Government of Puerto Rico Department of the Treasury

PUBLICATION 21-03

DEVELOPER GUIDE INFORMATIVE RETURNS

ELECTRONIC FILING REQUIREMENTS FOR TAX YEAR 2021

Analysis and Programming Division Rev. November 10, 2021



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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 tax program portal of the Department of Treasury ("Department") that incorporates all taxes administered by the Department into an integrated system.

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

Following is a summary of the implementation phases of SURI:



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
MODIFIED	Form 480.7F	Annual Return of Payments Received for Advertising, Insurance Premiums, Telecommunication, Internet Access and Cable or Satellite Television Services	Exhibit M
NEW	Form 480.7G	Informative Return - Tuition Statement for the American Opportunity Tax Credit	Exhibit N
MODIFIED	Form 480.5	Summary of the Informative Returns	Exhibit O



MODIFIED	Form 480.6B.1	Annual Reconciliation Statement of Other Income Subject to Withholding	Exhibit P
	Form 480.30	Nonresident Annual Return for Income Tax Withheld at Source	Exhibit Q
	Form 480.7B.1	Annual Reconciliation Statement of Tax Withheld from Individual Retirement Accounts and Educational Contribution Accounts	Exhibit R & Exhibit S
	Form 480.7C.1	Annual Reconciliation Statement of Tax Withheld from Retirement Plans and Annuities	Exhibit T
	Form 480.6SP.2	Annual Reconciliation Statement of Services Rendered	Exhibit U



Users of this Publication	Payers,	withholding	agents,	recipients	or	payees	(payers)
	submitti	ng Informative	e Returns	Form by te	ext fil	le.	

- Mandatory Electronic Filing You must submit all filings of Informative Returns electronically through SURI using EFINFPR format.
- Register OnlineIf 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 NumberThe 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 PayerYou are responsible for providing two (2) paper copies of the
form within the next 7 calendar days, counted from the due date
established by the Code for its filing with the Department, 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 EarlyYou 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

 We have added the "<u>Id Type Original</u>" and "<u>Id Original</u>" fields in all Informative Returns to determine if an original informative is being added because of the change in "Id" or "Id Type". These fields will determine if the original informative which was already filed, was eliminated (deleted) previously or is in the same file. This will allow that if the original informative was filed after the filing due date but the change was for an Id change, no penalties will be imposed.

II. New Form

1. Form 480.7G "Tuition Statement for the American Opportunity Tax Credit". See Exhibit N.

III. Modified Forms

- 1. The Exhibit letter of the following forms:
 - Form 480.5 (now Exhibit **O**)
 - Form 480.6B.1 (now Exhibit P)
 - Form 480.30 (now Exhibit **Q**)
 - Form 480.7B.1 (now Exhibits R and S)
 - Form 480.7C.1 (now Exhibit T)
 - Form 480.6SP.2 (now Exhibit U).

2. Form 480.6A (Exhibit A)

A. Additions

- The "Payee Id Type Original" field (location 2353) was added.
- The "Payee Id Original" field (location 2354-2364) was added.

B. Modifications

• The "Filler" (location 1040-2352) - Fill with spaces (**Required**).



C. Deletions

• No deletions were made to this form.

3. Form 480.6B (Exhibit B)

A. Additions

- The "Payments for Judicial or Extrajudicial Indemnification" (box 1 on Form), indicator box "Check here if the indemnification payment corresponds to a capital asset", field (location 2363) **was added**.
- The "Payee Id Type Original" field (location 2364) was added.
- The "Payee Id Original" field (location 2365-2375) was added.

B. Modifications

- The "Eligible Dividends under Act 14-2017, as amended" (box 8 on Form) field name **changed to** "Eligible Dividends under Decree as Qualified Physician".
 - **Amount Paid** (location 881-892).
 - Amount Withheld (location 893-902).
- The "Filler" (location 927-2362) Fill with spaces (Required).

C. Deletions

• No deletions were made to this form.

4. Form 480.6B.1 (Exhibit P)

- A. Additions
 - No additions were made to this form.
- B. Modifications
 - The "Eligible Dividends under Act 14-2017, as amended" **changed to** "Eligible Dividends under Decree as Qualified Physician".
 - **Amount Paid –** (location 2096-2107).



- Tax Withheld (location 2108-2119).
- C. Deletions
 - No deletions were made to this form.

5. Form 480.6C (Exhibit C)

- A. Additions
 - The "Payee Id Type Original" field (location 2364) was added.
 - The "Payee Id Original" field (location 2365-2375) was added.

B. Modifications

- The "Filler" (location 920-2373) Fill with spaces (Required).
- C. Deletions
 - No deletions were made to this form.

6. Form 480.6D (Exhibit D)

- A. Additions
 - The "Payee Id Type Original" field (location 2364) was added.
 - The "Payee Id Original" field (location 2365-2375) was added.
- B. Modifications
 - The "Eligible Dividends under Act 14-2017, as amended" field name **changed to** "Eligible Dividends under Decree as Qualified Physician".
 - The "Filler" (location 967-2363) Fill with spaces (Required).
- C. Deletions
 - No deletions were made to this form.



7. Form 480.7 (Exhibit E)

A. Additions

- The "Payee Id Type Original" field (location 2352) was added.
- The "Payee Id Original" field (location 2353-2363) was added.

B. Modifications

- The "Filler" (location 913-2351) Fill with spaces (**Required**).
- C. Deletions
 - No deletions were made to this form.

8. Form 480.7A (Exhibit F)

- A. Additions
 - The "Borrower Id Type Original" field (location 2364) was added.
 - The "Borrower Id Original" field (location 2365-2375) was added.
- B. Modifications
 - The "Filler" (location 996-2363) Fill with spaces (Required).
- C. Deletions
 - No deletions were made to this form.

9. Form 480.7B (Exhibit G)

- A. Additions
 - The "Beneficiary Id Type Original" field (location 2364) was added.
 - The "Beneficiary Id Original" field (location 2365-2375) was added.



- B. Modifications
 - The "Filler" (location 903-2363) Fill with spaces (Required).
- C. Deletions
 - No deletions were made to this form.

10. Form 480.7C (Exhibit H)

- A. Additions
 - The "Payee Id Type Original" field (location 2331) was added.
 - The "Payee Id Original" field (location 2332-2342) was added.
- B. Modifications
 - The "Filler" (location 1043-2330) Fill with spaces (**Required**).
- C. Deletions
 - No deletions were made to this form.

