Government of Puerto Rico Department of the Treasury

PUBLICATION 20-03

DEVELOPER GUIDE INFORMATIVE RETURNS

ELECTRONIC FILING REQUIREMENTS FOR TAX YEAR 2020

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Department of the Treasury Tax System: SURI

Since December 10, 2018, all transactions related to withholding taxes are managed electronically through our Internal Revenue Integrated System, also known as SURI, for its Spanish acronym.

SURI is the online portal for the Department of Treasury ("Department") that incorporates all taxes administered by the Department into an integrated system.

The implementation of this system has been completed and was divided into three (3) phases as follows:

Phase	Tax Types	Rollout Date
Rollout 1	Sales and Use Tax ("SUT") Subtitles D and DDD of the Puerto Rico	Phase completed by
(Completed)	Internal Revenue Code of 2011, as amended ("Code")	November 1, 2016
Rollout 2	Withholding at Source Subchapter B of Chapter 6 of Subtitle A	
(Completed)	of the Code	Phase completed by
	Inheritance and Gift Tax Subtitle B of the Code	December 10, 2018
	Excise Tax, Alcoholic Beverage Tax and Licenses Subtitles C and E of the Code	
Rollout 3	Income Tax Subtitle A of the Code	Phase completed by
(Completed)		February 24, 2020



IMPORTANT INFORMATION

The purpose of this Publication is to provide the electronic transfer filing instructions for the following Informative Returns Forms:

MODIFIED	Form 480.6A	Informative Return – Other Income Not Subject to Withholding	Exhibit A
MODIFIED	Form 480.6B	Informative Return – Other Income Subject to Withholding	Exhibit B
MODIFIED	Form 480.6C	Informative Return – Payments to Nonresidents or for Services from Sources Outside of Puerto Rico	Exhibit C
MODIFIED	Form 480.6D	Informative Return – Exempt and Excluded Income and Exempt Income Subject to Alternate Basic Tax	Exhibit D
MODIFIED	Form 480.7	Informative Return – Individual Retirement Account	Exhibit E
MODIFIED	Form 480.7A	Informative Return – Mortgage Interests	Exhibit F
MODIFIED	Form 480.7B	Informative Return – Educational Contribution Account	Exhibit G
MODIFIED	Form 480.7C	Informative Return – Retirement Plans and Annuities	Exhibit H
MODIFIED	Form 480.7D	Informative Return – Automobile Lease Payments	Exhibit I
MODIFIED	Form 480.6SP	Informative Return – Services Rendered	Exhibit J
MODIFIED	Form 480.6G	Informative Return – Transactions Made by Electronic Means	Exhibit K
MODIFIED	Form 480.7E	Optional Informative Return – Advertising, Insurance Premiums, Telecommunication, Internet Access and Cable or Satellite Television Services	Exhibit L
NEW	Form 480.7F	Annual Return of Payments Received for Advertising, Insurance Premiums, Telecommunication, Internet Access and Cable or Satellite Television Services	Exhibit M
MODIFIED	Form 480.5	Summary of the Informative Returns	Exhibit N
MODIFIED	Form 480.6B.1	Annual Reconciliation Statement of Other Income Subject to Withholding	Exhibit O
MODIFIED	Form 480.30	Nonresident Annual Return for Income Tax Withheld at Source	Exhibit P



	Form 480.7B.1	Annual Reconciliation Statement of Tax Withheld from Individual Retirement Accounts and Educational Contribution Accounts	Exhibit Q & Exhibit R
	Form 480.7C.1	Annual Reconciliation Statement of Tax Withheld from Retirement Plans and Annuities	Exhibit S
MODIFIED	Form 480.6SP.2	Annual Reconciliation Statement of Services Rendered	Exhibit T



Users of this Publication

Payers, withholding agents, recipients or payees (payers)

submitting Informative Returns Form by text file.

Mandatory Electronic Filing

You must submit all filings of Informative Returns electronically

through SURI using EFINFPR format.

Register Online

If you do not currently have an account in SURI, you must register; if you do have an account, you must update your registration for withholding. To do either, access

www.suri.hacienda.pr.gov.

Control Number

The payer will generate and assign control numbers for the Informative Returns forms. Control numbers must be 9 digits and must be unique for the payer, form type, and tax year. Note: Please refer to Filing Reminders Section, Part II for

new information.

Provide to the Payee, Borrower, Beneficiary, **Contributor or Payer**

You are responsible for providing two (2) paper copies of the form, or electronically, if the payer complies with the requirements established in Internal Revenue Circular Letter No. 16-11.

You Must Keep

You must keep one (1) record for each payee, borrower, beneficiary, contributor or payer for a minimum of 10 years.

Rejected Submissions

Files will be rejected if they do not meet the technical specifications outlined in this publication.

File Early

You must submit a compliant and error free file by the due date. We suggest you file early to allow time to correct any errors should your submission be rejected.

Penalties will Apply

Penalties for each informative will be applied if you fail to file by the due date. (Please refer to the instructions of the forms)

File Processing Timeframe

Submissions are processed in batch at the end of every business day. Confirmation will be sent once processing is complete.

Confirmation Number

Once your submission has been processed (after nightly batch), you will receive a notification that the filing confirmation is ready to be viewed in SURI. You will receive a confirmation number for your submission that is (10) digits long preceded by a letter. Your confirmation number will consist of (11) characters.



WHAT IS NEW?

I. New Form

1. Form 480.7F "Annual Return of Payments Received for Advertising, Insurance Premiums, Telecommunication, Internet Access and Cable or Satellite Television Services". See Exhibit M.

II. New Type of ID

- 1. The Merchant Registration Number was added as an option as new Type of ID in the following forms:
 - 480.6A
 - 480.7E
 - 480.7F

III. Modified Forms

1. Form 480.6A (Exhibit A)

A. Additions

- The "Other Interests" field (location 1016-1027) was added.
- The "Payments for Virtual and Technology Tools and Other Subscriptions" field (location 1028-1039) was added.
- The "Payer E-mail" field (location 2376-2425) was added (Required).
- The "Payer Telephone Number" field (location 2426-2445) was added (Required).

B. Modifications

- Boxes 1, 2, 3, 10, 11, 12, and 13, were renumbered on form.
- The "Type ID Payee" field (location 11-11) One (1) additional ID Type was added, "3" = Merchant Number.
- The "Payee's ID" (location 167-175) One (1) additional Payee's ID was added, "3". If ID Type = "3" fill with blanks (Required).
- The "Filler" (location 345-356) fill with Zeros.
- The "Filler" (location 956-967) fill with Zeros.



- The "Filler" (location 968-979) fill with **Zeros**.
- The "Professional Associations Fees" changed to "Professional Associations Fees and Dues" (location 980-991).
- The "Filler" (location 992-1003) fill with **Zeros**.

C. Deletions

- The "Commissions and Fees" field.
- The "Electric Power" field.
- The "Water and Sewage" field.
- The "Continuing Education for Professions and Trades" field.

2. Form 480.6B (Exhibit B)

A. Additions

- The "Payer E-mail" field (location 2376-2425) was added (Required).
- The "Payer Telephone Number" field (location 2426-2445) was added (Required).

B. Modifications

- The "Eligible Dividends under Act 14-2017" field name **changed to** "Eligible Dividends under Act 14-2017, as amended".
 - o Amount Paid (location 881-892).
 - Amount Withheld (location 893-902).

C. Deletions

No deletions were made to this form.

3. Form 480.6B.1 (Exhibit O)

A. Additions

No additions were made to this form.



- The "Eligible Dividends under Act 14-2017" field name **changed to** "Eligible Dividends under Act 14-2017, as amended".
 - Amount Paid (location 2096-2107).
 - Tax Withheld (location 2108-2119).

C. Deletions

No deletions were made to this form.

4. Form 480.6C (Exhibit C)

A. Additions

- The "Payments for Services Rendered Outside of Puerto Rico" field (location 894-905) was added.
- The "Payer E-mail" field (location 2376-2425) was added (Required).
- The "Payer Telephone Number" field (location 2426-2445) was added (Required).

B. Modifications

- The "Filler" (location 906-906) fill with spaces (Required).
- The "Payments Not Subject to Withholding" field name changed to "Other Payments Not Subject to Withholding" (location 908-919).

C. Deletions

No deletions were made to this form.

5. Form 480.30 (Exhibit P)

A. Additions

• The "Payments for Services Rendered Outside of Puerto Rico" field (location 2304-2315) was added.



- The "Payments Not Subject to Withholding" field name **changed to** "Other Payments Not Subject to Withholding" (location 2316-2327).
- The "Filler" (location 2328-2445) fill with spaces.

C. Deletions

No deletions were made to this form.

6. Form 480.6D (Exhibit D)

A. Additions

- The "Qualified Disaster Aid Payments under Section 1031.01(b)(16)" field (location 934-954) was added.
- The "Debt Cancellation and Subsidies Receipt under Article 5(i) of Act 57-2020" field (location 955-966) was added.
- The "Payer E-mail" field (location 2376-2425) was added (Required).
- The "Payer Telephone Number" field (location 2426-2445) was added (Required).

B. Modifications

- The "Other Payments Subject to Alternate Basic Tax Total Amount Paid" field **changed to** line 22A.
- The "Other Payments Subject to Alternate Basic Tax Amount Subject to Alternate Basic Tax" field **changed to** line 22B.
- The "Interest upon Obligations from the Commonwealth of Puerto Rico" field name changed to "Interests upon Obligations from the Government of Puerto Rico".
- The "Other Payments Not Subject to Alternate Basic Tax" changed to line 23.
- The "Eligible Dividends under Act 14-2017" field name **changed to** "Eligible Dividends under Act 14-2017, as amended".
- The "Dividends from exempt business under Act 60-2019 (Section 6070.56(e))" field name **changed to** "Dividends from exempt business under Section 6070.56(e) of Act 60-2019".
- The "Filler" (location 967-2375) fill with spaces (Required).

C. Deletions

No deletions were made to this form.



7. Form 480.7 (Exhibit E)

A. Additions

- The "Indicate purpose" Box (Type of Financial indicator) "C"=
 Contributions, "D"= Distributions, and "B"= Both (location 892) now
 shown on form.
- The "Payee ID Type" (location 11-11) Three (3) ID Types were added, "3" = ITIN, "4" = IDN and "5" = CIDN (see Exhibit E) (Required).
- The "Payee Resident Type" field (location 12-12) "1"= Resident, "2"= Nonresident, "3"= Alien, was added (Required).
- The "Payee Foreign ID" (location 893-912) only for Payee Foreign ID "4" (4=IDN) or "5" (5=CIDN), is not for FEIN, SSN, or ITIN (see Exhibit E).
- The "Withholding Agent E-mail" field (location 2364-2413) was added (Required).
- The "Withholding Agent Telephone Number" field (location 2414-2433)
 was added (Required).

B. Modifications

- The "Filler" (location 913-2363) fill with spaces (Required).
- The "Tax Withheld from Interest (10% line 12D)" field name changed to "Tax Withheld from Interests (10% line 12D) (See inst.)".
- **Filing date information on Form**: "Filing date: February 28 or August 30, as applicable. See instructions" **changed to** "Filing date: February 28 or November 30, as applicable. See instructions".

C. Deletions

No deletions were made to this form.

8. Form 480.7A (Exhibit F)

A. Additions

- The "Recipient's E-mail" field (location 2376-2425) was added (Required).
- The "Recipient's Telephone Number" field (location 2426-2445) was added (Required).



- The "Principal Balance" field name (location 402-413) changed to "Original Loan Amount".
- The "Loan Term" field name changed to "Loan Term (in months)".
- The "Filler" (location 996-2375) fill with spaces (Required).

C. Deletions

No deletions were made to this form.

9. Form 480.7B (Exhibit G)

A. Additions

- The "Withholding Agent E-mail" field (location 2376-2425) was added (Required).
- The "Withholding Agent Telephone Number" field (location 2426-2445) was added (Required).

B. Modifications

- The "Indicate purpose" Box (Type of Financial indicator), "C"= Contributions, "D"= Distributions, and "B"= Both (location 902) **now shown on form**.
- The "Filler" (location 903-2375) fill with spaces (**Required**).
- **Filing date information on Form**: "Filing date: February 28 or August 30, as applicable. See instructions" **changed to** "Filing date: February 28 or November 30, as applicable. See instructions".

C. Deletions

No deletions were made to this form.

10. Form 480.7C (Exhibit H)

A. Additions

 The "Indicate purpose" Box (Type of Financial), "C"= Contributions, "D"= Distributions, and "B"= Both field (location 1042) was added (Required).



- The "Payer E-mail" field (location 2343-2392) was added (Required).
- The "Payer Telephone Number" field (location 2393-2412) was added (Required).

- The "Filler" (location 1043-2342) fill with spaces (**Required**).
- **Filing date information on Form**: "Filing date: February 28 or August 30, as applicable. See instructions" **changed to** "Filing date: February 28 or November 30, as applicable. See instructions".

C. Deletions

No deletions were made to this form.

11. Form 480.7D (Exhibit I)

A. Additions

- The "Payee E-mail" field (location 2376-2425) was added (Required).
- The "Payee Telephone Number" field (location 2426-2445) was added (Required).

B. Modifications

The "Filler" (location 832-2375) - fill with spaces (Required).

C. Deletions

No deletions were made to this form.

12. Form 480.6SP (Exhibit J)

A. Additions

- The "Waiver Certificate Number" field (location 434-453) was added.
- The "Health Professionals under Circular Letter No. 20-1 (See instructions)" indicator Box, field (location 454) was added.
- The "Payer E-mail" field (location 2376-2425) was added (Required).
- The "Payer Telephone Number" field (location 2426-2445) was added (Required).



- The "Physicians Act 14-2017" indicator box **name changed to** "Physicians Act 14-2017, as amended".
- The "Check here if you received the sworn statement from the service provider choosing the optional tax" indicator Box name changed to "Check here if you received the Waiver Certificate from the service provider choosing the optional tax (See instructions)".
- The "Filler" (location 455-761) fill with spaces (**Required**).
- The "Filler" (location 832-2375) fill with spaces (**Required**).

C. Deletions

No deletions were made to this form.

13. Form 480.6G (Exhibit K)

A. Additions

- The "Payer E-mail" field (location 2376-2425) was added (Required).
- The "Payer Telephone Number" field (location 2426-2445) was added (Required).

B. Modifications

• The "Filler" (location 860-2375) - fill with spaces (**Required**).

D. Deletions

No deletions were made to this form.

14. Form 480.7E (Exhibit L)

A. Additions

- The "Insurance Premiums (except contributions to health or accident plans) (See inst.)" field (location 370-384) was added.
- The "Bundles" field (location 460-474) was added.
- The "Payee Merchant Number" (location 2345-2355) was added.
- The Payer "Account Number" field (location 2356-2375) was added.
- The "Payer E-mail" field (location 2376-2425) was added (Required).



- The "Payer Telephone Number" field (location 2426-2445) was added (Required).
- **Filing date information on Form**: No later than the due date to file the return, including any extension of time. See instructions.

- The name "Informative Return Advertising, Insurance Premiums, Telecommunication, Internet Access and Cable or Satellite Television Services" changed to "Optional Informative Return - Advertising, Insurance Premiums, Telecommunication, Internet Access and Cable or Satellite Television Services".
- The "Type ID Payee" (location 11-11) One (1) additional ID Type was added, "3" = Merchant Number (Required).
- The "Payee's ID" (location 167-175) One (1) additional Payee's ID was added, "3"; if ID Type = "3" fill with blanks (Required).
- The "Filler" (location 475-2344) fill with spaces (**Required**).
- The "Other Payments" field **name changed to** "Other Related Payments".

C. Deletions

- The "Property, Contingency and Public Liability Insurance and Bonds" field was deleted.
- The "Contributions to Health or Accident Plans" field was deleted.

15. Form 480.5 (Exhibit N)

A. Additions

• The "Form Type" field (location 13) – One (1) additional Box was added, "L" = 480.7F.

B. Modifications

• Filing date information on Form: "Filing date: January 31, February 28, April 15 or August 30, as applicable. See instructions" changed to "Filing date: January 31, February 28, April 15 or November 30, as applicable. See instructions".

C. Deletions

No deletions were made to this form.



16. Form 480.6SP.2 (Exhibit T)

A. Additions

No additions made to this form.

B. Modifications

- The "Services Rendered by Individuals Not Subject to Withholding" field name changed to "Payments for Services Rendered by Individuals Not Subject to Withholding".
- The "Services Rendered by Corporations and Partnerships Not Subject to Withholding" field name **changed to** "Payments for Services Rendered by Corporations and Partnerships Not Subject to Withholding".
- The "Services Rendered by Individuals Subject to Withholding" field name changed to "Payments for Services Rendered by Individuals Subject to Withholding".
- The "Services Rendered by Corporations and Partnerships Subject to Withholding" field name changed to "Payments for Services Rendered by Corporations and Partnerships Subject to Withholding".

C. Deletions

No deletions were made to this form.



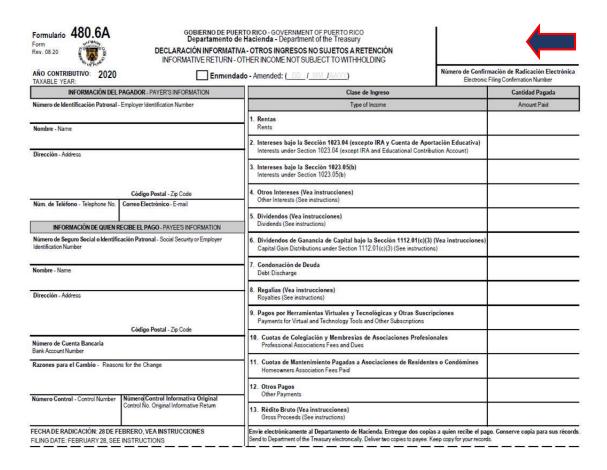
FILING REMINDERS

The Department is not responsible for the method or program used to file the Informative Returns forms (programs of any service provider).

I. Confirmation Number

The Department will not accept Informative Returns forms printed without the confirmation number (handwritten or typed confirmation numbers on the forms will automatically invalid the forms). The file must be uploaded, submitted and processed to obtain the confirmation number from SURI.

Example of Electronic Filing Confirmation Number Box on Form 480.6A:



II. Control Numbers

The Department does not assign control numbers via text file. The control number will be assigned by the payer on submission. This number must consist of nine digits and cannot be repeated for the same payer, same form type, and same tax year. **Starting** tax year 2019 the sequence from 900000000 to 999999999 will be reserved only for



the use of the Department for all other submissions, <u>excluding text file</u> submissions.

III. Substitute Forms

Authorization is required to reproduce substitute forms of the Informative Returns. Authorization must be requested from the Forms and Publications Division no later than January 4, 2021. You may contact the Forms and Publications Division sending an email to forms@hacienda.pr.gov.

IV. Filing Deadline

When is my file due?

Form	Due Date
480.7A, 480.7D and 480.5	February 1, 2021
480.6A, 480.6B, 480.6B.1, 480.6D, 480.6G, 480.6SP, 480.6SP.2, 480.7F, and 480.5	March 1, 2021
480.6C, 480.30, and 480.5	April 15, 2021
480.7, 480.7B, 480.7C, 480.7B.1, 480.7C.1, and 480.5 (See instructions of the Forms)	March 1 or Nov. 30, 2021
480.7E and 480.5	No later than the due date to file the return, including any extension of time

All informative returns must be submitted by the applicable deadline. An extension to file cannot be requested since the Puerto Rico Internal Revenue Code of 2011, as amended, does not provide for such extension.

V. Representative

Representatives filing on behalf of a payer need to be registered in SURI and be authorized by the payer to access the taxpayer's account. For more information, please refer to Internal Revenue Circular Letter No. 18-16 available at www.hacienda.pr.gov. Once authorized, the representative will be able to submit files via the payer's SURI account.



VI. Filing for Previous Years

Filings for tax years 2014 to 2019 must be made in SURI using the appropriate filing requirements for the specific tax year of the submission. Publications for each tax year are available on Hacienda's website www.hacienda.pr.gov in the "Patronos y Agentes Retenedores" section. Control numbers for previous year submissions must be assigned by the payer. Control numbers should consist of nine digits and cannot be repeated for the same payer, form type, and tax year.

VII. Amendments of Previously Filed Forms

The Department requires that every Amended form includes a <u>Reason for the Change</u> and the <u>Control Number</u> of the form being amended (Original Control Number). In addition, all amended forms must have their own unique control number.

An original file cannot contain amended forms.

Amended files must be submitted separately and can only be submitted after the original submission has processed.



AVOID COMMON MISTAKES CHECKLIST

The number sequence from 900000000 to 999999999 were not used since the same are reserved for the Department's purposes only, as instructed in this publication.
The system will not accept a file with errors. Files should be submitted <u>at least one week</u> before the due date to allow time to make corrections if necessary. Files that are submitted with errors on or before the due date will not be considered as filed and will be subject to late filing penalties.
You must complete the submission and it must be processed before the forms with a confirmation number will be available for printing and distribution.
Be sure to enter the correct taxable year, form type and document type.
Make sure to enter the name and complete address of the payee.
Remember to enter the Employer Identification Number (EIN), Social Security Number (SSN) or Identification Number of the Payer .
Verify that the following fields are completed and correct: o Control Number o Record Type o Document Type
All money fields must be numeric. No decimal punctuation or positive signs are allowed in these fields. Remember that money fields must contain zeros if no other amount is applicable.
Do not create a file that contains any data other than what is specified in this Publication.
Payers are limited to one (1) original submission for each informative type and filing period. Any submissions after the original must be "Adding" or "Amending".
The same design of printed Informative Returns will be used for all purposes: to deliver two (2) copies to the Payee, Borrower, Beneficiary, Contributor or Payer (480.7D), as applicable, and to keep a copy for your records.
 Verify that Form 480.7C – Distribution Codes include these specifications: Include the code(s) corresponding to the concept for which the distribution is made. Valid distribution codes are: A, B, C, D, E, F, G, H, I, J, K, L, M or N. You can report a maximum of two codes. If you are reporting two codes, one of them must be N.



o You are not allowed to report two of the same code (Example: AA, NN).

□ Verify that in the field (location 1952-1963) of Form 480.6B.1 and in the field (location 1838-1849) of Form 480.30 – "Amount to be Paid" equals the "Total tax withheld after the credit for tax on Deemed Dividends" amount minus the "Credit for tax on Deemed Dividends (Section 1062.13).



FREQUENTLY ASKED QUESTIONS

1. What if I do not follow the instructions in this booklet?

The file will be rejected and you may be subject to late filing penalties.

2. Is this the only alternative for filing the Forms?

No, payers can manually file up to 2,000 Informative Returns forms in SURI.

3. Do you have test software that I can use to verify the accuracy of my file?

Yes, SURI will validate both the format and content of the file as part of the upload and submission process. SURI will not allow files that do not meet the specifications of this publication to be submitted for processing.

4. How can I obtain the 2020 layout of the Informative Returns?

You may contact the Forms and Publications Division sending an e-mail to forms@hacienda.pr.gov.

5. Can I request an extension to file Informative Returns?

No, the Code does not provide for an extension to file Informative Returns. You must meet the filing deadlines.

6. What if I file late?

You will be subject to the penalties imposed by the Code.

7. What if you can't process my file?

We will reject your file and provide a report of all errors.

8. What should I do if I receive an error message when uploading my file?

Review the error messages provided by SURI and apply the appropriate correction to the file. Once corrected, re-upload in SURI and complete the submission. The Department will soon be issuing Publication 20-06 ("Manual de Referencia Errores de Declaraciones Informativas Año 2020) in our Department's web page (www.hacienda.pr.gov), under the Publications section.

9. If, as a Payer or Withholding Agent, I use a service bureau or a reporting representative to submit my file, am I responsible for the accuracy and timeliness of the file?

Yes.



10. Do I need to keep a copy of the information I send you?

Yes. The Department requires that you either retain a copy of the Forms data, or to be able to reconstruct the data, for at least 10 years after the due date of the report.

11. Do you accept test files?

No.

12. What are all of the file types that I can submit?

- An "ORIGINAL" file will only be accepted once per payer, form type, and tax year.
 - Original: File Type O (O = Original); Document Type must be "O" (O = Original) and the summary (summaries) must be "O" (O = Original).
- An "<u>ADDING</u>" file can be submitted to file any original forms that were not included in the original submission. There is no limit on the number of Adding files that can be submitted.
 - ➤ Adding: File Type A (A = Add); Document Type must be "O" (O = Original) for all forms. Summary record(s) like the 480.5 or the 480.6B.1 must be "A" (A = Amended). The totals in the summary records must equal the totals from the original submission plus the sum of values from the added records.
- An "<u>AMENDED</u>" file can be submitted to correct or delete records that were submitted in the original or any subsequent adding files. There is no limit on the number of amended files that can be submitted.
 - ➤ Amended: File Type E (E = Amended); Document Type must be "A" (A = Amended) or "X" (X = Delete) for all forms. Summary record(s) like the 480.5 or the 480.6B.1 must be "A" (A = Amended). The totals in the summary records must equal the totals from original submission and all adding files plus any change in values from the amended records.

13. Can I include an amended form in the original file?

No. Amended records must be submitted in a separate file. Amended files cannot include any original records.

14. Which control number do I use for the amended form?

You must assign a new, unique control number to each amended Informative Return form. Summary records do not require control numbers.



15. If I file a form incorrectly, how can it be amended?

An amended form needs to be submitted with Document Type "A" (A = Amended). Make sure the original control number in the amended form matches the control number of the original form submitted that requires amending. If a form needs to be deleted, submit a form with Document Type "X". The original control number and the control number of the deleted form must be the same. All values in the deleted form should match the values from the original form. DO NOT modify any data when deleting documents.



FILE SPECIFICATIONS

Definitions

Payee : Person or organization receiving payments from the reporting

entity or for whom the informative return must be filed.

Payer or

Withholding Agent : Person or organization making payments.

File Data Requirements

What are the media requirements?

- Data must be recorded in American Standard Code for Information Interchange-1 (ASCII-1) format.
- You must use the File Name indicated in each Exhibit of the Form being submitted. The File Name must be in the root directory. Example: a:\F4806BY20
- The record format must be fixed.



FILE DESCRIPTION

All the Following Records are Required:

1. Forms 480.6A, 480.6D, 480.7A, 480.7D, 480.6G, 480.7E, and 480.7F:

Record Type SU	Submitter Record	Required
Record Type PA	Employer Record	Required
Form		Required
Form		Required
Form		Required
Form 480.5	Summary	Required

2. Forms 480.6B:

Record Type SU	Submitter Record	Required
Record Type PA	Employer Record	Required
Form 480.6B		Required
Form 480.6B		Required
Form 480.6B		Required
Form 480.6B.1	Summary 480.6B	Required
Form 480.5	Summary	Required

3. Forms 480.6C:

Record Type SU	Submitter Record	Required
Record Type PA	Employer Record	Required
Form 480.6C		Required
Form 480.6C		Required
Form 480.6C		Required
Form 480.30	Summary 480.6C	Required
Form 480.5	Summary	Required

4. Forms 480.7:

Record Type SU	Submitter Record	Required
Record Type PA	Employer Record	Required
Form 480.7		Required
Form 480.7		Required
Form 480.7		Required
Form 480.7B.1	Summary 480.7	Required
Form 480.5	Summary	Required



5. Forms 480.7B:

Record Type SU	Submitter Record	Required
Record Type PA	Employer Record	Required
Form 480.7B		Required
Form 480.7B		Required
Form 480.7B		Required
Form 480.7B.1	Summary 480.7B	Required
Form 480.5	Summary	Required

6. Forms 480.7C:

Submitter Record	Required
Employer Record	Required
	Required
	Required
	Required
Summary 480.7C	Required
Summary	Required
	Employer Record Summary 480.7C

7. Forms 480.6SP:

Submitter Record	Required
Employer Record	Required
	Required
	Required
	Required
Summary 480.6SP	Required
Summary	Required
	Employer Record Summary 480.6SP



Rules

What rules do you have for money fields?

- Numeric only.
- No punctuation (decimal points or commas).
- No signed amounts (no dollar signs).
- Last two positions are for cents (example: \$59.60 = 00000005960).
- **Do not** round to the nearest dollar (example: \$5,500.99 = 00000550099).
- Right justified and zero fill to the left.
- Any money field that has no amount to be reported must be filled with zeros, not blanks.
- Example for money fields:
 - o If the format field is 9(9)v99 and the amount is \$1,500.50, fill the eleven positions with 00000150050.
 - o If the format field is 9(10)v99 and the amount is \$1,225.50-, fill the twelve positions with -00000122550.
 - If the format field is 9(10) and the amount is 25, fill the ten positions with 000000025.

What rules do you have for alpha/numeric fields?

- Left justified and fill with blanks.
- If no data, leave the field in blank do not enter zeros.

What rules do you have for the Employer Identification Number (EIN)?

- Only numeric characters.
- Omit hyphens, prefixes and suffixes.
- Do <u>not</u> begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 69, 70, 78, 79, or 89.

What rules do you have for the Social Security Number (SSN)?

- Only numeric characters.
- Omit hyphens, prefixes and suffixes.
- Do not enter SSN with all digits repeated (for example, 111-11-1111).
- May not begin with 666 or 9.
- May not be blanks or zeros.



What rules do you have for the Individual Taxpayer Identification Number (ITIN)?

- ITIN's will only be accepted in the Payee ID field or in the alternate payee identification field in the **480.6C** and/or **480.7C** informative return.
- Only numeric characters.
- Omit hyphens, prefixes and suffixes.
- Must begin with a 9.
- May not be blanks or zeros.
- Middle digits (4th and 5th) must be in one of these ranges: 50 65, 70 88, 90 92, or 94 99.

What rules do you have for the Other Tax Identifications (IDN = Individual Identification Number or CIDN = Corporation Identification Number)?

- IDN or CIDN will only be accepted in the Payee ID field or in the alternate payee identification field in the 480.6C and/or 480.7C informative return.
- Only alpha numeric characters.
- May not be blanks or zeros.
- Length field is up to 13 characters or less than 14 characters.

Form Type

It is necessary to complete the Form Type in the record layout as follows:

- Type 2 Indicates Form 480.6A
- Type 3 Indicates Form 480.6B
- Type 4 Indicates Form 480.7
- Type 5 Indicates Form 480.6C
- Type 6 Indicates Form 480.7A
- Type 7 Indicates Form 480.7B
- Type 8 Indicates Form 480.6B.1
- Type 9 Indicates Form 480.30
- Type A Indicates Form 480.7B.1 (480.7B.1 ONLY PART FOR 480.7)
- Type B Indicates Form 480.7B.1 (480.7B.1 ONLY PART FOR 480.7B)
- Type G Indicates Form 480.6G



- Type H Indicates Form 480.6SP
- Type I Indicates Form 480.6SP.2
- Type K Indicates Form 480.7E
- Type L Indicates Form 480.7F
- Type R Indicates Form 480.7C.1
- Type X Indicates Form 480.6D
- Type Y Indicates Form 480.7C
- Type Z Indicates Form 480.7D
- For Form 480.5 see Exhibit N

Document Type

It is necessary to complete the Form Type in each record layout as follows:

- **O** Indicates an **Original** Record. This is the only document type that is allowed in the original submission.
- A Indicates an Amended Record. Amended document types can only be submitted in amended filing types.
- X Indicates a **Deleted** Record. Submit a delete record for any forms that were submitted by mistake. Deleted document types can only be submitted in amended filing types.



ASSISTANCE

Technical Questions

If you have technical questions related to development, programming, or reporting please submit them through <u>SURI</u> under "I Want To" - "Send a Message". There is also additional information and instructions available in SURI under "Need Assistance" – "Video Tutorials".

Tax Related Questions

For general tax questions you may contact the Department at (787) 721-2020, Monday through Friday from 8:00 a.m. to 4:30 p.m. Otherwise, you should contact your independent tax advisor.



APPENDIX A: POSTAL ABBREVIATIONS AND NUMERIC CODES

State	Abbreviation	Numeric	State	Abbreviation	Numeric
Alahama	Λ1	Code*	Montono	MT	Code*
Alabama	AL	01	Montana		30
Alaska	AK	02	Nebraska	NE	31
Arizona	AZ	04	Nevada	NV	32
Arkansas	AR	05	New Hampshire	NH	33
California	CA	06	New Jersey	NJ	34
Colorado	CO	08	New México	NM	35
Connecticut	CT	09	New York	NY	36
Delaware	DE	10	North Carolina	NC	37
District of Columbia	DC	11	North Dakota	ND	38
Florida	FL	12	Ohio	OH	39
Georgia	GA	13	Oklahoma	OK	40
Hawaii	HI	15	Oregon	OR	41
Idaho	ID	16	Pennsylvania	PA	42
Illinois	IL	17	Rhode Island	RI	44
Indiana	IN	18	South Carolina	SC	45
Iowa	IA	19	South Dakota	SD	46
Kansas	KS	20	Tennessee	TN	47
Kentucky	KY	21	Texas	TX	48
Louisiana	LA	22	Utah	UT	49
Maine	ME	23	Vermont	VT	50
Maryland	MD	24	Virginia	VA	51
Massachusetts	MA	25	Washington	WA	53
Michigan	MI	26	West Virginia	WV	54
Minnesota	MN	27	Wisconsin	WI	55
Mississippi	MS	28	Wyoming	WY	56
Missouri	MO	29			

*Use on Code RS State Wage Record only

Territories and Possessions	Abbreviation	Military Post Offices (Formerly APO and FPO)	Abbreviation
American Samoa	AS	Alaska and the Pacific	AP
Guam	GU	Canada, Europe, Africa and Middle East	AE
Northern Mariana Islands	MP	Central and South America	AA
Puerto Rico	PR		
Virgin Island	VI		



APPENDIX B: COUNTRY CODES

Country	Code
Afghanistan	AF
Akrotiri Sovereign Base Area	AX
Albania	AL
Algeria	AG
Andorra	AN
Angola	AO
Anguilla	AV
Antigua and Barbuda	AC
Argentina	AR
Armenia	AM
Aruba	AA
Ashmore and Cartier Islands	AT
Australia	AS
Austria	AU
Azerbaijan	AJ
Bahamas, The	BF
Bahrain	BA
Baker Island	FQ
Bangladesh	BG
Barbados	BB
Bassas da India	BS
Belarus	ВО
Belgium	BE
Belize	BH
Benin	BN
Bermuda	BD
Bhutan	BT
Bolivia	BL
Bosnia-Herzegovina	BK
Botswana	ВС
Bouvet Island	BV
Brazil	BR
British Indian Ocean Territory	10
Brunei	BX
Bulgaria	BU
Burkina Faso	UV
Burma	BM
Burundi	BY
Cambodia	СВ
Cameroon	CM
Finland	FI

Country	Code
Canada	CA
Cape Verde	CV
Cayman Islands	CJ
Central African Republic	CT
Chad	CD
Chile	CI
China, People's Republic of	CH
Christmas Island (Indian Ocean)	KT
Clipperton Island	ΙP
Cocos (Keeling) Islands	CK
Colombia	CO
Comoros	CN
Congo (Democratic Republic of)	CF
Congo (Republic of)	CF
Cook Islands	CW
Coral Sea Islands Territory	CR
Costa Rica	CS
Cote d'ivoire (Ivory Coast)	IV
Croatia	HR
Cuba	CU
Curacao	UC
Cyprus	CY
Czech Republic	EZ
Denmark	DA
Dhekelia Sovereign Base Area	DX
Djibouti	DJ
Dominica	DO
Dominican Republic	DR
Ecuador	EC
Egypt	EG
El Salvador	ES
England	UK
Equatorial Guinea	EK
Eritrea	ER
Estonia	EN
Ethiopia	ET
Europa Island	EU
Falkland Islands (Islas Malvinas)	FK
Faroe Islands	FO
Fiji	FJ
Jersey	JE



Country	Code
France	FR
French Guiana	FG
French Polynesia	FP
French Southern and Antarctic Lands	FS
Gabon	GB
Gambia, The	GA
Gaza Strip	GZ
Georgia	GG
Germany	GM
Ghana	GH
Gibraltar	GI
Glorioso Islands	GO
Greece	GR
Greenland	GL
Grenada	GJ
Guadeloupe	GP
Guatemala	GT
Guernsey	GK
Guinea	GV
Guinea-Bissau	PU
Guyana	GY
Haiti	HA
Heard Island and McDonald Island	HM
Honduras	НО
Hong Kong	HK
Howland Island	HQ
Hungary	HU
Iceland	IC
India	IN
Indonesia	ID
Iran	IR
Iraq	ΙZ
Ireland	EI
Israel	IS
Italy	IT
Jamaica	JM
Jan Mayan	JN
Japan	JA
Jarvis Island	DQ
Monaco	MN
Mongolia	MG

Country	Code
Johnston Atoll	JQ
Jordan	JO
Juan de Nova Island	JU
Kazakhstan	KZ
Kenya	KE
Kingman Reef	KQ
Kiribati	KR
Korea, Democratic People's Republic of (North)	KN
Korea, Republic of (South)	KS
Kosovo	ΚV
Kuwait	KU
Kyrgyzstan	KG
Laos	LA
Latvia	LG
Lebanon	LE
Lesotho	LT
Liberia	LI
Libya	LY
Leichtenstein	LS
Lithuania	LH
Luxembourg	LU
Macau	MC
Macedonia	MK
Madagascar	MA
Malawi	MI
Malaysia	MY
Maldives	MV
Mali	ML
Malta	MT
Man, Isle of	IM
Marshall Islands	RM
Martinique	MB
Mauritania	MR
Mauritius	MP
Mayotte	MF
Mexico	MX
Micronesia, Federated States of	FM
Midway Islands	MQ
Moldova	MD
St Lucia	ST
St Martin	RN



Country	Code
Montenegro	MJ
Montserrat	MH
Morocco	MO
Mozambique	MZ
Nambia	WA
Nauru	NR
Navassa Island	BQ
Nepal	NP
Netherlands	NL
New Caledonia	NC
New Zealand	NZ
Nicaragua	NU
Níger	NG
Nigeria	NI
Niue	NE
No Man's Land	NM
Norfolk Island	NF
Northern Ireland	UK
Norway	NO
Oman	MU
Pakistan	PK
Palau	PS
Palmyra Atoll	LQ
Panama	PM
Papua New Guinea	PP
Paracel Islands	PF
Paraguay	PA
Peru	PE
Philippines	RP
Pitcairn Island	PC
Poland	PL
Portugal	РО
Qatar	QA
Reunion	RE
Romania	RO
Russia	RS
Rwanda	RW
St Barthelemy	TB
St Helena	SH
St Kitts and Nevis	SC
Tunisia	TS
Turkey	TU
Turkmenistan	TX

Country	Code
St Pierre and Miquelon	SB
St Vincent and the Grenadines	VC
Samoa	WS
San Marino	SM
Sao Tome and Principe	TP
Saudi Arabia	SA
Scotland	UK
Senegal	SG
Serbia	RB
Seychelles	SE
Sierra Leone	SL
Singapore	SN
Sint Maarten	NN
Slovakia	LO
Slovenia	SI
Solomon Islands	BP
Somalia	SO
South Africa	SF
South Georgia and the South Sandwich Islands	SX
South Sudan	OD
Spain	SP
Spratly Islands	PG
Sri Lanka	CE
Sudan	SU
Suriname	NS
Svalbard	SV
Swaziland	WZ
Sweden	SW
Switzerland	SZ
Syria	SY
Taiwan	TW
Tajikistan	TI
Tanzania, United Republic of	TZ
Thailand	TH
Timor-Leste	TT
Togo	TO
Tokelau	TL
Tonga	TN
Trinidad and Tobago	TD
Tromelin Island	TE
Venezuela	VE
Vietnam	VM
Virgin Islands (British)	VI



Country	Code
Turks and Caicos Islands	TK
Tuvalu	TV
Uganda	UG
Ukraine	UP
United Arab Emirates	AE
United Kingdom	UK
Uruguay	UY
Uzbekistán	UZ
Vanuatu	NH
Vatican City	VT

Country	Code
Wake Island	WQ
Wales	UK
Wallis and Futuna	WF
West Bank	WE
Western Sahara	WI
Yemen	YM
Zambia	ZA
Zimbabwe	ZI
Other Countries	OC



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806AY20 RECORD TYPE: FORM

RECORD NAME: INCOME NOT SUBJECT TO WITHHOLDING - FORM TYPE 480.6A

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
THE INTE	TICTORE		DITES	<u> Localio</u>	COMMENTS	ICE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6A. RIGHT JUSTIFIED.	*
)())		,	2-10	RIGHT JUSTILLED.	
3. TYPE ID PAYEE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN, "3" = MERCHANT NUMBER	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "2" TO INDICATE FORM 480.6A.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
						*
8. FILLER	X(2)	С	2	16-17	SPACES. ENTER THE TAX YEAR FOR THIS	*
9. TAXABLE YEAR	9(4)	С	4	18-21	REPORT WHICH MUST BE 2020.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYER'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	C	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN. IF ID TYPE = "3" FILL WITH BLANK	*
22. BANK ACCOUNT NUMBER	X(20)	С	20	176-195	REQUIRED ONLY WHEN REPORTING INTEREST INCOME (LOCATION 369-380) OR DIVIDENDS INCOME (LOC. 393-404).	

