II, line 4 or Part IV, line 2(c)) \$ _____		
	E) Income from services rendered (Schedule M Individual, Part II, line 4 or Part IV, line 2(c)) \$ _____		
	F) Rental income (Schedule N Individual, Part II, line 2 or Part IV, line 2(c)) \$ _____		
	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(a) or 2(b))	(39) 00	00
40.	Exempt amount on income from the sale of goods (Schedule K Individual, Part IV, line 2(a) or 2(b))	(40) 00	00
41.	Exempt amount from farming income (Schedule L Individual, Part IV, line 2(a) or 2(b))	(41) 00	00
42.	Exempt amount on income from services rendered (Schedule M Individual, Part IV, line 2(a) or 2(b))	(42) 00	00
43.	Exempt amount from rental income (Schedule N Individual, Part IV, line 2(a) or 2(b))	(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

PURPOSES ONLY.
DO NOT USE FOR
FILING.

Schedule J Individual		MANUFACTURING INCOME		2025	
Rev. Jul 18 25		Taxable year beginning on _____ and ending on _____			
Taxpayer's name _____			Social Security Number _____		Schedule J No. _____
Part I Questionnaire		Fill in here if it is a Disregarded Entity (See instructions) <input type="checkbox"/>			Fully Taxable <input type="checkbox"/>
Employer Identification Number _____	Fill in one: <input type="checkbox"/> 1 Taxpayer <input type="checkbox"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="checkbox"/>	Date operations began: Day _____ Month _____ Year _____		Tax Incentives under: Act No. 26 of 1978 <input type="checkbox"/> Act No. 8 of 1987 <input type="checkbox"/> Act 135-1997 <input type="checkbox"/> Act 73-2008 <input type="checkbox"/> Act 83-2010 <input type="checkbox"/> Act 1-2013 <input type="checkbox"/> Act 135-2014 <input type="checkbox"/> Act 60-2019: Section _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/>
Merchant's Registration Number _____	Fill in here if during the taxable year you disposed all the assets used in your industry or business <input type="checkbox"/>	Accounting Method: <input type="checkbox"/> 1 Cash <input type="checkbox"/> 2 Accrual			
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="checkbox"/> 1 Audited Financial Statement <input type="checkbox"/> 2 Agreed Upon Procedures Report ("AUP") <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Manufacturing Income				Regular Tax	Alternate Basic Tax
1. Income _____ (1)			00	00	
2. Less: Cost of goods sold (Complete Part V) (See instructions) _____ (2)			00	00	
3. Gross income (Subtract line 2 from line 1) (Gross profit margin percentage: 2024 _____ 2025 _____ 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 on informative returns:					
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 on informative returns:					
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) _____ (28)			00	00	
29. Subtotal (Add lines 18 through 28) _____ (29)			00	00	
C. Other deductions: Indicate the deductions that were validated with an AUP made by a Certified Public Accountant or with a DDC sworn by an Accredited Agent-Tax Returns Specialist (See instructions)					
30. 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 manufacture _____ AUP <input type="checkbox"/> DDC <input type="checkbox"/> (36)			00	00	
37. Stamps, vouchers and fees _____ AUP <input type="checkbox"/> DDC <input type="checkbox"/> (37)			00	00	
38. Postage and shipping charges _____ AUP <input type="checkbox"/> DDC <input type="checkbox"/> (38)			00	00	
39. Uniforms _____ AUP <input type="checkbox"/> DDC <input type="checkbox"/> (39)			00	00	
40. Parking and toll _____ AUP <input type="checkbox"/> DDC <input type="checkbox"/> (40)			00	00	
41. Office expenses _____ AUP <input type="checkbox"/> DDC <input type="checkbox"/> (41)			00	00	
42. Bank fees (See instructions) _____ AUP <input type="checkbox"/> DDC <input type="checkbox"/> (42)			00	00	
43. Bad debts _____ AUP <input type="checkbox"/> DDC <input type="checkbox"/> (43)			00	00	
44. Other expenses (Complete Part VII) _____ AUP <input type="checkbox"/> DDC <input type="checkbox"/> (44)			00	00	
45. Subtotal (Add lines 30 through 44) _____ (45)			00	00	
46. Total (Add lines 17, 29 and 45) _____ (46)			00	00	