11. Form 480.7D (Exhibit I)

- A. Additions
 - The "Payer Id Type Original" field (location 2364) was added.
 - The "Payer Id Original" field (location 2365-2375) was added.
- B. Modifications
 - The "Filler" (location 832-2363) fill with spaces (Required).
- C. Deletions
 - No deletions were made to this form.



12. Form 480.6SP (Exhibit J)

A. Additions

- The "Payee Id Type Original" field (location 2364) was added.
- The "Payee Id Original" field (location 2365-2375) was added.

B. Modifications

- The "Physicians Act 14-2017, as amended" indicator box name **changed to** "Decree Qualified Physician".
- The "Health Professionals under Circular Letter No. 20-1" indicator box name **changed to** "Health Professionals".
- The "Filler" (location 832-2363) Fill with spaces (**Required**).
- C. Deletions
 - No deletions were made to this form.

13. Form 480.6G (Exhibit K)

- A. Additions
 - The "Payee Id Type Original" field (location 2364) was added.
 - The "Payee Id Original" field (location 2365-2375) was added.
- B. Modifications
 - The "Filler" (location 860-2363) Fill with spaces (Required).
- D. Deletions
 - No deletions were made to this form.

14. Form 480.7E (Exhibit L)

- A. Additions
 - The "Payee Id Type Original" field (location 2333) was added.
 - The "Payee Id Original" field (location 2334-2344) was added.



- B. Modifications
 - The "Filler" (location 475-2332) Fill with spaces (**Required**).
- C. Deletions
 - No deletions were made to this form.

15. Form 480.7F (Exhibit M)

A. Additions

- The "Payer Id Type Original" field (location 2434) was added.
- The "Payer Id Original" field (location 2435-2445) was added.
- B. Modifications
 - The box for "Business" field (location 443) "1" = <u>True</u>, "0" or Space = <u>False</u>.
 - The box for "Residential" field (location 444) "1" = <u>True</u>, "0" or Space = <u>False</u>.
 - The box for "Intermediary" field (location 475) "1" = <u>True</u>, "0" or Space = <u>False</u> (**Required**).
 - The box for "Group Policy Insurance" field (location 561) "1" = <u>True</u>, "0" or Space = <u>False</u>.
 - The box for "Group Policy Health" field (location 577) "1" = <u>True</u>, "0" or Space = <u>False</u>.
 - The box for "Financed" field (location 653) "1" = <u>True</u>, "0" or Space = <u>False</u>.
 - The "Filler" (location 654-2433) Fill with spaces (**Required**).
- C. Deletions
 - No deletions were made to this form.



16. Form 480.5 (Exhibit O)

- A. Additions
 - The "Form Type" field (location 13) One (1) additional Box, "**N**" = 480.7G was added.
- B. Modifications
 - No modifications were made to this form.
- C. Deletions
 - No deletions were made to this form.

17. Employer Information (Exhibit V)

- A. Additions
 - No additions were made to this record.
- B. Modifications
 - The "Type of Form" field (location 17) "**N**" = 480.7G was added.
- C. Deletions
 - No deletions were made to this record.



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:

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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 submissions</u>.



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 3, 2022. You may contact the Forms and Publications Division sending an email to <u>forms@hacienda.pr.gov</u>.

IV. Filing Deadline

When is my file due?	
Form	Due Date
480.7A, 480.7D and 480.5	January 31, 2022
480.6A, 480.6B, 480.6B.1, 480.6D, 480.6G, 480.6SP, 480.6SP.2, 480.7F, 480.7G and 480.5	February 28, 2022
480.6C, 480.30, and 480.5	April 18, 2022
480.7, 480.7B, 480.7C, 480.7B.1, 480.7C.1, and 480.5 (See instructions of the Forms)	February 28, 2022 or November 30, 2022
480.7E and 480.5	No later than the due date to the 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 <u>www.hacienda.pr.gov</u>. Once authorized, the representative will be able to submit files via the payer's SURI account.



file

VI. Filing for Previous Years

Filings for tax years 2014 to 2020 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 <u>www.hacienda.pr.gov</u> 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</u> one week 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:

 Control Number
 Record Type
 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.
 - 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" 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 2021 layout of the Informative Returns?

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

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 21-06(*"Manual de Referencia Errores de Declaraciones Informativas Año 2021*) 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. <u>DO NOT modify any data when deleting documents</u>.



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:\F4806BY21
- 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, 480.7F and 480.7G:

Record Type SU Record Type PA Form Form Form Form 480.5	Submitter Record Employer Record Summary	Required Required Required Required Required Required
2. Forms 480.6B:		
Record Type SU Record Type PA Form 480.6B Form 480.6B Form 480.6B Form 480.6B.1 Form 480.5	Submitter Record Employer Record Summary 480.6B Summary	Required Required Required Required Required Required Required
3. Forms 480.6C:		
Record Type SU Record Type PA Form 480.6C Form 480.6C Form 480.6C Form 480.30 Form 480.5	Submitter Record Employer Record Summary 480.6C Summary	Required Required Required Required Required Required Required
4. Forms 480.7:		
Record Type SU Record Type PA Form 480.7 Form 480.7 Form 480.7 Form 480.7 Form 480.7B.1 Form 480.5	Submitter Record Employer Record Summary 480.7 Summary	Required Required Required Required Required Required Required



5. Forms 480.7B:

Record Type SU Record Type PA Form 480.7B Form 480.7B Form 480.7B Form 480.7B.1 Form 480.5 6. Forms 480.7C:	Submitter Record Employer Record Summary 480.7B Summary	Required Required Required Required Required Required
	Submitter Decord	Doguirod
Record Type SU Record Type PA Form 480.7C Form 480.7C Form 480.7C	Submitter Record Employer Record	Required Required Required Required Required
Form 480.7C.1 Form 480.5	Summary 480.7C Summary	Required Required
7. Forms 480.6SP:		
Record Type SU Record Type PA Form 480.6SP Form 480.6SP Form 480.6SP Form 480.6SP.2 Form 480.5	Submitter Record Employer Record Summary 480.6SP Summary	Required Required Required Required Required Required