^{*} REQUIRED FIELDS



FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4806AY20

RECORD TYPE: FORM

RECORD NAME: INCOME NOT SUBJECT TO WITHHOLDING - FORM TYPE 480.6A

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	•				•	
22 NAME	V(20)		30	106 225	DECLURED ONLY FOR CORDOR ATIONS	*
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
25 ADDRESS I INF NUMBER 2	V(25)		25	261 205		
25. ADDRESS LINE NUMBER 2 26. TOWN	X(35) X(13)	C	35 13	261-295 296-308		*
27. STATE	X(2)	C	2	309-310		
28. ZIP-CODE	9(5)	C	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPACES.	*
31. FILLER	9(24)	С	24	321-344	ZEROS.	*
32. FILLER	9(10) V99	C	12	345-356	ZEROS.	*
33. RENTS	9(10) V99	С	12	357-368	SEE FORM 480.6A, ITEM 1.	
34. INTEREST UNDER SECTION 1023.4	9(10)V99	С	12	369-380	SEE FORM 480.6A, ITEM 2.	
35. FILLER	9(12)	С	12	381-392	ZEROS.	*
36. DIVIDENDS	9(10)V99	С	12	393-404	SEE FORM 480.6A, ITEM 5.	
37. FILLER	X(12)	С	12	405-416	SPACES.	*
38. OTHER PAYMENTS	9(10)V99	С	12	417-428	SEE FORM 480.6A, ITEM 12.	
39. GROSS PROCEEDS	9(10)V99	С	12	429-440	SEE FORM 480.6A, ITEM 13.	
40. DEBT DISCHARGE	9(10)V99	С	12	441-452	SEE FORM 480.6A, ITEM 7.	
2						
41. FILLER	X(309)	C	309	453-761	SPACES.	*
42. PAYEE'S FIRST NAME	X(15)	C	15	762-776	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
43. PAYEE'S MIDDLE NAME	X(15)	C	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
44. PAYEE'S LAST NAME	X(20)	C	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
PAYEE'S MOTHER'S MAIDEN LAST 45. NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
CAPITAL GAIN DISTRIBUTIONS	Λ(20)		20	012-031	TILL WITH DLANKS.	
46. UNDER SECTION 1112.01(C)(3)	9(10)V99	C	12	832-843	SEE FORM 480.6A, ITEM 6.	
47. FILLER	X(2)	С	2	844-845	SPACES.	
48. INTERESTS UNDER SECTION1023.05(b)	9(10)V99	C	12	846-857	SEE FORM 480.6A, ITEM 3.	
49. FILLER	9(86)	C	86	858-943	ZEROS.	
50. ROYALTIES	9(10)V99	C	12	944-955	SEE FORM 480.6A, ITEM 8.	
51. FILLER	9(12)	C	12	956-967	ZEROS.	*
52. FILLER	9(12)	C	12	968-979	ZEROS.	*
PROFESSIONAL ASSOCIATIONS FEES 53. AND DUES	9(10)V99	C	12	980-991	SEE FORM 480.6A, ITEM 10.	
54. FILLER	9(10) (12)	C	12 12	980-991	ZEROS.	*
J4. PILLER	7(14)	L	12	774-1003	LENUS.	I





EXHIBIT A

FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4806AY20 RECORD TYPE: FORM

RECORD NAME: INCOME NOT SUBJECT TO WITHHOLDING - FORM TYPE 480.6A

RECORD LENGTH:

2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
2 2222 7 023-22					, , , , , , , , , , , , , , , , , , , ,	
HOMEOWNERS ASSOCIATION FEES						
55. PAID	9(10)V99	C	12	1004-1015	SEE FORM 480.6A, ITEM 11.	
56. OTHER INTERESTS	9(10)V99	C	12	1016-1027	SEE FORM 480.6A, ITEM 4.	
PAYMENTS FOR VIRTUAL AND TECHNOLOGY TOOLS AND OTHER						
57. SUBSCRIPTIONS	9(10)V99	C	12	1028-1039	SEE FORM 480.6A, ITEM 9.	
58. FILLER	X(1325)	С	1325	1040-2364	SPACES.	*
59. PAYEE MERCHANT NUMBER	X(11)	C	11	2365-2375	IF ID TYPE = "3" MERCHANT NUMBER	
60. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*
61. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER FOR PAYER.	*
CONTROL NUMBER ORIGINAL 62. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
CO. DELACON FOR THE CHANCE	77(40)		40	2455 2404	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH	
63. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	BLANKS.	
64. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Formulario 480.6A Form Rev. 08.20

GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO Departamento de Hacienda - Department of the Treasury

DECLARACIÓN INFORMATIVA - OTROS INGRESOS NO SUJETOS A RETENCIÓN INFORMATIVE RETURN - OTHER INCOME NOT SUBJECT TO WITHHOLDING

AÑO CONTRIBUTIVO:	2020
TAXABLE YEAR:	

Enmendado - Amended:		MM	AAYY
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Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number

INFORMACIÓN DEL F	PAGADOR - PAYER'S INFORMATION	Clase de Ingreso	Cantidad Pagada
Número de Identificación Patronal -	Employer Identification Number	Type of Income	Amount Paid
Nombre - Name		1. Rentae Rents	
Dirección - Address		Intereses bajo la Sección 1023.04 (excepto IRA y Cuenta de Aportación Educativa) Interests under Section 1023.04 (except IRA and Educational Contribution Account)	
		Intereses bajo la Sección 1023.05(b) Interests under Section 1023.05(b)	
Núm. de Teléfono - Telephone No.	Código Postal - Zip Code Correo Electrónico - E-mail	Otros Intereses (Vea instrucciones) Other Interests (See instructions)	
INFORMACIÓN DE QUIEN R	ECIBE EL PAGO - PAYEE'S INFORMATION	Dividendos (Vea instrucciones) Dividends (See instructions)	
Número de Seguro Social o Identifica Identification Number	ación Patronal - Social Security or Employer	Dividendos de Ganancia de Capital bajo la Sección 1112.01(c)(3) (Vea instrucciones) Capital Gain Distributions under Section 1112.01(c)(3) (See instructions)	
Nombre - Name		7. Condonación de Deuda Debt Discharge	
Dirección - Address		Regalias (Vea instrucciones) Royalties (See instructions)	
	Código Postal - Zio Code	Pagos por Herramientas Virtuales y Tecnológicas y Otras Suscripciones Payments for Virtual and Technology Tools and Other Subscriptions	
Número de Cuenta Bancaria Bank Account Number	Codigo Postal - 21p Code	10. Cuotas de Colegiación y Membresías de Asociaciones Profesionales Professional Associations Fees and Dues	
Razones para el Cambio - Reason	is for the Change	Cuotas de Mantenimiento Pagadas a Asociaciones de Residentes o Condómines Homeowners Association Fees Paid	
Número Control - Control Number	Número Control Informativa Original	12. Otros Pagos Other Payments	
	Control No. Original Informative Return	13. Rédito Bruto (Vea instrucciones) Gross Proceeds (See instructions)	
FECHA DE RADICACIÓN: 28 DE FE FILING DATE: FEBRUARY 28, SEE		Envie electrónicamente al Departamento de Hacienda. Entregue dos copias a quien recibe el pa Send to Department of the Treasury electronically. Deliver two copies to payee. Keep copy for your record	



EXHIBIT B

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806BY20 RECORD TYPE: FORM

RECORD NAME: OTHER INCOME SUBJECT TO WITHHOLDING – FORM TYPE

480.6B

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	C	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6B. RIGHT JUSTIFIED.	*
3. PAYEE ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. FILLER	X(1)	C	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "3" TO INDICATE FORM 480.6B.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER "1" = FEIN, "2" = SSN.	*
					IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. BANK ACCOUNT NUMBER	X(20)	С	20	176-195	REQUIRED ONLY WHEN REPORTING DIVIDENDS INCOME (LOCATION 387-398) OR INTEREST INCOME (LOC. 431-442 OR LOC. 497-508).	
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260	ALZERED OTELLOW COM OMITTONS.	*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		

^{*} REQUIRED FIELDS



EXHIBIT B

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806BY20 RECORD TYPE: FORM

RECORD NAME: OTHER INCOME SUBJECT TO WITHHOLDING – FORM TYPE 480.6B

RECORD LENGTH: 2500

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
26. TOWN	X(13)	С	13	296-308		*
27. STATE	X(2)	С	2	309-310		*
28. ZIP-CODE	9(5)	C	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	С	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPACES.	*
31. FILLER	9(44)	С	44	321-364	ZEROS.	*
AMOUNT PAID	<u> </u>					
32. JUDICIAL - EXTRAJUDICIAL	9(10)V99	C	12	365-376	SEE FORM 480.6B, ITEM 1.	
AMOUNT WITHHELD						
33. JUDICIAL - EXTRAJUDICIAL	9(8)V99	C	10	377-386	SEE FORM 480.6B, ITEM 1.	
34. FILLER	9(44)	С	44	387-430	ZEROS.	*
AMOUNT PAID						
35. INTEREST UNDER SECTION 1023.04	9(10)V99	C	12	431-442	SEE FORM 480.6B, ITEM 5.	
AMOUNT WITHHELD						
36. INTEREST UNDER SECTION 1023.04	9(8)V99	C	10	443-452	SEE FORM 480.6B, ITEM 5.	
AMOUNT PAID						
37. DIVIDENDS SUBJECT TO 15%	9(10)V99	C	12	453-464	SEE FORM 480.6B, ITEM 2.	
AMOUNT WITHHELD						
38. DIVIDENDS SUBJECT 15%	9(8)V99	C	10	465-474	SEE FORM 4806.B, ITEM 2.	
AMOUNT PAID						
39. DIVIDENDS IND. DEV. (ACT 8 1/24/87)	9(10)V99	C	12	475-486	SEE FORM 480.6B, ITEM 7.	
AMOUNT WITHHELD						
40. DIVIDENDS IND.DEV. (ACT 8 1/24/87)	9(8)V99	C	10	487-496	SEE FORM 480.6B, ITEM 7.	
AMOUNT PAID						
41. INTEREST UNDER SECTION 1023.05(b)	9(10)V99	C	12	497-508	SEE FORM 480.6B, ITEM 6.	
AMOUNT WITHHELD						
42. INTEREST UNDER SECTION 1023.05(b)	9(8)V99	C	10	509-518	SEE FORM 480.6B, ITEM 6.	
AMOUNT PAID						
43. OTHER PAYMENTS	9(10)V99	С	12	519-530	SEE FORM 480.6B, ITEM 9.	
AMOUNT WITHHELD						
44. OTHER PAYMENTS	9(8)V99	С	10	531-540	SEE FORM 480.6B, ITEM 9.	
AMOUNT PAID		_				
45. COMPENSATION PAID BY SPORT'S TEAMS	9(10)V99	C	12	541-552	SEE FORM 480.6B, ITEM 4.	
AMOUNT WITHHELD	0.(0)***00		4.0		GET FORM (100 CD FFFE)	
46. COMPENSATION PAID BY SPORT'S TEAMS	9(8)V99	C	10	553-562	SEE FORM 480.6B, ITEM 4.	*
47. FILLER	X(199)	C	199	563-761	SPACES.	*
					ENTER THE FIRST NAME OF THE PAYEE'S.	
48. PAYEE'S FIRST NAME	V(15)	C	15	762-776	LEFT JUSTIFIED AND FILL WITH BLANKS.	*
46. PATEE STIRST NAME	X(15)	C	13	702-770	REQUIRED ONLY FOR INDIVIDUALS.	+ *
					ENTER THE MIDDLE NAME OF THE	
40 DAVEEZ MIDDLE NAME	V(15)		1.5	777 701	PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
49. PAYEE'S MIDDLE NAME	X(15)	C	15	777-791	BLANKS.	
					ENTER THE LAST NAME OF THE PAYEE'S.	
50 DAVEE'S LAST NAME	V(20)	C	20	702 911	LEFT JUSTIFIED AND FILL WITH BLANKS.	*
50. PAYEE'S LAST NAME	X(20)	- C	20	792-811	REQUIRED ONLY FOR INDIVIDUALS. ENTER THE SECOND LAST NAME OF THE	+ -
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
51. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	C	20	812-831	BLANKS.	
AMOUNT PAID	Λ(20)		20	012-031	DLI WIND.	+
DIVIDENDS SUBJECT TO PREFERENTIAL						
52. RATE UNDER SPECIAL ACT %	9(10)V99	C	12	832-843	SEE FORM 480.6B, ITEM 3.	
AMOUNT WITHHELD	J(10) ¥ 33		14	032-043	DEL I ORIVI 400.0D, ITEM 3.	+
DIVIDENDS SUBJECT TO PREFERENTIAL						
53. RATE UNDER SPECIAL ACT %	9(8)V99	C	10	844-853	SEE FORM 480.6B, ITEM 3.	
PERCENT OF DIVIDENDS SUBJECT TO	7(0) 177		10	044-033	SEET ORWITHOUGH, ITEM J.	+
54. PREFERENTIAL RATE UNDER SPECIAL ACT	9(3)	C	3	854-856	SEE FORM 480.6B, ITEM 3.	
The breath in the order of beine her	7(2)			05.050		1

^{*} REQUIRED FIELDS



EXHIBIT B

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806BY20 RECORD TYPE: FORM

RECORD NAME: OTHER INCOME SUBJECT TO WITHHOLDING – FORM TYPE

480.6B

RECORD LENGTH: 2500

THE A NAME	DICTURE		DYMEG	FILE	COLDANA	D.E.
FIELD NAME	PICTURE	<u> </u>	BYTES	LOCATION	COMMENTS	RE
55. FILLER	9(24)	С	24	857-880	ZEROS.	*
AMOUNT PAID						
ELIGIBLE DIVIDENDS UNDER ACT 14-2017,						
56. AS AMENDED	9(10)V99	C	12	881-892	SEE FORM 480.6B, ITEM 8.	
AMOUNT WITHHELD						
ELIGIBLE DIVIDENDS UNDER ACT 14-2017,						
57. AS AMENDED	9(8)V99	C	10	893-902	SEE FORM 480.6B, ITEM 8.	
58. FILLER	9(24)	C	24	903-926	ZEROS.	*
59. FILLER	X(1449)	C	1449	927-2375	SPACES.	*
60. PAYER E-MAIL	X(50)	C	50	2376-2425	E-MAIL FOR PAYER.	*
61. PAYER PHONE NUMBER	X(20)	C	20	2426-2445	PHONE NUMBER FOR PAYER.	*
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED WHEN	
62. INFORMATIVE RETURN	9(9)	C	9	2446-2454	FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE FORM.	
63. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
64. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



Form Rev. 08.20 Departamento de DECLARACIÓN INFORMAT	TO RICO - GOVERNMENT OF PUERTO RICO Hacienda - Department of the Treasury IVA - OTROS INGRESOS SUJETOS A RETENCIÓN		
ANO CONTRIBUTIVO:	OTHER INCOME SUBJECT TO WITHHOLDING do - Amended: (_DDI_MMIAAAAA)		de Radicación Electrónica onfirmation Number
INFORMACIÓN DEL AGENTE RETENEDOR - WITHHOLDING AGENT'S INFORMATION	Clase de Ingreso - Type of Income	Cantidad Pagada - Amount Paid	Cantidad Retenida - Amount V
Número de Identificación Patronal - Employer Identification Number Nombre - Name	Pagos por Indemnización Judicial o Extrajudicial Payments for Judicial or Extrajudicial Indemnification		
Dirección - Address	Dividendos Sujetos al 15% Dividends Subject to 15%		
Código Postal - Zip Code Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail	Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Dividends Subject to Preferential Rate under Special Act %		
INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION Número de Seguro Social o Identificación Patronal - Social Security or Employer Identification Nu	Remuneración Pagada por Equipos de Deportes de Asociaciones o Federaciones Internacionales Compensation Paid by International Associations or Federations of Sport's Teams		
Nombre - Name	Intereses bajo la Sección 1023,04 (excepto IRA y Cuenta de Aportación Educativa) - Interests unider Section 1023,04 (except IRA and Educational Contribution Account)		
Dirección - Address	6. Intereses bajo la Sección 1023.05(b) Interests under Section 1023.05(b)		
Gódigo Postal - Zip Code Número de Cuenta Bancaria - Bank Account Number	7. Dividendos de Ingresos de Fomento Industrial (Ley 8 de 24 de enero de 1987) - Dividends from Industrial Development Income (Act. 8 of January 24, 1987)		
Razones para el Cambio - Reasons for the Change	Dividendos Elegibles bajo la Ley 14-2017, según enmendada Eligible Dividends under Act 14-2017, as amended		
Número Control - Control Number Número Control Informativa Original Control No. Original Informative Return	9. Otros Pagos - Other Payments		
FECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUCCIONES FILING DATE: FEBRUARY 28, SEE INSTRUCTIONS	Envie electrónicamente al Departamento de Hacienda. En récorda. Send to Department of the Treasury electronicall		



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806CY20 RECORD TYPE: FORM

RECORD NAME: PAYMENTS TO NONRESIDENTS OR FOR SERVICES FROM SOURCES OUTSIDE OF PUERTO RICO – FORM TYPE 480.6C

RECORD LENGTH: 2500

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
1. FILLER	X(1)	X	1	1-1	SPACES.	*
					ENTER THE CONTROL NUMBER ASSIGNED	
					BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6C.	
2. CONTROL NUMBER	9(9)	C	9	2-10	RIGHT JUSTIFIED.	*
					ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN,	
					"4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN	
					(OTHER CORPORATE IDENTIFICATION	
3. PAYEE ID TYPE	X(1)	C	1	11-11	NUMBER).	*
4. FILLER 5. FORM TYPE	X(1) X(1)	C	1	12-12 13-13	SPACES. ENTER "5" TO INDICATE FORM 480.6C.	*
6. RECORD TYPE	9(1)	C	1	14-14	"1" = DETAIL RECORD.	*
					ENTER: "O" = ORIGINAL, "A" = AMENDED,	
7. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
o. This bit	11(2)		_	10 17	ENTER THE TAX YEAR FOR THIS REPORT	
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE 2020.	*
10. FILLER	X(9)	C	9	22-30	SPACES.	*
10. TIEEEK	11())			22 30	SIACLS.	
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
	,				IF PAYER ID TYPE = "1", ENTER	
					IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	NUMBER SSN.	*
	` '					
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15 ADDRESS AND NUMBER S	11/05)		25	106 140	ADDRESS AND AND AND ADDRESS A	
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	C	2	154-155		*
	` ,					
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
					IF PAYEE ID TYPE = "1", ENTER PAYEE'S	
					FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	
					IF ID TYPE = "3" ENTER PAYEE'S ITIN. IF PAYEE DOESN'T HAVE A FEIN/SSN/ITIN,	
					ENTER ALL ZEROS IN THIS FIELD AND	
21 PAVEE'S ID	0(0)			167 175	PROVIDE AN ALTERNATE IDENTIFICATION	*
21. PAYEE'S ID	9(9)	С	9	167-175	IN FIELD 48. REQUIRED ONLY WHEN REPORTING	*
					DIVIDENDS INCOME (LOCATION 387-398)	
22. BANK ACCOUNT NUMBER	X(20)	C	20	176-195	OR INTEREST INCOME (LOC. 431-442).	





FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4806CY20 RECORD TYPE: FORM

RECORD NAME: PAYMENTS TO NONRESIDENTS OR FOR SERVICES FROM SOURCES OUTSIDE OF PUERTO RICO – FORM TYPE 480.6C

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		
26. TOWN	X(13)	С	13	296-308		*
27. STATE	X(2)	С	2	309-310		*
28. ZIP-CODE	9(5)	С	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	С	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER AMOUNT PAID	X(1)	С	1	320-320	SPACES.	*
31. SALARIES ,WAGES OR COMPENSATIONS	9(10)V99	С	12	321-332	SEE FORM 480.6C, ITEM 1.	
AMOUNT WITHHELD 32. SALARIES ,WAGES OR COMPENSATIONS	9(8)V99	C	10	333-342	SEE FORM 480.6C, ITEM 1.	
33. FILLER	9(22)	С	22	343-364	ZEROS.	*
34. AMOUNT PAID SALE OF PROPERTY	9(10)V99	С	12	365-376	SEE FORM 480.6C, ITEM 4.	
35. AMOUNT WITHHELD SALE OF PROPERTY	9(8)V99	C	10	377-386	SEE FORM 480.6C, ITEM 4.	
36. FILLER	9(22)	C	22	387-408	ZEROS.	*
37. AMOUNT PAID ROYALTIES	9(10)V99	С	12	409-420	SEE FORM 480.6C, ITEM 8.	
38. AMOUNT WITHHELD ROYALTIES	9(8)V99	С	10	421-430	SEE FORM 480.6C, ITEM 8.	
39. AMOUNT PAID INTERESTS	9(10)V99	С	12	431-442	SEE FORM 480.6C, ITEM 10.	
40. AMOUNT WITHHELD INTERESTS	9(8)V99	С	10	443-452	SEE FORM 480.6C, ITEM 10.	
41. AMOUNT PAID RENTS	9(10)V99	С	12	453-464	SEE FORM 480.6C, ITEM 11.	
42. AMOUNT WITHHELD RENTS	9(8)V99	C	10	465-474	SEE FORM 480.6C, ITEM 11.	
43. FILLER	X(22)	С	22	475-496	SPACES.	*
44. AMOUNT PAID PUBLIC SHOWS	9(10)V99	С	12	497-508	SEE FORM 480.6C, ITEM 12.	
45. AMOUNT WITHHELD PUBLIC SHOWS	9(8)V99	С	10	509-518	SEE FORM 480.6C, ITEM 12.	
AMOUNT PAID OTHERS PAYMENTS 46. SUBJECT TO WITHHOLDING	9(10)V99	С	12	519-530	SEE FORM 480.6C, ITEM 13.	
AMOUNT WITHHELD OTHERS PAYMENTS 47. SUBJECT TO WITHHOLDING	9(8)V99	С	10	531-540	SEE FORM 480.6C, ITEM 13.	



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806CY20 RECORD TYPE: FORM

RECORD NAME: PAYMENTS TO NONRESIDENTS OR FOR SERVICES FROM SOURCES OUTSIDE OF PUERTO RICO – FORM TYPE 480.6C

RECORD LENGTH: 2500

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
48. PAYEE'S IDENTIFICATION	X(12)	C	12	541-552	IF PAYEE ID TYPE = "4" ENTER PAYEE'S IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), IF PAYEE ID TYPE = "5" ENTER PAYEE'S CIDN (OTHER CORPORATE IDENTIFICATION NUMBER). USE ONLY WHEN THE PAYEE DOES NOT HAVE AN SSN OR FEIN. IDN AND CIDN CAN BE ANY TYPE OF ALPHANUMERIC IDENTIFICATION OTHER THAN FEIN, SSN, OR ITIN.	
49. FILLER AMOUNT PAID	X(88)	С	88	553-640	SPACES.	*
ROYALTIES SUBJ. TO SPECIAL RATE 50. UNDER INCENTIVES ACTS %. AMOUNT WITHHELD	9(10)V99	С	12	641-652	SEE FORM 480.6C, ITEM 9.	
ROYALTIES SUBJ. TO SPECIAL RATE						
51. UNDER INCENTIVES ACTS %. AMOUNT PAID	9(8)V99	С	10	653-662	SEE FORM 480.6C, ITEM 9.	
52. COMPENSATION PAID BY SPORT'S TEAMS	9(10)V99	С	12	663-674	SEE FORM 480.6C, ITEM 3.	
AMOUNT WITHHELD						
53. COMPENSATION PAID BY SPORT'S TEAMS	9(8)V99	С	10	675-684	SEE FORM 480.6C, ITEM 3.	
AMOUNT PAID DIVIDENDS SUBJECT 10% UNDER SECTION						
54. 1062.11	9(10)V99	С	12	685-696	SEE FORM 480.6C, ITEM 5.	
AMOUNT WITHHELD DIVIDENDS SUBJECT 10% UNDER SECTION 55. 1062.11	9(8)V99	С	10	697-706	SEE FORM 480.6C, ITEM 5.	
AMOUNT PAID DIVIDENDS SUBJECT 15% UNDER SECTION 56. 1062.08	9(10)V99	С	12	707-718	SEE FORM 480.6C, ITEM 6.	
AMOUNT WITHHELD DIVIDENDS SUBJECT 15% UNDER SECTION 57. 1062.08	9(8)V99	С	10	719-728	SEE FORM 480.6C, ITEM 6.	
50 FH LED	W(22)		22	720 761	SDA CES	*
58. FILLER 59. PAYEE'S FIRST NAME	X(33) X(15)	C C	33 15	729-761 762-776	SPACES. ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
(a. DANGESGAMEDI E NAME	W(15)		1.7	777 F01	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
60. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	BLANKS. ENTER THE LAST NAME OF THE PAYEE'S.	
61. PAYEE'S LAST NAME	X(20)	С	20	792-811	LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE SECOND LAST NAME OF THE	*
62. PAYEE'S MOTHER'S MAIDEN LAST NAME AMOUNT PAID	X(20)	С	20	812-831	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
SERVICES RENDERED BY INDEPENDENT 63. CONTRACTORS	9(10)V99	C	12	832-843	SEE FORM 480.6C, ITEM 2.	
AMOUNT WITHHELD SERVICES RENDERED BY INDEPENDENT	0/0/1/00	6	10			
64. CONTRACTORS AMOUNT PAID DIVIDENDS SUBJECTS TO PREFERENTIAL	9(8)V99	С	10	844-853	SEE FORM 480.6C, ITEM 2.	
65. RATE UNDER SPECIAL ACT% AMOUNT WITHHELD DIVIDENDS SUBJECTS TO PREFERENTIAL 66. RATE UNDER SPECIAL ACT%	9(10)V99 9(8)V99	C	12	854-865 866-875	SEE FORM 480.6C, ITEM 7. SEE FORM 480.6C, ITEM 7.	

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806CY20 RECORD TYPE: FORM

RECORD NAME: PAYMENTS TO NONRESIDENTS OR FOR SERVICES FROM SOURCES OUTSIDE OF PUERTO RICO – FORM TYPE 480.6C

RECORD LENGTH: 2500

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
33333		1				
PERCENT OF DIVIDENDS SUBJECT		1			T	
67. PREFERENTIAL RATE UNDER SPECIAL ACT	9(3)	С	3	876-878	SEE FORM 480.6B, ITEM 7.	
PERCENT OF ROYALTIES SUBJECT TO	7(5)	Ŭ		0,0 0,0	SEBTORIA TOTOS, TELET	
68. SPECIAL RATE UNDER INCENTIVES ACT	9(3)	C	3	879-881	SEE FORM 480.6B, ITEM 9.	
SPECIAL CONTRIBUTION FOR						
PROFESSIONAL AND ADVISORY SERVICES	0/10/1/00		10	002 002		
69. UNDER ACT 48-2013 PAYMENTS FOR SERVICES RENDERED	9(10)V99	С	12	882-893		-
70. OUTSIDE OF PUERTO RICO	9(10)V99	С	12	894-905	SEE FORM 480.6C, ITEM 14.	
71. FILLER	X(1)	C	1	906-906	SPACES	*
72. PAYEE IS ALIEN	X(1)	С	1	907-907	IF IT'S TRUE, A FILL WITH "1".	
OTHER PAYMENTS NOT SUBJECT TO						
73. WITHHOLDING	9(10)V99	C	12	908-919	SEE FORM 480.6C, ITEM 15.	
74. FILLER	X(1456)	С	1456	920-2375	SPACES.	*
75. PAYER E-MAIL	V(50)	C	50	2376-2425	E-MAIL FOR PAYER.	*
75. PATER E-MAIL	X(50)	C	30	2370-2423	E-MAIL FOR PAYER.	**
76. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER FOR PAYER.	*
CONTROL NUMBER ORIGINAL	, ,				THIS FILED MUST BE COMPLETED WHEN	
77. INFORMATIVE RETURN	9(9)	C	9	2446-2454	FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE FORM.	
78. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
79. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Form Rev. 08.20	ECLARACIÓN INFORMATIVA - PAGOS A NO RESI NFORMATIVE RETURN - PAYMENTS TO NONRESIDE	DENTES O POR SERVICIOS DE FUENTES FUERA DE PUERTO RICO INTS OR FOR SERVICES FROM SOURCES OUTSIDE OF PUERTO RICO		
AÑO CONTRIBUTIVO: 2020	Enmendado -	Amended: (_DD/_MM(AAVV))		de Radicación Electrónica onfirmation Number
INFORMACIÓN DEL AGENTE RETEN	EDOR-WITHHOLDING AGENT'S INFORMATION	Clase de Ingreso	Cantidad Pagada	Cantidad Retenida
lúmero de Identificación Patronal - Emplo	yer Identification Number	Type of Income	Amount Paid	Amount Withheld
Nombre - Name		Salarios, Jornales o Compensaciones (Vea instrucciones) Salaries, Wages or Compensations (See instructions)		
Dirección - Address		Pagos por Servicios Prestados por Contratistas Independientes Payments for Services Rendered by Independent Contractors		
		 Remuneración Pagada por Equipos de Deportes de Asociaciones o Federaciones Internacionales - Compensation Paid by International Associations or Federations of Sport's Teams 		
Núm. de Teléfono - Telephone No. Correc	Código Postal - Zip Code o Electrónico - E-mail	Venta de Propiedad - Sale of Property		
INFORMACIÓN DE QUIEN REC	SIBE EL PAGO - PAYEE'S INFORMATION	Dividendos Sujetos al 10% bajo la Sección 1062.11 Dividends Subject to 10% under Section 1062.11		
Número de Identificación - Identification Nu	miker Extranjero Alien	Dividendos Sujetos al 15% bajo la Sección 1062.08 Dividends Subject to 15% under Section 1062.08		
Nombre - Name		Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Dividends Subject to Preferential Rate under Special Act%		
Dirección - Address		8. Regalias - Royalties		
	Código Postal - Zip Cosle	Regalias Sujetas a Tasa Especial bajo Leyes de Incentivos Royalties Suloject to Special Rate under Incentives Acts%		
Aportación Especial por Servicios Profesio Special Contribution for Professional and Adv		10. Intereses - Interests		
Número de Cuenta Bancaria Bank Account Number		11. Rentas - Rents		
tazones para el Cambio - Reasons for the C	Change	12. Espectáculos Públicos - Puklic Shows		
		13. Otros Pagos Sujetos a Retención Other Payments Suloject to Withholding		
Número Control - Control Number	Número Control Informativa Original Control No. Original Informative Return	Pagos por Servicios Prestados Fuera de Puerto Rico Payments for Services Rendered Outside of Puerto Rico		
	15. Otros Pagos No Sujetos a Retención Other Payments Not Subject to Withholding			



EXHIBIT D

FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4806DY20 RECORD TYPE: FORM

RECORD NAME: EXEMPT AND EXCLUDED INCOME AND EXEMPT INCOME SUBJECT TO ALTERNATE BASIC TAX – FORM TYPE 480.6D

RECORD LENGTH: 2500

	1		T			
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6D. RIGHT JUSTIFIED.	*
3. PAYEE ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "X" TO INDICATE FORM 480.6D.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYER'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	C	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. BANK ACCOUNT NUMBER	X(20)	С	20	176-195		*
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*





EXHIBIT D

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806DY20 RECORD TYPE: FORM

RECORD NAME: EXEMPT AND EXCLUDED INCOME AND EXEMPT INCOME SUBJECT TO ALTERNATE BASIC TAX – FORM TYPE 480.6D

RECORD LENGTH: 2500

					-	
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
TIBBS WINE	TICTORE		DIIL	Localiton	COMMENTS	ILL
25. ADDRESS LINE NUMBER 2	X(35)	C	35	261-295		
26. TOWN	X(13)	С	13	296-308		*
27 CTATE	X(2)	С	2	309-310		*
27. STATE	Λ(2)	C	2	309-310		1
28. ZIP-CODE	9(5)	С	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	С	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	C	1	320-320	SPACES.	*
ACCUMULATED GAIN ON NON-						
31. QUALIFIED OPTIONS DIST. OF AMOUNTS PREV. NOTIFIED AS	9(10)V99	C	12	321-332	SEE FORM 480.6D, ITEM 1.	
DEEMED ELIGIBLE DIST. UNDER SEC.						
32. 1023.06(j) AND 1023.25(B)	9(10)V99	C	12	333-344	SEE FORM 480.6D, ITEM 2.	
COMPENSATION FOR INJURIES OR 33. SICKNESS UNDER SECTION 1031.01(b)(3)	9(10)V99	С	12	345-356	SEE FORM 480.6D, ITEM 3.	
DISTRIBUTIONS FROM NON DEDUCTI-)(10) + >>		12	343 330	SEET ORW 400.0D, ITEM 3.	
BLE INDIVIDUAL RETIREMENT	0/10/1100		12	257 260	GET FORM 100 CD MEET 1	
34. ACCOUNTS 35. FILLER	9(10)V99 X(24)	C	12 24	357-368 369-392	SEE FORM 480.6D, ITEM 4. SPACES.	*
55. PILLER	A(24)	C	24	309-392	SI ACES.	
36. FILLER	9(12)	C	12	393-404	ZEROS.	
37. FILLER	X(44)	C	44	405-448	SPACES.	*
RENT FROM RESIDENTIAL PROPERTY	0(10)7/00		12	440,460	CEE FORM 400 CD FEEM 5	
38. UNDER ACT. 132-2010, AS AMENDED 39. FILLER	9(10)V99 X(12)	C	12	449-460 461-472	SEE FORM 480.6D, ITEM 5. SPACES.	*
OTHER PAYMENTS SUBJECT TO ALTER-	A(12)		12	401-472	STACES.	
40. NATE BASIC TAX TOTAL AMOUNT PAID	9(10)V99	С	12	473-484	SEE FORM 480.6D, ITEM 22, COLUMN A.	
OTHER PAYMENTS SUBJECT TO ALTER-						
41. NATE BASIC TAX	9(10)V99	С	12	485-496	SEE FORM 480.6D, ITEM 22, COLUMN B.	
INTERESTS UPON OBLIGATIONS FROM 42. THE UNITED STATES GOVERNMENT	9(10)V99	С	12	497-508	SEE FORM 480.6D, ITEM 6.	
INTERESTS UPON OBLIGATIONS FROM	9(10) v 99	C	12	497-308	SEE FORM 400.0D, ITEM 0.	
THE GOVERNMENT OF PUERTO						
43. RICO	9(10)V99	C	12	509-520	SEE FORM 480.6D, ITEM 7.	
44. INTERESTS UPON CERTAIN MORTGAGES	9(10)V99	C	12	521-532	SEE FORM 480.6D, ITEM 8.	
OTHER INTERESTS SUBJECT TO ALTER- 45. NATE BASIC TAX	9(10)V99	С	12	533-544	SEE FORM 480.6D. ITEM 10.	
46. FILLER	9(12)	C	12	545-556	ZEROS.	*
DIVIDENDS FROM COOPERATIVE)(12)		- 12	3 13 330	ZEROS.	
47. ASSOCIATIONS	9(10)V99	C	12	557-568	SEE FORM 480.6D, ITEM 12.	
DIVIDENDS FROM AN INTERNATIONAL INSURER OR HOLDING COMPANY OF						
48. THE INTERNATIONAL INSURER	9(10)V99	С	12	569-580	SEE FORM 480.6D, ITEM 13.	
49. FILLER	9(12)	C	12	581-592	ZEROS.	*
50. DEBT DISCHARGE	9(10)V99	С	12	593-604	SEE FORM 480.6D, ITEM 19.	
51. FILLER	X(157)	С	157	605-761	SPACES.	*
		1			ENTER THE FIRST NAME OF THE PAYEE'S.	
52 DAVEE'S EIDST NAME	V(15)		1.5	762 776	LEFT JUSTIFIED AND FILL WITH BLANKS.	*
52. PAYEE'S FIRST NAME	X(15)	С	15	762-776	REQUIRED ONLY FOR INDIVIDUALS. ENTER THE MIDDLE NAME OF THE	-,-
		1			PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
53. PAYEE'S MIDDLE NAME	X(15)	C	15	777-791	BLANKS.	