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. Less: a) Exempt amount _____ % of line 1 (See instructions) \$ _____			
b) Exempt amount (See instructions) \$ _____			
c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$ _____ (2)		00	00
3. Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4. Less: Net operating loss accumulated up to taxable year 2019 (From Part VIII, line 8. 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. Less: Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VIII, line 9)..... (6)		00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5)..... (7)		00	
8. Less: 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 2P of the return or Part I, line 3P, 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 taxed 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. Plus: Purchases..... (2)			00
3. Direct salaries..... (3)			00
4. Other direct costs (Part VI, line 17)..... (4)			00
5. Total (Add lines 1 through 4)..... (5)			00
6. Less: Ending inventory..... (6)			00
7. Total Cost of Goods Sold (Subtract line 6 from line 5. Transfer to Part II, line 2 of this Schedule)..... (7)			00

Part VI Other Direct Costs			
1. Salaries, wages and bonuses..... (1)	00	10. Electric power..... (10)	00
2. Social security tax (FICA)..... (2)	00	11. Water and sewage..... (11)	00
3. Unemployment tax..... (3)	00	12. Rent..... (12)	00
4. State Insurance Fund Premiums..... (4)	00	13. Packing products expenses..... (13)	00
5. Contributions to health or accident plans..... (5)	00	14. Meal expenses paid to production employees (Total \$.....)..... (14)	00
6. Insurance premiums (Except contributions to health or accident plans)..... (6)	00	15. Depreciation: (a) Schedule E No. \$..... (15)	00
7. Excise taxes/Use taxes..... (7)	00	(b) Schedule E1 No. \$..... (15)	00
8. Sales and use tax on imports..... (8)	00	16. Other direct costs (Submit detail)..... (16)	00
9. Repairs and maintenance..... (9)	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 44)..... (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. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4)..... (8)	00	00	00	00	
9. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions)..... (9)	00	00	00	00	
10.	00	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 10 through 13 and transfer to Part IV, line 8)..... (14)	00	00	00	00	
15. Total (Add lines 8, 9 and 14)..... (15)	00	00	00	00	

Schedule K Individual

Rev. Jul 18 25



INCOME FROM THE SALE OF GOODS

2025

Taxable year beginning on _____ and ending on _____

Taxpayer's name _____

Social Security Number _____

Schedule K No. _____

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

Part I Questionnaire

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

Employer Identification Number _____

Fill in one: 1 Taxpayer 2 Spouse

Fill in here if this is your principal industry or business

Date operations began: Day Month Year

Merchant's Registration Number _____

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

Location of 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 Association 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)

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

Part II Income from the Sale of Goods

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include Income from sale of goods, Less: Cost of goods sold, Gross income, Less: Exempt amount under Act 135-2014, Income for the current year.

Part III Operating Expenses and Deductions

Table with 3 columns: Description, Regular Tax, Alternate Basic Tax. Rows include A. Deductions that must be reported on informative returns (Salaries, insurance, etc.), B. Deductions not reported on informative returns (Interest, taxes, depreciation, etc.), C. Other deductions (Automobile expenses, travel, etc.).

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. Less: a) Exempt amount _____ % of line 1 (See instructions) \$			
b) Exempt amount (See instructions) \$			
c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$..... (2)		00	00
3. Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4. Less: Net operating loss accumulated up to taxable year 2019 (From Part VII, line 8. 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. Less: Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VII, line 9)..... (6)		00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5)..... (7)		00	
8. Less: 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 taxed 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		Regular Tax	Alternate Basic Tax
1. Beginning inventory..... (1)			00
2. Plus: Purchases..... (2)			00
3. Total (Add lines 1 and 2)..... (3)			00
4. Less: 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. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4)..... (8)	00	00	00	00	
9. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions)..... (9)	00	00	00	00	
10.	00	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 10 through 13 and transfer to Part IV, line 8)..... (14)	00	00	00	00	
15. Total (Add lines 8, 9 and 14)..... (15)	00	00	00	00	

Retention Period: Ten (10) years

Schedule L Individual

Rev. Jul 18 25



FARMING INCOME

2025

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule L No. _____

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

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

Part II Farming Income. Table with 3 columns: Description, Regular Tax, and Alternate Basic Tax. Rows include Income, Less: Cost of goods sold, Gross income, Less: Exempt amount, and Income for the current year.