<u>Rules</u>

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:
 - If the format field is 9(9)v99 and the amount is \$1,500.50, fill the eleven positions with 00000150050.
 - 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, 111-11-111).
- May <u>not</u> 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.
- <u>Must</u> 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
- Type N Indicates Form 480.7G
- For Form **480.5** see Exhibit **O**

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) 622-0123, 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 Code*	State	Abbreviation	Numeric Code*
Alabama	AL	01	Montana	MT	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	СТ	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	BO	
Belgium	BE	
Belize	BH	
Benin	BN	
Bermuda	BD	
Bhutan	BT	
Bolivia	BL	
Bosnia-Herzegovina	BK	
Botswana	BC	
Bouvet Island	BV	
Brazil	BR	
British Indian Ocean Territory	10	
Brunei	BX	
Bulgaria	BU	
Burkina Faso	UV	
Burma	BM	
Burundi	BY	
Cambodia	CB	
Cameroon	СМ	
Finland	FI	

Country	Code
Canada	CA
Cape Verde	CV
Cayman Islands	CJ
Central African Republic	СТ
Chad	CD
Chile	CI
China, People's Republic of	CH
Christmas Island (Indian Ocean)	KT
Clipperton Island	IP
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	ΗM	
Honduras	HO	
Hong Kong	HK	
Howland Island	HQ	
Hungary	HU	
Iceland	IC	
India	IN	
Indonesia	ID	
Iran	IR	
Iraq	IZ	
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	KV
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
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	PO
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	SX
Sandwich Islands	00
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 TN
Tonga	
Trinidad and Tobago	
Tromelin Island	TE
Venezuela	VE
Vietnam	VM VI
Virgin Islands (British)	VI



Country	Code
Turks and Caicos Islands	ТК
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



EXHIBIT A

				· · · · ·		
FILE DESCRIPTION			DA	DATE: OCTOBER 2021		
FILE NAME: F4806AY21				REC	CORD TYPE: FORM	
RECORD NAME: INCOME NOT S	UBJECT TO W	(ITH	HOLDING	– FORM TYPI	E 480.6A RECOR 2500	D LENGTH:
P=PACKED, B=BINARY, C=CHARACTE	R	•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	C	9	2-10	ENTEET THE CONTROL NUMB ASSIGNED BY THE DEPARTM THE TREASURY FOR FORM 48 RIGHT JUSTIFIED.	ENT OF
3. TYPE ID PAYEE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN, MERCHANT NUMBER	"3" = *
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "2" TO INDICATE FOR	M 480.6A. *
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD. ENTER: "0" = 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 T REPORT WHICH MUST BE 202	
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.	*
					IF PAYER ID TYPE = "1", ENTE IDENTIFICATION NUMBER FE IF ID TYPE = "2" ENTER	EIN.
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IDENTIFICATION NUMBER SS	N. *
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", ENTE PAYEE'S FEIN. IF ID TYPE = "2 PAYEE'S SSN. IF ID TYPE = "3" WITH BLANK	2" ENTER
22. BANK ACCOUNT NUMBER	X(20)	C	20	176-195	REQUIRED ONLY WHEN REPO INTEREST INCOME (LOCATIO OR DIVIDENDS INCOME (LOC	N 369-380)





* REQUIRED FIELDS

EXHIBIT A

FILE DESCRIPTION			DA	DATE: OCTOBER 2021				
FILE NAME: F4806AY21	RE	CORD TYPE: FORM						
RECORD NAME: INCOME NOT SUB	ЈЕСТ ТО W	ITH	HOLDING	– FORM TYP	E 480.6A RECORD LENG 2500	TH:		
P=PACKED, B=BINARY, C=CHARACTER		_						
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)	C	35	261-295				
26. TOWN	X(13)	C	13	296-308		*		
27. STATE	X(2)	C C	2	309-310		*		
28. ZIP-CODE 29. ZIP-CODE EXTENSION	9(5) 9(4)	C	5	311-315 316-319	ZEROS, IF NOT AVAILABLE.	**		
30. FILLER	X(1)	C	1	320-320	SPACES.	*		
31. FILLER	9(24)	C	24	320-320	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.			
41. FILLER	X(309)	С	309	453-761	SPACES.	*		
					ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL			
42. PAYEE'S FIRST NAME	X(15)	С	15	762-776	WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*		
	1(13)		15	102 110	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL			
43. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	WITH BLANKS. ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL			
44. PAYEE'S LAST NAME	X(20)	С	20	792-811	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 46. UNDER SECTION 1112.01(C)(3)	9(10)V99	С	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	С	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)	С	12	968-979	ZEROS.	*		
PROFESSIONAL ASSOCIATIONS FEES 53. AND DUES 54. EILLED	9(10)V99	C C	12 12	980-991 992-1003	SEE FORM 480.6A, ITEM 10.	*		
54. FILLER	9(12)	U	12	992-1003	ZEROS.	*		

* REQUIRED FIELDS



EXHIBIT A

FILE DESCRIPTION		DATE: OCTOBER 2021							
FILE NAME: F4806AY21					RECORD TYPE: FORM				
RECORD NAME: INCOME NOT SUB	ЈЕСТ ТО W	ITH	HOLDING	– FORM T	YPE	480.6A	RECORD LENGT 2500	ГН:	
P=PACKED, B=BINARY, C=CHARACTER		•							
FIELD NAME	PICTURE		BYTES	FILE LOCATI		СОМ	MENTS	RE	
HOMEOWNERS ASSOCIATION FEES									
55. PAID	9(10)V99	С	12	1004-10	15	SEE FORM 480.6A,	ITEM 11.		
56. OTHER INTERESTS	9(10)V99	С	12	1016-102	27	SEE FORM 480.6A,	ITEM 4.		
PAYMENTS FOR VIRTUAL AND TECHNOLOGY TOOLS AND OTHER 57. SUBSCRIPTIONS	9(10)V99	С	12	1028-103	39	SEE FORM 480.6A,	ITEM 9.		
58. FILLER	X(1313)	С	1313	1040-23	52	SPACES.		*	
59. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2353-235	53	ENTER: "1" = FEIN, MERCHANT NUME	BER		
						IF ID TYPE ORIGIN NUMBER ALIGN T	EIN. IF ID TYPE VTER PAYEE'S SSN. AL = "3" MERCHANT O THE RIGHT AND		
60. PAYEE ID ORIGINAL 61. PAYEE MERCHANT NUMBER	X(11)	C	11	2354-230		FILL WITH SPACES			
61. PAYEE MERCHANT NUMBER 62. PAYER E-MAIL	X(11) X(50)	C C	50	2365-23		$\frac{\text{IF ID I YPE} = "3" \text{ M}}{\text{E-MAIL FOR PAYE}}$	ERCHANT NUMBER	*	
63. PAYER PHONE NUMBER	X(20)	C	20	2426-244		PHONE NUMBER F		*	
CONTROL NUMBER ORIGINAL 62. INFORMATIVE RETURN	9(9)	С	9	2446-24	54	THIS FILED MUST WHEN FILING AME	ENDED FORM.		
64. REASON FOR THE CHANGE	X(40)	С	40	2455-249	94	ENTER THE REASO FORM. LEFT JUSTI BLANKS.	ON FOR CHANGE FIED AND FILL WITH		
65. FILLER	9(6)	С	6	2495-250	00	ZEROS.		*	