EXHIBIT D

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806DY20 RECORD TYPE: FORM

RECORD NAME: EXEMPT AND EXCLUDED INCOME AND EXEMPT INCOME SUBJECT TO ALTERNATE BASIC TAX – FORM TYPE 480.6D

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	TICTURE	<u> </u>	DITES	LOCATION	COMMENTS	KE
54. PAYEE'S LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
55. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
OTHER INTEREST NOT SUBJECT TO ALTER- 56. NATE BASIC TAX.	9(10)V99	С	12	832-843	SEE FORM 480.6D, ITEM 11.	
DIVIDENDS FROM EXEMPT BUSINESSES 57. NOT SUBJECT TO ALTERNATE BASIC TAX OTHER DIVIDENDS SUBJECT TO	9(10)V99	С	12	844-855	SEE FORM 480.6D, ITEM 14.	
58. ALTERNATE BASIC TAX, AMOUNT PAID OTHER DIVIDENDS SUBJECT TO ALTER-	9(10)V99	С	12	856-867	SEE FORM 480.6D, ITEM 17, COLUMN A.	
59. NATE BASIC TAX,AMOUNT TAX SUBJECT OTHER DIVIDENDS NOT SUBJECT TO	9(10)V99	С	12	868-879	SEE FORM 480.6D, ITEM 17, COLUMN B.	
60. ALTERNATE BASIC TAX OTHER PAYMENT NOT SUBJECT TO	9(10)V99	С	12	880-891	SEE FORM 480.6D, ITEM 18.	
61. ALTERNATE BASIC TAX	9(10)V99	С	12	892-903	SEE FORM 480.6D, ITEM 23.	
62. EXEMPTION CODE ELIGIBLE DIVIDENDS UNDER ACT 14-2017, 63. AS AMENDED	9(10)V99	C	12	904-906	SEE FORM 480.6D, ITEM 19. SEE FORM 480.6D, ITEM 15.	
INTEREST ON BONDS, NOTES OR OTHER OBLIGATIONS UNDER SECTION 6070.56(H) 64. OF ACT 60-2019	9(10)V99	С	12	919-930	SEE FORM 480.6D, ITEM 9.	
DIVIDENDS FROM EXEMPT BUSINESS 65. UNDER SECTION 6070.56(E) OF ACT 60-2019	9(10)V99	С	12	931-942	SEE FORM 480.6D, ITEM 16.	
QUALIFIED DISASTER AID PAYMENTS 66. UNDER SECTION 1031.01(B)(16) DEBT CANCELLATION AND SUBSIDIES	9(10)V99	С	12	943-954	SEE FORM 480.6D, ITEM 20.	
RECEIPT UNDER ARTICLE 5(I) OF 67. ACT 57-2020	9(10)V99	С	12	955-966	SEE FORM 480.6D, ITEM 21.	
68. FILLER	X(1409)	C	1409	967-2375	SPACES.	*
69. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*
70. PAYER PHONE NUMBER CONTROL NUMBER ORIGINAL	X(20)	С	20	2426-2445	PHONE NUMBER FOR PAYER. THIS FILED MUST BE COMPLETED WHEN	*
71. INFORMATIVE RETURN	9(9)	С	9	2446-2454	FILING AMENDED FORM ENTER THE REASON FOR CHANGE FORM.	
72. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	1
73. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



MORATIVE RETURN - PERIOD AND EXCESS ACCUSED COME NO CARRENATION AND CARLON DE COME NO CARLON DE COME N	v. 08.20 PECL	Departamento de Hacienda - Depar ARACIÓN INFORMATIVA - INGRESOS EXENTOS			
Commission Parent	(a)				
MYONBACIÓN DE QUES MOCIONE PROCINCIATON MYONBACIÓN DE QUES MOCIONE PROCINCIATON Min. de Segur Social el Mentificación Paraval - Consigure de Estado No. Min. de Segur Social el Mentificación Paraval - Consigure de Estado No. Min. de Segur Social el Mentificación Paraval - Consigure de Estado No. Min. de Segur Social el Mentificación Paraval - Consigure de Estado No. Min. de Segur Social el Mentificación Paraval - Consigure de Estado No. Cidago Protal - Zo Code Clade de Ingreso Cidago Protal - Zo Code Clade de Ingreso Total Cantidad Supres a Constitución Segura Notificadas como Distribución segura de Estado No. Comero Estado Segura de Estado No. Comero Estado Paraval - Traval Cantidad Supres a Constitución Segura de Estado No. Comero Estado Paraval - Traval Cantidad Supres a Constitución Segura de Estado No. Comero Estado Paraval - Traval Cantidad Supres a Constitución Segura de Constitución S	o contribution				
m. de déventéración Parenal - Employer Identification Number Nam. de Cogano Social o Identificación Parenal - Dosal Desulty or Employer Identification No. sobre - Name Nomber - Name Cidago Postal - Zg. Cude Cidago Postal	XABLE YEAR:			N DE QUIEN RECI	
Treaction - Address Cidago Prostal - Zg Cude Cidago Prostal - Zg Cud					
Treaction - Address Cidago Prostal - Zg Cude Cidago Prostal - Zg Cud	ombra - Nama		Nombre - Name		
Codego Postal - Za Code Cidego Postal - Za Co	mbre-name		Nonible - Name		
Clayer De Restración por Letra Principa de Composition de Composit	rección - Address		Dirección - Address		
Clayer De Restriction - Tetraphore No. Clase de Ingreso Total Camidad Pagada Total Camidad Pagada Total Camidad Pagada Total Camidad Pagada Total Camidad Sujeta a Contribution Bits Amount Pad Camidad Sujeta Amount Pad					
Clase de Ingreso Total Camidad Pagada Total Camidad Pagada Total Camidad Pagada Total Camidad Sujeta a Contribución Bás Amount Subject lo Alternate Ces Accomitados Control Nonquilifica Cybrios Debudoros de Capidades Persparagemen Norficadas como Distribuciónes Elegibles Implicias Dibidución de Anount Periodición y Violet de la Decembria Giglia Distribución de Anount Subject lo Alternate Ces Compensación por Lesiones o Enfermedad bajo la Sección (1911.6)(1)) Distribuciónes de Cuertas de Retiro Individual No Decembria Giglia Distribución de Anount Debudoros de Cuertas de Retiro Individual No Deducibles Distribuciónes de Cuertas de Compensario de Individual No Deducibles Distribuciónes de Cuertas de Compensario de Individual No Deducibles Distribuciónes de Cuertas Individual No Deducibles Distribuciónes de Cuertas Individual No Deducibles Distribución sobre Desembria Midrigues Distribución sobre Desembria Midrigues Distribución de Individual No Deducibles Distribución de Individual No Deducibles Distribución de Individual No Deducibles Distribución Distribuci	um. de Teléfono - Telephone No.		ode		
Total Camidad Bujayas Total Camidad Sujeta a Centribución Basancia Acumulada en Opciones No Cualificadas Total Acumulada en Opciones No Cualificadas Total Acumulada en Opciones No Cualificadas Total Acumulada en Opciones No Cualificadas Acumulada en Opciones No Cualificadas Camidad Sujeta de Camidada Sujeta Suje			(A)		Código Postal - Zip Code
Accumulated Genon Nonqualified Options Bethabulanes of Cardidades Previouente Notificadas como Distribuciones Elegibles Implicias Bajo las Secciones 102,86(9) v (103,25(6)) Distribuciones of Encidentes (102,86(9) v (103,25(6)) Distribuciones of Encidentes (102,86(9) v (103,25(6)) Distribuciones of Encidentes of Enfermedad tajo is Sección 1031.9(b)(0) Distribuciones of Cuentas de Rection Individual No Deducibles Distribuciones de Cuentas de Rection Individual No Deducibles Distribuciones (Individual Note Individual Note Deducibles Distribuciones (Individual Note Individual Note I					Cantidad Sujeta a Contribución Básica Al Amount Subject to Alternate Basic Tax
(100.3.15%) Compensación por Lesiones o Enfermedad bajo la Secución 1031 (91(b)) Compensación por Lesiones o Enfermedad bajo la Secución 1031 (91(d)) Compensación for Injuise or Silucines under Section 1031 (91(d)) Estribuciones de Cuenta de Residen dividual No Deduzibles Distribuciones de Cuenta de Residencia bajo la Ley 103.2010, según emmendada Rest from Residential Property under Act 102-2010, se según emmendada Rest from Residential Property under Act 102-2010, se según emmendada Rest from Residential Property under Act 102-2010, se semendes Interesca sobre (plaspianes del Golderon de Puerto Rico Interesca sobre bonos, pagarés u utras abiligaciones bajo la Seculión 6978.56(h) de la Ley 60-2019 Interesca sobre bonos, pagarés u utras abiligaciones bajo la Seculión 6978.56(h) de la Ley 60-2019 Interesca sobre bonos, pagarés u utras abiligaciones bajo la Seculión 6978.56(h) de la Ley 60-2019 Interesca sobre bonos, pagarés u utras abiligaciones bajo la Seculión 6978.56(h) de la Ley 60-2019 Interesca sobre bonos, pagarés u utras abiligaciones bajo la Seculión 6978.56(h) de la Ley 60-2019 Interesca sobre bonos, pagarés u utras abiligaciones bajo la Seculión 6978.56(h) de la Ley 60-2019 Interesca sobre bonos, pagarés u utras abiligaciones bajo la Seculión 6978.56(h) de la Ley 60-2019 Interesca sobre bonos, pagarés u utras abiligaciones del Residencia del Re		ualificadas			,
Compensation for Put Lesiones o Entermedial Majo In Secución (1931 (91(b))(3) Distribuciones de Cuentas de Retiro Individual No Declarible Publisher o Siciones and Secución (1931 (1951)) Branca de Propidade Residencia I bajo Les Y12-2910, según emmendada Rent from Residential Property under Act 122-2910, se amendad Intereses sobre Originaciones del Osibilario del Video Residencia I bajo Les Y12-2910, se amendad Intereses sobre Originaciones del Osibilario Government Intereses sobre Originaciones del Osibilario Government Intereses sobre Originaciones del Osibilario Ricco Interese sobre Originaciones del Osibilario Government Intereses sobre Originaciones del Osibilario Ricco Intereses sobre Originaciones del Osibilario Ricco Intereses sobre Celtras Hipotecas interesta publicaciones con proprieta del Carte Allegoria Intereses sobre bomos, pagarés su otras obligaziones bajo la Sección 6070 55(h) de la Ley 60-2019 Intereses sobre bomos, pagarés su otras obligaziones bajo la Sección 6070 55(h) de la Ley 60-2019 Intereses sobre bomos, pagarés su otras obligaziones bajo la Sección 6070 55(h) de la Ley 60-2019 Intereses sobre bomos, pagarés su otras obligaziones bajo la Sección 6070 55(h) de la Ley 60-2019 Intereses sobre bomos, pagarés su otras obligaziones bajo la Sección 6070 55(h) de la Ley 60-2019 Intereses sobre bomos, pagarés su otras obligaziones bajo la Sección 6070 55(h) del Act 60-2019 Origina del Carte del Carte Allegoria del Car	Distribuciones de Cantidades Previame bajo las Secciones 1023.06(j) y 1023.25(b Distributions of Amounts Previously Notified 1023.25(b)	nte Notificadas como Distribuciones Elegibles) as Deemed Eligible Distributions under Sections 100	Implicitas 23.06(j) and		
Distribuciones de Cuentas de Retiro Individual No Deducibles Distribución fon hom Chardath le Individual Retirement Accounts Renta de Propiedad Residencial bajo la Ley 132-2010, según enmendada Rentereses sobre Obligaciones de Obligaciones de Individual Retirement Accounts Intereses sobre Obligaciones de Obligaciones de Individual Retirement Accounts Intereses sobre Obligaciones de Obligaciones de Individual Retirement Accounts Intereses sobre Obligaciones de Obligaciones de Poetra Rico Intereses sobre Obligaciones de Obligaciones de Poetra Rico Intereses sobre Denos, pagarás to utras obligaciones bajo la Secución 6970.55(h) de la Ley 69-2019 Intereses sobre Denos, pagarás to utras obligaciones bajo la Secución 6970.55(h) de la Ley 69-2019 Intereses sobre bonos, notes or obre obligaciones bajo la Secución 6970.55(h) de la Ley 69-2019 Intereses sobre bonos, notes or obre obligaciones de Retiro St. 100 de la Retiro Denos Intereses Subjetos a Commitbiodin Básica Alterna Obre Intereses Subjetos a Commitbiodin Básica Alterna Obre Interesto Subjetos a Commitbiodin Básica Alterna Obre Dividendos de Negocios Exemtos bajo la Secolin 8070 S(e) de la Ley 69-2019 Dividendos de Negocios Exemtos bajo la Secolin 8070 S(e) de la Ley 69-2019 Dividendos de Negocios Exemtos bajo la Secolin 8070 S(e) de la Ley 69-2019 Dividendos de Negocios Exemtos bajo la Secolin 8070 S(e) de la Ley 67-2020 Dividendos de Negocios Exemtos bajo	Compensación por Lesiones o Enferme				
Rent de Propiedad Residencial bajo 1s Ley 132-2010, cegún enmendada Routtom Residental Property under Act 132-2010, is amended Intereses sobre (Disglaciones del Obleron de los Estados Unidos Intereses sobre (Disglaciones del Obleron de los Estados Unidos Intereses sobre (Disglaciones del Obleron de Puerto Rico Intereses sobre (Disglaciones del Obleron del Puerto Rico Intereses sobre (Disglaciones del Puerto Rico Interese	Distribuciones de Cuentas de Retiro Inc	ividual No Deducibles			
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FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807Y20 RECORD TYPE: FORM

RECORD NAME: INDIVIDUAL RETIREMENT ACCOUNT - FORM TYPE 480.7 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	TICTURE		BITES	LOCATION	COMMENTS	KE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7. RIGHT JUSTIFIED.	*
3. PAYEE ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION NUMBER).	*
4. PAYEE RESIDENT TYPE	X(1)	С	1	12-12	ENTER: "1" = RESIDENT, "2" = NONRESIDENT, "3" = ALIEN.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "4" TO INDICATE FORM 480.7.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	C	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
	X(30)	С	30	41-70	NUMBER SSN.	*
13. NAME						
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. IRA ACCOUNT NUMBER	X(20)	С	20	176-195		*
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	C	35	226-260		*





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807Y20 RECORD TYPE: FORM

RECORD NAME: INDIVIDUAL RETIREMENT ACCOUNT - FORM TYPE 480.7 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		
26. TOWN	X(13)	С	13	296-308		*
27. STATE	X(2)	С	2	309-310		*
28. ZIP-CODE	9(5)	С	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	С	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPACES.	*
TOTAL BALANCE OF THE ACCOUNT AT 31. THE BEGINNING OF THE YEAR	9(10)V99	С	12	321-332	SEE FORM 480.7, ITEM 1.	
32. CONTRIBUTIONS FOR THE TAXABLE YEAR	9(10)V99	С	12	333-344	SEE FORM 480.7, ITEM 2.	
33. ROLLOVER CONTRIBUTIONS	9(10)V99	С	12	345-356	SEE FORM 480.7, ITEM 3.	
34. ROLLOVER WITHDRAWALS	9(10)V99	С	12	357-368	SEE FORM 480.7, ITEM 4.	
35. REFUND OF EXCESS CONTRIBUTIONS	9(10)V99	С	12	369-380	SEE FORM 480.7, ITEM 5.	
36. PENALTY WITHHELD	9(10)V99	С	12	381-392	SEE FORM 480.7, ITEM 6.	
TAX WITHHELD FROM INTEREST 37. (10% LINE 12D)	9(10)V99	С	12	393-404	SEE FORM 480.7, ITEM 7.	
TAX WITHHELD INCOME FROM SOURCES 38. WITHIN PR (10% LINE 12E)	9(10)V99	С	12	405-416	SEE FORM 480.7, ITEM 8.	
TAX WITHHELD FROM GOVERNMENT 39. PENSIONERS (10% LINES 12G2 AND 12G3)	9(10)V99	С	12	417-428	SEE FORM 480.7, ITEM 9.	
40. FILLER	X(24)	С	24	429-452	SPACES.	*
TAX WITHHELD AT SOURCE TO 41. NONRESIDENTS (SEE INSTRUCTIONS)	9(10)V99	С	12	453-464	SEE FORM 480.7, ITEM 11.	
BREAKDOWN OF AMOUNT DISTRIBUTED						
42. A- CONTRIBUTIONS	9(10)V99	С	12	465-476	SEE FORM 480.7, ITEM 12A.	
43. B- VOLUNTARY CONTRIBUTIONS	9(10)V99	С	12	477-488	SEE FORM 480.7, ITEM 12B.	
44. C- EXEMPT INTEREST	9(10)V99	С	12	489-500	SEE FORM 480.7, ITEM 12C.	
D- INTERESTS FROM ELIGIBLE 45. FINANCIAL INSTITUTIONS	9(10)V99	С	12	501-512	SEE FORM 480.7, ITEM 12D.	
46. E- INCOME FROM SOURCES WITHIN P.R.	9(10)V99	С	12	513-524	SEE FORM 480.7, ITEM 12E.	
47. F- OTHER INCOME	9(10)V99	С	12	525-536	SEE FORM 480.7, ITEM 12F.	
G- GOVERNMENT PENSIONERS 48. 1. CONTRIBUTIONS	9(10)V99	С	12	537-548	SEE FORM 480.7, ITEM 12G1.	
G- GOVERNMENT PENSIONERS 49. 2. ELIGIBLE INTEREST	9(10)V99	С	12	549-560	SEE FORM 480.7, ITEM 12G2.	
G- GOVERNMENT PENSIONERS 50. 3. OTHER INCOME	9(10)V99	С	12	561-572	SEE FORM 480.7, ITEM 12G3.	
G- GOVERNMENT PENSIONERS 51. TOTAL	9(10)V99	С	12	573-584	SEE FORM 480.7, ITEM 12G4.	
52. FILLER	X(36)	C	36	585-620	SPACES.	*





FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4807Y20 RECORD TYPE: FORM

RECORD NAME: INDIVIDUAL RETIREMENT ACCOUNT - FORM TYPE 480.7 RECORD LENGTH: 2500

	1			EILE	T	ı
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
53. H- PREPAID (10%) UNDER SECTION 1081.06	9(10)V99	С	12	621-632	SEE FORM 480.7. ITEM 12H.	
(111)						
54. L- TOTAL (ADD LINES 12A THROUGH 12K)	9(10)V99	С	12	633-644	SEE FORM 480.7, ITEM 12L.	
55. FILLER	X(60)	С	60	645-704	SPACES.	*
56. I- PREPAID (5%) UNDER SECTION 1081.06	9(10)V99	С	12	705-716	SEE FORM 480.7, ITEM 12 I.	
57. FILLER	X(45)	С	45	717-761	SPACES.	*
58. PAYEE'S FIRST NAME	X(15)	C	15	762-776	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
59. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
60. PAYEE'S LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
61. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	C	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR				0.2.001		
62. OF PUERTO RICO (10% LINE12K1) DISTRIBUTIONS FOR REASON OF A	9(10)V99	С	12	832-843	SEE FORM 480.7, ITEM 10.	
DISASTER DECLARED BY THE GOVERNOR 63. OF PUERTO RICO TAXABLE	9(10)V99	C	12	844-855	SEE FORM 480.7, ITEM K.1.	
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 64. OF PUERTO RICO EXEMPT	9(10)V99	С	12	856-867	SEE FORM 480.7, ITEM K.2.	
EXEMPT INTERESTS AND AMOUNT OVER 65. WHICH A PREPAYMENT WAS MADE	9(10)V99	C	12	868-879	SEE FORM 480.7, ITEM K.3.	
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 66. OF PUERTO RICO TOTAL	9(10)V99	С	12	880-891	SEE FORM 480.7, ITEM K.4.	
67. TYPE OF FINANCIAL	X(1)	C	1	892-892	ENTER: "C"= CONTRIBUTION, "D"= DISTRIBUTION, "B"= BOTH.	*
					IF PAYEE ID TYPE = "4" ENTER PAYEE'S IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), IF PAYEE ID TYPE = "5" ENTER PAYEE'S CIDN (OTHER CORPORATE IDENTIFICATION NUMBER). USE ONLY WHEN THE PAYEE DOES NOT HAVE AN SSN OR FEIN. IDN AND CIDN CAN BE ANY TYPE OF ALPHANUMERIC IDENTIFICATION	
68. PAYEE FOREIGN ID	X(20)	С	20	893-912	OTHER THAN FEIN, SSN, OR ITIN.	
69. FILLER	X(1451)	С	1451	913-2363	SPACES.	*
70. WITHHOLDING AGENT E-MAIL	X(50)	С	50	2364-2413	E-MAIL FOR WITHHOLDING AGENT.	*
71. WITHHOLDING AGENT PHONE NUMBER	X(20)	С	20	2414-2433	PHONE NUMBER WITHHOLDING AGENT.	*
72. J- PREPAID (8%) UNDER SECTION 1023.23	9(10)V99	C	12	2434-2445	SEE FORM 480.7, ITEM 12 J.	



FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4807Y20

RECORD TYPE: FORM

RECORD NAME: INDIVIDUAL RETIREMENT ACCOUNT – FORM TYPE 480.7 RECORD LENGTH: 2500

		\				
FIELD NAME	PICTURE	PICTURE		FILE LOCATION	COMMENTS	RE
			1	1	T	
CONTROL NUMBER ORIGINAL 73. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
74. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
75. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Formulario 480.7 Rev. 08.20	Departa DECLARACI	DE PUERTO RICO - GOVERNME) mento de Haoienda - Departmeni ón informativa - Cuenta de Ve Return - Individual Retif	of the Treasury RETIRO INDIVIDUAL				
AÑO CONTRIBUTIVO: 2020 TAXABLE YEAR:	☐ Enn	endado - Amended: (/	MIM J AARY)			ourpose Distribuciones Distributions	Ambos Both
INFORMACIÓN DEL AGENT	TE RETENEDOR - WITHHOLDING AGE	NTS INFORMATION		INFORMACIÓN	DE QUIEN RECIBE EL PAGO - PAYEE'S	INFORMATION	
lúm. de Identificación Patronal - Employ	er Identification Number		Núm. de Identificación	ı - Identification	No.		
Nombre - Name			Nombre - Name				
Dirección - Address			Dirección - Address				
	Código Postal	- Zip Code			Código Po	ostal - Zip Code	
Núm. de Teléfono - Telephone No.	Correo Electrónico - E-mail		Seleccione un encasi Residente Resident	☐ No Res	ne box idente Ciudadano de E.U. ident U.S. Citizen	No Resider	ite Extranjero
Descripción - De	scription	Cantidad - Amount	- Nesideri.	- Nonresi	Distribuciones - Distributions	- Nonresident	AICI
			12. Desglose de Cantid	ad Distribuida - 6	Breakdown of Amount Distributed		
 Balance Total de la Cuenta a Principio Total Balance of the Account at the Begin 			A. Aportaciones - C	ontributions			
			B. Aportaciones Vo	luntarias - Volu	intery Contributions	Confirmation Number	
 Aportaciones para el Año Contribut Contributions for the Taxable Year 	ivo		C. Intereses Exento	s - Exempt Inter	ests	aconfirmation Number urpose Distributiones Distributiones Distributions stal-Zip Code No Residente Extranjen Nonresident Alien	
			D. Intereses de Ins Interests from Eli				
 Aportaciones Vía Transferencia Rollover Contributions 			E. Ingresos de Fue				
			F. Otros Ingresos		51100		
Retiros Via Transferencia Rollover Withdrawals			G. Pensionados de 1. Aportaciones		overnment Pensioners		
5. Reembolso de Aportaciones en Exc			Contributions 2. Intereses Ele				
Refund of Excess Contributions			Eligible Interes 3. Otros Ingreso				
			Other Income 4. Total (Sume li	neas G1 a la G3)			
6. Penalidad Retenida Penalty Withheld				G1 through G3)	o la Sección 1081.06		
7. Contribución Retenida sobre Interese	- 140W Same 1200 Mars install		Prepaid (10%) unde	rSection 1081.06			
Tax Withheld from Interests (10% line 12			Prepaid (5%) under	Section 1081.06	%) bajo la Sección 1081.06		
8. Contribución Retenida sobre Ingreso de	Fuentes Dentro de Puerto Rico		J. Pagado por Adel Prepeid (8%) unde		o la Sección 1023.23 23		
(10% lines 12E) - Income Tax Withheld fron line 12E)				uerto Rico - D	un Desastre Declarado por el istributions for Reason of a Disaster (Rico		
9. Contribución Retenida sobre Ingreso (10% líneas 12G2 y 12G3) - Income			Cantidad Tr Texable Amo			Oistribusiones	
Pensioners (10% lines 12G2 and 12G3)			Cantidad Ex Exempt Amo				
10. Contribución Retenida en el Orig			3. Intereses Ex sobre la cu	ıal se Pagó p	or		
Razón de un Desastre Declarado Rico (10% linea 12K1) - Income Tax W			Adelantado and Amour	-Exempt Intere: it over which	sts		
for Reason of a Disaster Declared by th line12K1)	ne Governor of Puerto Rico (10%		Prepayment				
	onto Marianta in the		4. Total (Sume li Total (Add lines	K1through K3)			
 Contribución Retenida a No Reside Tax Withhheld at Source to Nonreside 			L. Total (Sume line as Total (Add lines 12				
Razones para el Cambio Reasons for the Change		•				•	
Número de Cuenta IRA		ero de Control		Nún	nero de Control de la Declaració	n Informativa Orig	inal
IRA Account Number	Contr	d Number			trol Number of the Original Informativ		
	FECHA DE RADICACIÓN:	28 DE FEBRERO O 30 D	E NOVIEMBRE, SEG	SÚN APLIQU	JE. VEA INSTRUCCIONES	3	
		EBRUARY 28 OR NOVEM					



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807AY20 RECORD TYPE: FORM

RECORD NAME: MORTGAGE INTEREST – FORM TYPE 480.7A RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7A. RIGHT JUSTIFIED.	*
3. BORROWER ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. JOINT BORROWER ID TYPE	X(1)	С	1	12-12	ENTER: "1" = FEIN, "2" = SSN.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "6" TO INDICATE FORM 480.7A.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES. ENTER THE TAX YEAR FOR THIS REPORT	*
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE 2020.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
RECIPIENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
BORROWER'S INFORMATION						
21. BORROWER'S ID	9(9)	С	9	167-175	IF BORROWER ID TYPE = "1", ENTER BORROWER'S FEIN. IF ID TYPE = "2" ENTER BORROWER'S SSN.	*
22. NAME	X(30)	С	30	176-205	REQUIRED ONLY FOR CORPORATIONS.	*
23. ADDRESS LINE NUMBER 1	X(35)	С	35	206-240		*
24. ADDRESS LINE NUMBER 2	X(35)	С	35	241-275		
25. TOWN	X(13)	С	13	276-288		*





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807AY20 RECORD TYPE: FORM

RECORD NAME: MORTGAGE INTEREST – FORM TYPE 480.7A RECORD LENGTH: 2500

	DY CONTINUE	<u> </u>	DIVERS	FILE	GOLD WINTER	
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
26. STATE	X(2)	C	2	289-290		*
27. ZIP-CODE	9(5)	С	5	291-295		*
28. ZIP-CODE EXTENSION	9(4)	С	4	296-299	ZEROS, IF NOT AVAILABLE.	
JOINT BORROWER'S INFORMATION						
29. JOINT BORROWER'S ID	9(9)	С	9	300-308	IF JOINT BORROWER ID TYPE = "1", ENTER JOINT BORROWER'S FEIN. IF ID TYPE = "2" ENTER JOINT BORROWER'S SSN.	
30. NAME	X(30)	С	30	309-338		
31. FILLER	X(1)	С	1	339-339	SPACES.	*
32. INTERESTS PAID BY BORROWER	9(10)V99	С	12	340-351	SEE FORM 480.7A, ITEM 1.	*
LOAN ORIGINATION FEES(POINTS) PAID 33. DIRECTLY BY BORROWER	9(10)V99	С	12	352-363	SEE FORM 480.7A, ITEM 2.	*
LOAN ORIGINATION FEES PAID OR 34. FINANCED	X(1)	C	1	364-364	ENTER: "P" = PAID "F" = FINANCED.	*
LOAN DISCOUNT (POINTS) PAID 35. DIRECTLY BY BORROWER	9(10) V99	С	12	365-376	SEE FORM 480.7A, ITEM 3.	*
36. LOAN DISCOUNT PAID OR FINANCED	X(1)	С	1	377-377	ENTER: "P" = PAID "F" = FINANCED.	*
37. REFUND OF INTERESTS	9(10) V99	С	12	378-389	SEE FORM 480.7A, ITEM 4.	*
38. PROPERTY TAXES	9(10) V99	С	12	390-401	SEE FORM 480.7A, ITEM 5.	*
39. ORIGINAL LOAN AMOUNT	9(10) V99	С	12	402-413	SEE FORM 480.7A, ITEM 6.	*
40. FILLER	X(1)	С	1	414-414	SPACES.	*
41. LOAN ACCOUNT NUMBER	X(25)	С	25	415-439		*
42. LOAN TERM	9(3)	С	3	440-442	ENTER THE NUMBER OF MONTHS.	*
43. FILLER	X(319)	C	319	443-761	SPACES.	*
44. BORROWER'S FIRST NAME	X(15)	C	15	762-776	ENTER THE FIRST NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
45. BORROWER'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
46. BORROWER'S LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
BORROWER'S MOTHER'S MAIDEN 47. LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
48. JOINT BORROWER'S FIRST NAME	X(15)	С	15	832-846	ENTER THE FIRST NAME OF THE JOINT BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807AY20 RECORD TYPE: FORM

RECORD NAME: MORTGAGE INTEREST – FORM TYPE 480.7A RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	FICTURE		DITES	LOCATION	COMMENTS	KE
					ENTER THE MIDDLE NAME OF THE JOINT BORROWER'S. LEFT JUSTIFIED AND FILL	
49. JOINT BORROWER'S MIDDLE NAME	X(15)	C	15	847-861	WITH BLANKS.	
50. JOINT BORROWER'S LAST NAME	X(20)	C	20	862-881	ENTER THE LAST NAME OF THE JOINT BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
JOINT BORROWER'S MOTHER'S MAIDEN 51. LAST NAME	X(20)	С	20	882-901	ENTER THE SECOND LAST NAME OF THE JOINT BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	,
52. PROPERTY ADDRESS LINE NUMBER 1	X(35)	С	35	902-936	1100 11111 22.111101	*
53. PROPERTY ADDRESS LINE NUMBER 2	X(35)	С	35	937-971		*
54. PROPERTY TOWN	X(13)	С	13	972-984		*
55. PROPERTY STATE	X(2)	С	2	985-986		*
56. PROPERTY ZIP-CODE	9(5)	С	5	987-991		*
57. PROPERTY ZIP-CODE EXTENSION	9(4)	С	4	992-995	ZEROS, IF NOT AVAILABLE.	*
58. FILLER	X(1380)	С	1380	996-2375	SPACES.	*
59. RECIPIENT E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR RECIPIENT.	*
60. RECIPIENT PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER RECIPIENT.	*
CONTROL NUMBER ORIGINAL 61. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
62. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
63. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Formulario 480.7A Form Rev. 08.20	C. L. C.	Departamento de DECLARACIÓN INFO	RTORICO - GOVERNMENT OF PUERTORICO Hacienda - Department of the Treasury RMATIVA - INTERESES HIPOTECARIOS RETURN - MORTGAGE INTERESTS		
AÑO CONTRIBUTIVO: 2020 TAXABLE YEAR:	I	Enmendado - Ame	ended: (DDI_MMIAAAY\)		ición de Radicación Electrónica ing Confirmation Number
	TOR - RECIPIENT'S INFORM	ATION	Descripción - Description		Cantidad - Amount
Número de Identificación Patronal - Em	oloyer Identification Number		Intereses Pagados por el Deudor Interests Paid by Borrower		
Nombre - Name		2.	Honorarios de Origen del Préstamo (Puntos) Pagados Directame Loan Origination Fees (Points) Paid Directly by Borrower	ente por el Deudor	
Dirección - Address		——— <u>L</u>	1 Pagados - Paid 2 Financiados - Financed		
		3.	Descuentos del Préstamo (Puntos) Pagados Directamente por e Loan Discounts (Points) Paid Directly by Borrower	I Deudor	
	0, 1 - 0		1 Pagados - Paid 2 Financiados - Financed		
Núm. de Teléfono - Telephone No. Co	тео Electrónico - E-mail		Reembolsos de Intereses Refund of Interests		
INFORMACIÓN DEL DEUD Número de Seguro Social - Social Security Num	OR - BORROWER'S INFORMA liber	5.0	Contribuciones sobre la Propiedad Property Taxes		
Nombre - Name			Cantidad Original del Préstamo Original Loan Amount		
Dirección - Address		Di	rección Física de la Propiedad Sujeta al Préstamo - Physical Add	ress of the Property Subject to L	oan
				Códio	o Postal - Zip Code
,		ostal - Zip Code	mero de Cuenta del Préstamo - Loan Account Number	Término del Préstamo (en mes	
INFORMACIÓN DEL CODEUDO Número de Seguro Social - Social Security Num			umero Control - Control Number	Número Control Informativa	Original
- Samuel Control of the State o			unero como - como numer	Control No. Original Informative	
Nombre - Name		Ra	azones para el Cambio - Reasons for the Change		
ECHA DE RADICACIÓN: 31 DE ENERO LING DATE: JANUARY 31, SEE INSTRI			nvie electrónicamente al Departamento de Hacienda. Entregue d end to Department of the Treasury electronically. Deliver two copie		



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807BY20 RECORD TYPE: FORM

RECORD NAME: EDUCATIONAL CONTRIBUTION ACCOUNT – FORM TYPE 480.7B RECORD LENGTH: 2500

	T	1				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7B. RIGHT JUSTIFIED.	*
3. BENEFICIARY ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. CONTRIBUTOR ID TYPE	X(1)	С	1	12-12	ENTER: "1" = FEIN, "2" = SSN.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "7" TO INDICATE FORM 480.7B.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(1) X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
WITHHOLDING AGENT'S INFORMATION						
10. PAYER ID TYPE	X(1)	С	1	22-22	ENTER: "1" = FEIN, "2" = SSN.	*
11. IDENTIFICATION NUMBER	9(9)	С	9	23-31	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
12. NAME	X(30)	С	30	32-61		*
13. ADDRESS LINE NUMBER 1	X(35)	С	35	62-96	ADDRESS LINE NUMBER 1.	*
14. ADDRESS LINE NUMBER 2	X(35)	С	35	97-131	ADDRESS LINE NUMBER 2.	
15. TOWN	X(13)	С	13	132-144		*
16. STATE	X(2)	С	2	145-146		*
17. ZIP-CODE	9(5)	С	5	147-151		*
18. FILLER	X(1)	С	1	152-152	SPACES.	*
BENEFICIARY'S INFORMATION						
21. BENEFICIARY'S ID	9(9)	С	9	153-161	IF BENEFICIARY ID TYPE = "1", ENTER BENEFICIARY'S FEIN. IF ID TYPE = "2" ENTER BENEFICIARY'S SSN.	*
20. BIRTH YEAR	X(4)	С	4	162-165		
21. BIRTH MONTH	X(2)	С	2	166-167		
22. BIRTH DAY	X(2)	C	2	168-169		
23. NAME	X(30)	С	30	170-199	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	200-234		*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	235-269		

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807BY20 RECORD TYPE: FORM

RECORD NAME: EDUCATIONAL CONTRIBUTION ACCOUNT – FORM TYPE 480.7B RECORD LENGTH: 2500

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
26. TOWN	X(13)	С	13	270-282		*
27. STATE	X(2)	С	2	283-284		*
28. ZIP-CODE	9(5)	С	5	285-289		*
29. BANK ACCOUNT NUMBER	X(20)	С	20	290-309		*
30. FILLER	X(1)	С	1	310-310	SPACES.	*
CONTRIBUTOR'S INFORMATION						
31. CONTRIBUTOR'S ID	9(9)	С	9	311-319	IF CONTRIBUTOR ID TYPE = "1", ENTER CONTRIBUTOR'S FEIN. IF ID TYPE = "2" ENTER CONTRIBUTOR'S SSN.	*
32. RELATIONSHIP	X(10)	С	10	320-329		*
33. NAME	X(30)	С	30	330-359	REQUIRED ONLY FOR CORPORATIONS.	*
34. ADDRESS LINE NUMBER 1	X(35)	С	35	360-394		*
35. ADDRESS LINE NUMBER 2	X(35)	С	35	395-429		
36. TOWN	X(13)	С	13	430-442		*
37. STATE	X(2)	С	2	443-444		*
38. ZIP-CODE	9(5)	С	5	445-449		*
TOTAL BALANCE OF ACCOUNT 39. AT BEGINNING OF THE YEAR	9(5)V99	С	7	450-456	SEE FORM 480.7B, ITEM 1.	
40. CONTRIBUTIONS DURING TAXABLE YEAR	9(5)V99	С	7	457-463	SEE FORM 480.7B, ITEM 2.	
41. ROLLOVER CONTRIBUTIONS	9(5)V99	С	7	464-470	SEE FORM 480.7B, ITEM 3.	
42. ROLLOVER WITHDRAWALS	9(5)V99	С	7	471-477	SEE FORM 480.7B, ITEM 4.	
43. REFUND OF EXCESS CONTRIBUTIONS	9(5)V99	С	7	478-484	SEE FORM 480.7B, ITEM 5.	
44. TAX WITHHELD FROM INTEREST (10%)	9(5)V99	С	7	485-491	SEE FORM 480.7B, ITEM 6.	
TAX WITHHELD FROM DISTRIBUTIONS OF 45. INCOME FROM SOURCES WITHIN P.R. (10%)	9(5)V99	С	7	492-498	SEE FORM 480.7B, ITEM 7.	
BREAKDOWN OF AMOUNT DISTRIBUTED						
46. CONTRIBUTIONS	9(5)V99	С	7	499-505	SEE FORM 480.7B, ITEM 8A.	
47. TAXABLE INTERESTS	9(5)V99	С	7	506-512	SEE FORM 480.7B, ITEM 8B-1.	
48. EXEMPT INTERESTS	9(5)V99	С	7	513-519	SEE FORM 480.7B, ITEM 8B-2.	
49. INCOME FROM SOURCES WITHIN P.R.	9(5)V99	С	7	520-526	SEE FORM 480.7B, ITEM 8B-3.	
50. INCOME FROM SOURCES WITHOUT P.R.	9(5)V99	С	7	527-533	SEE FORM 480.7B, ITEM 8B-4.	
51. TOTAL (ADD LINES 8A THROUGH 8C) 52. PREPAID (8%) UNDER SECTION 1023.24	9(5)V99 9(5)V99	C C	7	534-540 541-547	SEE FORM 480.7B, ITEM 8D. SEE FORM 480.7B, ITEM 8C.	