Part III Operating Expenses and Deductions. Large table with 3 columns: Description, Regular Tax, and Alternate Basic Tax. Rows include A. Deductions that must be reported on informative returns, B. Deductions not reported on informative returns, and C. Other deductions.

Part IV Determination of Gain or Loss		Regular Tax	Alternate Basic Tax
1. Net income for the current year (Subtract line 47, Part III from line 5, Part II)..... (1)		00	00
2. Less: a) Exempt amount _____ % of line 1(See instructions) \$ _____			
b) Exempt amount (See instructions) \$ _____			
c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$ _____ (2)		00	00
3. Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4. Less: Net operating loss accumulated up to taxable year 2019 (From Part VIII, line 8. 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. Less: Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VIII, line 9) (6)		00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5) (7)		00	
8. Less: 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 taxed 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. Plus: Purchases (2)			00
3. Direct salaries (3)			00
4. Other direct costs (Part VI, line 17)..... (4)			00
5. Total (Add lines 1 through 4)..... (5)			00
6. Less: Ending inventory..... (6)			00
7. Total Cost of Goods Sold (Subtract line 6 from line 5. Transfer to Part II, line 2 of this Schedule)..... (7)			00

Part VI Other Direct Costs			
1. Salaries, wages and bonuses (1)	00	10. Electric power (10)	00
2. Social security tax (FICA) (2)	00	11. Water and sewage (11)	00
3. Unemployment tax (3)	00	12. Rent (12)	00
4. State Insurance Fund Premiums (4)	00	13. Packing products expenses (13)	00
5. Contributions to health or accident plans (5)	00	14. Meal expenses paid to production employees (Total \$ _____) (14)	00
6. Insurance premiums (Except contributions to health or accident plans) (6)	00	15. Depreciation: (a) Schedule E No. _____ \$ _____	
7. Excise taxes/Use taxes (7)	00	(b) Schedule E1 No. _____ \$ _____ (15)	00
8. Sales and use tax on imports (8)	00	16. Other direct costs (Submit detail) (16)	00
9. Repairs and maintenance (9)	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. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4) (8)	00	00	00	00	
9. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) (9)	00	00	00	00	
10.	00	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 10 through 13 and transfer to Part IV, line 8) (14)	00	00	00	00	
15. Total (Add lines 8, 9 and 14) (15)	00	00	00	00	

Schedule M Individual

Rev. Jul 18 25



INCOME FROM SERVICES RENDERED

Taxable year beginning on _____ and ending on _____

2025

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

Table with 4 columns: Concept, Indicate if you claimed expenses, and Indicate if you derived 80% or more of the income from this activity.

Part II Income from Services table with columns for Regular Tax and Alternate Basic Tax.

Part III Operating Expenses and Deductions table with multiple columns for various deduction categories and tax amounts.

Part IV Determination of Gain or Loss		Regular Tax	Alternate Basic Tax
1. Net income for the current year (Subtract line 47, Part III from line 5, Part II)..... (1)		00	00
2. Less: a) Exempt amount _____ % of line 1 (See instructions) \$ _____			
b) Exempt amount (See instructions) \$ _____			
c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$ _____ (2)		00	00
3. Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4. Less: Net operating loss accumulated up to taxable year 2019 (From Part VI, line 8. 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. Less: Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VI, line 9) (6)		00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5) (7)		00	
8. Less: 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 taxed 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	
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. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4) (8)	00	00	00	00	
9. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions) (9)	00	00	00	00	
10.	00	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 10 through 13 and transfer to Part IV, line 8) (14)	00	00	00	00	
15. Total (Add lines 8, 9 and 14) (15)	00	00	00	00	

Retention Period: Ten (10) years

Schedule N Individual

Rev. Jul 18 25



RENTAL INCOME

2025

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Schedule N No. _____

Part I Questionnaire

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

Fully Taxable

Employer Identification Number

Fill in here if this is your principal industry or business

Date operations began: Day ___ Month ___ Year ___

Number of employees

1 Taxpayer 2 Spouse

Fully Exempt: Act 132-2010

Section 1031.02(a)(36)(F) of the Code..