EXHIBIT A

	IVA - OTROS INGRESOS NO SUJETOS A RETENCIÓN OTHER INCÓME NOT SUBJECT TO WITHHOLDING	
AÑO CONTRIBUTIVO: 2021 Enmend	ado - Amended: (/)	Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number
INFORMACIÓN DEL PAGADOR - PAYER'S INFORMATION	Clase de Ingreso	Cantidad Pagada
Nümero de Identificación Patronal - Employer Identification Number	Type of income 1. Rentas Rents	Amount Paid
Nombre - Name Dirección - Address	Intereses bajo la Sección 1023 04 (excepto IRA y Cuenta de Apor Interests under Section 1023.04 (except IRA and Educational Contribu	tación Educativa) vico Account)
- INFO	3. Intereses bajo la Sección 1023.05(b) Interests under Section 1023.05(b)	OS
Código Postal - Zip Code Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail	4. Otros Intereses (Vea instrucciones) Other Interests (See instructions)	
INFORMACIÓN DE QUIEN RECIBE EL PAGO-PAYEE'S INFORMATION	5. Dividendos (Vea instrucciones) Dividends (See instruccions)	NO
Número de Seguro Social o Idéntificación Patronal - Social Security or Employer Identification Number	 Dividendos de Ganancia de Capital bajo la Sección 1112.01(c)(3) Capital Gain Distributions under Section 1112.01(c)(3) (See instruction 	(Vea instrucciones) s)
Nombre - Name	7. Condonación de Deuda Debt Discharge	
Dirección - Address	8. Regalias (Vea instrucciones) Royalties (See instructions)	
Código Postal - Zip Code	 Pagos por Herramientas Virtuales y Tecnológicas y Otras Suscri Payments for Virtual and Technology Tools and Other Subscriptions 	
Número de Cuenta Bancaria Bank Account Number	10. Cuotas de Colegiación y Membresias de Asociaciones Profesio Professional Associations Fees and Dues	
Razones para el Cambio - Reasons for the Change	11. Cuotas de Mantenimiento Pagadas a Asociaciones de Residente Homeowners Association Fees Paid	es o Condómines
Número Control - Control Number Número Control Informativa Original Control No. Original Informative Return	12. Otros Pagos Other Payments	
Constant No. Original morthage Netam	13. Rédito Bruto (Vea instrucciones) Gross Proceeds (See instructions)	





EXHIBIT B

FILE DESCRIPTION	Ι	DATE: OCTOBER 2021						
FILE NAME: F4806BY21	F	RECORD TYPE: FORM						
RECORD NAME: OTHER INCOME SU 480.6B	RECORD NAME: OTHER INCOME SUBJECT TO WITHHOLDING – FO 480.6B							
P=PACKED, B=BINARY, C=CHARACTER		_						
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N COMMENTS RI			
1. FILLER	X(1)	С	1	1-1	SPACES. * ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6B. FOR FORM 480.6B.			
2. CONTROL NUMBER	9(9)	С	9	2-10	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 "3" TO INDICATE FORM 480.6B. *			
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD. * ENTER: "O" = ORIGINAL, "A" = AMENDED,			
7. DOCUMENT TYPE 8. FILLER	X(1)	C C	1 2	15-15 16-17	"X" = DELETE. * SPACES. *			
8. FILLER	X(2)		2	16-17	ENTER THE TAX YEAR FOR THIS REPORT			
9. TAXABLE YEAR 10. FILLER	9(4) X(9)	C C	4 9	18-21 22-30	WHICH MUST BE 2021. * SPACES. *			
WITHHOLDING AGENT'S INFORMATION	11())	C		22 30				
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. REQUIRED ONLY WHEN REPORTING DIVIDENDS INCOME (LOCATION 387-398)			
22. BANK ACCOUNT NUMBER	X(20)	С	20	176-195	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	*			
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295				