EXHIBIT G

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807BY20 RECORD TYPE: FORM

RECORD NAME: EDUCATIONAL CONTRIBUTION ACCOUNT – FORM TYPE 480.7B RECORD LENGTH: 2500

		1		FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
FIELD NAME	TICTORE		DITES	LOCATION	COMMENTS	KE
53. FILLER	X(214)	C	214	548-761	SPACES.	*
					ENTER THE FIRST NAME OF THE	
					BENEFICIARY'S. LEFT JUSTIFIED AND FILL	
54 DENEELOLA DV2C EIDOT NAME	V(15)		1.5	762 776	WITH BLANKS. REQUIRED ONLY FOR	*
54. BENEFICIARY'S FIRST NAME	X(15)	C	15	762-776	INDIVIDUALS. ENTER THE MIDDLE NAME OF THE	*
					BENEFICIARY'S. LEFT JUSTIFIED AND FILL	
55. BENEFICIARY'S MIDDLE NAME	X(15)	C	15	777-791	WITH BLANKS.	
55. BENEFICIART SMIDDLE NAME	A(13)		13	777-791	ENTER THE LAST NAME OF THE	
					BENEFICIARY'S. LEFT JUSTIFIED AND FILL	
					WITH BLANKS. REQUIRED ONLY FOR	*
56. BENEFICIARY'S LAST NAME	X(20)	С	20	792-811	INDIVIDUALS.	
JO. BEIVEITERIKT SENST WINE	11(20)		20	7,72 011	INDIVIDENES.	
					ENTER THE SECOND LAST NAME OF THE	
BENEFICIARY'S MOTHER'S MAIDEN					BENEFICIARY'S. LEFT JUSTIFIED AND FILL	
57. LAST NAME	X(20)	C	20	812-831	WITH BLANKS.	
	1				ENTER THE FIRST NAME OF THE	
					CONTRIBUTOR'S. LEFT JUSTIFIED AND	
					FILL WITH BLANKS. REQUIRED ONLY FOR	
58. CONTRIBUTOR'S FIRST NAME	X(15)	C	15	832-846	INDIVIDUALS.	*
					ENTER THE MIDDLE NAME OF THE	
					CONTRIBUTOR'S. LEFT JUSTIFIED AND	
59. CONTRIBUTOR'S MIDDLE NAME	X(15)	С	15	847-861	FILL WITH BLANKS.	
					ENTER THE LAST NAME OF THE	
					CONTRIBUTOR'S. LEFT JUSTIFIED AND	
(0. CONTRIBUTOR'S LAST NAME	W(20)		20	0.62 001	FILL WITH BLANKS. REQUIRED ONLY FOR	*
60. CONTRIBUTOR'S LAST NAME	X(20)	С	20	862-881	INDIVIDUALS. ENTER THE SECOND LAST NAME OF THE	*
CONTRIBUTOR'S MOTHER'S MAIDEN					CONTRIBUTOR'S, LEFT JUSTIFIED AND	
61. LAST NAME	X(20)	C	20	882-901	FILL WITH BLANKS.	
01. LASI NAME	A(20)	C	20	002-901	FILE WITH BLANKS.	
					ENTER: "C"= CONTRIBUTION,	
62. TYPE OF FINANCIAL	X(1)	C	1	902-902	"D"= DISTRIBUTION, "B"= BOTH.	*
	11(1)	<u> </u>	-	702 702	B Bistraserior, B Borra	
63. FILLER	X(1473)	С	1473	903-2375	SPACES.	*
	<u> </u>					
64. WITHHOLDING AGENT E-MAIL	X(50)	C	50	2376-2425	E-MAIL FOR WITHHOLDING AGENT.	*
65. WITHHOLDING AGENT PHONE NUMBER	X(20)	C	20	2426-2445	PHONE NUMBER WITHHOLDING AGENT.	*
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED WHEN	
66. INFORMATIVE RETURN	9(9)	C	9	2446-2454	FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE FORM.	
67. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	1
CO PHIED	0(6)			2405 2500	ZEROS	*
68. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



EXHIBIT G

ev. 08.20 ÑO CONTRIBUTIVO: AXABLE YEAR: 2020							- Ambos
				L Cor	ntributions	Distributions	L Both
INFORMACIÓN DEL AGENTE RETENEDOR - WITHH		Descripción - Description	Cantidad - Am	ount		Distribuciones - Distrib	utions
	m. de Identificación Patronal - Employer Identification Number						
IOIIIDIE - IVallie				/			
dirección - Address		Aportaciones Durante el Año Contributivo - Contributions During the Taxable Year			B. Incremento		
Código Pos	tal - Zip Code			\dashv	increase		
lúm. de Teléfono - Telephone No. Correo Electró	nico - E-mail	Aportaciones Via Transferencia Rollover Contributions					
INFORMACIÓN DEL BENEFICIARIO - BEN	EFICIARY'S INFORMATION			$\neg \uparrow$			
úm. de Seguro Social - Social Security No.	Fecha de Nac Date of Birth	Retiros Via Transferencia Rollover Withdrawals					
lombre - Name		Reembolso de Aportaciones en Exceso Refund of Excess Contributions (3) Ingresos de Fuentes Dentro de Puerto Rico Income from Sources Within Puerto Rico					
lirección - Address							
	tall - Zip Code				(4) Ingresos	de Fuentes Fuera de	
úmero de Cuenta Bancaria - Bank Account Number		Contribución Retenida sobre Intereses (10%) Tax Withheld from Interests (10%)			Income fr	rom Sources Without	
INFORMACIÓN DE QUIEN APORTA - CONT							
lúm. de Seguro Social - Social Security No.	Parentesco - Relationship	Contribución Retenida sobre Distribuciones que Consistan de Ingresos de Fuentes Dertro de Puerte Rico (1994)		ľ	Sección 1023.	24	
lombre - Name		APTION Descripción - Description Cantidad - Amount Distribuciones - Distribution: 1. Balance Total de la Cuenta a Principio de Año - Total Balance of the Account at the Beginning of the Year 2. Aportaciones Durante el Año - Contributivo - Contributions 3. Aportaciones Via Transferencia Rollover Contributions 4. Retiros Via Transferencia Rollover Withdrawals 5. Reembolso de Aportaciones en Exceso Refund of Excess Contributions 6. Contribución Retenida sobre Inforeses (10%) 7. Contribución Retenida sobre Inforeses (10%) 8. Contribución Retenida sobre Inforeses (10%) 9. Nimero Contributions of Fuentes Deritro de Puerto Rico 1. Contribución Retenida sobre Distribuciones 1. Que Consistan de Ingresos de Fuentes 1. Deritro de Puerto Rico (10%) 1. Contribución Retenida sobre Distribuciones 2. Contribución Retenida sobre Distribuciones 3. Aportaciones de Fuentes 4. Retiros Via Transferencia 5. Reembolso de Aportaciones en Exceso 6. Contribución Retenida sobre Inforeses (10%) 7. Contribución Retenida sobre Distribuciones 8. Desglose de Cantidad Distribuciones 9. Retiros Via Transferencia 1. Intereses Tributables 1. Intereses Tributables 1. Intereses Tributables 2. Intereses Exentos 2. Intereses Exentos 2. Intereses Exentos 3. Ingresos de Fuentes 4. Retiros Via Transferencia 4. Retiros Via Transferencia 4. Retiros Via Transferencia 6. Contribución Retenida sobre Distribuciones 6. Contribución Retenida sobre Distribuciones 7. Contribución Retenida sobre Distribuciones 8. Describación Retenida sobre Distribuciones 9. Pepaid (8%) unider Section 1023 24 9. Pepaid (8%) unider Section 1023 24 9. Pepaid (8%) unider Section 1023 24 9. Total (Sume Insas 8A a la 8C) 1. To					
Dirección - Address			Razones para el 0	Cambio - F	Reasons for the	Change	
Cárlian Do	stal - Zip Code	Control No. Original Informative Return					
túmero Control control Number	star-zip code						
CHA DE RADICACIÓN: 28 DE FEBRERO O 30 DE NOVIEMBRE ING DATE: FEBRUARY 28 OR NOVEMBER 30, AS APPLICAE		para sus récords Send to Department of the T					



EXHIBIT H

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807CY20 RECORD TYPE: FORM

RECORD NAME: RETIREMENT PLANS AND ANNUITIES – FORM TYPE 480.7C RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7C. RIGHT JUSTIFIED.	*
					ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION	
3. PAYEE ID TYPE	X(1)	С	1	11-11	NUMBER). ENTER: "1" = RESIDENT,	*
4. PAYEE RESIDENT TYPE	X(1)	С	1	12-12	"2" = NONRESIDENT, "3" = ALIEN.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "Y" TO INDICATE FORM 480.7C.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
		С				*
FILLER 9. TAXABLE YEAR	9(4)	С	4	16-17 18-21	SPACES. ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYER'S INFORMATION	A(2)		,	22-30	SI ACLS.	
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN IF ID TYPE = "3" ENTER PAYEE'S ITIN. IF PAYEE DOESN'T HAVE A FEIN/SSN/ITIN, ENTER ALL ZEROS IN THIS FIELD AND PROVIDE AN ALTERNATE IDENTIFICATION IN FIELD 72.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION 21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. ACCOUNT NUMBER	X(20)	С	20	176-195		*
23. NAME * PEOURED FIELD	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	* ASU _{P1}

^{*} REQUIRED FIELD



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807CY20 RECORD TYPE: FORM

RECORD NAME: RETIREMENT PLANS AND ANNUITIES – FORM TYPE 480.7C RECORD LENGTH: 2500

### PITCH PATTER			▼				
25. ADDRESS LINE NUMBER 2	FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
25. ADDRESS LINE NUMBER 2							
25. ADDRESS LINE NUMBER 2		77(0.5)	_	2.5	22 (2 ()		
26. TOWN	24. ADDRESS LINE NUMBER I	X(35)	C	35	226-260		*
28. ZIP-CODE	25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		
28. ZIP-CODE 29. ZIP-CODE EXTENSION 30. FILLER 30. FILLER 31. FORM OF DISTRIBUTION 32. PLAN OR ANNUITY TYPE 32. PLAN OR ANNUITY TYPE 32. PLAN OR ANNUITY TYPE 33. ROLLOVER CONTRIBUTION 34. ROLLOVER CONTRIBUTION 35. COST OF PENSION OR ANNUITY 36. LOVER CONTRIBUTION 37. AND OR PENSION OR ANNUITY 38. ROLLOVER CONTRIBUTION 39. COST OF PENSION OR ANNUITY 39. COST OF PENSION OR ANNUITY 30. DISTRIBUTION OR ANNUITY 31. AND OR PENSION OR ANNUITY 32. AND OR PENSION OR ANNUITY 33. ROLLOVER CONTRIBUTION 34. ROLLOVER DISTRIBUTION 35. COST OF PENSION OR ANNUITY 36. COST OF PENSION OR ANNUITY 37. AND OR PENSION OR ANNUITY 38. AND OR PENSION OR ANNUITY 39. DISTRIBUTIONS (20%) 39. TAX WITHHELD FROM LUMP SUM 39. DISTRIBUTIONS (20%) 30. SEE FORM 480.7C, ITEM 3. 30. AND OR PENSION OR ANNUITY 31. AND OR PENSION OR ANNUITY 32. PLAN WITHHELD FROM DIST. RETIREMENT 33. SAVINGS ACCOUNT PROGRAM (10%) 34. ROLLOVER DISTRIBUTION 35. COST OF PENSION OR ANNUITY 36. DISTRIBUTIONS (20%) 37. AND OR PENSION OR ANNUITY 38. AND OR PENSION OR ANNUITY 39. DISTRIBUTIONS (20%) 39. TAX WITHHELD FROM DIST. RETIREMENT 39. SAV ANCE TYPE OR AND ORD PENSION (10%) 39. COST OR PENSION OR ANNUITY 39. SAV ANCE TYPE OR AND ORD PENSION (10%) 39. SAV ACCE TYPE OR A	26. TOWN	X(13)	С	13	296-308		*
29, ZIP-CODE EXTENSION	27. STATE	X(2)	С	2	309-310		*
30. FILLER	28. ZIP-CODE	9(5)	С	5	311-315		*
30. FILLER	29. ZIP-CODE EXTENSION	9(4)	С	4	316-319	ZEROS, IF NOT AVAILABLE.	
31. FORM OF DISTRIBUTION			C				*
STAR) /				ENTER: "L" = LUMP SUM, "P" = PARTIAL,	
32. PLAN OR ANNUITY TYPE	31. FORM OF DISTRIBUTION	X(1)	C	1	321-321	"E" = PERIODIC PAYMENTS.	*
32. PLAN OR ANNUITY TYPE						ENTER: "G" = GOVERNMENTAL,	
32. PLAN OR ANNUITY TYPE						· · · · · · · · · · · · · · · · · · ·	
33. ROLLOVER CONTRIBUTION 9(10)V99 C 12 323-334 SEE FORM 480.7C, ITEM 1. 34. ROLLOVER DISTRIBUTION 9(10)V99 C 12 335-346 SEE FORM 480.7C, ITEM 2. 35. COST OF PENSION OR ANNUITY 9(10)V99 C 12 347-358 SEE FORM 480.7C, ITEM 3. TAX WITHHELD FROM LUMP SUM 9(10)V99 C 12 359-370 SEE FORM 480.7C, ITEM 6. TAX WITHHELD FROM LUMP SUM 9(10)V99 C 12 371-382 SEE FORM 480.7C, ITEM 6. TAX WITHHELD FROM DIST. RETIREMENT 38. SAVINGS ACCOUNT PROGRAM (10%) 9(10)V99 C 12 383-394 SEE FORM 480.7C, ITEM 12. TAX WITHHELD ROM DIST. RETIREMENT 39. SAV. ACCIPROG. TO A NON DED IRA (10%) TAX WITHHELD FROM NONRESIDENT'S 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 13. 41. AMOUNT DISTRIBUTION 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 14. 41. AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023-21, 42. 1081-21810-10810-1081-2181, 44. FILLER X(24) C 24 453-478 SPACES. 45. FILLER X(24) C 24 453-478 SPACES. 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 479-490 SPACES. 47. FILLER X(24) C 24 499-490 SPACES. 48. DISTRIBUTIONS 9(10)V99 C 12 499-502 SPACES. 48. DISTRIBUTION ODE X(12) C 12 479-490 SPACES. 48. DISTRIBUTION ODE X(12) C 12 479-490 SPACES. 49. FILLER X(24) C 24 593-526 SPACES. 40. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 479-490 SPACES. 40. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 479-502 SPACES. 40. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 582-539 SEE FORM 480.7C, ITEM 19. TAX WITHHELD FROM OTHER S(10)V99 C 12 582-539 SEE FORM 480.7C, ITEM 11. TAX WITHHELD FROM OTHER S(10)V99 C 12 582-530 SEE FORM 480.7C, ITEM 15. TAX WITHHELD FROM OTHER S(10)V99 C 12 582-530 SEE FORM 480.7C, ITEM 15. TAX WITHHELD FROM OTHER S(10)V99 C 12 552-563 SPACES. TAX WITHHELD FROM OTHER S(10)V99 C 12 552-563 SPACES. TAX WITHHELD FROM OTHER S(10)V99 C 12 552-563 SPACES. TAX WITHHELD FROM OTHER S(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 15.						· · · · · · · · · · · · · · · · · · ·	
34. ROLLOVER DISTRIBUTION 9(10)V99 C 12 335-346 SEE FORM 480.7C, ITEM 2. 35. COST OF PENSION OR ANNUITY 9(10)V99 C 12 347-358 SEE FORM 480.7C, ITEM 3. TAX WITHHELD FROM LUMP SUM 9(10)V99 C 12 359-370 SEE FORM 480.7C, ITEM 6. TAX WITHHELD FROM LUMP SUM 9(10)V99 C 12 371-382 SEE FORM 480.7C, ITEM 6. TAX WITHHELD FROM LUMP SUM 9(10)V99 C 12 383-340 SEE FORM 480.7C, ITEM 7. TAX WITHHELD ROBOR LOWER RETIREMENT 38. SAVINGS ACCOUNT PROGRAM (10%) 9(10)V99 C 12 383-394 SEE FORM 480.7C, ITEM 12. TAX WITHHELD FROM LONGER RETIREMENT 39. SAVINGS ACCOUNT PROGRAM (10%) 9(10)V99 C 12 395-406 SEE FORM 480.7C, ITEM 13. TAX WITHHELD FROM NONRESIDENT'S 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 13. 40. DISTRIBUTIONS 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 14. 41. AMOUNT DISTRIBUTED 9(10)V99 C 12 419-430 SEE FORM 480.7C, ITEM 16. AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21, 42 1081.016/9 OR 1012096/(5) 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 43. TAXABLE AMOUNT 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 44. FILLER X(24) C 24 455-478 SPACES. * 45. FILLER X(24) C 24 479-490 SPACES. * 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 479-490 SPACES. * 47. FILLER X(24) C 24 491-409 SPACES. * 48. DISTRIBUTION CODE X(1) C 1 527-527 "G", "H", "T", "J", "W", "U", "M", "N", " " * 48. DISTRIBUTION CODE X(1) C 1 528-539 SEE FORM 480.7C, ITEM 11. TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLANS 9(10)V99 C 12 58-539 SEE FORM 480.7C, ITEM 15. 51. FILLER X(24) C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 552-563 SPACES.	32. PLAN OR ANNUITY TYPE	X(1)	С	1	322-322	"P" = PRIVATE, "N" = NON QUALIFIED.	*
35. COST OF PENSION OR ANNUITY 9(10)V99 C 12 347-358 SEE FORM 480.7C, ITEM 3.	33. ROLLOVER CONTRIBUTION	9(10)V99	С	12	323-334	SEE FORM 480.7C, ITEM 1.	
35. COST OF PENSION OR ANNUITY 9(10)V99 C 12 347-358 SEE FORM 480.7C, ITEM 3.	24 DOLLOWED DISTRIBUTION	0/10/1/00		10	225 246	GET FORM 400 7G FEFM 2	
TAX WITHHELD FROM LUMP SUM 36. DISTRIBUTIONS (20%) 9(10)V99 C 12 359-370 SEE FORM 480.7C, ITEM 6.	34. ROLLOVER DISTRIBUTION	9(10) 799	C	12	333-340	SEE FORM 480.7C, ITEM 2.	
36. DISTRIBUTIONS (20%) 9(10)V99 C 12 359-370 SEE FORM 480.7C, ITEM 6.		9(10)V99	С	12	347-358	SEE FORM 480.7C, ITEM 3.	
TAX WITHHELD FROM LUMP SUM 9(10)V99 C 12 371-382 SEE FORM 480.7C, ITEM 7.		0/10/1/00		10	250 270	SEE FORM 490 7C ITEM C	
37. DISTRIBUTIONS (10%) 9(10)V99 C 12 371-382 SEE FORM 480.7C, ITEM 7.		9(10) V 99	C	12	359-370	SEE FORM 480.7C, 11EM 6.	
TAX WITHHELD FROM DIST. RETIREMENT 38. SAVINGS ACCOUNT PROGRAM (10%) TAX WITHHELD ROLLOVER RETIREMENT 39. SAV. ACCT. PROG. TO A NON DED. IRA (10%) TAX WITHHELD FROM NONRESIDENT'S 40. DISTRIBUTIONS 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 13. TAX WITHHELD FROM NONRESIDENT'S 41. AMOUNT DISTRIBUTED 9(10)V99 C 12 419-430 SEE FORM 480.7C, ITEM 14. 41. AMOUNT DISTRIBUTED AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21, 42. 1081.016(9) OR 10120(b)(5) 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 16. 43. TAXABLE AMOUNT 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 16. 44. FILLER X(24) C 24 455-478 SPACES. * 45. FILLER X(12) C 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 491-502 SEE FORM 480.7C, ITEM 19. * 47. FILLER X(24) C 24 455-478 SPACES. * 48. DISTRIBUTION CODE TAX WITHHELD FROM OTHER GIONV99 C 12 528-539 SEE FORM 480.7C, ITEM 19. * 47. FILLER X(24) C 24 503-526 SPACES. * 48. DISTRIBUTION CODE TAX WITHHELD FROM OTHER SIN TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 19. * 48. DISTRIBUTION CODE TAX WITHHELD FROM OTHER SIN TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. * 49. IRA TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. * 50. DISTRIBUTIONS 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 15. SEE FORM 480.7C, ITEM 19. SEE		9(10)V99	C	12	371-382	SEE FORM 480 7C ITEM 7	
38. SAVINGS ACCOUNT PROGRAM (10%) 9(10)V99 C 12 383-394 SEE FORM 480.7C, ITEM 12. TAX WITHHELD ROLLOVER RETIREMENT 39. SAV. ACCT.PROG. TO A NON DED. IRA (10%) 9(10)V99 C 12 395-406 SEE FORM 480.7C, ITEM 13. TAX WITHHELD FROM NONRESIDENT'S 40. DISTRIBUTIONS 9(10)V99 C 12 4407-418 SEE FORM 480.7C, ITEM 14. 41. AMOUNT DISTRIBUTED 9(10)V99 C 12 419-430 SEE FORM 480.7C, ITEM 16. 43. TAXABLE AMOUNT 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 44. FILLER X(24) C 24 435-478 SPACES. * 45. FILLER X(24) C 24 435-478 SPACES. * 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 491-502 SEE FORM 480.7C, ITEM 19. 47. FILLER X(24) C 24 491-502 SEE FORM 480.7C, ITEM 19. 48. DISTRIBUTION CODE X(24) C 24 491-502 SEE FORM 480.7C, ITEM 19. 48. DISTRIBUTION CODE X(24) C 24 491-502 SEE FORM 480.7C, ITEM 19. 48. DISTRIBUTION CODE X(24) C 24 503-526 SPACES. 48. DISTRIBUTION CODE X(1) C 1 527-527 "G", "H", "T", "F", "K", "L", "M", "N". * TAX WITHHELD FROM OTHER 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 580-551 SEE FORM 480.7C, ITEM 11. TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 580-551 SEE FORM 480.7C, ITEM 11. TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 9(10)V99 C 12 580-551 SEE FORM 480.7C, ITEM 11.)(10)177		12	371 302	BEET GRAVE 100.7C, TEEM 7.	
TAX WITHHELD ROLLOVER RETIREMENT 39. SAV. ACCT.PROG. TO A NON DED. IRA (10%) 40. DISTRIBUTIONS 40. DISTRIBUTIONS 41. AMOUNT DISTRIBUTED AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21, 42. 1081.01(b)(9) OR 1012D(b)(5) 43. TAXABLE AMOUNT 44. FILLER 45. FILLER 46. AFTER-TAX CONTRIBUTIONS 47. FILLER 48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA DISTRIBUTIONS 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 14. 419-430 SEE FORM 480.7C, ITEM 16. 419-430 SEE FORM 480.7C, ITEM 16. 419-430 SEE FORM 480.7C, ITEM 16. 42 431-442 SEE FORM 480.7C, ITEM 18. 445-478 SPACES. * 45. FILLER (A) C (C) 24 (A) SPACES. * 46. AFTER-TAX CONTRIBUTIONS (B) (10)V99 (C) 12 (C) 24 (D) 491-502 SEE FORM 480.7C, ITEM 19. 47. FILLER (C) 24 (C) 24 (D) 491-502 SEE FORM 480.7C, ITEM 19. 48. DISTRIBUTION CODE (A) TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA (D) (10)V99 (D) (1)V99 (D) (1)V99		9(10)V99	С	12	383-394	SEE FORM 480.7C, ITEM 12.	
TAX WITHHELD FROM NONRESIDENT'S 40. DISTRIBUTIONS 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 14. 41. AMOUNT DISTRIBUTED AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21, 42. 1081.01(b)(9) OR 1012D(b)(5) 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 43. TAXABLE AMOUNT 9(10)V99 C 12 443-454 SEE FORM 480.7C, ITEM 18. 44. FILLER X(24) C 24 455-478 SPACES. * 45. FILLER X(12) C 12 479-490 SPACES. * 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 491-502 SEE FORM 480.7C, ITEM 19. * * * 47. FILLER X(24) C 24 503-526 SPACES. VALID CODES = "A", "B", "C", "D", "E", "F", "AWITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA P(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. * * * * * * * * * * * * *						,	
40. DISTRIBUTIONS 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 14. 41. AMOUNT DISTRIBUTED AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21, 42. 1081.01(b)(9) OR 1012D(b)(5) 43. TAXABLE AMOUNT 44. FILLER (X(24)) C 24 455-478 SPACES. 45. FILLER (X(12)) C 12 479-490 SPACES. 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 479-490 SPACES. 47. FILLER (X(24)) C 24 455-478 SPACES. 48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 14. SEE FORM 480.7C, ITEM 16. 419-430 SEE FORM 480.7C, ITEM 16. ** ** ** ** ** ** ** ** **		9(10)V99	C	12	395-406	SEE FORM 480.7C, ITEM 13.	
41. AMOUNT DISTRIBUTED AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21, 42. 1081.01(b)(9) OR 1012D(b)(5) 43. TAXABLE AMOUNT 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 43. TAXABLE AMOUNT 9(10)V99 C 12 443-454 SEE FORM 480.7C, ITEM 17. 44. FILLER X(24) C 24 455-478 SPACES. * 45. FILLER X(12) C 12 479-490 SPACES. 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 491-502 SEE FORM 480.7C, ITEM 19. * 47. FILLER X(24) C 24 455-478 SPACES. * 48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 19. * VALID CODES ="A", "B", "C", "D", "E", "F", "F", "T", "J", "K", "L", "M", "N". * TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 540-551 SEE FORM 480.7C, ITEM 15. SEE FORM 480.7C, ITEM 16. SEE FORM 48	TAX WITHHELD FROM NONRESIDENT'S						
AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21, 42. 1081.01(b)(9) OR 1012D(b)(5) 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 43. TAXABLE AMOUNT 9(10)V99 C 12 443-454 SEE FORM 480.7C, ITEM 17. 44. FILLER X(24) C 24 455-478 SPACES. * 45. FILLER X(12) C 12 479-490 SPACES. 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 491-502 SEE FORM 480.7C, ITEM 19. * 47. FILLER X(24) C 24 503-526 SPACES. VALID CODES ="A", "B", "C", "D", "E", "F", 48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA TAX WITHHELD FROM OTHER 50. DISTRIBUTIONS 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. * * * * * * * * * * * * *	40. DISTRIBUTIONS	9(10)V99	C	12	407-418	SEE FORM 480.7C, ITEM 14.	
AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21, 42. 1081.01(b)(9) OR 1012D(b)(5) 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 43. TAXABLE AMOUNT 9(10)V99 C 12 443-454 SEE FORM 480.7C, ITEM 17. 44. FILLER X(24) C 24 455-478 SPACES. * 45. FILLER X(12) C 12 479-490 SPACES. 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 491-502 SEE FORM 480.7C, ITEM 19. 47. FILLER X(24) C 24 503-526 SPACES. 48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA TAX WITHHELD FROM OTHER 50. DISTRIBUTIONS 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. * * * * * * * * * * * * *	41. AMOUNT DISTRIBUTED	9(10)V99	С	12	419-430	SEE FORM 480.7C. ITEM 16.	
42. 1081.01(b)(9) OR 1012D(b)(5) 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 43. TAXABLE AMOUNT 9(10)V99 C 12 443-454 SEE FORM 480.7C, ITEM 17. 44. FILLER X(24) C 24 455-478 SPACES. * 45. FILLER X(12) C 12 479-490 SPACES. 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 491-502 SEE FORM 480.7C, ITEM 19. 47. FILLER X(24) C 24 503-526 SPACES. 48. DISTRIBUTION CODE X(1) C 1 527-527 "G", "H", "I", "J", "K", "L", "M", "N". * TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. TAX WITHHELD FROM OTHER DISTRIBUTIONS 9(10)V99 C 12 540-551 SEE FORM 480.7C, ITEM 15. 51. FILLER X(12) C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.							
43. TAXABLE AMOUNT 44. FILLER 45. FILLER 46. AFTER-TAX CONTRIBUTIONS 47. FILLER 48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLANS 49. IRA TAX WITHHELD FROM OTHER 50. DISTRIBUTIONS 40. QUALIFIED FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 50. (10%) 40. DISTRIBUTIONS OF QUALIFIED PLANS 50. DISTRIBUTIONS OF QUALIFIED PLANS 50. (10%) 40. AF3-454 443-454 453-478 443-454 455-478 45E FORM 480.7C, ITEM 17. 479-490 479-490 479-490 481-502 491-502 491-502 491-502 491-502 491-502 491-502 503-526 5	WAS MADE UNDER SECTION 1023.21,						
44. FILLER		\ /					
45. FILLER		. (.)					
46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 491-502 SEE FORM 480.7C, ITEM 19. 47. FILLER X(24) C 24 503-526 SPACES. 48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. TAX WITHHELD FROM OTHER 50. DISTRIBUTIONS 9(10)V99 C 12 540-551 SEE FORM 480.7C, ITEM 15. 51. FILLER X(12) C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.			_				*
47. FILLER			_				
48. DISTRIBUTION CODE							1
48. DISTRIBUTION CODE	47. FILLER	X(24)	С	24	503-526		1
TAX WITHHELD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. 49. IRA 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. 50. DISTRIBUTIONS 9(10)V99 C 12 540-551 SEE FORM 480.7C, ITEM 15. 51. FILLER X(12) C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9. 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.	48 DISTRIBUTION CODE	X(1)	C	1	527-527		*
QUALIFIED PLAN TO NON DEDUCTIBLE 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. TAX WITHHELD FROM OTHER 9(10)V99 C 12 540-551 SEE FORM 480.7C, ITEM 15. 51. FILLER X(12) C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9. 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.		(-)	Ĭ	-	52. 521	_ , _ , _ , _ , _ , _ , _ , _ , _ , _ ,	1
49. IRA 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. TAX WITHHELD FROM OTHER 50. DISTRIBUTIONS 9(10)V99 C 12 540-551 SEE FORM 480.7C, ITEM 15. 51. FILLER X(12) C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.							
TAX WITHHELD FROM OTHER 9(10)V99 C 12 540-551 SEE FORM 480.7C, ITEM 15. 51. FILLER X(12) C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9. 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.		9(10)V99	C	12	528-539	SEE FORM 480.7C, ITEM 11.	
51. FILLER X(12) C 12 552-563 SPACES. TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.							
TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANS 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.		9(10)V99			540-551		<u> </u>
DISTRIBUTIONS OF QUALIFIED PLANS 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.	51. FILLER	X(12)	C	12	552-563	SPACES.	
52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.	TAX WITHHELD FROM OTHER	<u> </u>					
	•	9(10)\\00	C	12	564 575	SEE FORM 480 7C ITEM 9	
53. FILLER 9(24) C 24 576-599 ZEROS. *	<i>J2.</i> (1070)	7(10) 777		14	304-373	SEL I ORIVI 400./C, II EWI 7.	
	53. FILLER	9(24)	C	24	576-599	ZEROS.	*



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807CY20 RECORD TYPE: FORM

RECORD NAME: RETIREMENT PLANS AND ANNUITIES – FORM TYPE 480.7C RECORD LENGTH: 2500

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
					VALID CODES ="A", "B", "C", "D", "E", "F",	
54. DISTRIBUTION CODE OTHER	X(1)	C	1	600-600	"G", "H", "I", "J", "K", "L", "M", "N".	*
55. FILLER	X(161)	С	161	601-761	SPACES.	*
56. PAYEE'S FIRST NAME	X(15)	С	15	762-776	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
57. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
37. TATLE SWIDDLE NAME	A(13)	C	13	777-791	ENTER THE LAST NAME OF THE PAYEE'S.	
50 DAVEE'S LAST NAME	X(20)	С	20	702 911	LEFT JUSTIFIED AND FILL WITH BLANKS.	*
58. PAYEE'S LAST NAME	X(20)	C	20	792-811	REQUIRED ONLY FOR INDIVIDUALS. ENTER THE SECOND LAST NAME OF THE	*
59. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
TAX WITHHELD FROM DISTRIBUTIONS OF 60. NON QUALIFIED PLANS	9(10)V99	С	12	832-843	SEE FORM 480.7C, ITEM 8.	
61. TAX WITHHELD FROM ANNUITIES	9(10)V99	С	12	844-855	SEE FORM 480.7C, ITEM 10.	
PLAN'S INFORMATION						
62. EMPLOYER IDENTIFICATION NO.	9(9)	С	9	856-864	ENTER THE EMPLOYER IDENTIFICATION NUMBER.	
63. NAME OF PLAN	X(40)	С	40	865-904	ENTER THE NAME OF PLAN. LEFT JUSTIFIED AND FILL WITH BLANKS.	
64. PLAN SPONSOR'S NAME	X(40)	С	40	905-944	ENTER THE PLAN SPONSOR'S NAME. LEFT JUSTIFIED AND FILL WITH BLANKS.	
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR OF PUERTO RICO			-			
65. A- EXEMPT	9(10)V99	С	12	945-956	SEE FORM 480.7C, ITEM 21A.	
66. B- TAXABLE	9(10)V99	С	12	957-968	SEE FORM 480.7C, ITEM 21B.	
C- AMOUNT OVER WHICH A PREPAYMENT 67. WAS MADE	9(10)V99	С	12	969-980	SEE FORM 480.7C, ITEM 21C.	
68. D- AFTER-TAX CONTRIBUTIONS	9(10)V99	С	12	981-992	SEE FORM 480.7C, ITEM 21D.	
69. E- TOTAL (ADD LINES 20A THROUGH 20D)	9(10)V99	С	12	993-1004	SEE FORM 480.7C, ITEM 21E.	
INCOME TAX WITHHELD ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 70. OF PUERTO RICO	9(10)V99	С	12	1005-1016	SEE FORM 480.7C, ITEM 22.	
71. AMOUNT DISTRIBUTED EXEMPT INCOME	9(10)V99	C	12	1017-1028	SEE FORM 480.7C, ITEM 20.	ļ
72. PAYEE'S IDENTIFICATION	X(13)	C	13	1029-1041	IF PAYEE ID TYPE = "4" ENTER PAYEE'S IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), IF PAYEE ID TYPE = "5" ENTER PAYEE'S CIDN (OTHER CORPORATE IDENTIFICATION NUMBER). USE ONLY WHEN THE PAYEE DOES NOT HAVE AN SSN, ITIN OR FEIN. IDN AND CIDN CAN BE ANY TYPE OF ALPHANUMERIC IDENTIFICATION OTHER THAN FEIN, SSN, OR ITIN.	