Merchant's Registration Number

Location of rented property - Number, Street and City

Property (Fill in one): 1 Residential 2 Commercial

Tax Incentives under:

Act No. 52 of 1983

Act 78-1993

Act 74-2010

Act 83-2010

Act 1-2013

Act 135-2014

Act 60-2019: Section

Other:

Accounting Method: 1 Cash 2 Accrual

Indicate if the rented property is located outside of Puerto Rico

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

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 Association Stamp No. _____

3 Due diligence checklist form ("DDC")

Accredited Agent-Specialist No. _____

Case or Concession Number

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

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

Part II Rental Income

Regular Tax Alternate Basic Tax

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

Part III Operating Expenses and Deductions

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

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. Less: a) Exempt amount _____ % of line 1 (See instructions) \$			
b) Exempt amount (See instructions) \$			
c) Exempt amount under Section 2100.01 of Act 60-2019, as amended, up to \$500,000 (See instructions) \$	(2)	00	00
3. Adjusted net income (Subtract line 2 from line 1)..... (3)		00	
4. Less: Net operating loss accumulated up to taxable year 2019 (From Part VI, line 8. 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. Less: Net operating loss from taxable year 2020 related to COVID-19 under Act 57-2020 (From Part VI, line 9)..... (6)		00	
7. Net Income after the accumulated loss up to taxable year 2020 (Subtract line 6 from line 5)..... (7)		00	
8. Less: 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 taxed 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. Subtotal of accumulated losses up to taxable year 2019 (Add lines 1 through 7 and transfer to Part IV, line 4)..... (8)	00	00	00	00	
9. Losses from 2020 related to COVID-19 (Act 57-2020) (Transfer to Part IV, line 6) (See instructions)..... (9)	00	00	00	00	
10.	00	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 10 through 13 and transfer to Part IV, line 8)..... (14)	00	00	00	00	
15. Total (Add lines 8, 9 and 14)..... (15)	00	00	00	00	

Retention Period: Ten (10) years

Schedule O Individual

Rev. Jul 18 25



ALTERNATE BASIC TAX

2025

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

Table with 18 rows for Part I, including items like Gain (or loss) from manufacturing business, gain from sale of goods business, gain from farming business, etc.

Part II Alternate Basic Tax Computation

Table with 7 rows for Part II, including Total Regular Tax before the credit for taxes paid to foreign countries, credit for taxes paid to foreign countries, net regular tax, and determination of the Alternate Basic Tax.

Part III Computation of the Credit for Alternate Basic Tax

Table with 4 rows for Part III, including Excess of regular tax over alternate basic tax for the current year, multiplication by .25, amount of alternate basic tax paid in previous years, and amount of credit to be claimed.

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

Table with 6 rows for Part IV, including columns for Taxable Year, Alternate Basic Tax Paid in Excess of Regular Tax, Adjustment under Section 1021.02(a)(6)(B)(iii), Amount Used as Credit in Previous Years, and Balance.

Schedule P Individual

Rev. Jul 18 25



GRADUAL ADJUSTMENT

2025

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)		00
2. Maximum amount of taxable net income to determine the gradual adjustment	(2)	500,000	00
3. Subtract line 2 from line 1 (If it is less than zero, enter zero and do not continue with the schedule)	(3)		00
4. 5% of line 3	(4)		00
5. Limit:			
(a) Basis to determine the adjustment limit	(5a)	8,895	00
(b) Plus: 33% of personal exemption, additional personal exemption for veterans and exemption for dependents (Lines 7, 8 and 9 of Part 2 of the return or lines 5, 6D and 7, Part II, Column B or C of Schedule CO Individual)	(5b)		00
6. Total limit (Add lines 5(a) and 5(b))	(6)		00
7. Gradual adjustment (The smaller of line 4 or 6. Enter here and in Part 3, line 15 of the return or Part III, line 2, Column B or C of Schedule CO Individual, as applicable)	(7)		00

Retention Period: Ten (10) years

FOR INFORMATION PURPOSES ONLY. DO NOT USE FOR FILING.