* REQUIRED FIELDS



EXHIBIT B

FILE DESCRIPTION	Γ	DATE: OCTOBER 2021								
FILE NAME: F4806BY21	R	RECORD TYPE: FORM								
RECORD NAME: OTHER INCOME SUB 480.6B	JECT TO V	VITH	IHOLDIN	IG – FORM	І ТҮРЕ	RECORD LENGTH: 2500				
P=PACKED, B=BINARY, C=CHARACTER	P=PACKED, B=BINARY, C=CHARACTER									
FIELD NAME	PICTURE		BYTES	FILE LOCATION	N	COMMENTS	RE			
	-									
26. TOWN	X(13)	С	13	296-308			*			
27. STATE	X(2)	C	2	309-310			*			
28. ZIP-CODE	9(5)	С	5	311-315			*			
29. ZIP-CODE EXTENSION 30. FILLER	9(4) X(1)	C C	4	316-319 320-320	ZEROS, II SPACES.	F NOT AVAILABLE.	*			
31. FILLER	A(1) 9(44)	C	44	320-320	ZEROS.		*			
AMOUNT PAID	,,,,,	-		021001	LEITOS					
32. JUDICIAL - EXTRAJUDICIAL	9(10)V99	С	12	365-376	SEE FORM	M 480.6B, ITEM 1.				
AMOUNT WITHHELD 33. JUDICIAL - EXTRAJUDICIAL	9(8)V99	С	10	377-386	SEE FOR	M 480.6B, ITEM 1.				
34. FILLER	9(44)	C	44	387-430	ZEROS.	1400.0 D , 11EW 1.	*			
AMOUNT PAID										
35. INTEREST UNDER SECTION 1023.04	9(10)V99	С	12	431-442	SEE FORM	M 480.6B, ITEM 5.				
AMOUNT WITHHELD 36. INTEREST UNDER SECTION 1023.04	9(8)V99	С	10	443-452	SEE FOR	M 480.6B, ITEM 5.				
AMOUNT PAID	9(8) \$ 99		10	445-452	SEE FOR	1480.0 D , 11EM 5.				
37. DIVIDENDS SUBJECT TO 15%	9(10)V99	С	12	453-464	SEE FORM	4 480.6B, ITEM 2.				
AMOUNT WITHHELD	0(0)100	0	10	165 151						
38. DIVIDENDS SUBJECT 15% AMOUNT PAID	9(8)V99	С	10	465-474	SEE FORM	A 4806.B, ITEM 2.				
39. DIVIDENDS IND. DEV. (ACT 8 1/24/87)	9(10)V99	С	12	475-486	SEE FORM	A 480.6B, ITEM 7.				
AMOUNT WITHHELD										
40. DIVIDENDS IND.DEV. (ACT 8 1/24/87)	9(8)V99	С	10	487-496	SEE FORM	M 480.6B, ITEM 7.	_			
AMOUNT PAID 41. INTEREST UNDER SECTION 1023.05(b)	9(10)V99	С	12	497-508	SEE FORM	A 480.6B, ITEM 6.				
AMOUNT WITHHELD	9(10) ¥ 99	C	12	497-308	SEETOR	1480.0 D , 11EW 0.				
42. INTEREST UNDER SECTION 1023.05(b)	9(8)V99	С	10	509-518	SEE FORM	M 480.6B, ITEM 6.				
AMOUNT PAID	0/10/100		10	510 500						
43. OTHER PAYMENTS AMOUNT WITHHELD	9(10)V99	С	12	519-530	SEE FORM	M 480.6B, ITEM 9.				
44. OTHER PAYMENTS	9(8)V99	С	10	531-540	SEE FORM	A 480.6B, ITEM 9.				
AMOUNT PAID		-								
45. COMPENSATION PAID BY SPORT'S TEAMS	9(10)V99	С	12	541-552	SEE FORM	M 480.6B, ITEM 4.				
AMOUNT WITHHELD 46. COMPENSATION PAID BY SPORT'S TEAMS	9(8)V99	С	10	553-562	SEE EOD	M 480.6B, ITEM 4.				
40. COMPENSATION FAIL BY SPORT STEAMS 47. FILLER	Y(199)	C	10	563-761	SPACES.	M 480.0D, TTEM 4.	*			
	11(1)))			000 /01		HE FIRST NAME OF THE PAYEE'S.				
		~				TIFIED AND FILL WITH BLANKS.				
48. PAYEE'S FIRST NAME	X(15)	С	15	762-776	-	D ONLY FOR INDIVIDUALS.	*			
						HE MIDDLE NAME OF THE LEFT JUSTIFIED AND FILL WITH				
49. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	BLANKS.					
						HE LAST NAME OF THE PAYEE'S.				
	T(20)	0	20	702 011		TIFIED AND FILL WITH BLANKS.	*			
50. PAYEE'S LAST NAME	X(20)	С	20	792-811		D ONLY FOR INDIVIDUALS. HE SECOND LAST NAME OF THE	*			
						LEFT JUSTIFIED AND FILL WITH				
51. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	BLANKS.					
AMOUNT PAID										
DIVIDENDS SUBJECT TO PREFERENTIAL 52. RATE UNDER SPECIAL ACT %	9(10)V99	С	12	832-843	SEE FOR	M 480.6B, ITEM 3.				
AMOUNT WITHHELD	7(10) ¥ 22		12	032-043	JLETOKI	1 +00.0 D , 11LM J.				
DIVIDENDS SUBJECT TO PREFERENTIAL										
53. RATE UNDER SPECIAL ACT %	9(8)V99	С	10	844-853	SEE FORM	M 480.6B, ITEM 3.				
PERCENT OF DIVIDENDS SUBJECT TO 54. PREFERENTIAL RATE UNDER SPECIAL ACT	9(3)	С	3	854-856	SEE EOD	M 480.6B, ITEM 3.				
34. PREFERENTIAL RATE UNDER SPECIAL ACT	<u>()</u>		5	004-000	JEE FOR		ASUP.			

*** REQUIRED FIELDS**



EXHIBIT B

						ЕАПІВІІ	D
FILE DESCRIPTION				1	DATE: OCT	TOBER 2021	
FILE NAME: F4806BY21]	RECORD TY	PE: FORM	
RECORD NAME: OTHER INCOME SUI 480.6B	BJECT TO W	VITH	HOLDIN	NG – FORI	М ТҮРЕ	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER		_					
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	DN	COMMENTS	RE
55. FILLER	9(24)	С	24	857-880	ZEROS	5.	*
AMOUNT PAID ELIGIBLE DIVIDENDS UNDER DECREE AS 56. QUALIFIED PHYSICIAN	9(10)V99	С	12	881-892	SEE FO	DRM 480.6B, ITEM 8.	
AMOUNT WITHHELD ELIGIBLE DIVIDENDS UNDER DECREE AS 57. QUALIFIED PHYSICIAN	9(8)V99	С	10	893-902		DRM 480.6B, ITEM 8.	
58. FILLER	9(24)	С	24	903-926	ZEROS	5.	*
59. FILLER	X(1436)	С	1436	927-2362	2 SPACE	ES.	*
INDEMNIFICATION PAYMENT 60. CORRESPONDS TO A CAPITAL ASSET	X(1)	С	1	2363-2363		'TRUE", "0" OR SPACE IS "FALSE"	
61. PAYEE ID TYPE ORIGINAL62. PAYEE ID ORIGINAL	X(1) X(11)	C C	1	2364-2364	IF PAY PAYEF ENTEF	R: "1" = FEIN, "2" = SSN TEE ID TYPE ORIGINAL = "1", ENTER B'S FEIN. IF ID TYPE ORIGINAL = "2" R PAYEE'S SSN ALIGN TO THE RIGHT ILL WITH SPACES TO THE LEFT	
63. PAYER E-MAIL	X(50)	С	50	2376-242	5 E-MAI	L FOR PAYER.	*
64. PAYER PHONE NUMBER	X(20)	С	20	2426-244		E NUMBER FOR PAYER.	*
CONTROL NUMBER ORIGINAL 65. INFORMATIVE RETURN	9(9)	С	9	2446-2454	4 FILING	TILED MUST BE COMPLETED WHEN G AMENDED FORM.	
66. REASON FOR THE CHANGE	X(40)	С	40	2455-2494		R THE REASON FOR CHANGE FORM. USTIFIED AND FILL WITH BLANKS.	
67. FILLER	9(6)	С	6	2495-2500	0 ZEROS	S.	*