EXHIBIT H

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807CY20 RECORD TYPE: FORM

RECORD NAME: RETIREMENT PLANS AND ANNUITIES – FORM TYPE 480.7C RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	
1111111	110101		21120	Booming	001.2.12.12.0	RE
					ENTER: "C"= CONTRIBUTION,	
73. TYPE OF FINANCIAL	X(1)	С	1	1042-1042	"D"= DISTRIBUTION, "B"= BOTH.	*
74. FILLER	X(1300)	С	1300	1043-2342	SPACES.	*
as paven a man	77(50)		50	2242 2202	E MAN FOR RAVER	*
75. PAYER E-MAIL	X(50)	С	50	2343-2392	E-MAIL FOR PAYER.	*
76. PAYER PHONE NUMBER	X(20)	С	20	2393-2412	PHONE NUMBER PAYER.	*
77. REPORT DISTRIBUTIONS	X(1)	С	1	2413-2413	"1" IF REPORT DISTRIBUTIONS	*
					SEE FORM 480.7C ITEM 4. THIS FIELD	
78. GOVERNMENTAL RETIREMENT FUND	9(10)V99	С	12	2414-2425	APPLIES FOR PUERTO RICO GOVERNMENTAL AGENCIES ONLY.	
TAX WITHHELD FROM PERIODIC	, ,					
PAYMENTS OF QUALIFIED OR 79. GOVERNMENTAL PLANS	9(10)V99	С	12	2426-2437	SEE FORM 480.7C, ITEM 5.	
DATE ON WHICH YOU STARTED TO	2(20)122				ENTER THE MONTH, DAY AND 4 DIGIT	
80. RECEIVE THE PENSION	X(8)	C	8	2438-2445	YEARS, (MMDDYYYY).	
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED WHEN	
81. INFORMATIVE RETURN	9(9)	С	9	2446-2454	FILING AMENDED FORM.	
82. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
83. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



EXHIBIT H

Formulario 480.7C GOBIERNO Departa Rev. 08.20 DECLARACIÓ INFORMAT	Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number				
ANO CONTRIBUTIVO:	TIVE RETURN - RETIREMENT PLA H endado - A mended: (<u>DD</u> /_		Indique propósito - Indicate pursose Aportaciones Distribuciones Both Contributions Distributions		
INFORMACIÓN DEL PAGADOR - PAYER'S INFORMATION	INFORMACIÓN DE QUIEN RECIB	E EL PAGO - PAYEE'S INFORMATION			
úm. de Identificación Patronal - Employer Identification No.	Residente No Residente Ciud Resident Nonresident U.S. Ct	illado: - Select one box: adano de E.U. No Residente Extranjer ten Norresident Allen	Mine de Identificación Debeno		
ombre - Name	Núm. de Identificación - Ide		Nombre del Plan - Name of Plan		
irección - Address	Nombre - Name		Nombre de quien auspicia e	l plan - Plan sponsor's nar	
	Dirección - Address		Fecha en que comenzó a re Date on which you started to r	cibir la pensión: eceive the pension:	
Código Postal - Zip Code úm. de Teléfono - Telephone No. Correo Electrónico - E-mail			Día/Day Mes/Month	Año/Year	
		Código Postal - Zip Code iente: – Check the corresponding box	:		
Forma de Distribución: – Form of Distribution:			d: – Plan or Annuity Type:		
rotal Parcial Pagos Periódicos Lump Sum Partial Periodic Payments	Gubernamental Governmental	Privado Calificado No Cal Qualified Private Non Qu		Anualidad Variable Variable Annuity	
Descripción - Description	Cantidad - Amount		Distribuciones - Distributions		
I. Aportación Vía Transferencia Rollover Contribution		16. Cantidad Distribuida Amount Distributed			
2. Distribución Vía Transferencia Rollover Distribution		17. Cantidad Tributable Taxable Amount			
Costo de la Pensión o Anualidad Cost of Pension or Annuity		18. Cantidad sobre la cua	ll se Pagó por Adelantado 21, 1081.01(b)(9) o 1012D(b)(5) -		
Fondo de Retiro Gubernamental Governmental Retirement Fund			repayment was Made under		
 Contribución Retenida sobre Pagos Periódicos de Plan Calificados o Gubernamentales - Tax Withheld from Period Payments of Qualified or Governmental Plans 	es dic	19. Aportaciones Voluntaria After-Tax Contributions	18		
5. Contribución Retenida sobre una Distribución Total (20 Tax Withheld from Lump Sum Distributions (20%)		20. Ingresos Exentos Exempt income			
 Contribución Retenida sobre una Distribución Total (10 Tax Withheld from Lump Sum Distributions (10%) 		21. Distribuciones por Razó	n de un Desastre Declarado		
 Contribución Retenida sobre Distribuciones de Plan No Calificados - Tax Withheld from Distributions of N Qualified Plans 	on		ruerto Rico - Distributions for ared by the Governor of Puerto		
 Contribución Retenida sobre Otras Distribuciones Planes Calificados (10%) - Tax Withheld from Oth Distributions of Qualified Plans (10%) 		A. Exentas Exempt			
Contribución Retenida sobre Anualidades Tax Withheld from Annuities		B. Tributables Taxable			
1. Contribución Retenida sobre Transferencia de Plan Calificado a una Cuenta de Retiro Individual Deducible - Tax Withheld from Rollover of a Qualifi	No		ial se Pagó por Adelantado Prepayment was Made		
Plan to a Non Deductible Individual Retirement Accou	int	D. Aportaciones Volunt After-Tax Contributions			
Programa de Cuentas de Ahorro para el Retiro (10 Tax Withheld from Distributions of the Retirement Savin Account Program (10%)	%)	E. Total (Sume lineas 21 Total (Add lines 21A th			
13. Contribución Retenida sobre Transferencia d Programa de Cuentas de Ahorro para el Retiro a Cuer de Retiro Individual No Deducible (10%) - Tax Withh from Rollover of the Retirement Savings Account Progra to a Non Deducible Individual Retirement Account (10%)	ita eld im	Razón de un Desastre de Puerto Rico - Incom	a sobre Distribuciones por Declarado por el Gobernador e Tax Withheld on Distributions r Declared by the Governor of		
14.Contribución Retenida sobre Distribuciones a l Residentes - Tax Withheld from Nonresident's Distributio	No ns	23. Código de Distribución Distribution Code	1		
15. Contribución Retenida sobre Otras Distribucion Tax Withheld from Other Distributions	es	Razones para el Cambio Reasons for the Change			
	mero de Control ntrol Number		úmero de Control de la Declarac ontrol Number of Original Inform		
FECHA DE RADICACIÓN: 28 DE FEBRERO O 30 DE NOVIEMBRE	, SEGÚN APLIQUE. VEA INSTRU	CCIONES - FILING DATE: FEBRUA	RY 28 OR NOVEMBER 30, AS APPL	ICABLE, SEE INSTRUCTION	
ENVÍE ELECTRÓNICAMENTE AL DEPARTAMEN	ITO DE HACIENDA, ENTREGUE D	OS COPIAS A QUIEN RECIBE EL P	AGO. CONSERVE COPIA PARA SU	IS RÉCORDS.	



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807DY20 RECORD TYPE: RETURN

RECORD NAME: AUTOMOBILE LEASE PAYMENTS – FORM TYPE 480.7D RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	FICTURE		DITES	LOCATION	COMMENTS	KE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7D. RIGHT JUSTIFIED.	*
3. PAYER ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
						*
4. FILLER	X(1)	С	1	12-12	SPACES.	
5. FORM TYPE	X(1)	С	1	13-13	ENTER "Z" TO INDICATE FORM 480.7D.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD. ENTER: "O" = ORIGINAL.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	"A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYEE'S INFORMATION						
11. PAYEE ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYEE ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70	REQUIRED ONLY FOR CORPORATIONS.	*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYER'S INFORMATION						
21. PAYER'S ID	9(9)	С	9	167-175	IF PAYER ID TYPE = "1", ENTER PAYER'S FEIN. IF ID TYPE = "2" ENTER PAYER'S SSN.	*
22. PAYER'S TYPE	X(1)	С	1	176-176	ENTER: "I" = INDIVIDUAL, "P" = PARTNERSHIP, "C" = CORPORATION, "O" = OTHER.	*
23. CUSTOMER NUMBER	X(20)	С	20	177-196		<u> </u>
24. NAME	X(30)	С	30	197-226	REQUIRED ONLY FOR CORPORATIONS.	*



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807DY20 RECORD TYPE: RETURN

RECORD NAME: AUTOMOBILE LEASE PAYMENTS – FORM TYPE 480.7D RECORD LENGTH: 2500

▼ EH E						
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
25. ADDRESS LINE NUMBER 1	X(35)	С	35	227-261		*
26. ADDRESS LINE NUMBER 2	X(35)	С	35	262-296		
27. TOWN	X(13)	С	13	297-309		*
28. STATE	X(2)	С	2	310-311		*
29. ZIP-CODE	9(5)	С	5	312-316		*
30. ZIP-CODE EXTENSION	9(4)	С	4	317-320	ZEROS, IF NOT AVAILABLE.	
31. FILLER	X(1)	С	1	321-321	SPACES.	*
32. ACCOUNT NUMBER - 1	X(20)	С	20	322-341	SEE FORM 480.7D, ITEM 1.	
33. TOTAL PAYMENT RECEIVED - 1	9(10)V99	С	12	342-353	SEE FORM 480.7D, ITEM 1.	
34. PAYMENT THAT CONSTITUTES INTERESTS - 1	9(10)V99	С	12	354-365	SEE FORM 480.7D, ITEM 1.	
35. ACCOUNT NUMBER - 2	X(20)	С	20	366-385	SEE FORM 480.7D, ITEM 2.	
36. TOTAL PAYMENT RECEIVED - 2	9(10)V99	С	12	386-397	SEE FORM 480.7D, ITEM 2.	
37. PAYMENT THAT CONSTITUTES INTERESTS - 2	9(10)V99	С	12	398-409	SEE FORM 480.7D, ITEM 2.	
38. ACCOUNT NUMBER - 3	X(20)	С	20	410-429	SEE FORM 480.7D, ITEM 3.	
39. TOTAL PAYMENT RECEIVED - 3	9(10)V99	С	12	430-441	SEE FORM 480.7D, ITEM 3.	
40. PAYMENT THAT CONSTITUTES INTERESTS - 3	9(10)V99	С	12	442-453	SEE FORM 480.7D, ITEM 3.	
41. ACCOUNT NUMBER - 4	X(20)	С	20	454-473	SEE FORM 480.7D, ITEM 4.	
42. TOTAL PAYMENT RECEIVED - 4	9(10)V99	С	12	474-485	SEE FORM 480.7D, ITEM 4.	
43. PAYMENT THAT CONSTITUTES INTERESTS - 4	9(10)V99	С	12	486-497	SEE FORM 480.7D, ITEM 4.	
44. ACCOUNT NUMBER - 5	X(20)	С	20	498-517	SEE FORM 480.7D, ITEM 5.	
45. TOTAL PAYMENT RECEIVED - 5	9(10)V99	С	12	518-529	SEE FORM 480.7D, ITEM 5.	
46. PAYMENT THAT CONSTITUTES INTERESTS - 5	9(10)V99	С	12	530-541	SEE FORM 480.7D, ITEM 5.	
47. ACCOUNT NUMBER - 6	X(20)	С	20	542-561	SEE FORM 480.7D, ITEM 6.	
48. TOTAL PAYMENT RECEIVED - 6	9(10)V99	С	12	562-573	SEE FORM 480.7D, ITEM 6.	
49. PAYMENT THAT CONSTITUTES INTERESTS - 6	9(10)V99	С	12	574-585	SEE FORM 480.7D, ITEM 6.	
50. ACCOUNT NUMBER - 7	X(20)	С	20	586-605	SEE FORM 480.7D, ITEM 7.	
51. TOTAL PAYMENT RECEIVED - 7	9(10)V99	С	12	606-617	SEE FORM 480.7D, ITEM 7.	
52. PAYMENT THAT CONSTITUTES INTERESTS - 7	9(10)V99	С	12	618-629	SEE FORM 480.7D, ITEM 7.	
53. ACCOUNT NUMBER - 8	X(20)	С	20	630-649	SEE FORM 480.7D, ITEM 8.	





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807DY20 RECORD TYPE: RETURN

RECORD NAME: AUTOMOBILE LEASE PAYMENTS – FORM TYPE 480.7D RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
54. TOTAL PAYMENT RECEIVED - 8	9(10)V99	С	12	650-661	SEE FORM 480.7D, ITEM 8.	
55. PAYMENT THAT CONSTITUTES INTERESTS- 8	9(10)V99	С	12	662-673	SEE FORM 480.7D, ITEM 8.	
56. ACCOUNT NUMBER - 9	X(20)	С	20	674-693	SEE FORM 480.7D, ITEM 9.	
57. TOTAL PAYMENT RECEIVED - 9	9(10)V99	С	12	694-705	SEE FORM 480.7D, ITEM 9.	
58. PAYMENT THAT CONSTITUTES INTERESTS- 9	9(10)V99	С	12	706-717	SEE FORM 480.7D, ITEM 9.	
59. ACCOUNT NUMBER - 10	X(20)	С	20	718-737	SEE FORM 480.7D, ITEM 10.	
60. TOTAL PAYMENT RECEIVED - 10	9(10)V99	С	12	738-749	SEE FORM 480.7D, ITEM 10.	
PAYMENT THAT CONSTITUTES 61. INTERESTS - 10	9(10)V99	С	12	750-761	SEE FORM 480.7D, ITEM 10.	
62. PAYER FIRST NAME	X(15)	C	15	762-776	ENTER THE FIRST NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
63. PAYER MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS.	
64. PAYER LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
65. PAYER MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS.	
66. FILLER	X(1544)	С	1544	832-2375	SPACES.	
67. PAYEE E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYEE.	*
68. PAYEE PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER PAYEE.	*
CONTROL NUMBER ORIGINAL 69. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE	
70. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
71. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



NO CONTRIBUTIVO: 2020	[Enmendado - Amended: (DD/_	MM JAA/YY)		ción de Radicación Electrónica ng Confirmation Number
		INFORMACIÓN DE QUIEN RECIBI	E EL PAGO - PAYEE'S INFORMATION		
úmero de Identificación Patronal	- Employer Identification Number	Nombre - Name			
irección - Address		Código Postal - Zip Cosle	Núm. de Teléfono - Telephon	e No. Correo Electrónio	co - E-mail
		WEST AND THE PARTY OF THE PARTY			
umero de Seguro Social o Identif	ficación Patronal – Social Securi	INFORMACION DEL PAGAL ty or Employer Identification Number	OOR – PAYER'S INFORMATION Tipo - Type 4 lookiy		
amero de oeguro oociai o Identii	noacion i au onai – Social Securi	ry or Employer International Internated	· · ·	=	Sociedad - Partnership
ombre - Name			2 Corp	oración – Corporation 4	Otro - Other
million - Maille					
					Office Books To C. 1
rección - Address					Código Postal - Zip Code
úmero de Cliente		Número Control			
		Numero Control	Número Control Inf	formativa Original	
stomer Number		Control Number	Número Control Inf Control No. Original		
	for the Change				
	for the Change	Control Number	Control No. Original		
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye	Control No. Original Número de Cuenta	Informative Return Pago Total Recibido	
azones para el Cambio - Reasons		Control Number Cantidad del Pago que Constituye	Control No. Original	Informative Return	
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Control No. Original Número de Cuenta	Informative Return Pago Total Recibido	Intereses - Amount of Payment tha
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Control No. Original Número de Cuenta	Informative Return Pago Total Recibido	Intereses - Amount of Payment tha
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Control No. Original Número de Cuenta Account Number	Informative Return Pago Total Recibido	Intereses - Amount of Payment tha
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Control No. Original Número de Cuenta Account Number	Informative Return Pago Total Recibido	Intereses - Amount of Payment that
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Número de Cuenta Account Number	Informative Return Pago Total Recibido	Intereses - Amount of Payment tha
	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Número de Cuenta Account Number	Informative Return Pago Total Recibido	Intereses - Amount of Payment tha
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Número de Cuenta Account Number 6.	Informative Return Pago Total Recibido	Intereses - Amount of Payment that
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Número de Cuenta Account Number 6.	Informative Return Pago Total Recibido	Intereses - Amount of Payment tha
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Número de Cuenta Account Number 6.	Informative Return Pago Total Recibido	Intereses - Amount of Payment tha
azones para el Cambio - Reasons Número de Cuenta	Pago Total Recibido	Control Number Cantidad del Pago que Constituye Intereses - Amount of Payment that	Número de Cuenta Account Number 6.	Informative Return Pago Total Recibido	Cantidad del Pago que Constituy Intereses - Amount of Payment that Constitutes Interests



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806SPY20 RECORD TYPE: RETURN

RECORD NAME: SERVICES RENDERED – FORM TYPE 480.6SP RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	1	I				
1. FILLER	X(1)	С	1	1-1	SPACES.	*
					ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF	
2. CONTROL NUMBER	9(9)	С	9	2-10	THE TREASURY FOR FORM 480.6SP. RIGHT JUSTIFIED.	*
3. TYPE ID PAYEE	X(1)	С	1	11-11	ENTER: "1" = FEIN, 2" = SSN.	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
					ENTER "H" TO INDICATE FORM	*
5. FORM TYPE	X(1)	С	1	13-13	480.6SP.	
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD. ENTER: "O" = ORIGINAL,	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	"A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
TO. TELEK	N(3)		,	22 30	STACES.	
PAYER'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
	- (1)	_			IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	C	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. FILLER	X(20)	С	20	176-195	SPACES.	*
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806SPY20 RECORD TYPE: RETURN

RECORD NAME: SERVICES RENDERED – FORM TYPE 480.6SP RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	_					
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		
26. TOWN	X(13)	C	13	296-308		*
27. STATE	X(2)	C	2	309-310		
28. ZIP-CODE	9(5)	C	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPACES.	*
PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS NOT 31. SUBJECT TO WITHHOLDING	9(10)V99	С	12	321-332	SEE FORM 480.6SP, ITEM 1.	
PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS NOT SUBJECT TO 32. WITHHOLDING	9(10)V99	С	12	333-344	SEE FORM 480.6SP, ITEM 2.	
PAYMENTS FOR SERVICES RENDERED						
BY INDIVIDUALS SUBJECT TO		_				
33. WITHHOLDING	9(10)V99	С	12	345-356	SEE FORM 480.6SP, ITEM 3.	
WITHHELD FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 34. WITHHOLDING	9(8)V99	С	10	357-366	SEE FORM 480.6SP, ITEM 3.	
PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 35. WITHHOLDING	9(10)V99	С	12	367-378	SEE FORM 480.6SP, ITEM 4.	
WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO						
36. WITHHOLDING	9(8)V99	C	10	379-388	SEE FORM 480.6SP, ITEM 4.	
37. EXEMPTION CODE INDIVIDUAL	X(1)	С	1	389-389	ENTER: "A", "B", "C", "D", "E", "F", "G", "H", "I", "J", "K", "L".	
38. EXEMPTION CODE CORPORATION	X(1)	С	1	390-390	ENTER: "A", "B", "C", "D", "E", "F", "G", "H", "I', "J", "K", "L".	
SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY	A(1)	C	1	390-390	11, 1, J, K, L.	
39. SERVICES UNDER ACT 48-2013	9(10)V99	С	12	391-402		
40. REIMBURSED EXPENSES	9(10)V99	С	12	403-414		
RESPONSIBILITY OF PAYMENT TO						
41. HEALTH PROVIDERS	9(10)V99	C	12	415-426		
HEALTH SERVICES RENDERED BY 42. INDICATOR	X(1)	С	1	427-427	IF PAYMENT FOR SERVICES RENDERED BY INDIVIDUALS INCLUDES HEALTH SERVICES ENTER "1", OTHERWISE FILL WITH BLANK. IF PAYMENT FOR SERVICES	
SERVICES RENDERED BY UNDER PHYSICIANS ACT 14-2017, AS 43. AMENDED, INDICATOR	X(1)	C	1	428-428	RENDERED BY CORPORATIONS AND PARTNERSHIPS INCLUDES SERVICES UNDER PHYSICIANS ACT 14-2017, AS AMENDED ENTER "1", OTHERWISE FILL WITH BLANK.	
RECEIVED THE WAIVER CERTIFICATE FROM THE SERVICE PROVIDER CHOOSING THE OPTIONAL TAX	V(1)	C	1	420, 420	IF YOU RECEIVED THE WAIVER CERTIFICATE FROM THE SERVICE PROVIDER CHOOSING THE OPTIONAL TAX ENTER "1", OTHERWISE FILL	
44. INDICATOR	X(1)	C	1	429-429	WITH BLANK.	1



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806SPY20 RECORD TYPE: RETURN

RECORD NAME: SERVICES RENDERED – FORM TYPE 480.6SP RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	TICTURE		DITES	LOCATION	COMMENTS	KE
DAVMENTS DEDODTED CORDESDOND					IF THE PAYMENTS REPORTED	
PAYMENTS REPORTED CORRESPOND TO OUTSOURCED SERVICES					CORRESPOND TO OUTSOURCED SERVICES TAX ENTER "1", OTHERWISE	
45. INDICATOR	X(1)	C	1	430-430	FILL WITH BLANK.	
43. INDICATOR	A(1)		1	430-430	IF THE PAYMENTS REPORTED	
PAYMENTS REPORTED CORRESPOND					CORRESPOND TO SPECIAL	
TO SPECIAL CONTRIBUTION FOR					CONTRIBUTION FOR PROFESSIONAL	
PROFESSIONAL AND ADVISORY					AND ADVISORY SERVICES UNDER ACT	
SERVICES UNDER ACT 48-2013					48-2013 ENTER "1", OTHERWISE FILL	
46. INDICATOR	X(1)	C	1	431-431	WITH BLANK.	
DAVA (ENTER DEPONTED CONDEGROVE					IF THE PAYMENTS REPORTED	
PAYMENTS REPORTED CORRESPOND TO REIMBURSED EXPENSES					CORRESPOND TO REIMBURSED EXPENSES ENTER "1", OTHERWISE	
47. INDICATOR	X(1)	С	1	432-432	FILL WITH BLANK.	
48. WAIVER TYPE	X(1)	C	1	433-433	ENTER: "P" = PARTIAL, "T" = TOTAL.	
49. NO. WAIVER CERTIFICATE	X(20)	C	20	434-453	WAIVER FROM WITHHOLDING.	
D. TO. WHYER CERTIFICITE	11(20)		20	131 133	WINVERTROW WITHHOLDING.	
					IF THE PAYMENTS REPORTED	
					CORRESPOND TO HEALTH	
HEALTH PROFESSIONALS UNDER					PROFESSIONALS UNDER CIRCULAR	
CIRCULAR LETTER NO. 20-1					LETTER NO. 20-1 ENTER "1",	
50. INDICATOR	X(1)	C	1	454-454	OTHERWISE FILL WITH BLANK.	
51. FILLER	X(307)	C	307	455-761	SPACES.	*
					ENTER THE FIRST NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	
52. PAYEE'S FIRST NAME	X(15)	С	15	762-776	INDIVIDUALS.	*
J. THIBE STROTTMAL	11(13)		13	702 770	ENTER THE MIDDLE NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL	
53. PAYEE'S MIDDLE NAME	X(15)	C	15	777-791	WITH BLANKS.	
					ENTER THE LAST NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL	
54 PARTERIO VA GENAVA VE	77.(20)		20	502 044	WITH BLANKS. REQUIRED ONLY FOR	*
54. PAYEE'S LAST NAME	X(20)	С	20	792-811	INDIVIDUALS.	*
PAYEE'S MOTHER'S MAIDEN LAST					ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND	
55. NAME	X(20)	С	20	812-831	FILL WITH BLANKS.	
56. FILLER	X(1544)	C	1544	832-2375	SPACES.	*
TEBER	11(10 1 1)		10	002 2010	STITUSS.	
57. PAYER E-MAIL	X(50)	C	50	2376-2425	E-MAIL FOR PAYER.	*
50 DAVED BLONE MA (DED	W(20)		20	2426 2445	BUONE NUMBER BANGS	*
58. PAYER PHONE NUMBER CONTROL NUMBER ORIGINAL	X(20)	C	20	2426-2445	PHONE NUMBER PAYER. THIS FILED MUST BE COMPLETED	*
59. INFORMATIVE RETURN	9(9)	C	9	2446-2454	WHEN FILING AMENDED FORM.	
57. IN ORMATIVE RETURN	7(7)	_	, ,	<u> </u>	ENTER THE REASON FOR CHANGE	
					FORM. LEFT JUSTIFIED AND FILL WITH	
60. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	BLANKS.	
61. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



AND CONTRIBUTIVO:	TURN-SERVICES RENDERED Amended: (_DDI_NNI_I_AAAYY)		de Radioación Electrónica onfirmation Number
INFORMACIÓN DEL AGENTE RETENEDOR - WITHHOLDING AGENT'S INFORMATION	Descripción Descripción	Cantidad Pagada Amount Peld	Cantidad Retenida Amount Withheld
Número de Identificación Patronal - Employer Identification Number Nombre - Name Diresción - Address Código Postal - Zip Code Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION Número de Seguro Social o Identificación Patronal - Social Security or Employer Identification Number Nombre - Name	Pagos por Servioios Prestados por Individuos No Sujetos a Retención (Vea instrusciones) Payments for Services Rendered by Individuais Not Subject to Withholding (See Instructions) Código - Code: Pagos por Servicios Prestados por Corporaciones y Sociedades No Sujetos a Retención (Vea instrucciones) Payments for Services Rendered by Corporations and Partnerships Not Subject to Withholding (See Instructions) Código - Code: Pagos por Servicios Prestados por Individuos Sujetos a Retención		
Diresoión - Address Código Postal - Zip Code Aportación Especial por Servicios Profesionales y Consultivos bajo la Ley 48-2013 Special Confribution for Profesional and Advisory Services under Act 48-2013	Payments for Bervices Rendered by Individuals Subject to Withholding 4. Pagos por Servisios Prestados por Corporaciones y Sociedades Sujetos a Retención Payments for Services Rendered by Corporations and Partnerships Subject to Withholding Razones para el Cambio - Reesons for the Change		
Bastos Reembolsados (Vea instruociones) Reimbursed Expenses (Bee instructions) Responsabilidad de Pago a Proveedores de Ballud (Vea instrucciones) Responsibility of Payment to Health Providers (Bee Instructions) Número de Certificado de Reievo Walver Certificate Number Bervicios de Ballud - Health Bervices			
Médioos Ley 14-2017, segin enmendada - Physicians Act 14-2017, as amended	Número Control - Control Number	Número Control Informativa	Original
Profesionales de la Salud bajo la Carta Ciroular Núm. 20-1 (Nea instrucciones) Heelth Professionals under Circular Letter No. 20-1 (See Instructions) Marque agui si recibió el Certificado de Relevo del proveedor de servicios eligiendo la contribución opoional (Vea instrucciones) - Checkhere If you received the Welver Certificate from the service provider chocolog the optional tax (See Instructions) Marque agui si los pagos reportados comesponden a servicios subcontratados - Check here If the payments reported correspond to outsourced services	-	Numero Control Informativa Control No. Original Informativ	
FECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUCCIONES FILING DATE: FEBRUARY 28, SEE INSTRUCTIONS	Envie electronicamente al Departamento de Hacienda. Entreg récords. Send to Department of the Treasury electronically. De		



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806GY20 RECORD TYPE: RETURN

RECORD NAME: SERVICES RENDERED – FORM TYPE 480.6G RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
					,	1
1. FILLER	X(1)	С	1	1-1	SPACES.	*
					ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF	
2. CONTROL NUMBER	9(9)	C	9	2-10	THE TREASURY FOR FORM 480.6G. RIGHT JUSTIFIED.	*
			-			
3. TYPE ID PAYEE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "G" TO INDICATE FORM 480.6G.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
					ENTER: "O" = ORIGINAL, "A" = AMENDED,	
7. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYMENTS PROCESSING ENTITY'S						
INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
II. TATER ID THE	A(1)		1	31-31	IF PAYER ID TYPE = "1", ENTER	
					IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	NUMBER SSN.	*
13. NAME	X(30)	C	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	C	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PARTICIPANT MERCHANT'S	11(2)			100 100		
INFORMATION						
					IF PAYEE ID TYPE = "1", ENTER	
21. PAYEE'S ID	9(9)	С	9	167-175	PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806GY20 RECORD TYPE: RETURN

RECORD NAME: SERVICES RENDERED – FORM TYPE 480.6G RECORD LENGTH: 2500

EIELD NAME	DICTUDE		DVTEC	FILE	COMMENTS	DE
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
22 NAME	W(20)		20	176 205	DECLUBED ONLY FOR CORDOR ATIONS	*
22. NAME	X(30)	C	30	176-205	REQUIRED ONLY FOR CORPORATIONS. ENTER THE FIRST NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL	
					WITH BLANKS. REQUIRED ONLY FOR	
23. PAYEE'S FIRST NAME	X(15)	C	15	206-220	INDIVIDUALS.	*
					ENTER THE MIDDLE NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL	
24. PAYEE'S MIDDLE NAME	X(15)	C	15	221-235	WITH BLANKS.	
					ENTER THE LAST NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	
25. PAYEE'S LAST NAME	X(20)	С	20	236-255	INDIVIDUALS.	*
201 1111 111 11 1111 1111 1111 1111 111	11(20)			200 200	ENTER THE SECOND LAST NAME OF	
PAYEE'S MOTHER'S MAIDEN LAST					THE PAYEE'S. LEFT JUSTIFIED AND	
26. NAME	X(20)	C	20	256-275	FILL WITH BLANKS.	
27. ADDRESS LINE NUMBER 1	X(35)	C	35	276-310		*
28. ADDRESS LINE NUMBER 2	X(35)	C	35	311-345		
29. TOWN	X(13)	C	13	346-358		*
30. STATE	X(2)	C	2	359-360		
31. ZIP-CODE	9(5)	C	5	361-365		*
32. ZIP-CODE EXTENSION	9(4)	C	4	366-369	ZEROS, IF NOT AVAILABLE.	
33. E-MAIL	X(50)	С	50	370-419	,	
34. MERCHANT CATEGORY CODE	X(4)	С	4	420-423		*
35. BUSINESS ACCOUNT INDICATOR	X(1)	C	1	424-424	ENTER "P", PERSONAL , "B" BUSSINESS	*
36. ACCOUNT NUMBER	X(20)	C	20	425-444		
37. PAYMENTS PROCESSING FEE	9(13)V99	C	15	445-459		
38. NUMBER OF PAYMENT TRANSACTION	9(10)	С	10	460-469		*
TOTAL PAYMENTS PROCESSED AND CREDITED						
39. PAYMENTS CREDIT DEBIT JAN	9(13)V99	С	15	470-484	SEE FORM 480.6G, ITEM 1, COLUMN 1.	
40. PAYMENTS CREDIT DEBIT FEB	9(13)V99	C	15	485-499	SEE FORM 480.6G, ITEM 1, COLUMN 1.	
41. PAYMENTS CREDIT DEBIT MAR	9(13)V99	C	15	500-514	SEE FORM 480.6G, ITEM 3, COLUMN 1.	
42. PAYMENTS CREDIT DEBIT APR	9(13)V99	C	15	515-529	SEE FORM 480.6G, ITEM 4, COLUMN 1.	
43. PAYMENTS CREDIT DEBIT MAY	9(13)V99	C	15	530-544	SEE FORM 480.6G, ITEM 5, COLUMN 1.	
44. PAYMENTS CREDIT DEBIT JUN	9(13)V99	С	15	545-559	SEE FORM 480.6G, ITEM 6, COLUMN 1.	
45. PAYMENTS CREDIT DEBIT JUL	9(13)V99	C	15	560-574	SEE FORM 480.6G, ITEM 7, COLUMN 1.	
46. PAYMENTS CREDIT DEBIT AUG	9(13)V99	C	15	575-589	SEE FORM 480.6G, ITEM 8, COLUMN 1.	
47. PAYMENTS CREDIT DEBIT SEP	9(13)V99	C	15	590-604	SEE FORM 480.6G, ITEM 9, COLUMN 1.	
48. PAYMENTS CREDIT DEBIT OCT	9(13)V99	C	15	605-619	SEE FORM 480.6G, ITEM 10, COLUMN 1.	
49. PAYMENTS CREDIT DEBIT NOV	9(13)V99	C	15	620-634	SEE FORM 480.6G, ITEM 11, COLUMN 1.	
50. PAYMENTS CREDIT DEBIT DEC	9(13)V99	C	15	635-649	SEE FORM 480.6G, ITEM 12, COLUMN 1.	
51. TOTAL PAYMENTS CREDIT DEBIT	9(13)V99	C	15	650-664	SEE FORM 480.6G, ITEM 13, COLUMN 1.	
52. PAYMENTS OTHER JAN 53. PAYMENTS OTHER FEB	9(13)V99 9(13)V99	C	15 15	665-679 680-694	SEE FORM 480.6G, ITEM 1, COLUMN 2. SEE FORM 480.6G, ITEM 2, COLUMN 2.	
54. PAYMENTS OTHER MAR	9(13)V99 9(13)V99	C	15	695-709	SEE FORM 480.6G, ITEM 2, COLUMN 2.	
55. PAYMENTS OTHER MAR	9(13)V99	C	15	710-724	SEE FORM 480.6G, ITEM 4, COLUMN 2.	
56. PAYMENTS OTHER MAY	9(13)V99	C	15	725-739	SEE FORM 480.6G, ITEM 5, COLUMN 2.	
57. PAYMENTS OTHER JUN	9(13)V99	C	15	740-754	SEE FORM 480.6G, ITEM 6, COLUMN 2.	
58. PAYMENTS OTHER JUL	9(13)V99	C	15	755-769	SEE FORM 480.6G, ITEM 7, COLUMN 2.	
59. PAYMENTS OTHER AUG	9(13)V99	C	15	770-784	SEE FORM 480.6G, ITEM 8, COLUMN 2.	
60. PAYMENTS OTHER SEP	9(13)V99	С	15	785-799	SEE FORM 480.6G, ITEM 9, COLUMN 2.	
61. PAYMENTS OTHER OCT	9(13)V99	C	15	800-814	SEE FORM 480.6G, ITEM 10, COLUMN 2.	· <u></u>





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806GY20 RECORD TYPE: RETURN

RECORD NAME: SERVICES RENDERED – FORM TYPE 480.6G RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
62. PAYMENTS OTHER NOV	9(13)V99	C	15	815-829	SEE FORM 480.6G, ITEM 11, COLUMN 2.	
63. PAYMENTS OTHER DEC	9(13)V99	C	15	830-844	SEE FORM 480.6G, ITEM 12, COLUMN 2.	
64. TOTAL PAYMENTS OTHER	9(13)V99	C	15	845-859	SEE FORM 480.6G, ITEM 13, COLUMN 2.	
65. FILLER	X(1516)	С	1516	860-2375	SPACES.	*
66. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*
67. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER PAYER.	*
CONTROL NUMBER ORIGINAL 68. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
69. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
70. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Form Departamento d Form DecLARACIÓN INFORMATIVA - TRAI Rev. 08.20 INFORMATIVE RETURN -	TO RICO - GOVERNMENT OF PUERTO RICO le Hacienda - Department of the Treasury NSACCIONES EFECTUADAS POR MEDIOS ELECTRÓNICOS TRANSACTIONS MADE BY ELECTRONIC MEANS			
AÑO CONTRIBUTIVO: 2020 Enmendado	- Amended: (_DDI_MMI\A\A\A\)	Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number		
INFORMACIÓN DE LA ENTIDAD PROCESADORA DE PAGOS PAYMENTS PROCESSING ENTITY'S INFORMATION	Mes	Total de Pagos Proces Total Payments Proc		
Número de Identificación Patronal - Employer Identification Number	Month	Tarjetas de Crédito o Débito Credit or Debit Cards	Otras Transacciones Other Transactions	
Nombre - Name	1. Enero January			
Dirección - Address Código Poetal - Zip Code	2. Febrero February			
Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail INFORMACIÓN DEL COMERCIANTE PARTICIPANTE PARTICIPANT MERCHANTS INFORMATION	3. Marzo March			
Nombre - Name	4. Abril April			
Dirección Postal - Postal Address	5. Mayo May			
Código Postal - Zip Code	6. Junio June			
Correo Electrónico - E-mail Número de Identificación (Vea instrucci <mark>onee)</mark> - Identification Number (See instructions)	7. Julio July			
Número de Cuenta del Receptor - Receiver Account Number	8. Agosto August			
Código de Categoría de Comerciante - Merchant Category Code	9. Septiembre September			
Cuenta Comercial - Business Account Cuenta Personal - Personal Account Cargos de Procesamiento de Pagos - Payments Processing Fee	10. Octubre October			
Número de Transacciones de Pago - Number of Payment Transactions	11. Noviembre November			
Razones para el Cambio - Reasons for the Change	12. Diciembre December			
Número Control - Control Number Número Control Informativa Original Control No. Original Informative Return	13. Total (Vea instruccionee) (See instructions)			