Schedule R Individual

Rev. Jul 18 25



**PASS-THROUGH ENTITIES
(RECONCILIATION)**

2025

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

Taxpayer's name

Fill in one:

Social Security Number

1 Taxpayer 2 Spouse 3 Both

Amount of Schedules R1 Individual included

Amount of Forms 480.60 EC

Amount of Federal Schedules K-1

Amount of Forms 480.60 F

Part I Questionnaire

1. Distributable share on gross income from services rendered of pass-through entities (From Part I, line H of all Schedules R1 Individual included).....	(1)	00
2. Distributable share on gross income from services rendered of subsidiary pass-through entities (From Part I, line I of all Schedules R1 Individual included)	(2)	00
3. Distributable share on gross income from services rendered of pass-through entities (Add lines 1 and 2)	(3)	00
4. Less: Share of net income attributable to the services rendered by the owners (From Part II, line 2 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 18 25



PASS-THROUGH ENTITIES

Taxable year beginning on _____ and ending on _____

2025

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

Table with 3 columns (Column A, Column B, Column C) and rows for various tax items (A-K) including type of form, taxable year, entity name, and basis adjustments. Includes a large watermark: 'FOR INFORMATION PURPOSES ONLY DO NOT USE FOR FILING.'

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

Table with 3 columns (Column A, Column B, Column C) and rows for net income/loss determination (5-10), including owner's share on loss, adjusted basis, and total income/losses.

Schedule T Individual

Rev. Jul 18 25



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

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

2025

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

Table with 7 rows for Part I calculations: 1. Tax liability, 2. Credits and overpayments, 3. Estimated tax, 4. Line 1 multiplied by 90%, 5. Total tax determined, 6. Enter the smaller of lines 4 and 5, 7. Subtract line 2 from line 6.

Part II Addition to the Tax for Failure to Pay

Section A - Failure to Pay

Table for Section A with columns for Due date (a-d) and rows for calendar/fiscal year selection, installment amounts (lines 8-17), and overpayment calculation.

Section B - Penalty

Table for Section B with rows for penalty calculations: 18. Multiply line 14 by 10%, 19. If the date indicated on line 10 for any installment is after its due date and..., 20. Add lines 18 and 19, 21. Addition to the Tax for Failure to Pay Estimated Tax.

Schedule U

Rev. 07.25



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

20__

For taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security or Employer Identification Number

Place of Residence or Incorporation

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

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

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

Table with 10 rows for Part II: Net income of the nonresident alien individual or foreign corporation or partnership, Property Factor, Payroll Factor, Sales Factor, Purchases Factor, and Net Income Attributable to Puerto Rico Sources.

Part III Determination of the Property Factor

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

Part IV Determination of the Payroll Factor

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

Part V Determination of the Sales Factor

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

Part VI Determination of the Purchases Factor

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

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

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

Schedule X Individual

Rev. Jul 18 25



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

2025

Taxable year beginning on _____ and ending on _____

Taxpayer's name		Social Security Number
Spouse's name		Spouse's Social Security Number
Fill in one: <input type="radio"/> 1 Taxpayer <input type="radio"/> 3 Both <input type="radio"/> 2 Spouse	Optional tax election (Section 1021.06 of the Code): <input type="radio"/> 1 Partial Waiver - 6% (CC RI 19-16) <input type="radio"/> 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 2, 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 1, 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 1, 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 31Aii and 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
E) Total other income (Subtract line 2D from the sum of lines 2A through 2C).....	(2E)	00

3. Total gross income received during the year (Add lines 1D and 2E)..... (3) 00

4. Percentage of income from services rendered on gross income received (Enter the result rounded to two decimal places. See instructions)..... (4) %

- 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
2. Less: Exempt income (Line 45, Part II of Schedule IE Individual).....	(2)	00
3. Income Subject to Optional Tax (Subtract line 2 from line 1 of this Part II).....	(3)	00
4. Determine the Optional Tax as follows: If the total taxable gross income (Line 3 of this Part II) is:		
(a) Not over \$100,000, multiply line 3 of this Part II by 6%.		
(b) Over \$100,000 but not over \$200,000, multiply line 3 of this Part II by 10%.		
(c) Over \$200,000 but not over \$300,000, multiply line 3 of this Part II by 13%.		
(d) Over \$300,000 but not over \$400,000, multiply line 3 of this Part II by 15%.		
(e) Over \$400,000 but not over \$500,000, multiply line 3 of this Part II by 17%.		
(f) Over \$500,000, multiply line 3 of this Part II by 20%.		
This is your Optional Tax	(4)	00
5. Credit for taxes paid to foreign countries, the United States, its states, territories and possessions (Submit Schedule C Individual) (See instructions).....	(5)	00
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