Form Rev. 08.21		- OTROS INGRESOS SUJETOS A RETENCIÓN HER INCOME SUBJECT TO WITHHOLDING	Número de Confirmación	de Radicación Electrónica
AÑO CONTRIBUTIVO: 2021	Enmendado -	Amended: (/)		onfirmation Number
INFORMACIÓN DEL AGENTE RETENEDOR - V	ITHHOLDING AGENT'S INFORMATION	Clase de Ingreso - Type of Income	Cantidad Pagada - Amount Paid	Cantidad Retenida - Amount Withhe
Número de Identificación Patronal - Employer Iden Nombre - Name	ification Number	Pagos por Indemnización Judicial o Extrajudicial Payments for Judicial or Entrajudicial Indemnification Marque aquí si el pago por indemnificación corresponde a un activo de capital Check here il fhe indemnification payment corresponds to a capital asset.	5	
Dirección - Address	Código Postal - Zp Code	2. Dividendos Sujetos al 15% Dividendo Subject to 15% 3. Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Dividendos Subject to Preferential Rate under Special Act	'OS	
Núm. de Teléfono - Telephone No. Correo Electrón	nico - E-mail	Dividends Subject to Preferencial Rate under Special Act		
INFORMACIÓN DE QUIEN RECIBE EL I Número de Seguro Social o Identificación Patronal -		4. Remuneración Pagada por Equipos de Deportes de Asociaciones o Federaciones Internacionales Compensation Paid by International Associations or Federations of Sports Teams	. NC	
Nombre - Name Dirección - Address		 Intereses bajo la Sección 1823.04 (excepto IRA y Cuenta de Aportación Educativa) - Interests under Section 1023.04 (except IRA and Educational Contribution Account) 		
L	JILI	6. Intereses bajo la Sección 1023.05(b) Interests under Section 1023.05(b)	KA	
Número de Cuenta Bancaria - Bank Account Numb	Código Postal - Zip Code			
	DE	 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		8. Dividendos Elegibles bajo Decreto de Médico Cualificado Eligible Dividends under Decree as Qualified Physician		
	mero Control Informativa Original ntrol No. Original Informative Return	9. Otros Pagos - Other Payments.		

* REQUIRED FIELDS





]	DATE: OCTOBER 2021
			1	RECORD TYPE: FORM
			RVICES F	ROM RECORD LENGTH: 2500
]	_			
			FILE	
PICTURE		BYTES	LOCATIO	DN COMMENTS R
X(1)	X	1	1-1	SPACES. *
9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6C. RIGHT JUSTIFIED.
V (1)	C	1	11 11	ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION NUMBER).
X(1) X(1)	C	1	12-12	SPACES. *
X(1)	C	1	13-13	ENTER "5" TO INDICATE FORM 480.6C. * "1" – DETAIL RECORD *
9(1) X(1)	c	1	14-14	"1" = DETAIL RECORD. * ENTER: "O" = ORIGINAL, "A" = AMENDED, * "X" = DELETE. *
X(2)	С	2	16-17	SPACES. *
9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2021. *
X(9)	С	9	22-30	SPACES. *
X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN. *
9(0)	C	9	32.40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN. *
9(9)	C	9	32-40	NUMBER SSN.
X(30)	С	30	41-70	*
X(35)	С	35	71-105	ADDRESS LINE NUMBER 1. *
X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.
X(13)	С	13	141-153	*
X(2)	С	2	154-155	*
9(5)	С	5	156-160	*
9(4) X(2)	C	4	161-164	
Λ(2)	C	2	100-100	SPACES. *
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" 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 48. REQUIRED ONLY WHEN REPORTING
X(20)	С	20	176-195	DIVIDENDS INCOME (LOCATION 387-398) OR INTEREST INCOME (LOC. 431-442).
	D - FORM T PICTURE X(1) X(1) X(1) X(1) X(1) Y(1) X(1) Y(1) X(1) Y(1) X(1) Y	Picture N(1) X $y(9)$ C X(1) C X(2) C y(9) C X(30) C X(35) C X(13) C Y(13) C Y(14) C Y(15) C	PICTURE BYTES X(1) X 1 9(9) C 9 X(1) C 1 X(1) C 9 X(1) C 1 X(2) C 9 Y(30) C 30 X(30) C 35 X(35) C 35 X(13) C 13 X(2) C 2 9(4) C 4 X(2) C 2 9(4) C 4 X(2) C 2 9(4) C 4	RESIDENTS OR FOR SERVICES F PICTURE BYTES FILE $X(1)$ X 1 1-1 $y(9)$ C 9 2-10 $X(1)$ X 1 1-11 $y(9)$ C 9 2-10 $X(1)$ C 1 1-11 $X(1)$ C 1 1-12 $X(1)$ C 1 1-14-14 $X(1)$ C 1 1-1-14 $X(1)$ C 1 1-1-15 $X(2)$ C 2 16-17 $y(9)$ C 9 32-40 $X(30)$ C 30 41-70 $X(35)$ C 35 106-140 $X(1)$ C 13 141-153 $X(2)$ C 2 165-160

* REQUIRED FIELDS



FILE DESCRIPTION	D	DATE: OCTOBER 2021				
FILE NAME: F4806CY21	R	RECORD TYPE: FORM				
RECORD NAME: PAYMENTS TO NON SOURCES OUTSIDE OF PUERTO RICO	RVICES FR	FROM RECORD LENGTH: 2500				
P=PACKED, B=BINARY, C=CHARACTER		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	N 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	X(1)	С	1	320-320	SPACES.	*
AMOUNT PAID 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	С	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	С	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	С	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.	