EXHIBIT L

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807EY20 RECORD TYPE: RETURN

RECORD NAME: PAY ADVERTISING – FORM TYPE 480.7E RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
TIBBOTAINE	TICICIAL		DITES	Document	COMMILITY	<u> </u>
1. FILLER	X(1)	С	1	1-1	SPACES.	*
					ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF	
2. CONTROL NUMBER	9(9)	C	9	2-10	THE TREASURY FOR FORM 480.7E. RIGHT JUSTIFIED.	*
3. TYPE ID PAYEE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN, "3" = MERCHANT NUMBER	*
						*
4. FILLER	X(1)	C	1	12-12	SPACES.	
5. FORM TYPE	X(1)	C	1	13-13	ENTER "K" TO INDICATE FORM 480.7E.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD. ENTER: "O" = ORIGINAL,	*
7. DOCUMENT TYPE	X(1)	C	1	15-15	"A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
					ENTER THE TAX YEAR FOR THIS	*
9. TAXABLE YEAR	9(4)	С	4	18-21	REPORT WHICH MUST BE 2020.	
10. FILLER	X(9)	C	9	22-30	SPACES.	*
PAYMENTS PROCESSING ENTITY'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
					IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	NUMBER SSN.	*
13. NAME	X(30)	C	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	C	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PARTICIPANT MERCHANT'S INFORMATION						
					IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN. IF ID TYPE = "3" FILL	
21. PAYEE'S ID	9(9)	C	9	167-175	WITH BLANK	*





EXHIBIT L

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807EY20 RECORD TYPE: RETURN

RECORD NAME: PAY ADVERTISING – FORM TYPE 480.7E RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
22. PAYEE'S NAME	X(30)	С	30	176-205	REQUIRED ONLY FOR CORPORATIONS.	*
23. ADDRESS LINE NUMBER 1	X(35)	С	35	206-240		*
24. ADDRESS LINE NUMBER 2	X(35)	С	35	241-275		
25. TOWN	X(13)	C	13	276-288		*
26. STATE	X(2)	C	2	289-290		
27. ZIP-CODE	9(5)	C	5	291-295	GEROG WELVOW AND A	*
28. ZIP-CODE EXTENSION	9(4)	С	4	296-299	ZEROS, IF NOT AVAILABLE. ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	*
29. PAYEE'S FIRST NAME	X(15)	С	15	300-314	INDIVIDUALS. ENTER THE MIDDLE NAME OF THE	
30. PAYEE'S MIDDLE NAME	X(15)	С	15	315-329	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
31. PAYEE'S LAST NAME	X(20)	C	20	330-349	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
PAYEE'S MOTHER'S MAIDEN LAST 32. NAME	X(20)	С	20	350-369	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
PAYMENT INSURANCE PREMIUMS (EXCEPT CONTRIBUTIONS TO 33. HEALTH OR ACCIDENT PLANS)	9(13)V99	С	15	370-384	SEE FORM 480.7E, ITEM 1	
34. FILLER	X(15)	C	15	385-399	ZEROS.	*
PAYMENT TELECOMMUNICATION	A(13)	C	13	363-399	ZEROS.	••
35. SERVICES	9(13)V99	C	15	400-414	SEE FORM 480.7E, ITEM 2.	
36. PAYMENT ADVERTISING	9(13)V99	C	15	415-429	SEE FORM 480.7E, ITEM 3.	
PAYMENT INTERNET AND CABLE OR 37. SATELLITE TELEVISION SERVICES	9(13)V99	С	15	430-444	SEE FORM 480.7E, ITEM 4.	
38. OTHER RELATED PAYMENTS	9(13)V99	C	15	445-459	SEE FORM 480.7E, ITEM 6.	
39. PAYMENT BUNDLES	9(13)V99	C	15	460-474	SEE FORM 480.7E, ITEM 5.	
40. FILLER	X(1885)	C	1870	475-2344	SPACES.	*
41. PAYEE MERCHANT NUMBER	X(11)	C	11	2345-2355	IF ID TYPE = "3" MERCHANT NUMBER	
42. PAYER ACCOUNT NUMBER.	X(20)	С	20	2356-2375	PAYER ACCOUNT NUMBER.	
43. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*
44. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER PAYER.	*
CONTROL NUMBER ORIGINAL 45. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
46. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
47. FILLER	9(6)	C	6	2495-2500	ZEROS.	*
	- (=)	-	~	,,,,,		



Formulario 480.7E

Rev. 08.20

GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO
Departamento de Hacienda - Department of the Treasury

DECLARACIÓN INFORMATIVA OPCIONAL - ANUNCIOS, PRIMAS DE SEGUROS, SERVICIOS DE
TELECOMUNICACIONES, ACCESO A INTERNET Y TELEVISIÓN POR CABLE O SATÉLITE

OPTIONAL INFORMATIVE RETURN - ADVERTISING, INSURANCE PREMIUMS, TELECOMMUNICATION,
INTERNETA CCESSAND CABLE OR SATELLITE TELEVISION SERVICES

AÑO CONTRIBUTIVO: 2020 TAXABLE YEAR: Enmendado - Amended: (DD / MM /AAAYY)

Número de Confirmación de Radicación Electrónica

INFORMACIÓN DEL F	PAGADOR - PAYER'S INFORMATION	Clase de Pago	Cantidad Pagada
Número de Seguro Social o Identific Identification Number	ación Patronal - Social Security or Employer	Type of Payment	Amount Paid
Nombre - Name		Primas de Seguro (excepto aportaciones a planes de salud o accide Insurance Premiums (except contributions to health or accident plans) (Se	
Dirección - Address		1	
	Código Postal - Zip Code	Servicios de Telecomunicaciones Telecommunication Services	
Núm. de Teléfono - Telephone No.	Correo Electrónico - E-mail		
Número de Cuenta - Account Numbe	er .	3. Anuncios	
INFORMACIÓN DE QUIEN R	ECIBE EL PAGO - PAYEE'S INFORMATION	Advertising	
Número de Identificación Patronal -	Employer Identification Number	1	
Nombre - Name		Servicios de Internet y Televisión por Cable o Satélite Internet and Cable or Satellite Television Services	
Dirección - Address		1	
		5. Servicios Combinados	
Razones para el Cambio - Reasor	Código Postal - Zip Code is for the Change	Bundles	
Número Control - Control Number	Número Control Informativa Original Control No. Original Informative Return	6. Otros Pagos Relacionados Other Related Payments	
ICLUYENDO PRÓRROGA. VEA INSTRUC	I DE DE LA FECHA DE VENCIMIENTO DE LA PLANILLA CCIONES - FILING DATE: NO LATER THAN THE DUE DATI EXTENSION OF TIME. SEE INSTRUCTIONS	Envie electrónicamente al Departamento de Hacienda. Entregue dos copias a Send to Department of the Treosury electronically. Deliver two copies to payee. Keep	



FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4807FY20

RECORD TYPE: RETURN

RECORD NAME: RECEIVED FOR ADVERTISING - FORM TYPE 480.7F

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	T					
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7F. RIGHT JUSTIFIED.	*
3. FILLER	X(1)	С	2	11-12	SPACES.	*
4. FORM TYPE	X(1)	С	1	13-13	ENTER "L" TO INDICATE FORM 480.7F.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
7. FILLER	X(2)	С	2	16-17	SPACES.	*
8. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
9. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYEE'S ENTITY'S INFORMATION FILLING						
10. PAYEE'S ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
11. PAYEE'S ID	9(9)	С	9	32-40	IF PAYEE'S ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
			-		NUMBER SSN.	*
12. PAYEE'S NAME	X(30)	С	30	41-70		
13. PAYEE'S ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
14. PAYEE'S ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
15. PAYEE'S TOWN	X(13)	С	13	141-153		*
16. PAYEE'S STATE	X(2)	С	2	154-155		*
17. PAYEE'S ZIP-CODE	9(5)	С	5	156-160		*
18. PAYEE'S ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
19. PAYEE'S E-MAIL	X(50)	С	50	165-214	E-MAIL FOR PAYEE.	*
20. PAYEE'S PHONE NUMBER	X(20)	С	20	215-234	PHONE NUMBER PAYEE.	*
21. FILLER	X(2)	С	2	235-236	SPACES.	*
PAYER'S INFORMATION RECIVE						
22. PAYER ID TYPE CODE	X(1)	С	1	237-237	ENTER: "1" = FEIN, "2" = SSN, "3" = MERCHANT NUMBER	*



FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4807FY20

RECORD TYPE: RETURN

RECORD NAME: RECEIVED FOR ADVERTISING - FORM TYPE 480.7F

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
23. PAYEE'S ID	9(11)	С	11	238-248	IF PAYER ID TYPE = "1", ENTER PAYER'S FEIN. IF ID TYPE = "2" ENTER PAYER'S SSN. IF ID TYPE = "3" MERCHANT NUMBER ALIGN TO THE RIGHT AND FILL WITH ZEROES TO THE LEFT	*
24. PAYER'S NAME	X(30)	С	30	249-278	REQUIRED ONLY FOR CORPORATIONS.	*
25. PAYER FIRST NAME	X(15)	С	15	279-293	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
26. PAYER MIDDLE NAME	X(15)	С	15	294-308	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
27. PAYER LAST NAME	X(20)	С	20	309-328	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
PAYER MOTHER'S MAIDEN LAST 28. NAME	X(20)	С	20	329-348	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
29. ADDRESS LINE NUMBER 1	X(35)	C	35	349-383		*
30. ADDRESS LINE NUMBER 2	X(35)	C	35	384-418		*
31. TOWN 32. STATE	X(13) X(2)	C	13 2	419-431 432-433		•
33. ZIP-CODE	9(5)	C	5	434-438		*
34. ZIP-CODE EXTENSION	9(4)	C	4	439-442	ZEROS, IF NOT AVAILABLE.	
35. FLAG BUSINESS	X(1)	C	1	443-443	Estes, in 101111111111111111111111111111111111	
36. FLAG RESIDENTIAL	X(1)	С	1	444-444		
37. PAYER ACCOUNT NUMBER	X(20)	C	20	445-464		
38. FILLER	X(10)	С	10	465-474	SPACES.	*
39. FLAG INTERMEDIARY	X(1)	C	1	475-475		*
40. FINAL RECIPIENT ID TYPE 41. FINAL RECIPIENT ID	X(1) 9(9)	C	9	476-476 477-485	ENTER: "1" = FEIN, "2" = SSN. IF FINAL RECIPIENT ID TYPE = "1", ENTER RECIPIENT FEIN. IF ID TYPE = "2" ENTER RECIPIENT SSN.	*
42. FINAL RECIPIENT NAME	X(50)	С	50	486-535		*
43. FILLER	X(10)	C	10	536-545	SPACES.	*
44. PAYMENT INSURANCE PREMIUMS	9(13)V99	С	15	546-560	SEE FORM 480.7F, ITEM 1.	
45. FLAG GROUP POLICY INSURANCE	X(1)	С	1	561-561		
PAYMENT CONTRIBUTIONS TO 46. HEALTH OR ACCIDENT PLANS	9(13)V99	С	15	562-576	SEE FORM 480.7F, ITEM 2.	
47. FLAG GROUP POLICY HEALTH	X(1)	C	1	577-577		
PAYMENT TELECOMMUNICATION 48. SERVICES	9(13)V99	С	15	578-592	SEE FORM 480.7F, ITEM 3.	
49. PAYMENT ADVERTISING	9(13)V99	С	15	593-607	SEE FORM 480.7F, ITEM 4.	
PAYMENT INTERNET AND CABLE OR						
50. SATELLITE TELEVISION SERVICES	9(13)V99	C	15	608-622	SEE FORM 480.7F, ITEM 5.	
51. PAYMENT BUNDLES	9(13)V99	C	15	623-637	SEE FORM 480.7F, ITEM 6.	
52. OTHER PAYMENTS	9(13)V99	C	15	638-652	SEE FORM 480.7F, ITEM 7.	
53. FLAG FINANCED	X(1)	C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	653-653	an Lana	
54. FILLER	X(1792)	С	1792	654-2445	SPACES.	*
CONTROL NUMBER ORIGINAL 55. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	



EXHIBIT M

FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4807FY20 RECORD TYPE: RETURN

RECORD NAME: RECEIVED FOR ADVERTISING – FORM TYPE 480.7F RECORD LENGTH: 2500

			FILE		
FIELD NAME	PICTURE	BYTES	LOCATION	COMMENTS	RE

56. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
57. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO Departamento de Hacienda - Department of the Treasury Formulario 480.7F DECLARACIÓN ANUAL DE PAGOS RECIBIDOS POR ANUNCIOS, PRIMAS DE SEGUROS, SERVICIOS Rev. 08.20 DE TELECOMUNICACIONES, ACCESO A INTERNET Y TELEVISIÓN POR CABLE O SATÉLITE ANNUAL RETURN OF PAYMENTS RECEIVED FOR ADVERTISING, INSURANCE PREMIUMS, TELECOMMUNICATION, INTERNET ACCESS AND CABLE OR SATELLITE TELEVISION SERVICES AÑO CONTRIBUTIVO: 2020 Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number TAXABLE YEAR: Enmendado - Amended: (__DD__/_MM__/AAVV) INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION Clase de Pago Cantidad Pagada Número de Identificación Patronal - Employer Identification Numbe Amount Paid 1. Primas de Seguro (excepto aportaciones a planes de salud o accidentes) (Vea inst.) surance Premiums (except contributions to health or accident plans) (See inst.)

Marque aquí si el pago corresponde a una póliza grupal (Vea inst.)

Check here if the payment corresponds to a group policy (See inst.) Nombre - Name 2. Aportaciones a Planes de Salud o Accidentes (Vea instrucciones) Dirección - Address Contributions to Health or Accident Plans (See instructions) Marque aqui si el pago corresponde a una póliza grupal (Vea inst.)

Check here if the payment corresponds to a group policy (See inst.) Código Postal - Zip Code Núm. de Teléfono - Telephone No. | Correo Electrónico - E-mail 3. Servicios de Telecomunicaciones Telecommunication Services INFORMACIÓN DEL PAGADOR - PAYER'S INFORMATION Número de Seguro Social o Identificación Patronal - Social Security or Employ Advertising Nombre - Name 5. Servicios de Internet y Televisión por Cable o Satélite Internet and Cable or Satellite Television Services Dirección - Address 6. Servicios Combinados Código Postal - Zip Code Tipo de Cliente: - Type of Client: 7. Otros Pagos Relacionados Comercial - Business Residencial - Residential Other Related Payments Número de Cuenta (Vea instrucciones) - Account Number (See instructions) Marque aquí si el pago reportado fue financiado (Vea instrucciones)
Check here if the reported payment was financed (See instructions) Razones para el Cambio - Reasons for the Change Marque aquí si es un Intermediario (Vea instrucciones)
Check here if you are an Intermediary (See instructions) Indique el nombre y número de identificación patronal o seguro social (EIN/SSN) del destinatario final del pago: - Indicate the name and employer identification or social security number (EIN/SSN) of the final recipient of the payment: Número Control Informativa Original Control No. Original Informative Return Número Control - Control Number

> Envise electrónicaments al Departamento de Hacienda. Entregue dos copias al pagador. Conserve copia para sus récords. Send to Department of the Treasury electronically. Deliver two copies to payer. Keep copy for your records.



FECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUCCIONES

FILING DATE: FEBRUARY 28, SEE INSTRUCTIONS

EXHIBIT N

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4805Y20 RECORD TYPE: SUMMARY

RECORD NAME: SUMMARY OF THE INFORMATIVE RETURNS - FORM TYPE 480.5 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	C	2	1-12	SPACES.	*
4. FORM TYPE	X(1)	C	1	13-13	ENTER: "2"= 480.6A, "3"= 480.6B, "4"= 480.7, "5"= 480.6C, "6"= 480.7A, "7"= 480.7B, "X"= 480.6D, "Y"= 480.7C, "Z"= 480.7D, "H"= 480.6SP, "G"= 480.6G, "K"= 480.7E, "L"=480.7F.	*
5. RECORD TYPE	9(1)	С	1	4-14	"2" = SUMMARY. ENTER: "0" = ORIGINAL, "A" = AMENDED,	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	*
7. FILLER	X(2)	С	2	16-17	SPACES.	*
8. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
9. FILLER	X(1)	С	1	22-22	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
10. PAYER ID TYPE	X(1)	С	1	23-23	ENTER: "1" = FEIN, "2" = SSN. "3" = ITIN. IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN. IF ID TYPE = "3" ENTER IDENTIFICATION	*
11. IDENTIFICATION NUMBER	9(9)	C	9	24-32	NUMBER ITIN.	*
12. NAME	X(30)	С	30	33-62		*
13. ADDRESS LINE NUMBER 1	X(35)	С	35	63-97	ADDRESS LINE NUMBER 1.	*
14. ADDRESS LINE NUMBER 2	X(35)	С	35	98-132	ADDRESS LINE NUMBER 2.	
15. TOWN	X(13)	С	13	133-145		*
16. STATE	X(2)	С	2	146-147		*
17. ZIP-CODE	9(5)	С	5	148-152		*
18. ZIP-CODE EXTENSION	9(4)	С	4	153-156	ZEROS, IF NOT AVAILABLE.	
19. FILLER	X(2)	С	2	157-158	SPACES.	*
20. NUMBER OF DOCUMENTS	9(10)	С	10	159-168	NUMBER OF DOCUMENTS BY TYPE OF FORM. RIGHT JUSTIFIED.	*
21. TOTAL AMOUNT WITHHELD	9(13)V99	С	15	169-183	TOTAL AMOUNT WITHHELD BY TYPE OF FORM.	*
						*
22. TOTAL AMOUNT PAID	9(13)V99	С	15	184-198	TOTAL PAID BY TYPE OF FORM. ENTER: "I"= INDIVIDUAL,	*
23. TYPE OF TAXPAYER	X(1)	С	1	199-199	"P"= PARTNERSHIP, "C"= CORPORATION, "T"= TRUST, "O"= OTHERS.	*
24. PENALTY WITHHELD	9(13)V99	С	15	200-214	COMPLETE ONLY IF FORM TYPE = "4" WITH TOTAL PENALTY WITHHELD FROM ALL 480.7 FORMS. FOR ALL OTHER FORMS FILL WITH ZEROS.	*
25. FILLER	X(2231)	С	2231	215-2445	SPACES.	*
26. FILLER	9(9)	С	9	2446-2454	ZEROS.	*





EXHIBIT N

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4805Y20 RECORD TYPE: SUMMARY

RECORD NAME: SUMMARY OF THE INFORMATIVE RETURNS - FORM TYPE 480.5 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
27. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
28. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



EXHIBIT N

Formulario 480.5 Form Rev. 08.20	(1)	Departamento de Hacienda - Depertment of the Treesury RESUMEN DE LAS DECLARACIONES INFORMATIVAS SUMMARY OF THE INFORMATIVE RETURNS							
AÑO CONTRIBUTIVO: 2020	agro	Enmen	dado - Amended: (YYYAA ! IIII ! O		Núm. C	onfirmación de l Electronic Filing (Radioación Electrónica Confirmation No.	
Número de Identificación Patronal Nombre del Pagador - Pevers Ni		lumber	Clase de Contribu	yente - Type of Taxpay Sociedad Partnership	Corporaci Corporation		Buoesión o Fideioomiso Estate or Trust	Otros Others	
Dirección - Address Total de Formularios	Total Forms	Cantidad Retenida - Ar	nount Withheld	Cantidad Total P	'agada - Totel Amou	nt Paid		digo Postal - Zip Code da - Penelty Withheld	
Marque sòlo un enoasillado Check only one box	480.6A 480.7	□ 480.6B □ 480.7A		480.6D 480.7C	480.6 480.7	'D	480.6SP 480.7E	480.7F	
		de perjurio que he examin aldes of perjury that I have e							
Fachs	- Date	Firm	na - Signature		Título - 1	itle			



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806B1Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF INCOME SUBJECT TO WITHHOLDING OR PREPAYMENT - FORM TYPE 480.6B.1

P=PACKED, B=BINARY, C=CHARACTER

FILE FIELD NAME **PICTURE** BYTES LOCATION COMMENTS RE 1. FILLER X(1)1-1 SPACES. * CONTROL NUMBER C 9(9) 9 2-10 **ENTER ZEROS** * FILLER X(2)11-12 SPACES. C ENTER "8" TO INDICATE FORM 480.6B.1 4. FORM TYPE 9(1) 13-13 "1" = DETAIL RECORD. 5. RECORD TYPE 9(1) 14-14 ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE. * 6. DOCUMENT TYPE X(1)C 15-15 C 7. FILLER X(1) SPACES. 16-16 C 8. FILLER X(1)17-17 SPACES. ENTER THE TAX YEAR FOR THIS REPORT 9. TAXABLE YEAR 9(4) 4 18-21 WHICH MUST BE 2020. * 10. FILLER X(5)5 22-26 SPACES. WITHHOLDING AGENT'S INFORMATION ENTER: "1" = FEIN, "2" = SSN 11. PAYER ID TYPE X(1)27-27 TYPE OF INDUSTRY OR BUSINESS X(20)20 28-47 IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION 13. IDENTIFICATION NUMBER 9(9) 9 48-56 NUMBER SSN. 14. BUSINESS NAME 57-86 * X(30)30 15. WITHHOLDING AGENT'S NAME X(30)C 30 87-116 16. TELEPHONE C 9(10) 10 117-126 TELEPHONE NUMBER 1 C 127-161 17. POSTAL ADDRESS 1 X(35)35 POSTAL ADDRESS 1. POSTAL ADDRESS 2 X(35)35 162-196 POSTAL ADDRESS 2 * 19. TOWN X(13)13 197-209 20. STATE X(2)210-211 21. ZIP-CODE 9(5) 212-216 ZEROS, IF NOT AVAILABLE. 22. ZIP-CODE EXTENSION 9(4) \mathbf{C} 4 217-220 ZEROS, IF NOT AVAILABLE. C 23. FILLER X(2) 221-222 SPACES X(35)24. PHYSICAL ADDRESS 1 35 223-257 PHYSICAL ADDRESS 1. 25. PHYSICAL ADDRESS 2 X(35)35 258-292 PHYSICAL ADDRESS 2 26. TOWN X(13)13 293-305 27. STATE X(2)306-307 9(5) 308-312 ZEROS, IF NOT AVAILABLE. 28. ZIP-CODE



^{*} REQUIRED FIELDS

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806B1Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF INCOME SUBJECT TO WITHHOLDING OR PREPAYMENT - FORM TYPE 480.6B.1 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	T		T	T		
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE.	
30. CHANGE OF ADDRESS	X(1)	C	1	317-317	BLANK "N"= NO, "Y" = YES.	
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.	
32. FILLER	9(168)	C	168	368-535	ZEROS.	*
JUDICIAL OR EXTRAJUDICIAL INDEMNIFICATION						
33. AMOUNT PAID	9(10)V99	С	12	536-547	SEE FORM 480.6B.1, ITEM 1, COLUMN 1.	
34. TAX WITHHELD	9(10)V99	С	12	548-559	SEE FORM 480.6B.1, ITEM 1, COLUMN 2.	
35. FILLER	9(228)	С	228	560-787	ZEROS.	*
INTERESTS UNDER SECTION 1023.04 (EXCEPT IRA AND EDUCATIONAL CONTRIB.						
36. AMOUNT PAID	9(10)V99	С	12	788-799	SEE FORM 480.6B.1, ITEM 5, COLUMN 1.	
37. TAX WITHHELD	9(10)V99	C	12	800-811	SEE FORM 480.6B.1, ITEM 5, COLUMN 2.	
38. FILLER	9(60)	C	60	812-871	ZEROS.	
DIVIDENDS SUBJECT TO 15%						
39. AMOUNT PAID	9(10)V99	С	12	872-883	SEE FORM 480.6B.1, ITEM 2, COLUMN 1.	
40. TAX WITHHELD	9(10)V99	С	12	884-895	SEE FORM 480.6B.1, ITEM 2, COLUMN 2.	
41. FILLER	9(60)	С	60	896-955	ZEROS.	
DIVIDENDS INDUSTRIAL DEVELOPMENT INCOME ACT 8 OF JANUARY 24, 1987						
42. AMOUNT PAID	9(10)V99	С	12	956-967	SEE FORM 480.6B.1, ITEM 7, COLUMN 1.	
43. TAX WITHHELD	9(10)V99	С	12	968-979	SEE FORM 480.6B.1, ITEM 7, COLUMN 2.	
44. FILLER	9(60)V99	C	60	980-1039	ZEROS.	
INTERESTS UNDER SECTION 1023.05(b)						
45. AMOUNT PAID	9(10)V99	С	12	1040-1051	SEE FORM 480.6B.1, ITEM 6, COLUMN 1.	
46. TAX WITHHELD	9(10)V99	С	12	1052-1063	SEE FORM 480.6B.1, ITEM 6, COLUMN 2.	
47. FILLER	9(60)	C	60	1064-1123	ZEROS.	
COMPENSATION PAID BY SPORT'S TEAMS						
48. AMOUNT PAID	9(10)V99	С	12	1124-1135	SEE FORM 480.6B.1, ITEM 4, COLUMN 1.	
49. TAX WITHHELD	9(10)V99	С	12	1136-1147	SEE FORM 480.6B.1, ITEM 4, COLUMN 2.	
50. FILLER	9(60)	С	60	1148-1207	ZEROS.	
OTHER PAYMENTS						
51. AMOUNT PAID	9(10)V99	С	12	1208-1219	SEE FORM 480.6B.1, ITEM 9, COLUMN 1.	
52. TAX WITHHELD	9(10)V99	C	12	1220-1231	SEE FORM 480.6B.1, ITEM 9, COLUMN 2.	





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806B1Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF INCOME SUBJECT TO WITHHOLDING OR PREPAYMENT - FORM TYPE 480.6B.1 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	1			1		
53. FILLER	9(60)	C	60	1232-1291	ZEROS.	
TOTAL						
54. AMOUNT PAID	9(10)V99	С	12	1292-1303	SEE FORM 480.6B.1, TOTAL COLUMN 1.	
55. TAX WITHHELD	9(10)V99	C	12	1304-1315	SEE FORM 480.6B.1, TOTAL COLUMN 2.	
56. FILLER	9(12)	С	12	1316-1327	ZEROS.	+-
DEPOSITS AND TAX WITHHELD RELATION JANUARY						
57. AMOUNT PAID	9(10)V99	С	12	1328-1339		
58. TAX WITHHELD	9(10)V99	С	12	1340-1351		
59. FILLER FEBRUARY	9(24)	С	24	1352-1375	ZEROS.	_
FEDRUARI						+
60. AMOUNT PAID	9(10)V99	С	12	1376-1387		
61. TAX WITHHELD	9(10)V99	C	12	1388-1399		
62. FILLER MARCH	9(24)	С	24	1400-1423	ZEROS.	
MARCII						_
63. AMOUNT PAID	9(10)V99	С	12	1424-1435		
64. TAX WITHHELD	9(10)V99	C	12	1436-1447		
65. FILLER APRIL	9(24)	С	24	1448-1471	ZEROS.	_
AFRIL						_
66. AMOUNT PAID	9(10)V99	C	12	1472-1483		
67. TAX WITHHELD	9(10)V99	С	12	1484-1495		
68. FILLER	9(24)	С	24	1496-1519	ZEROS.	
MAY						_
69. AMOUNT PAID	9(10)V99	C	12	1520-1531		
70. TAX WITHHELD	9(10)V99	С	12	1532-1543		
71. FILLER	9(24)	C	24	1544-1567	ZEROS.	
JUNE						_
72. AMOUNT PAID	9(10)V99	С	12	1568-1579		
73. TAX WITHHELD	9(10)V99	С	12	1580-1591		
74. FILLER	9(24)	С	24	1592-1615	ZEROS.	
JULY						_
75. AMOUNT PAID	9(10)V99	С	12	1616-1627		
76. TAX WITHHELD	9(10)V99	С	12	1628-1639		
77. FILLER	9(24)	С	24	1640-1663	ZEROS.	
AUGUST						
78. AMOUNT PAID	9(10)V99	С	12	1664-1675		





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806B1Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF INCOME SUBJECT TO WITHHOLDING OR PREPAYMENT - FORM TYPE 480.6B.1

RECORD LENGTH: 2500

	DI CONTUNE		DAMES	FILE	GOLD FILTER	
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
					I	
79. TAX WITHHELD	9(10)V99	С	12	1676-1687		
80. FILLER	9(24)	С	24	1688-1711	ZEROS.	
SEPTEMBER						
81. AMOUNT PAID	9(10)V99	С	12	1712-1723		
82. TAX WITHHELD	9(10)V99	С	12	1724-1735		
83. FILLER	9(24)	C	24	1736-1759	ZEROS.	
OCTOBER						
84. AMOUNT PAID	9(10)V99	С	12	1760-1771		
85. TAX WITHHELD	9(10)V99	С	12	1772-1783		
86. FILLER	9(24)	С	24	1784-1807	ZEROS.	
NOVEMBER						
87. AMOUNT PAID	9(10)V99	С	12	1808-1819		
88. TAX WITHHELD	9(10)V99	С	12	1820-1831		
89. FILLER	9(24)	C	24	1832-1855	ZEROS.	
DECEMBER	, ,					
90. AMOUNT PAID	9(10)V99	С	12	1856-1867		
91. TAX WITHHELD	9(10)V99	С	12	1868-1879		
92. FILLER	9(24)	С	24	1880-1903	ZEROS.	
TOTALS						
93. FILLER	9(12)	С	12	1904-1915	ZEROS.	
94. TAX WITHHELD 95. FILLER	9(10)V99 9(12)	C	12	1916-1927 1928-1939	SEE FORM 480.B1, ITEM 1, Part II. ZEROS.	
93. FILLER	9(12)	C	12	1928-1939	ZEROS.	
96. FILLER	X(12)	С	12	1940-1951	SPACES.	*
TOTAL TAX WITHHELD AFTER THE	0/10/1700		10	1052 1052	GEE FORM 100 R1 VEEM 2 R . W	
97. CREDIT FOR TAX ON DEEMED DIVIDENDS 98. FILLER	9(10)V99 9(12)	C	12	1952-1963 1964-1975	SEE FORM 480.B1, ITEM 3, Part II. ZEROS.	
CREDIT FOR TAX ON DEEMED DIVIDENDS)(12)		12	1704-1773	ZEROS.	
99. (SECTION 1062.13)	9(10)V99	C	12	1976-1987	SEE FORM 480.B1, ITEM 2, Part II.	
DIVIDENDS SUBJECT TO PREFERENTIAL RATE UNDER SPECIAL Act %						
100. AMOUNT PAID	9(10)V99	С	12	1988-1999	SEE FORM 480.6B.1, ITEM 3, COLUMN 1.	
101. TAX WITHHELD	9(10)V99	С	12	2000-2011	SEE FORM 480.6B.1, ITEM 3, COLUMN 2.	
102. FILLER	9(84)	C	84	2012-2095	ZEROS.	
ELIGIBLE DIVIDENDS UNDER ACT 14-2017, AS AMENDED						
103. AMOUNT PAID	9(10)V99	С	12	2096-2107	SEE FORM 480.6B.1, ITEM 8, COLUMN 1.	
104. TAX WITHHELD	9(10)V99	С	12	2108-2119	SEE FORM 480.6B.1, ITEM 8, COLUMN 2.	
105. FILLER	9(84)	С	84	2120-2203	ZEROS.	

^{*} REQUIRED FIELDS



FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4806B1Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF INCOME SUBJECT TO WITHHOLDING OR PREPAYMENT - FORM TYPE 480.6B.1 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
106. TOTAL FORMS 480.6B	9(10)	C	10	2204-2213		
107. FILLER	X(232)	C	232	2214-2445	SPACES.	*
108. FILLER	9(9)	С	9	2446-2454	ZEROS.	*
109. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
110. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Formulario 480.6B.1		de Puerto Rico - Government of Puerto Rico		Número	e Confirm	ación de Radicación Electrón
orm 20		nto de Hacienda - Department of the Treasur	•	E	ectronicFi	ling Confirmation Number
Rev. 19 ago 20	ESTADO DE REC	ONCILIACIÓN ANUAL DE OTROS INC	GRESOS			
V	Annual Reconciliation	SUJETOS A RETENCION in Statement of Other Income Subject to V	Vithholdina		ENM	ENDADO - AMENDED
Número de Identificación Patronal			Total Formularios	480.6B	Sel	llo de Recibido
Employer Identification Number	Type of Indust	ry or Business Change of Address Si-Yes No	Total Forms 48	0.68		
Nombre del Agente Retenedor-Withholdi	ing Agent's Name					
lirección Postal - Postal Address		Dirección Física - Physical Address				
Códino B	lostal - Zip Code					
-		80.6B por Clase de Ingreso - Summar	ry of Forms 4	80 6B per Type	of Incom	ne
Testille	Clase de Ingre		9 011 011113 4	Cantidad Pagada		Contribución Retenida
	Type of Incom	•		Amount Paid		Tax Withheld
1. Pagos por Indemnización Judici:	al o Extrajudicial - Peyment	s for Judicial or Extrajudicial Indemnification				
2. Dividendos Sujetos al 15% - Divid	dends Subject to 15%					·
		nds Subject to Preferential Rate under Special Act	_%		\Box	
 Remuneración Pagada por Equip Compensation Paid by International 	oos de Deportes de Asociac Il Associations or Federations	iones o Federaciones Internacionales of Sport's Teams				
5. Intereses bajo la Sección 1023.04	(excepto IRA y Cuenta de A	Aportación Educativa)			\dashv	
Interests under Section 1023.04 (ex					$-\!+\!+$	
 Intereses bajo la Sessión 1023.05 Dividendos de Ingresos de Fomer 		17			-H	
Dividends from Industrial Developme						
	14-2017, según enmendada	- Eligible Dividends under Act 14-2017, as amend	ded		$\perp \perp \downarrow$	
9. Otros Pagos - Other Payments			- 1		- 1 1	
					-	
TOTAL						
	iación de Contribució	n Retenida Mensualmente - Monthly T	ax Withheld	Reconciliation		
		n Retenida Mensualmente - Monthly T Cantidad Pagada - Amount Paid	Tax Withheld		ribución Re	etenida - Tax Withheld
Parte II - Part II Reconcili			ax Withheld		ribución Re	vlenida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January			ax Withheld		ribución Re	otenida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February			ax Withheld		ribución Re	otenida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March			ax Withheld		ibución Re	otenida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April			Fax Withheld		ibución Ra	otenida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May			Sax Withheld		ribución Re	oteniida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April			Tax Withheld		ibución Re	oteniida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May			ax Withheld		ribución Re	oteniida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June			ax Withheld		ibución Re	oteniida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July			Sax Withheld		ibución Re	otenida - Tax Withheld
Parte II - Part II Reconcilis Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August			Sax Withheld		ribución Re	otenida - Tax Withheld
Parte II - Part II Reconcilis Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September			Fax Withheld		ribución Re	otenida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November			Fax Withheld		ribución Re	otenida - Tax Withheld
Parte II - Part II Reconcili Mee - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December			Fax Withheld		ribución Re	otenida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total		Cantidad Pagada - Amount Paid	Fax Withheld		ribución Re	otenida - Tax Withheld
Parte II - Part II Reconcilis Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total	bre Dividendos Impliciti	Cantidad Pagada - Amount Paid			ribución Re	otenida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sot Credit for tax on Deemed Divid 3. Total de contribución reten	bre Dividendos Implícit dends (Section 1062.13) nida luego del crédito	Cantidad Pagada - Amount Paid Discrete of the control of the cont			ribución Re	otenida - Tax Withheld
Parte II - Part II Reconcilis Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total	bre Dividendos Implícit dends (Section 1062.13) nida luego del crédito	Cantidad Pagada - Amount Paid Sección 1062.13) Por contribución sobre Dividendos Indendos			ribución Re	stenida - Tax Withheld
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total	bre Dividendos Implicit lends (Section 1052.13) . nida luego del crédito dit for tax on Deemed Divi	Cantidad Pagada - Amount Paid Dis (Sección 1062.13) Por contribución sobre Dividendos Indends JURAMENTO - OATH	npilcitos	Conb		
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total	bre Dividendos Implicit dends (Section 1052.13) nida luego del crédito dit for tax on Deemed Divi	Cantidad Pagada - Amount Paid Sección 1062.13) Por contribución sobre Dividendos Indendos	nplicitos	Conb	formación	y creencia es cierto, correc
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total	bre Dividendos Implicit dends (Section 1052.13) nida luego del crédito dit for tax on Deemed Divi	Cantidad Pagada - Amount Paid Dis (Sección 1062.13) por contribución sobre Dividendos Indends JURAMENTO - OATH conciliación Anual ha sido examinado po	nplicitos	Conb	formación	y creencia es cierto, correc
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total	bre Dividendos Implicit dends (Section 1052.13) nida luego del crédito dit for tax on Deemed Divi	Cantidad Pagada - Amount Paid Dis (Sección 1062.13) por contribución sobre Dividendos Indends JURAMENTO - OATH conciliación Anual ha sido examinado po	nplicitos	Conb	formación	y creencia es cierto, correc
Parte II - Part II Reconcili Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total	bre Dividendos Implícit tends (Section 1062.13) nida luego del crédito dit for tax on Deemed Divi io que este Estado de Re es of perjury that this Annual	Cantidad Pagada - Amount Paid Dis (Sección 1062.13) por contribución sobre Dividendos Indends JURAMENTO - OATH conciliación Anual ha sido examinado po	nplicitos r mi y que se	Conb	iormación dge and be	y creencia es cierto, correc



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F48030Y20 RECORD TYPE: RETURN

RECORD NAME: NONRESIDENT ANNUAL RETURN FOR INCOME TAX WITHHELD AT RECORD LENGTH: 2500

SOURCE - FORM TYPE 480.30

		₩				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		1	ı	ı		1
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	С	2	11-12	SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "9" TO INDICATE FORM 480.30.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
7. FILLER	X(1)	С	1	16-16	SPACES.	*
8. FILLER	X(1)	С	1	17-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	C	20	28-47		
13. IDENTIFICATION NUMBER	9(09)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
14. WITHHOLDING AGENT'S NAME	X(30)	С	30	57-86		*
15. TELEPHONE	9(10)	С	10	87-96	TELEPHONE NUMBER 1.	*
16. POSTAL ADDRESS 1	X(35)	С	35	97-131	POSTAL ADDRESS 1.	*
17. POSTAL ADDRESS 2	X(35)	С	35	132-166	POSTAL ADDRESS 2.	
18. TOWN	X(13)	С	13	167-179		*
19. STATE	X(2)	С	2	180-181		*
20. ZIP-CODE	9(5)	С	5	182-186	ZEROS, IF NOT AVAILABLE.	*
21. ZIP-CODE EXTENSION	9(4)	С	4	187-190	ZEROS, IF NOT AVAILABLE.	
22. FILLER	X(2)	С	2	191-192	SPACES.	*
23. PHYSICAL ADDRESS 1	X(35)	С	35	193-227	PHYSICAL ADDRESS 1.	*
24. PHYSICAL ADDRESS 2	X(35)	С	35	228-262	PHYSICAL ADDRESS 2.	
25. TOWN	X(13)	С	13	263-275		*
26. STATE	X(2)	С	2	276-277		*





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F48030Y20 RECORD TYPE: RETURN

RECORD NAME: NONRESIDENT ANNUAL RETURN FOR INCOME TAX WITHHELD AT RECORD LENGTH: 2500

SOURCE - FORM TYPE 480.30

		· •	1	FILE	I	
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
27. ZIP-CODE	9(5)	С	5	278-282	ZEROS, IF NOT AVAILABLE.	*
28. ZIP-CODE EXTENSION	9(4)	С	4	283-286	ZEROS, IF NOT AVAILABLE.	
29. CHANGE OF ADDRESS	X(1)	С	1	287-287	BLANK "N" = NO, "Y" = YES.	
30. E-MAIL	X(50)	С	50	288-337	E-MAIL ADDRESS.	
SALARIES, WAGES OR COMPENSATION						
31. AMOUNT PAID	9(10)V99	С	12	338-349	SEE FORM 480.30, ITEM 1, COLUMN 1.	
32. TAX WITHHELD	9(10)V99	С	12	350-361	SEE FORM 480.30, ITEM 1, COLUMN 2.	
33. FILLER	9(60)	С	60	362-421	ZEROS.	
PAYMENTS FOR SERVICES RENDERED BY INDEPENDENT CONTRACTORS						
34. AMOUNT PAID	9(10)V99	С	12	422-433	SEE FORM 480.30, ITEM 2, COLUMN 1.	
35. TAX WITHHELD	9(10)V99	С	12	434-445	SEE FORM 480.30, ITEM 2, COLUMN 2.	
36. FILLER	9(60)	С	60	446-505	ZEROS.	
SALE OF PROPERTY						
37. AMOUNT PAID	9(10)V99	С	12	506-517	SEE FORM 480.30, ITEM 4, COLUMN 1.	
38. TAX WITHHELD	9(10)V99	С	12	518-529	SEE FORM 480.30, ITEM 4, COLUMN 2.	
39. FILLER	9(60)	С	60	530-589	ZEROS.	
DIVIDENDS SUBJECT TO PREFERENTIAL RATE UNDER SPECIAL ACT %						
40. AMOUNT PAID	9(10)V99	С	12	590-601	SEE FORM 480.30, ITEM 7, COLUMN 1.	
41. TAX WITHHELD	9(10)V99	С	12	602-613	SEE FORM 480.30, ITEM 7, COLUMN 2.	
42. FILLER	9(60)	С	60	614-673	ZEROS.	
ROYALTIES						
43. AMOUNT PAID	9(10)V99	С	12	674-685	SEE FORM 480.30, ITEM 8, COLUMN 1.	
44. TAX WITHHELD	9(10)V99	С	12	686-697	SEE FORM 480.30, ITEM 8, COLUMN 2.	
45. FILLER	9(60)	С	60	698-757	ZEROS.	
INTERESTS						
46. AMOUNT PAID	9(10)V99	С	12	758-769	SEE FORM 480.30, ITEM 10, COLUMN 1.	
47. TAX WITHHELD	9(10)V99	С	12	770-781	SEE FORM 480.30, ITEM 10, COLUMN 2.	





FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F48030Y20 RECORD TYPE: RETURN

RECORD NAME: NONRESIDENT ANNUAL RETURN FOR INCOME TAX WITHHELD AT RECORD LENGTH: 2500

SOURCE - FORM TYPE 480.30

		1		FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
48. FILLER	9(60)	С	60	782-841	ZEROS.	
+o. FILLER	9(00)		00	762-641	ZEROS.	
RENTS						
49. AMOUNT PAID	9(10)V99	С	12	842-853	SEE FORM 480.30, ITEM 11, COLUMN 1.	
50. TAX WITHHELD	9(10)V99	С	12	854-865	SEE FORM 480.30, ITEM 11, COLUMN 2.	
51. FILLER	9(60)	С	60	866-925	ZEROS.	
COMPENSATION PAID BY SPORT'S TEAMS						
52. AMOUNT PAID	9(10)V99	С	12	926-937	SEE FORM 480.30, ITEM 3, COLUMN 1.	
53. TAX WITHHELD	9(10)V99	С	12	938-949	SEE FORM 480.30, ITEM 3, COLUMN 2.	
54. FILLER	9(60)	С	60	950-1009	ZEROS.	
PUBLIC SHOWS						
55. AMOUNT PAID	9(10)V99	С	12	1010-1021	SEE FORM 480.30, ITEM 12, COLUMN 1.	
56. TAX WITHHELD	9(10)V99	С	12	1022-1033	SEE FORM 480.30, ITEM 12, COLUMN 2.	
57. FILLER	9(60)	С	60	1034-1093	ZEROS.	
OTHER PAYMENTS SUBJECT TO WITHHOLDING						
58. AMOUNT PAID	9(10)V99	С	12	1094-1105	SEE FORM 480.30, ITEM 13, COLUMN 1.	
59. TAX WITHHELD	9(10)V99	С	12	1106-1117	SEE FORM 480.30, ITEM 13, COLUMN 2.	
60. FILLER	9(60)	С	60	1118-1177	ZEROS.	
TOTAL	. (,					
61. AMOUNT PAID	9(10)V99	С	12	1178-1189	SEE FORM 480.30, TOTAL COLUMN 1.	
62. TAX WITHHELD	9(10)V99	С	12	1190-1201	SEE FORM 480.30, TOTAL COLUMN 2.	
63. FILLER	9(12)	C	12	1202-1213	ZEROS.	
DEPOSITS AND TAX WITHHELD RELATION						
JANUARY						
64. AMOUNT PAID	9(10)V99	С	12	1214-1225		
65. TAX WITHHELD	9(10)V99	C	12	1226-1237	TED OG	
66. FILLER FEBRUARY	9(24)	С	24	1238-1261	ZEROS.	
FEDKUAKY		-				+
67. AMOUNT PAID	9(10)V99	С	12	1262-1273		
68. TAX WITHHELD	9(10)V99	С	12	1274-1285		
69. FILLER	9(24)	C	24	1286-1309	ZEROS.	
MARCH						





FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F48030Y20

RECORD TYPE: RETURN

RECORD NAME: NONRESIDENT ANNUAL RETURN FOR INCOME TAX WITHHELD AT SOURCE - FORM TYPE 480.30

RECORD LENGTH: 2500

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	D. CONTINUE		DIMEG	FILE	GOLD WINE	
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
		1	1	I	I	
70. AMOUNT PAID	9(10)V99	C	12	1310-1321		
,	3(24)173					
71. TAX WITHHELD	9(10)V99	C	12	1322-1333	gen og	
72. FILLER APRIL	9(24)	С	24	1334-1357	ZEROS.	
AIRIL						
73. AMOUNT PAID	9(10)V99	C	12	1358-1369		
74 TAV WITHHELD	9(10)V99	C	12	1370-1381		
74. TAX WITHHELD 75. FILLER	9(10) v 99	C	12 24	1382-1405	ZEROS.	
MAY	2 (= 1)					
	0/40/7700		10	14051445		
76. AMOUNT PAID	9(10)V99	C	12	1406-1417		
77. TAX WITHHELD	9(10)V99	C	12	1418-1429		
78. FILLER	9(24)	С	24	1430-1453	ZEROS.	
JUNE						
79. AMOUNT PAID	9(10)V99	C	12	1454-1465		
77. TIMOGRATIANS)(10)(7)		12	11311103		
80. TAX WITHHELD	9(10)V99	C	12	1466-1477		
81. FILLER JULY	9(24)	C	24	1478-1501	ZEROS.	
JULY						
82. AMOUNT PAID	9(10)V99	C	12	1502-1513		
83. TAX WITHHELD 84. FILLER	9(10)V99 9(24)	C	12 24	1514-1525 1526-1549	ZEROS.	
AUGUST	9(24)		24	1320-1349	ZEROS.	
85. AMOUNT PAID	9(10)V99	C	12	1550-1561		
86. TAX WITHHELD	9(10)V99	C	12	1562-1573		
87. FILLER	9(24)	C	24	1574-1597	ZEROS.	
SEPTEMBER	, ,					
00 AMOUNTE DATE	0/10/1/00		10	1500 1600		
88. AMOUNT PAID	9(10)V99	С	12	1598-1609		
89. TAX WITHHELD	9(10)V99	C	12	1610-1621		
90. FILLER	9(24)	C	24	1622-1645	ZEROS.	
OCTOBER						
91. AMOUNT PAID	9(10)V99	C	12	1646-1657		
JII TIMO OTAT TIMO	7(10) 177	Ť		10.0 1007		
92. TAX WITHHELD	9(10)V99	C	12	1658-1669		
93. FILLER NOVEMBER	9(24)	С	24	1670-1693	ZEROS.	
NOVENIDER						
94. AMOUNT PAID	9(10)V99	C	12	1694-1705		
OF TAX WITHIN D	0/10/100		10	1706 1717		
95. TAX WITHHELD 96. FILLER	9(10)V99 9(24)	C	12 24	1706-1717 1718-1741	ZEROS.	
DECEMBER)(24)		24	1/10-1/41	ZENOS.	
97. AMOUNT PAID	9(10)V99	C	12	1742-1753		
98. TAX WITHHELD	9(10)V99	C	12	1754-1765		

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F48030Y20 RECORD TYPE: RETURN

RECORD NAME: NONRESIDENT ANNUAL RETURN FOR INCOME TAX WITHHELD AT SOURCE - FORM TYPE 480.30 RECORD LENGTH: 2500

PIELD NAME	RE *
99. FILLER 9(24) C 24 1766-1789 ZEROS. TOTALS 100. TOTAL AMOUNT PAID MONTHLY 9(12) C 12 1790-1801 PATRT II. 101. TAX WITHHELD 9(10)V99 C 12 1802-1813 SEE PATRT II, ITEM 1. 102. FILLER 9(12) C 12 1814-1825 ZEROS. 103. FILLER 9(12) C 12 1814-1825 ZEROS. 104. CREDIT FOR TAX ON DEEMED DIVIDENDS 10% 105. FILLER 9(10)V99 C 12 1838-1849 SEE PATRT II, ITEM 3. 106. AMOUNT PAID 9(10)V99 C 12 1862-1873 SEE FORM 480.30, ITEM 5, COLUMN 1. 107. TAX WITHHELD 9(10)V99 C 12 1874-1885 SEE FORM 480.30, ITEM 5, COLUMN 1. 108. (SECTION 1062.11) 9(10)V99 C 12 1886-1897 ZEROS. 110. AMOUNT PAID 9(10)V99 C 12 1886-1897 ZEROS. 111. TAX WITHHELD 9(10)V99 C 12 1970-1981 SEE FORM 480.30, ITEM 6, COLUMN 1. 111. TAX WITHHELD 9(10)V99 C 12 1970-1981 SEE FORM 480.30, ITEM 6, COLUMN 1. 112. CREDIT FOR TAX ON DEEMED DIVIDENDS (SECTION 1062.13) (SECTION 1062.18) (SECTION 1062.08) (SECTION 1062.13) (SECT	
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114. FILLER X(144) C 144 2054-2197 SPACES.	
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INCENTIVE ACT %	
115. AMOUNT PAID 9(10)V99 C 12 2198-2209 SEE FORM 480.30, ITEM 9, COLUMN 1.	
116. TAX WITHHELD 9(10)V99 C 12 2210-2221 SEE FORM 480.30, ITEM 9, COLUMN 2.	
117. FILLER 9(60) C 60 2222-2281 SPACES.	*
SPECIAL CONTRIBUTION FOR	
PROFESSIONAL AND ADVISORY SERVICES	*
118. UNDER ACT 48 -2013 9(10)V99 C 12 2282-2293	*
119. TOTAL FORMS 9(10) C 10 2294-2303 PAYMENTS FOR SERVICES RENDERED	+
120. OUTSIDE OF PUERTO RICO 9(10)V99 C 12 2304-2315 SEE FORM 480.30, ITEM 14, COLUMN 1.	
OTHER PAYMENTS NOT SUBJECT TO 121. WITHHOLDING 9(10)V99 C 12 2316-2327 SEE FORM 480.30, ITEM 15, COLUMN 1.	
122. FILLER X(118) C 118 2328-2445 SPACES.	
123. FILLER 9(9) C 9 2446-2454 ZEROS.	*
124. REASON FOR THE CHANGE X(40) C 40 2455-2494 LEFT JUSTIFIED AND FILL WITH BLANK	
125. FILLER 9(6) C 6 2495-2500 ZEROS.	



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Agosto - August Septiembre - September Octuber - October Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sobre Dividendos implicitos (Sección 1062.13) Credit for tax on Deemed Dividends (Section 1062.13) 3. Total de contribución retenida luego del crédito por contribución sobre Dividendos implicitos (Total tax withheld after the credit for tax on Deemed Dividends Total dax withheld after the credit for tax on Deemed Dividends JURANIA/10-OATH Nor (o alimno) como agente retenedor representante legal u oficial autorizado, bajo peralidad de perjuno, que seta planilla es cierta, correcta y completa, y que la retenedo al contribue face de adendo con el Codigo de Rentals internas de Puerto Rico de 2011, según empendado, y sus defanientos - I suevir (or alimn) as withholding agent, legal representante de Auento Rico de 2011, según empendado, y sus defanientos - I suevir (or alimn) as withholding agent, legal representante de Auento Rico de 2011, según empendado, y sus defanientos - I suevir (or alimn) as withholding agent, legal representante de Auento Rico de 2011, según empendado, y sus defanientos - I suevir (or alimn) as withholding agent, legal representante de Auento Rico de 2011, según empendado, y sus defanientos - I suevir (or alimn) as withholding agent, legal representante de Auento Rico de 2011, as amended, and its regular periodición plante de Registro Registration Number Firma del Agente Refenedor, Representante or Authorized Official PARA USO DEL ESPECIALISTA SOLAMIENTE - SPECIALISTS USEONLY Nombre de la Firma o Negocio - Name of Firm or Business Número de Registro - Registration Number Fecha - Date PARA USO DEL ESPECIALISTA SOLAMIENTE - SPECIALISTS USEONLY Nombre de la Firma o Negocio - Name of Firm or Business Número de Registro - Registration Number Fecha - Date NOTA AL AGENTE RETENIDOR - NOTE TO WITHHOLDING AGENT Indique si hizo pagos por la preparación de su planilla: Sí No. Si contestó - Sí-, exija la firma y el número de registro del Esp	Junio - June					\longrightarrow			
Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sobre Dividendos Implícitos (Sección 1062.13) Credit for tax on Deemed Dividendos (Section 1062.13) Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax on Deemed Dividendos Total tax withheld after the credit for tax o	Julio - July					\longrightarrow			
Octubre - October Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sobre Dividendos Implícitos (Sección 1062.13) Crédit for tax on Deemed Dividendos (Section 1062.13) 3. Total de contribución retenida luego del crédito por contribución sobre Dividendos Implícitos Total tax withheid after the credit for tax on Deemed Dividendos JURAUIS/TO-OATH Juro (o alimno) como agente retenedor, representante legal u origina autorizado, bajo penalidad de peruno, que esta planilla es cierta, correcta y competa, y que la retenigion de la contrib se hizo de acuerdo con el Codigo de Rentas internas deque u origina autorizado, bajo penalidad de peruno, que esta planilla es cierta, correcta y competa, y que la retenigion de la contrib se hizo de acuerdo con el Codigo de Rentas internas deque u origina autorizado. Just reglamentos, -l swear (or alimn) as withholding abent, legal representative or authorizad under penalities of pejury, that this return is true, correct and compete, and that the tax withholding was made plusuant to the Puerto Rico Iniemai Revenue Code of Zo11, as amended, and its regular propriatorio de Adentas Retenidor, Representative or Authorizado Original Firma del Agenta Retenidor, Representante or Oticial Autorizado Título - Title PARAUSO DEL ESPECIALISTA SOLAHIENTE - SPECIALISTS USECONLY Indique si es empleado por cuenta propia Dirección - Address Firma del Especialista (Letra de Molde) - Specialisfa Signeture Código Postal - Zip Code NOTA AL AGENTE RETENBOR - NOTE TO WITHHOLDING AGENT Indique si hizo pagos por la preparación de su planilla: Si No. Si contestó "Si", exija la firma y el número de registro del Especialista.	Agosto - August					\perp			
Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sobre Dividendos Implícitos (Sección 1062.13) Credit for tax on Deemed Dividends (Section 1062.13) 3. Total de contribución retenida luego del crédito por contribución sobre Dividendos Implícitos Total tax withheld after the credit for tax on Deemed Dividends JURAUIA/10-0AtH	Septiembre - Septemb	er				\perp			
Diciembre - December 1. Total			- 1						
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3. Total de contribución retenida luego del crédito por contribución sobre Dividendos Implícitos Total tax withheld after the credit for tax on Deemed Dividendos JURANIENTO-OATH JURO (o atrimo) como agenta retenedor, representante legal u oficial autorizado, bajo penalidad de perjurio, que esta plantila es cierta, correcta y completa, y que la retención de la contribución de la contribuci	Noviembre - Novemb								
JURA HENTO-OATH Juro (o ahrmo) como agente retenedor, representante legal u oficial autorizado, bajo penalidad de perpuno, que esta planilla es cierta, correcta y completa, y que la reteniçon de la continte de presentante legal u oficial autorizado, bajo penalidad de perpuno, que esta planilla es cierta, correcta y completa, y que la reteniçon de la continte de presentante or authorizado under penaltes of perjury, that this return is true, correct and complete, and that the tax withholding was made pursuant to the Puerto Rico Intérnal Revenue Code de 2011, as amended, and its regular firms del Agente Retenedor, Representante or Authorizado Trituto - Title Fecha - Date PARAUSO DEL ESPECIALISTA SOLAMENTE - SPECIALISTIS USEONLY Nombre del Especialista (Letra de Molde) - Specialist's Name (Print) Nombre del Especialista (Letra de Molde) - Specialist's Name (Print) Nombre de la Firma o Negocio - Name of Firm or Business Número de Registro-Registration Number Fecha - Date Fecha - Date Trituto - Title Fecha - Date PARAUSO DEL ESPECIALISTA SOLAMENTE - SPECIALISTIS USEONLY Número de Registro-Registration Number Fecha - Date Firma del Especialista - Specialist's Signature Código Postal - Zip Code NOTA AL AGENTE RETENEDOR - NOTE TO WITHHOLDING AGENT Indique si hizo pagos por la preparación de su planilla: Sí No. Si contestó "Sí", exija la firma y el número de registro del Especialista.	Noviembre - Novembe Diciembre - Decembe 1. Total 2. Crédito por contrib	r oución sobre Dividen		Sección 1062.13)					
Juro (o aftrmo) como agenta retenedor, representante legal u oficial autorizado, bajo penalidad de periuno, que esta plantila es cierta, correcta y completa, y que la reteneción de la contrit se hazo de aquirido con el Codigio de Rentala infarmas de Puerto Ricco de 2011, as equin émirendado, y sus regulamentos 1 sevano re affirma as witholding agent, legal representante or autorizado under penalities of perjury, that this return is true, correct and complete, and that the tâx withholding was made pursuant to the Puerto Ricco Internal Revenue Code of 2011, as amended, and its regula firma del Agente Retenedor, Representante u Oficial Autorizado Trítulo - Title Fecha - Date PARA USO DEL ESPECIALISTA SOLAMENTE - SPECIALISTIS USE ONLY Nombre de la Firma o Negocio - Name of Firm or Business Wamero de Registro - Registration Number Fecha - Date PARA USO DEL ESPECIALISTA SOLAMENTE - SPECIALISTIS USE ONLY Nombre de la Firma o Negocio - Name of Firm or Business Wamero de Registro - Registration Number Fecha - Date Código Postal - Zip Code NOTA AL AGENTE RETENEDOR - NOTE TO WITHHOLDING AGENT Indique si hizo pagos por la preparación de su planilla: Sí No. Si contestó "Sí", exija la firma y el número de registro del Especialista.	Noviembre - November Diciembre - December 1. Total	r nución sobre Dividen emed Dividends (Secti ción retenida lueq	on 1062.13) o del crédito p	or contribución	n sobre Dividendos Implíc	itos			
PARA USO DEL ESPECIALISTA SOLAMENTE - SPECIALISTS USE ONLY Nombre del Especialista (Letra de Molde) - Specialist's Name (Print) Nombre de la Firma o Negocio - Name of Firm or Business Número de Registro - Registration Number Fecha - Date Fecha - Date Firma del Especialista - Specialist's Signature Código Postal - Zip Code NOTA AL AGENTE RETENEDOR - NOTE TO WITHHOLDING AGENT Indíque si hizo pagos por la preparación de su planilla: Sí No. Si contestó "Sí", exija la firma y el número de registro del Especialista.	Noviembre - Novembe Diciembre - Decembe 1. Total 2. Crédito por contrib Credit for tax on Dec 3. Total de contribu Total tax withheld a	r oución sobre Dividen emed Dividends (Secti ción retenida lueg fler the credit for tax	on 1062.13) o del crédito p on Deemed Divid	or contribución ends	JURAMENTO-OATH				
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Indique si hizo pagos por la preparación de su planilla: Nombre de la Firma o Negocio - Name of Firm or Business Número de Registro - Registration Number Fecha - Dele	Noviembre - Novemb Diciembre - December 1. Total	r pución sobre Dividen pución retenida lueg fler the credit for tax unta retenedor, represen i Codigo de Rentas intentat this return is true, co	on 1062.13) o del crédito p on Deemed Dividi tante legal u oficia mas de Puerto Rico mect and complete,	or contribución ends l'autorizado, bajo po de 2011, seguñ en and that the tax with	JURAMENTO-OATH		rta, correcta y comple irm) as withholding aber Intérnal Revenue Code	ta, y o t, lega of 201	que la retención de la contribuç il representative or authorized offi 11, as amended, and its regulation
Código Postal-Zip Code NOTA AL AGENTE RETENEDOR - NOTE TO WITHHOLDING AGENT Indique si hizo pagos por la preparación de su planilla: Sí No. Si contestó "Sí", exija la firma y el número de registro del Especialista.	Noviembre - Novemb Diciembre - December 1. Total	r pución sobre Dividen pución retenida lueg fler the credit for tax unta retenedor, represen i Codigo de Rentas intentat this return is true, co	on 1062'13) o del crédito p on Deemed Divid tante legal u oncia mas de Puerto Ric med and complete, u Oficial Autoriza e or Authorized Office	or contribución ends l autonzado, bajo p de 2011, seguh si and that the Lix with	JURAMENTO-CATH emaildad de periumo, que esta pl imendado, y sus reglamentos1 hoiding was made pursuant to the Titulo - Title	anilla es cie swear (or afi Puerto Rico	rta, correcta y comple irm) as withhoding oper internal Revenue Code	ta, y o t, lega of 201	
NOTA AL AGENTE RETENEDOR - NOTE TO WITHHOLDING AGENT Indique si hizo pagos por la preparación de su planilla: Sí No. Si contestó "Sí", exija la firma y el número de registro del Especialista.	Noviembre - Novembi Diciembre - December 1. Total	r Duction sobre Divident Ender Dividends (Section Ción retenida lueg fler the credit for tax unita retenedor, represent Codigo de Rentas intentat this return is true, co Venedor, Representante ng Agent, Representative	on 1062-13)	or contribución ends lautorizado, bajo p i de 2011, segun en and that the tax with do lai	JURAMENTO-CATH enalidad de penuno, que esta pl mendado, y sus reglamentos1 holding was made pursuant to the Titulo - Title ALISTA SOLAMENTE - SPECIALISTS	anilla es cie swear (or af Puerto Rico			Fecha - Date
Indique si hizo pagos por la preparación de su planilla: 📉 Sí 🥌 No. Si contestó "Sí", exija la firma y el número de registro del Especialista.	Noviembre - Novembre Diciembre - December 1. Total 2. Crédito por contrib Credit for tax on Det 3. Total de contribu Total tax withheld at Juro to ahimol como age se hizo de aculerdo con e under penaties of perjury, i Firma del Agente Re Signature of Withhold tombre del Especialista (Lei Aarque si es empleado por	r Dución sobre Dividen Bución retenida lueg Ber the credit for tax Interpretenedor, represen Codigo de Rentas internat this return is true, co Interpretenedor, Representante Representative Interpretentative Interp	on 1062-13)	or contribución ends lautorizado, bajo p i de 2011, segun en and that the tax with do lai	JURAMENTO-CATH enalidad de penuno, que esta pl mendado, y sus reglamentos1 holding was made pursuant to the Titulo - Title ALISTA SOLAMENTE - SPECIALISTS	anilla es cie swear (or af Puerto Rico	e Registro - Registration N	lumber	Fecha - Date
	Noviembre - Novembre - December -	r Dución sobre Dividen Bución retenida lueg Ber the credit for tax Interpretenedor, represen Codigo de Rentas internat this return is true, co Interpretenedor, Representante Representative Interpretentative Interp	on 1062-13)	or contribución ends lautorizado, bajo p i de 2011, segun en and that the tax with do lai	JURAMIENTO-CIATH enalidad de perjurio, que esta pl imendado, y sus reglamentos1 holding was made pursuant to the Titulo - Title ALISTA SOLAMIENTE - SPECIALISTE Negocio - Name of Firm or Business	anilla es cie swear (or af Puerto Rico	e Registro - Registration N	lumber	Fecha - Date
Indicate if you made payments for the preparation of your return: Yes No. If you answered "Yes", require the Specialist's signature and registration numbers.	Noviembre - Novemb Diciembre - Decembe 1. Total	r pución sobre Dividen med Dividends (Secti- ción retenida lueg fler the credit for tax ente retenedor, represen Codigo de Rentas inte- that this return is true, co tenedor, Representante ing Agent, Representative tra de Molde) - Specialist's cuenta propia Direcció	on 1062-13) or del crédito p on Deemed Divid tante legal u oficia mas de Puerto Ric med and complete, u Oficial Autoriza or Authorized Offic PAS Name (Print)	or contribución ends l autorizado, bajo p de 2011, seguñ en and that the tax with do al al AUSODELLESPERA Nombre de la Firma d	JURAMENTO-CIATH enalidad de perjurio, que esta pl imendado, y sus reglamentos1 hoiding was made pursuant to the Tritulo - Tritle MUSTASOLAMENTE - SPECIALISTE D Negocio - Name of Firm or Business Código Postal - Zip Code TENEDOR - NOTE TO WITHHOLDIN	anilla ea cie swear (or aff Puerto Rico BUSE ONLY Número di	e Registro - Registration N Firma del Especia	lumber Ilista -	Fecha - Date Fecha - Date Specialist's Signature



EXHIBIT Q

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807B1Y20 FOR 480.7 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM INDIVIDUAL RETIREMENT ACCOUNTS - FORM TYPE 480.7B.1 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	1101010	1	21125	200:2120:1	,	
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	C	2	11-12	SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "A" TO INDICATE FORM 480.7.1.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
					ENTER: "O" = ORIGINAL, "A" = AMENDED,	
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	*
7. FILLER	X(1)	С	1	16-16	SPACES.	*
8. FILLER	X(1)	С	1	17-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47		
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
14. BUSINESS NAME	X(30)	С	30	57-86		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	1
23. FILLER	X(2)	С	2	221-222	SPACES.	*
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
26. TOWN	X(13)	С	13	293-305		*





EXHIBIT Q

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807B1Y20 FOR 480.7 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM INDIVIDUAL RETIREMENT ACCOUNTS - FORM TYPE 480.7B.1 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
			•			
27. STATE	X(2)	С	2	306-307		*
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*
as an confinencia	0/4)		,	242.24.5	TER OR WELVET AND A DATE	
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE. BLANK "N" = NO,	
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	BLANK $N = NO$, "Y" = YES.	
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.	
JI. E-MAIL	A(30)		30	318-307	E-WAIL ADDRESS.	
TAX WITHHELD						
32. INTERESTS (10%)	9(10)V99	С	12	368-379	SEE FORM 480.7B.1, PART I, ITEM 1, COLUMN 1.	
33. INCOME FROM SOURCES WITHIN P.R. (10%)	9(10)V99	С	12	380-391	SEE FORM 480.7B.1, PART I, ITEM 2, COLUMN 1.	
INCOME FROM GOVERNMENT PENSIONERS						
34. (10%)	9(10)V99	C	12	392-403	SEE FORM 480.7B.1, PART I, ITEM 3, COLUMN 1.	
INCOME TAX WITHHELD AT SOURCE ON						
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR						
35. OF PUERTO RICO (10%)	9(10)V99	С	12	404-415	SEE FORM 480.7B.1, PART I, ITEM 4, COLUMN 1.	
36. NONRESIDENTS	9(10)V99	С	12	416-427	SEE FORM 480.7B.1, PART I, ITEM 5, COLUMN 1.	
30. TOTALSIDERATIS)(10) +))		12	410 427	SEET ORM 400.7B.1, FART I, ITEM 3, COLUMN 1.	
37. PENALTY WITHHELD	9(10)V99	С	12	428-439	SEE FORM 480.7B.1, PART I, ITEM 6, COLUMN 1.	
SUBTOTAL TAX WITHHELD FROM						
INDIVIDUAL RETIREMENT ACCOUNTS						
38. (FORMS 480.7)	9(10)V99	C	12	440-451	SEE FORM 480.7B.1, PART I, ITEM 7, COLUMN 1.	
39. TOTAL FORMS	9(10)	C	10	452-461		
TAX WITHHELD RELATION						
TAX WITHHELD - FORM 480.7						
40. TAX WITHHELD JANUARY	9(10)V99	С	12	462-473	SEE FORM 480.7B.1, PART III, ITEM 1, COLUMN 1.	
41. TAX WITHHELD FEBRUARY	9(10)V99	С	12	474-485	SEE FORM 480.7B.1, PART III, ITEM 2, COLUMN 1.	
42. TAX WITHHELD MARCH	9(10)V99	С	12	486-497	SEE FORM 480.7B.1, PART III, ITEM 3, COLUMN 1.	
43. TAX WITHHELD APRIL	9(10)V99	С	12	498-509	SEE FORM 480.7B.1, PART III, ITEM 4, COLUMN 1.	
44. TAX WITHHELD MAY	9(10)V99	С	12	510-521	SEE FORM 480.7B.1, PART III, ITEM 5, COLUMN 1.	
45. TAX WITHHELD JUNE	9(10)V99	С	12	522-533	SEE FORM 480.7B.1, PART III, ITEM 6, COLUMN 1.	
46. TAX WITHHELD JULY	9(10)V99	C	12	534-545	SEE FORM 480.7B.1, PART III, ITEM 7, COLUMN 1.	
47. TAX WITHHELD AUGUST	9(10)V99	С	12	546-557	SEE FORM 480.7B.1, PART III, ITEM 8, COLUMN 1.	
48. TAX WITHHELD SEPTEMBER	9(10)V99	С	12	558-569	SEE FORM 480.7B.1, PART III, ITEM 9, COLUMN 1.	
49. TAX WITHHELD OCTOBER	9(10)V99	С	12	570-581	SEE FORM 480.7B.1, PART III, ITEM 10, COLUMN 1.	
50. TAX WITHHELD NOVEMBER	9(10)V99	C	12	582-593	SEE FORM 480.7B.1, PART III, ITEM 11, COLUMN 1.	
51. TAX WITHHELD DECEMBER	9(10)V99	С	12	594-605	SEE FORM 480.7B.1, PART III, ITEM 12, COLUMN 1.	
				_	SEE FORM 480.7B.1, PART III, ITEM TOTAL,	
52. TOTAL TAX WITHHELD 480.7	9(10)V99	С	12	606-617	COLUMN 1.	
53. FILLER	X(1837)	C	1837	618-2454	SPACES.	
54. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
	, ,					
55. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



EXHIBIT Q

Form	00		rto Rico - Government of Puerto Rico Hacienda - Department of the Treasury	2	0 Núme	ro de Confirmación de Radicación Elect Electronic Filing Confirmation Number	
Rev. 19 ago 20			JAL DE CONTRIBUCIÓN RETENIDA DE O			Economic may commission with	
vev. 19 8go 20	RETIRO INC	ONIDUAL Y	CUENTAS DE APORTACIÓN EDUCATIVA				
The same	Annual Reconciliation States		Vithheld from Individual Retirement Accounts a	and Edu	cational	ENMENDADO - AMENDED	
Nombre del Agente Retenedor-	-Withholding Agent's Name		Contribution Accounts lúmero de Identificación Patronal - Employer Identifi	ation Nu	mber	Sello de Recibido	
-							
Dirección Postal - Postal Address	s	D	Virección Física - Physical Address				
	Código Postal - Zip Code						
Clase de Industria o Negoo Type of Industry or Business		hange of Addre	Total de Declaraciones Informativas - Total	Informat	ive Returns		
Type or industry or business	Sí- Yes	No	480.74	80.7B_			
Parte I - Part I 0	uenta de Retiro Individua	l (Formulari	io 480.7) - Individual Retirement Account	Form 4	180.7)		_
	Tipo de Contri	ibución Ret	enida - Type of Tax Withheld			Contribución Retenida - Tax Wi	thhe
 Contribución Retenida Tax Withheld from Interes 							
2. Contribución Retenida	sobre Ingreso de Fuentes De		to Rico (10%)				†
	m Sources Within Puerto Rico sobre Ingreso de Pensionado		mo (10%)				+
Income Tax Withheld fro	om Government Pensioners (10	%)					1
 Contribución Retenida e Income Tax Withheld at S 	in el Origen sobre Distribucion jource on Distributions for Reason	es por Razón n of a Disaster	de un Desastre Declarado por el Gobernador Declared by the Governor of Puerto Rico (10%)	de Pue	rto Rico (10%)		
 Contribución Retenida Tax Withhheld at Source 							\top
Penalidad Retenida	to Notiresidents						+
Penalty Withheld	n Belonida de Cuentas de Bel	lien terdiriskust	(Computario 400 7)				+
Subtotal Tax Withheld fro	ón Retenida de Cuentas de Ref om Individual Retirement Accoun	ts (Form 480.7	7)				
Parte II - Part II 0	uenta de Aportación Educ	cativa (Form	nulario 480.7B) - Educational Contribution	1 Acco	unt (Form 480.7B) _	
		ibución Ret	enida - Type of Tax Withheld			Contribución Retenida - Tax Wi	thhe
 Contribución Refenida se Tax Withheld from Interes 							
	sobre Distribuciones que Consi utions of Income from Sources W		isos de Fuentes Dentro de Puerto Rico (10%)				Τ
	n Retenida de Cuentas de Apo		1 /				+
Subtotal Tax Withheld from	m Educational Contribution Accor etenida (Sume línea 7 de la Part	unts (Form 48)	0.7B)				+
	ne 7 of Part I and line 10 of Part I		Je la Palle II)				
		ción Detenia	da Mensualmente - Monthly Tax Withheld				
Parte III - Part III R							
Parte III - Part III R	Reconciliación de Contribu • Month		n Referiida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribución Rete	nida - Formulario 480.7B - Tax Withheld - Form	480.7
Parte III - Part III R Mes - Enero - January			ı Referiida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribución Rete	nida - Formulario 480.7B - Tax Withheld - Form	480.7
Parte III - Part III R Mes - Enero - January Febrero - February			n Referiida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.78 - Tax Withheld - Form	480.
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March			n Referiida - Formulario 480.7 - 'Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.713 - Tax Withheld - Form	480.7
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April			n Referida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.713 - Tax Withheld - Form	480.7
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May			1 Referida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.713 - Tax Withheld - Form	480.
Parte III - Part III R Mes- Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June			1 Referida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.78 - Tax Withheld - Form	480.
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July			1 Referida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.78 - Tax Withheld - Form	480.1
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August			1 Referida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.7/8 - Tax Withheld - Form	480.1
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September			1 Referiida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.76 - Tax Withheld - Form	480.7
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October			n Referiida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.763 - Tax Withheld - Form	480.7
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November			n Referiida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.7/3 - Tax Withheld - Form	480.7
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December	Month		1 Referida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.7/3 - Tax Withheld - Form	480.7
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December	Month n Retenida		1 Referida - Formulario 480.7 - Tax Withheld - For	n 480.7	Contribucion Rete	nida - Formulario 480.7/8 - Tax Withheld - Form	480.1
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Total Tax Withheld	Month n Retenida	Contribución	JURAMENTO - OATH				480.7
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Total Tax Withheld Declaro bajo penaidad de	Month Retenida perjurio que este Estado de Re	Contribución		n mi me	jor información y	creencia es cierto, correcto y completo.	480.1
Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Total Tax Withheld Declaro bajo penalidad de	Month Retenida perjurio que este Estado de Re	Contribución	JURAMENTO - OATH Anual ha sido examinado por mí y que segúr	n mi me	jor información y	creencia es cierto, correcto y completo.	480.7