*** REQUIRED FIELDS**



FILE DESCRIPTION	RIPTION DATE: OCTOBER 2021						
FILE DESCRIPTION							
FILE NAME: F4806CY21	RE	CORD TYPE: FORM					
RECORD NAME: PAYMENTS TO NONI SOURCES OUTSIDE OF PUERTO RICO				RVICES FRO	DM RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER							
		*					
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS		
48. PAYEE'S IDENTIFICATION 49. FILLER	X(12) X(88)	C	12	541-552 553-640	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. SPACES. *		
49. FILLER AMOUNT PAID	A(88)	C	88	555-640	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	0(0)100		10	(52,662			
 51. UNDER INCENTIVES ACTS %. AMOUNT PAID 52. COMPENSATION PAID BY SPORT'S TEAMS 	9(8)V99 9(10)V99	C C	10	653-662 663-674	SEE FORM 480.6C, ITEM 9. 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.		
58. FILLER	X(33)	С	33	729-761	SPACES. *		
59. 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. *		
60. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.		
61. 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.		
62. 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.		
AMOUNT PAID SERVICES RENDERED BY INDEPENDENT 63. CONTRACTORS	9(10)V99	С	12	832-843	SEE FORM 480.6C, ITEM 2.		
AMOUNT WITHHELD SERVICES RENDERED BY INDEPENDENT 64. CONTRACTORS AMOUNT PAID	9(8)V99	С	10	844-853	SEE FORM 480.6C, ITEM 2.		
AMOUNT PAID DIVIDENDS SUBJECTS TO PREFERENTIAL 65. RATE UNDER SPECIAL ACT% AMOUNT WITHHELD	9(10)V99	С	12	854-865	SEE FORM 480.6C, ITEM 7.		
DIVIDENDS SUBJECTS TO PREFERENTIAL 66. RATE UNDER SPECIAL ACT%	9(8)V99	С	10	866-875	SEE FORM 480.6C, ITEM 7.		
* REQUIRED FIELDS					REASURY.		







FILE DESCRIPTION					DATE: OCTOBER 2021
FILE NAME: F4806CY21					RECORD TYPE: FORM
RECORD NAME: PAYMENTS TO NON SOURCES OUTSIDE OF PUERTO RICO				RVICES F	ROM RECORD LENGTH: 2500
P=PACKED, B=BINARY, C=CHARACTER		→			
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	ON COMMENTS RE
PERCENT OF DIVIDENDS SUBJECT 67. PREFERENTIAL RATE UNDER SPECIAL ACT	9(3)	С	3	876-878	SEE FORM 480.6B, ITEM 7.
PERCENT OF ROYALTIES SUBJECT TO 68. SPECIAL RATE UNDER INCENTIVES ACT	9(3)	С	3	879-881	SEE FORM 480.6B, ITEM 9.
SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES 69. UNDER ACT 48-2013	9(10)V99	С	12	882-893	
PAYMENTS FOR SERVICES RENDERED 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	
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	С	12	908-919	SEE FORM 480.6C, ITEM 15.
74. FILLER	X(1444)	С	1444	920-2373	
75. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2364-236	ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION 4 NUMBER).
76. PAYEE ID ORIGINAL	X(11)	С	11	2365-237	IF PAYEE ID TYPE ORIGINAL = "1", ENTER PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYEE'S SSN ALIGN TO THE RIGHT 5 AND FILL WITH SPACES TO THE LEFT
70. TATEE ID ORIGINAL	A(11)		11	2303-237.	J AND FILL WITH SPACES TO THE LEFT
77. PAYER E-MAIL	X(50)	С	50	2376-242	5 E-MAIL FOR PAYER. *
78. PAYER PHONE NUMBER	X(20)	С	20	2426-244	
CONTROL NUMBER ORIGINAL 79. INFORMATIVE RETURN	9(9)	С	9	2446-245	
80. REASON FOR THE CHANGE	X(40)	С	40	2455-249	ENTER THE REASON FOR CHANGE FORM. 4 LEFT JUSTIFIED AND FILL WITH BLANKS.
81. FILLER	9(6)	С	6	2495-250	0 ZEROS. *



ANO CONTRIBUTIVO: 2021		de Radioación Electrónica onfirmation Number		
INFORMACIÓN DEL AGENTE RETENEL	OR-WITHHOLDING AGENT'S INFORMATION	Clase de Ingreso	Cantidad Pagada	Cantidad Retenida
lumero de Identificación Patronal - Employe	Identification Number	Type of Income	Amount Peid	Amount Withheid
Nombre - Name		1. Salarios, Jornales o Compensaciones (Vea instrucciones) Balaries, Wages or Compensations (See instructions)		
lireooion - Address		2. Pagos por Bervisios Prestados por Contratistas Independientes Payments for Gervices Rendered by Independent Contractors		
		 Remuneración Pagada por Equipos de Deportes de Asociaciones o Federaciones Internacionales - Compensation Paid by International Associations or Federations of Sports Teams 		
Núm. de Teléfono - Telephone No. Correo E	Código Postal - Zp Code Restrónico - E-mel	4. Venta de Propiedad - Sale of Property		
INFORMACIÓN DE QUIEN RECIE	E EL PAGO - PAYEE'S INFORMATION	Dividendos Sujetos al 10% bajo la Sección 1082.11 Dividendo Subject to 10% under Section 1082.11		
Número de Identificación - Identification Numi	Extranjero Allen	E. Dividendos Sujetos al 16% bajo la Seosión 1062.08 Dividendos Subject to 15% under Section 1062.08		
Nombre - Name		7. Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Dividends Subject to Preferential Rate under Special Act%		
Direooión - Address		8. Regalas - Royaltes		
	Código Postal - Zip Code	Regalias Bujetas a Tasa Especial bajo Leyes de Incentivos Royaltes Bubject to Special Rate under Incentives Acts%		
Aportación Espexial por Servicios Profesion Ipecial Contribution for Professional and Adviso		10. Intereses - Interests		
lúmero de Cuenta Banoaria ank Account Number		11. Rentas - Rents		
azones para el Cambio - Resors for the Che	nge	12. Espectápulos Públicos - Public Shows		
		18. Otros Pagos Sujetos a Retensión Other Payments Subject to Withholding		
iúmero Control - Control Number	Número Control Informativa Original Control No. Originel Informative Return	14. Pagos por Benrioios Prestados Fuera de Puerto Rioo Payments for Benvices Rendered Outside of Puerto Rico		
		16. Otros Pagos No Sujetos a Retensión Otrer Payments Nit Subject to Withholding		