EXHIBIT R

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807B1Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM EDUCATIONAL CONTRIBUTION ACCOUNTS - FORM TYPE 480.7B.1 RECORD LENGTH: 2500

						1
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
TIED NAME	TICTURE		DITES	LOCATION	COMMENTS	KE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	0(0)		9	2.10	ENTER ZEROC	*
2. CONTROL NUMBER 3. FILLER	9(9) X(2)	C	2	2-10 11-12	ENTER ZEROS. SPACES.	*
4 FORWENDS	0(1)	_		10.10		*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "B" TO INDICATE FORM 480.7B.1.	*
5. RECORD TYPE	9(1)	C	1	14-14	"1" = DETAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
	, ,					*
7. FILLER	X(1)	С	1	16-16	SPACES.	*
8. FILLER	X(1)	С	1	17-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
	11(0)		<u> </u>	22 20	STREED.	
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	C	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47		
					IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN.	
					IF ID TYPE = "2" ENTER IDENTIFICATION	
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	NUMBER SSN.	*
14. BUSINESS NAME	X(30)	С	30	57-86		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
23. FILLER	X(2)	C	2	221-222	SPACES.	*
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
26. TOWN	X(13)	С	13	293-305		*
27. STATE	X(2)	C	2	306-307		*

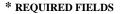




EXHIBIT R

FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F4807B1Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM EDUCATIONAL CONTRIBUTION ACCOUNTS - FORM TYPE 480.7B.1 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	_					
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*
	2 (2)					
29. ZIP-CODE EXTENSION	9(4)	C	4	313-316	ZEROS, IF NOT AVAILABLE.	
an average of appendix	77(4)			245 245	BLANK "N" = NO,	
30. CHANGE OF ADDRESS	X(1)	C	1	317-317	"Y" = YES.	_
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.	
TAX WITHHELD						
22 NEED FORG (100)	0/10/1700		10	2.00.270		
32. INTERESTS (10%)	9(10)V99	C	12	368-379	SEE FORM 480.7B.1, PART II, ITEM 8, COLUMN 1.	
DISTRIBUTIONS OF INCOME FROM						
33. SOURCES WITHIN P.R. (10%)	9(10)V99	С	12	380-391	SEE FORM 480.7B.1, PART II, ITEM 9, COLUMN 1.	
SUBTOTAL TAX WITHHELD FROM						
EDUCATIONAL CONTRIBUTION ACCOUNTS						
34. (FORM 480.7B)	9(10)V99	С	12	392-403	SEE FORM 480.7B.1, PART II, ITEM 10, COLUMN 1.	
35. TOTAL FORMS	9(10)	С	10	404-413		
TAX WITHHELD - FORM 480.7B						1
36. TAX WITHHELD JANUARY	9(10)V99	C	12	414-425	SEE FORM 480.7B.1, PART III, ITEM 1, COLUMN 2.	
37. TAX WITHHELD FEBRUARY	9(10)V99	C	12	426-437	SEE FORM 480.7B.1, PART III, ITEM 2, COLUMN 2.	
38. TAX WITHHELD MARCH	9(10)V99	C	12	438-449	SEE FORM 480.7B.1, PART III, ITEM 3, COLUMN 2.	
39. TAX WITHHELD APRIL	9(10)V99	C	12	450-461	SEE FORM 480.7B.1, PART III, ITEM 4, COLUMN 2.	
40. TAX WITHHELD MAY	9(10)V99	C	12	462-473	SEE FORM 480.7B.1, PART III, ITEM 5, COLUMN 2.	
41. TAX WITHHELD JUNE	9(10)V99	С	12	474-485	SEE FORM 480.7B.1, PART III, ITEM 6, COLUMN 2.	Ī
42. TAX WITHHELD JULY	9(10)V99	С	12	486-497	SEE FORM 480.7B.1, PART III, ITEM 7, COLUMN 2.	Ī
43. TAX WITHHELD AUGUST	9(10)V99	С	12	498-509	SEE FORM 480.7B.1, PART III, ITEM 8, COLUMN 2.	
44. TAX WITHHELD SEPTEMBER	9(10)V99	С	12	510-521	SEE FORM 480.7B.1, PART III, ITEM 9, COLUMN 2.	Ī
45. TAX WITHHELD OCTOBER	9(10)V99	С	12	522-533	SEE FORM 480.7B.1, PART III, ITEM 10, COLUMN 2.	
46. TAX WITHHELD NOVEMBER	9(10)V99	С	12	534-545	SEE FORM 480.7B.1, PART III, ITEM 11, COLUMN 2.	1
47. TAX WITHHELD DECEMBER	9(10)V99	С	12	546-557	SEE FORM 480.7B.1, PART III, ITEM 12, COLUMN 2.	1
48. TOTAL TAX WITHHELD 480.7B	9(10)V99	С	12	558-569	SEE FORM 480.7B.1, PART III, ITEM TOTAL, COLUMN 2.	
49. FILLER	X(1885)	С	1885	570-2454	SPACES.	
50 DEACON FOR THE CHANCE	V(40)	C	40	2455 2404	ENTER THE REASON FOR CHANGE FORM.	
50. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	+
51. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



			o Rico - Government of Puerto Rico acienda - Department of the Treasury	2	0 Núme	ero de Confirmación de Radicación Elec	
Form			AL DE CONTRIBUCIÓN RETENIDA DI			Electronic Filing Confirmation Number	•
Rev. 19 ago 20			CUENTAS DE APORTACIÓN EDUCATI		NO DE		
1	Annual Reconciliation Stater		thheld from Individual Retirement Accoun	ts and Edu	cational	ENMENDADO - AMENDEO	
Nombre del Agente Retenedor-	MGHANGAN A ANNE NAMA		ontribution Accounts imero de Identificación Patronal - Employer Iden	Gradian No.		Sello de Recibido	
Nombre del Agente Netenedor	Withholding Agent's Name		mero de identificación Patronal - Employer ider	ancason Nu	muer		
Dirección Postal - Postal Addres	5	Di	rección Física - Physical Address				
Clase de Industria o Nego	Código Postal - Zip Code sio Cambio de Dirección - C	hanna of Addres	Total de Declaraciones Informativas - To	tal Informat	ive Returns		
Type of Industry or Busines		No No		1			
			480.7	480.7B			
Parte I - Part I		•	480.7) - Individual Retirement Accou	nt (Form 4	480.7)		
1. Contribución Retenida		Ducion Rete	nida - Type of Tax Withheld			Contribución Retenida - Tax W	ithhe
Tax Withheld from Inter-	ests (10%)						\perp
Contribución Retenida Income Tax Withheld fro	sobre Ingreso de Fuentes De om Sources Within Puerto Rico (ntro de Puert (10%)	o Rico (10%)				
3. Contribución Retenida	sobre Ingreso de Pensionado	s del Gobien	0 (10%)				\top
4. Contribución Retenida e	om Government Pensioners (10° en el Origen sobre Distribucion	es por Razón	de un Desastre Declarado por el Goberna	dor de Pue	erto Rico (10%)		+
Income Tax Withheld at 5 5. Contribución Retenida		of a Disaster	Declared by the Governor of Puerto Rico (10	%)			+
Tax Withhheld at Source							
Penalidad Retenida Penalty Withheld							
	on Retenida de Cuentas de Ret om Individual Retirement Account						
			ulario 480.7B) - Educational Contribut	ion Acco	unt (Form 480.7	B)	
	Tipo de Contri	ibución Rete	nida - Type of Tax Withheld			Contribución Retenida - Tax W	ithhe
Contribución Retenida : Tax Withheld from Interes							
9. Contribución Retenida s			os de Fuentes Dentro de Puerto Rico (109	K)			T
	n Retenida de Cuentas de Apo		· ·				\top
11. Total de Contribución R	m Educational Contribution Accou etenida (Sume línea 7 de la Parti	e I y línea 10 d					+
	ne 7 of Part I and line 10 of Part II Reconciliación de Contribue		la Mensualmente - Monthly Tax Withhe	ld Recor	ciliation		_
	- Month		Retenida - Formulario 480.7 - Tax Withheld - F			enida - Formulario 480.7B - Tax Withheld - Form	480.
				$\overline{}$			
Enero - January							Τ
Enero - January Febrero - February				+			\top
-							
Febrero - February							
Febrero - February Marzo - March				+			
Febrero - February Marzo - March Abril - April							
Febrero - February Marzo - March Abril - April Mayo - May							
Febrero - February Marzo - March Abril - April Mayo - May Junio - June							
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July							
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August							
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September							
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October							
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución							
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December			IIIRAMENTO CATH				
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Total Tax Withheld Declaro bajo penalidad de	perjurio que este Estado de Re		JURAMENTO - OATH				
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Total Tax Withheld Dectaro bajo penalidad de	perjurio que este Estado de Re						
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Total Tax Withheld Declaro bajo penalidad de	perjurio que este Estado de Re		Anual ha sido examinado por mí y que se				



EXHIBIT S

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807C1Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM RETIREMENT PLANS AND ANNUITIES - FORM TYPE 480.7C.1 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	37/1)		1	1.1	L GDA GPG	*
1. FILLER	X(1)	С	1	1-1	SPACES.	-
2. CONTROL NUMBER	9(9)	C	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	С	2	11-12	SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "R" TO INDICATE FORM 480.7C.1.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
					ENTER: "O" = ORIGINAL, "A" = AMENDED,	
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	*
7. FILLER	X(1)	C	1	16-16	SPACES.	*
o EWIED	37(1)	-	4	15.15	GDA GEG	*
8. FILLER	X(1)	C	1	17-17	SPACES. ENTER THE TAX YEAR FOR THIS REPORT	*
9. TAXABLE YEAR	9(4)	C	4	18-21	WHICH MUST BE 2020.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	C	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12 TANDE OF BIDLIGHT OF BUGBLESS	T/(20)	_	20	20.47		
12. TYPE OF INDUSTRY OR BUSINESS 13. IDENTIFICATION NUMBER	X(20) 9(9)	C	9	28-47 48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
14. BUSINESS NAME	X(30)	C	30	57-86		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	C	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
23. FILLER	X(2)	С	2	221-222	SPACES.	*
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
26. TOWN	X(13)	С	13	293-305		*
27. STATE	X(2)	С	2	306-307		*





EXHIBIT S

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4807C1Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM RETIREMENT PLANS AND ANNUITIES - FORM TYPE 480.7C.1 RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
THE TAINE	TICTURE		DIILS	Localion	COMMENTS	ILL
20 577 5077	0(5)	<u> </u>	_	200 212		
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE.	
20 000000000000000000000000000000000000	/4>			245 245	BLANK "N" = NO,	
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	"Y" = YES.	
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.	
TAV WITHHELD						
TAX WITHHELD PERIODIC PAYMENTS OF QUALIFIED OR						
32. GOVERNMENT PLANS	9(10)V99	С	12	368-379	SEE FORM 480.7C.1, ITEM 1.	
33. LUMP SUM DISTRIBUTIONS (20%)	9(10)V99	С	12	380-391	SEE FORM 480.7C.1, ITEM 2.	
34. LUMP SUM DISTRIBUTIONS (10%)	9(10)V99	С	12	392-403	SEE FORM 480.7C.1, ITEM 3.	
35. DISTRIBUTIONS OF NON QUALIFIED PLANS	9(10)V99	С	12	404-415	SEE FORM 480.7C.1, ITEM 4.	
OTHER DISTRIBUTIONS OF QUALIFIED						
36. PLANS (10%)	9(10)V99	C	12	416-427	SEE FORM 480.7C.1, ITEM 5.	
37. ANNUITIES	9(10)V99	C	12	428-439	SEE FORM 480.7C.1, ITEM 6.	
ROLLOVER OF A QUALIFIED PLAN TO NON	0/10/1/00		10	440.451	GEE FORM 400 ZC 1 JEEN Z	
38. DEDUCTIBLE IRA DISTRIBUTIONS OF RETIREMENT SAVINGS	9(10)V99	С	12	440-451	SEE FORM 480.7C.1, ITEM 7.	
39. ACCOUNT PROGRAM (10%)	9(10)V99	С	12	452-463	SEE FORM 480.7C.1, ITEM 8.	
ROLLOVER OF RETIREMENT SAVINGS)(10) v))		12	432-403	SEL I ORIVI 400.7C.1, ITEM 6.	
ACCOUNT PROGRAM TO NON DEDUCTIBLE						
40. IRA (10%)	9(10)V99	C	12	464-475	SEE FORM 480.7C.1, ITEM 9.	
41. NONRESIDENT'S DISTRIBUTIONS	9(10)V99	С	12	476-487	SEE FORM 480.7C.1, ITEM 10.	
42. OTHER DISTRIBUTIONS	9(10)V99	C	12	488-499	SEE FORM 480.7C.1, ITEM 11.	
INCOME TAX WITHHELD ON						
DISTRIBUTIONS FOR REASON OF A						
DISASTER DECLARED BY THE GOVERNOR	0/10/1/00		10	500 511	GEE FORM 400 7C 1 JEEN 12	
43. OF PUERTO RICO	9(10)V99	С	12	500-511	SEE FORM 480.7C.1, ITEM 12.	
44. TOTAL	9(10)V99	С	12	512-523	SEE FORM 480.7C.1, ITEM 13.	
45. TOTAL FORMS	9(10)	С	10	524-533		
TAX WITHHELD - FORM 480.7C	` /					
46. TAX WITHHELD JANUARY	9(10)V99	С	12	534-545	SEE FORM 480.7C.1, PART II, ITEM 1, COLUMN 1.	
47. TAX WITHHELD FEBRUARY	9(10)V99	C	12	546-557	SEE FORM 480.7C.1, PART II, ITEM 2, COLUMN 1.	
48. TAX WITHHELD MARCH	9(10)V99	C	12	558-569	SEE FORM 480.7C.1, PART II, ITEM 3, COLUMN 1.	
49. TAX WITHHELD APRIL	9(10)V99	C	12	570-581	SEE FORM 480.7C.1, PART II, ITEM 4, COLUMN 1.	
50. TAX WITHHELD MAY	9(10)V99	C	12	582-593	SEE FORM 480.7C.1, PART II, ITEM 5, COLUMN 1.	
51. TAX WITHHELD JUNE	9(10)V99	С	12	594-605	SEE FORM 480.7C.1, PART II, ITEM 6, COLUMN 1.	
52. TAX WITHHELD JULY	9(10)V99	C	12	606-617	SEE FORM 480.7C.1, PART II, ITEM 7, COLUMN 1.	
53. TAX WITHHELD AUGUST	9(10)V99	C	12	618-629	SEE FORM 480.7C.1, PART II, ITEM 8, COLUMN 1.	
54. TAX WITHHELD SEPTEMBER	9(10)V99	C	12	630-641	SEE FORM 480.7C.1, PART II, ITEM 9, COLUMN 1.	
55. TAX WITHHELD OCTOBER	9(10)V99 9(10)V99	C	12	642-653	SEE FORM 480.7C.1, PART II, ITEM 10, COLUMN 1.	
56. TAX WITHHELD NOVEMBER 57. TAX WITHHELD DECEMBER	9(10)V99 9(10)V99	C	12 12	654-665 666-677	SEE FORM 480.7C.1, PART II, ITEM 11, COLUMN 1. SEE FORM 480.7C.1, PART II, ITEM 12, COLUMN 1.	
JI. TAA WITHHELD DECEMBER	9(10) V 99		14	000-077	SEE FORM 480.7C.1, PART II, ITEM 12, COLUMN 1. SEE FORM 480.7C.1, PART II, ITEM TOTAL,	
58. TOTAL TAX WITHHELD 480.7B	9(10)V99	C	12	678-689	COLUMN 1.	
59. FILLER	X(1765)	C	1765	690-2454	SPACES.	
					ENTER THE REASON FOR CHANGE FORM.	
60. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
61. FILLER	9(6)	С	6	2495-2500	ZEROS.	*
OI. I IEEE	/(0))	U	2773 2300	ELICOS.	1



Form	20			nent of Puerto Rico ment of the Treasury	20	Número de Confirmación de Radicac Electronic Filing Confirmation				
Rev. 19 ago 20		RE	TIRO Y ANUALIDA	BUCIÓN RETENIDA DE PL DES n Retirement Plans and Annu		ENMENDADO - AMENDED				
O DE POSE	Annual Reco	onciliation Statemen	tor lax vvitnneid froi	m Ketirement Plans and Anni	ines .	Sello de Recibido				
Nombre del Agente Retenedor	-Withholding Agent's Nam	e	Número de Identificaci	on Patronal - Employer Identification	on Number					
Dirección Postal - Postal Addres	5		Dirección Física - Phy	sical Address						
	0'5 0 7 0	.								
Clase de Industria	Código Postal - Zip C		- Change of Address	Total de Declaraciones Inform	nativae 480 7C					
Type of Industry o		Si-Yes	No No	Total Informative Returns						
Parte I - Part I	Planes de Retiro y	Anualidades (For	mulario 480.7C) -	Retirement Plans and Ann	uities (Form 4	180.7C)				
			tenida - Type of T			Contribución Retenida	- Tax Withhe			
 Contribución Retenida Tax Withheld from Perio 	i sobre Pagos Periódic idic Payments of Qualific			entales						
2. Contribución Retenida	sobre una Distribució	n Total (20%)								
3. Contribución Retenida	o Sum Distributions (209 a sobre una Distribució	•								
Tax Withheld from Lum	p Sum Distributions (109	%)								
 Contribución Retenida Tax Withheld from Distrib 	sobre Distribuciones de utions of Non Qualified P		008							
 Contribución Retenida Tax Withheld from Othe 	sobre Otras Distribuci	ones de Planes Cali	ficados (10%)							
6. Contribución Retenida		ea Flais (10%)								
Tax Withheld from Anni		un Dian Calificado	a una Cuenta de Re	tiro Individual No Deducible						
Tax Withheld from Rollo	ver of a Qualified Plan to	a Non Deductible In	dividual Retirement A	ccount						
 Contribución Retenida Tax Withheld from Distrib 	sobre Distribuciones de utions of the Retirement			el Retiro (10%)						
9. Contribución Retenida s	obre Transferencia del I	Programa de Cuenta	s de Ahorro para el F	Retiro a Cuenta de Retiro Indiv		ible (10%)				
10. Contribución Retenida			to a Non Deducable	Individual Retirement Account (10%)					
Tax Withheld from Nonn										
 Contribución Retenida Tax Withheld from Other 		ones								
	sobre Distribuciones po Distributions for Reason (el Gobernador de Puerto Rico Ruerto Rico)					
13. Total de Contribución F		or a bisaster bedare.	by the covernor or r	ocio roco						
Total Tax Withheld										
Parte II - Part II	Reconciliación de C		nida Mensualmer - Month	ite - Monthly Tax Withheld F	Reconciliation	Contribución Retenida	Tw HittersH			
Enero - January		mod	- MONET			CONDUCTOR PROFILE	TON VIOLEN			
Febrero - February										
Marzo - March										
Abril - April										
Mayo - May										
- may										
Junio - June										
	Julio - July									
Julio - July		Agosto - August								
Julio - July										
Julio - July Agosto - August										
Julio - July Agosto - August Septiembre - September										
Julio - July Agosto - August Septiembre - September Octubre - October										
Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November	in Retenida - Total Ta	ax Withheld								
Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December	n Retenida - Total Ta	ax Withheld	JURAN	IENTO - OATH						
Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribució	perjurio que este Estad	to de Reconciliación	Anual ha sido exar	ninado por mí y que según m		ación y creencia es cierto, correcto y co belief it is true, correct and complete.	mpleto.			



EXHIBIT T

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806SP2Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF SERVICES RENDERED - RECORD LENGTH: 2500 FORM TYPE 480.6SP.2

THE DAME	DICTURE		DIVERG	FILE	CONDITIVITY	DE
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	С	2	11-12	SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "I" TO INDICATE FORM 480.6SP.2.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
7. FILLER	X(1)	С	1	16-16	SPACES.	*
8. FILLER	X(1)	С	1	17-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2020.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION	(-)					
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47		
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
14. BUSINESS NAME	X(30)	С	30	57-86		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
23. FILLER	X(2)	С	2	221-222	SPACES.	*
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
26. TOWN	X(13)	С	13	293-305		*
27. STATE	X(2)	С	2	306-307		*
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*

^{*} REQUIRED FIELDS



EXHIBIT T

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F4806SP2Y20 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF SERVICES RENDERED - RECORD LENGTH: 2500

FORM TYPE 480.6SP.2

			ı			
EVEL D MANGE	DICTUDE		DYMEG	FILE	COMPATINE	DE
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE.	
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	BLANK "N" = NO, "Y" = YES.	
31. TYPE OF INDUSTRY OR BUSINESS	X(6)	С	6	318-323	,	
32. TOTAL FORMS 480.6SP	9(10)	С	10	324-333		
RESPONSIBILITY OF PAYMENT TO HEALTH	Ì					
33. PROVIDERS	9(13)V99	C	15	334-348		
34. AMOUNT PAID REIMBURSED EXPENSES	9(13)V99	С	15	349-363		
SPECIAL CONTRIBUTION FOR						
PROFESSIONAL AND ADVISORY SERVICES						
35. UNDER ACT 48-2013	9(13)V99	C	15	364-378		
PAYMENTS FOR SERVICES						
RENDERED BY INDIVIDUALS NOT	0/12/1/00		1.5	270 202	GET FORM 400 COR 2 VEEN 4	
36. SUBJECT TO WITHHOLDING	9(13)V99	С	15	379-393	SEE FORM 480.6SP.2, ITEM 1.	
PAYMENTS FOR SERVICES RENDERED						
BY CORPORATIONS AND PARTNERSHIPS NOT SUBJECT TO						
37. WITHHOLDING	9(13)V99	C	15	394-408	SEE FORM 480.6SP.2. ITEM 2.	
PAYMENTS FOR SERVICES RENDERED)(13) v))		13	374-400	SEE 1 OKM 400.051 .2, 11EM 2.	
BY INDIVIDUALS SUBJECT TO						
38. WITHHOLDING	9(13)V99	С	15	409-423	SEE FORM 480.6SP.2, ITEM 3.	
WITHHELD FOR SERVICES RENDERED) í				,	
BY INDIVIDUALS SUBJECT TO						
39. WITHHOLDING	9(13)V99	C	15	424-438	SEE FORM 480.6SP.2, ITEM 3.	
PAYMENTS FOR SERVICES RENDERED						
BY CORPORATIONS AND						
PARTNERSHIPS SUBJECT TO		_				
40. WITHHOLDING	9(13)V99	C	15	439-453	SEE FORM 480.6SP.2, ITEM 4.	
WITHHELD FOR SERVICES RENDERED						
BY CORPORATIONS AND						
PARTNERSHIPS SUBJECT TO 41. WITHHOLDING	9(13)V99	С	15	454-468	SEE FORM 480.6SP.2, ITEM 4.	
41. WITHHOLDING 42. TOTAL PAYMENTS	9(13)V99 9(13)V99	C	15	454-468	SEE FORM 400.0SF.2, 11 EM 4.	1
43. TOTAL WITHHELD	9(13)V99 9(13)V99	C	15	484-498		
44. FILLER	X(1956)	C	1956	499-2454	SPACES.	*
TT. I ILLEN	71(1)50)		1750	<i>サノノ-2+3+</i>	ENTER THE REASON FOR CHANGE FORM.	
45. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
	(.0)	Ŭ	.,	2.00 2.71		
46. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



EXHIBIT T

Formulario 480.6SP.2 20 EST	Departamento ADO DE RECONC	Gobierno de Puerto Rico - Government of Puerto Rico Departamento de Hacienda - Department of the Treasury DO DE RECONCILIACIÓN ANUAL DE SERVICIOS PRESTADOS Annual Reconciliation Statement of Services Rendered Class de Industria o Nenocio Class de Industria o Nenocio								
Número de Identificación Patronal Employer Identification Number Iombre del Agente Retenedor - Withholding Age	Clase de Industri Type of Industry		Cambio de Dirección Change of Address Sí-Yes No		nularios 480.6SP orms 480.6SP	•	oelidae Recibido			
irección Postal - Postal Address Código Postal - 2		Dirección Física - F	Physical Address							
Responsabilidad de Pago a Proveed Responsibility of Payment to Health	Providers	Reimb	s Reembolsados sursed Expenses	Aporta	ación Especial po Special Contributio	or Servicios Profesio on for Professional and	nales y Consultivos bajo la Ley 48-2013 Advisory Services under Act 48-2013			
Parte I - Part I Resumen de lo	S Formularios 480 Descripción Description).6SP - Summar	y of Forms 480.6SP			dad Pagada ount Peid	Contribución Retenida Tax Withheld			
Pagos por Servicios Prestados por Indiv Payments for Services Rendered by Indivi										
 Pagos por Servicios Prestados por Cor Payments for Services Rendered by Corpore 										
 Pagos por Servicios Prestados por Indiv Payments for Services Rendered by Indivi 										
 Pagos por Servicios Prestados por Co Payments for Services Rendered by Corpore 										
TOTAL										
Declaro bajo penalidad de perjurio que o completo i declare under penalties of pe		onciliación Anual								
			Withholding Agent's Sig			-4	ulo - Title			



EXHIBIT U

FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F480PAY20 RECORD TYPE: PA

RECORD NAME: Employer Information RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. RECORD IDENTIFIER	X(2)	С	2	1-2	CONSTANT "PA".	*
2. TAX YEAR	9(4)	C	4	3-6	ENTER THE TAX YEAR FOR THIS REPORT. ENTER NUMERIC CHARACTERS ONLY.	*
					ENTER "1" FOR AGENT. OTHERWISE,	
AGENT INDICATOR CODE 4. AGENT ID	X(1) X(9)	C	9	7 8-16	FILL WITH A BLANK. IF AGENT TYPE ID = "1", ENTER AGENT ID FEIN. IF ID TYPE = "2" ENTER AGENT ID SSN.	
					ENTER: "2"= 480.6A, "3"= 480.6B, "4"= 480.7, "5"= 480.6C, "6"= 480.7A, "7"= 480.7B, "X"= 480.6D, "Y"= 480.7C, "Z"= 480.7D, "H"= 480.6SP, "G"= 480.6G, "K"= 480.7E,	
5. TYPE OF FORM	X(1)	C	1	17	"L"=480.7F. IF THIS FILE CONTAINS MULTIPLE	*
6. ESTABLISHMENT NUMBER	X(4)	C	4	18-21	CODE RE RECORDS WITH THE SAME EIN, YOU MAY USE THIS FIELD TO DESIGNATE VARIOUS STORE OR FACTORY LOCATIONS OR TYPES OF PAYROLL. ENTER ANY COMBINATION OF BLANKS, NUMBERS OR LETTERS. CERTAIN MILITARY EMPLOYERS MUST USE THIS FIELD. OTHERWISE FILL WITH BLANKS.	
0. ESTABLISHMENT NUMBER	Λ(4)	C	4	16-21	ENTER: "O" = ORIGINAL,	
7. TYPE FILE	X(1)	С	1	22-22	"E" = AMENDED, "A" = ADD.	*
8. FILLER	X(17)	С	17	23-39	SPACES.	*
9. EMPLOYER NAME	X(57)	С	57	40-96	ENTER THE NAME ASSOCIATED WITH THE EIN ENTERED IN LOCATION (8-16) LEFT JUSTIFIED AND FILL WITH BLANKS. ENTER THE EMPLOYER'S LOCATION	*
10. LOCATION ADDRESS	X(22)	C	22	97-118	ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC.). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
11. DELIVERY ADDRESS	X(22)	С	22	119-140	ENTER THE EMPLOYER'S DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
12. CITY	X(22)	С	22	141-162	ENTER THE EMPLOYER'S CITY. LEFT JUSTIFIED AND FILL WITH BLANKS.	*
13. STATE ABBREVIATION	X(2)	С	2	163-164	ENTER THE EMPLOYER'S STATE. USE A POSTAL ABBREVIATION AS SHOWN IN APPENDIX A. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
14. ZIP CODE	X(5)	С	5	165-169	ENTER THE EMPLOYER'S ZIP CODE. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
15. ZIP CODE EXTENSION	X(4)	С	4	170-173	ENTER THE EMPLOYER'S FOUR-DIGIT EXTENSION OF THE ZIP CODE. IF NOT APPLICABLE, FILL WITH BLANKS.	
16. FILLER	X(5)	С	5	174-178	SPACES.	*



EXHIBIT U

FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F480PAY20 RECORD TYPE: PA

RECORD NAME: Employer Information RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE					
17. FOREIGN STATE/PROVINCE	X(23)	С	23	179-201	IF APPLICABLE, ENTER THE EMPLOYER'S FOREIGN STATE/PROVINCE. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*					
18. FOREIGN POSTAL CODE	X(15)	С	15	202-216	IF APPLICABLE, ENTER THE EMPLOYER'S FOREIGN POSTAL CODE. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*					
19. COUNTRY CODE	X(2)	С	2	217-218	ENTER THE EMPLOYER'S APPLICABLE COUNTRY CODE (SEE APPENDIX B).	*					
20. CONTACT E-MAIL	X(40)	С	40	219-258	ENTER THE CONTACT'S ELECTRONIC MAIL/INTERNET ADDRESS. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*					
21. AGENT TYPE ID	X(1)	С	1	259-259	ENTER: "1" = FEIN, 2" = SSN.						
22. FILLER	X(2241)	С	2241	260-2500	SPACES.	*					



EXHIBIT V

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F480SUY2020 RECORD TYPE: SU

RECORD NAME: SUBMITTER INFORMATION RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
				·		
RECORD IDENTIFIER	X(2)	С	2	1-2	CONSTANT "SU".	*
2. SUBMITTER'S IDENTIFICATION NUMBER	X(9)	С	9	3-11	ENTER THE SUBMITTER'S IF SUBMITTER'S TYPE ID = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
3. RESUB INDICATOR	X(1)	С	1	12	ENTER "1" IF THIS FILE BEING RESUBMITTED. OTHERWISE, ENTER "0".	*
4. SOFTWARE CODE	X(2)	С	2	13-14	ENTER ONE OF THE FALLOWING CODES TO INDICATE THE SOFTWARE USED TO CREATE YOUR FILE: "98" = IN-HOUSE PROGRAM "99"= OFF-THE SHELF SOFTWARE.	*
5. COMPANY NAME	X(57)	С	57	15-71	ENTER THE NAME OF THE COMPANY. LEFT JUSTIFIED AND FILL WITH BLANKS.	*
6. LOCATION ADDRESS	X(22)	С	22	72-93	ENTER THE COMPANY'S LOCATION ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC.). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
7. DELIVERY ADDRESS	X(22)	С	22	94-115	ENTER THE COMPANY'S DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
8. CITY	X(22)	С	22	116-137	ENTER THE COMPANY'S CITY. LEFT JUSTIFIED AND FILL WITH BLANKS.	*
9. STATE ABBREVIATION	X(2)	С	2	138-139	ENTER THE COMPANY'S STATE. USE A POSTAL ABBREVIATION AS SHOWN IN APPENDIX A.	*
10. ZIP CODE	X(5)	С	5	140-144	ENTER THE COMPANY'S ZIP CODE. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
11. ZIP CODE EXTENSION	X(4)	С	4	145-148	ENTER THE COMPANY'S FOUR-DIGIT EXTENSION OF THE ZIP CODE. IF NOT APPLICABLE, FILL WITH BLANKS.	*
12. FILLER	X(17)	С	17	149-165	SPACES.	*
13. FOREIGN STATE/PROVINCE	X(23)	С	23	166-188	IF APPLICABLE, ENTER THE COMPANY'S FOREIGN STATE/PROVINCE. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*
14. FOREIGN POSTAL CODE	X(15)	С	15	189-203	IF APPLICABLE, ENTER THE COMPANY'S FOREIGN POSTAL CODE. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*
15. COUNTRY CODE	X(2)	С	2	204-205	ENTER THE APPLICABLE COUNTRY CODE (SEE APPENDIX B).	*



EXHIBIT V

FILE DESCRIPTION

DATE: OCTOBER 2020

FILE NAME: F480SUY2020 RECORD TYPE: SU

RECORD NAME: SUBMITTER INFORMATION RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
16. SUBMITTER NAME	X(57)	С	57	206-262	ENTER THE NAME OF THE ORGANIZATION TO RECEIVE NOTIFICATION OF UNPROCESSABLE DATA. LEFT JUSTIFIED AND FILL WITH BLANKS.	*
17. LOCATION ADDRESS	X(22)	С	22	263-284	ENTER THE SUBMITTER'S LOCATION ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC.). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
18. DELIVERY ADDRESS	X(22)	С	22	285-306	ENTER THE SUBMITTER'S DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
19. CITY	X(22)	С	22	307-328	ENTER THE SUBMITTER'S CITY. LEFT JUSTIFIED AND FILL WITH BLANKS.	*
20. STATE ABBREVIATION	X(2)	С	2	329-330	ENTER THE SUBMITTER'S STATE. USE A POSTAL ABBREVIATION AS SHOWN IN APPENDIX A. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
21. ZIP CODE	X(5)	С	5	331-335	ENTER THE SUBMITTER'S ZIP CODE. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
22. ZIP CODE EXTENSION	X(4)	С	4	336-339	ENTER THE SUBMITTER'S FOUR-DIGIT EXTENSION OF THE ZIP CODE. IF NOT APPLICABLE, FILL WITH BLANKS.	
23. FILLER	X(5)	С	5	340-344	SPACES.	*
24. FOREIGN STATE/PROVINCE	X(23)	C	23	345-367	IF APPLICABLE, ENTER THE SUBMITTER'S FOREIGN STATE/PROVINCE. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*
25. FOREIGN POSTAL CODE	X(15)	С	15	368-382	IF APPLICABLE, ENTER THE SUBMITTER'S FOREIGN POSTAL CODE. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*
26. COUNTRY CODE	X(2)	С	2	383-384	ENTER THE APPLICABLE COUNTRY CODE (SEE APPENDIX B).	*
27. CONTACT NAME	X(27)	С	27	385-411	ENTER THE NAME OF THE PERSON TO BE CONTACTED BY DEPARTMENT OF THE TREASURY CONCERNING PROCESSING PROBLEMS. LEFT JUSTIFIED AN FILL WITH BLANKS.	*
28. CONTACT PHONE NUMBER	X(15)	С	15	412-426	ENTER THE CONTACT'S TELEPHONE NUMBER (INCLUDING THE AREA CODE). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
29. CONTACT PHONE EXTENSION	X(5)	С	5	427-431	ENTER THE CONTACT'S TELEPHONE EXTENSION. LEFT JUSTIFIED AND FILL WITH BLANKS.	
30. FILLER	X(3)	С	3	432-434	SPACES.	*





EXHIBIT V

FILE DESCRIPTION DATE: OCTOBER 2020

FILE NAME: F480SUY2020 RECORD TYPE: SU

RECORD NAME: SUBMITTER INFORMATION RECORD LENGTH: 2500

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
					IF APPLICABLE, ENTER THE CONTACT'S	
					ELECTRONIC MAIL/ INTERNET ADDRESS.	
		_			LEFT JUSTIFIED AND FILL WITH BLANKS.	
31. CONTACT E-MAIL	X(40)	С	40	435-474	OTHERWISE, FILL WITH BLANKS.	*
32. FILLER	X(3)	С	3	475-477	SPACES.	*
OZI TEBER	11(0)			170 177	BTTTO EBS.	
					ENTER THE CONTACT'S FAX NUMBER	
					(INCLUDING AREA CODE). OTHERWISE,	
33. CONTACT FAX	X(10)	C	10	478-487	FILL WITH BLANKS.	
PREFERRED METHOD OF PROBLEM	37(1)		1	400	ENTER "A" FOR HIS ROSTAL SERVICE	
34. NOTIFICATION CODE	X(1)	С	1	488	ENTER "2" FOR U.S. POSTAL SERVICE.	
					ENTER ONE OF FOLLOWING CODES TO	
					INDICATE WHO PREPARED THIS FILE:	
					"A" = ACCOUNTING FIRM	
					"L" = SELF-PREPARED	
					"S" = SERVICE BUREAU	
					"P" = PARENT COMPANY	
					"O" = OTHER	
					NOTE: IF MORE THAN ONE CODE APPLIES,	
35. PREPARES CODES	V(1)		1	489	USE THE ONE THAT BEST DESCRIBES WHO PREPARED THIS FILE.	*
SS. PREPARES CODES	X(1)	С	1	489	PREPARED INIS FILE.	7.
SUBMITTER'S IDENTIFICATION NUMBER						
36. TYPE ID	X(1)	С	1	490-490	ENTER: "1" = FEIN. "2" = SSN.	
	12(1)		-	.,,,,,,		
37. FILLER	X(2010)	C	2010	491-2500	SPACES.	*