FILE DESCRIPTION				Γ.				
					DATE: OCTOBER 2021			
FILE NAME: F4806DY21 RECORD NAME: EXEMPT AND EXCL	UDED INCO	MF			RECORD TYPE: F	ORM		
SUBJECT TO ALTERNATE BASIC TAX						RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER	1							
		→						
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N	COMMENTS	RE	
	TIETCIKE		DIILS	Locario			KL.	
1. FILLER	X(1)	С	1	1-1	SPACES.		*	
						E CONTROL NUMBER ASSIGNED EPARTMENT OF THE TREASURY		
2. CONTROL NUMBER	9(9)	С	9	2-10	FOR FORM RIGHT JUST	480.6D.	*	
3. PAYEE ID TYPE	X(1)	С	1	11-11		= FEIN, "2" = SSN.	*	
						- TEIN, 2 - 55N.	*	
4. FILLER	X(1)	C	1	12-12	SPACES.			
5. FORM TYPE	X(1)	С	1	13-13		TO INDICATE FORM 480.6D.	*	
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAI ENTER: "O"	IL RECORD. " = ORIGINAL, "A" = AMENDED,	*	
7. DOCUMENT TYPE	X(1)	С	1	15-15	"X	"= DELETE.	*	
8. FILLER	X(2)	С	2	16-17	SPACES.	E TAX YEAR FOR THIS REPORT	*	
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MU		*	
10. FILLER	X(9)	С	9	22-30	SPACES.		*	
PAYER'S INFORMATION								
11. PAYER ID TYPE	X(1)	С	1	31-31		= FEIN, "2" = SSN.	*	
						D TYPE = "1", ENTER ATION NUMBER FEIN.		
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF ID TYPE NUMBER S	= "2" ENTER IDENTIFICATION SN.	*	
13. NAME	X(30)	С	30	41-70			*	
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS I	INE NUMBER 1.	*	
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140		INE NUMBER 2.		
16. TOWN	X(13)	С	13	141-153			*	
17. STATE	X(13)	с					*	
			2	154-155			*	
18. ZIP-CODE	9(5)	C	5	156-160			Ť	
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164		IOT AVAILABLE.		
20. FILLER	X(2)	С	2	165-166	SPACES.		*	
PAYEE'S INFORMATION					IF PAYEE II	D TYPE = "1", ENTER PAYEE'S		
21. PAYEE'S ID	9(9)	С	9	167-175		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			*	

*** REQUIRED FIELDS**



FILE DESCRIPTION				Г			
					DATE: OCTOBER 2021		
FILE NAME: F4806DY21					RECORD TYPE: FORM		
RECORD NAME: EXEMPT AND EXCLU SUBJECT TO ALTERNATE BASIC TAX				EMPT INC	COME	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER							
1-IACKED, B-BIVART, C-CHARACTER		┥					
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	DN	COMMENTS	RE
			ı				
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.		*
ACCUMULATED GAIN ON NON- 31. QUALIFIED OPTIONS	9(10)V99	С	12	321-332		480.6D, ITEM 1.	
DIST. OF AMOUNTS PREV. NOTIFIED AS DEEMED ELIGIBLE DIST. UNDER SEC. 32. 1023.06(j) AND 1023.25(B)	9(10)V99	C	12	333-344		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- BLE INDIVIDUAL RETIREMENT	9(10) 199		12	343-330	SEETORM	400.0D, ITEM 5.	
34. ACCOUNTS	9(10)V99	С	12	357-368	SEE FORM	480.6D, ITEM 4.	
35. FILLER	X(24)	С	24	369-392	SPACES.		*
36. FILLER	9(12)	С	12	393-404	ZEROS.		
37. FILLER	X(44)	С	44	405-448	SPACES.		*
RENT FROM RESIDENTIAL PROPERTY	0/10\1/00	C	10	140,460	GEE FORM		
38. UNDER ACT. 132-2010, AS AMENDED 39. FILLER	9(10)V99 X(12)	C C	12 12	449-460 461-472		480.6D, ITEM 5.	*
OTHER PAYMENTS SUBJECT TO ALTER-	A(12)	C	12	401-472	SPACES.		
40. NATE BASIC TAX TOTAL AMOUNT PAID OTHER PAYMENTS SUBJECT TO ALTER-	9(10)V99	С	12	473-484	SEE FORM	480.6D, ITEM 22, COLUMN A.	
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 THE GOVERNMENT OF PUERTO							
43. RICO	9(10)V99	С	12	509-520		480.6D, ITEM 7.	
44. INTERESTS UPON CERTAIN MORTGAGES OTHER INTERESTS SUBJECT TO ALTER-	9(10)V99	С	12	521-532	SEE FORM	480.6D, ITEM 8.	
45. NATE BASIC TAX	9(10)V99	С	12	533-544		480.6D, ITEM 10.	
46. FILLER	9(12)	С	12	545-556	ZEROS.		*
DIVIDENDS FROM COOPERATIVE 47. ASSOCIATIONS	9(10)V99	С	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		480.6D, ITEM 13.	
49. FILLER	9(12)	C	12	581-592			*
50. DEBT DISCHARGE	9(10)V99	C	12	593-604		480.6D, ITEM 19.	
51. FILLER	X(157)	С	157	605-761		E EDOT MAME OF THE DAMENO	*
52. PAYEE'S FIRST NAME	X(15)	С	15	762-776	LEFT JUST	E FIRST NAME OF THE PAYEE'S. 'IFIED AND FILL WITH BLANKS. ONLY FOR INDIVIDUALS.	*
53 PAVEE'S MIDDI E NAME	X(15)	C	15	777 701	PAYEE'S. I	E MIDDLE NAME OF THE LEFT JUSTIFIED AND FILL WITH	
53. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791			

*** REQUIRED FIELDS**



FILE DESCRIPTION				I	DATE: OCTOBER 2021				
FILE NAME: F4806DY21				I	RECORD TYPE: FORM				
RECORD NAME: EXEMPT AND EXCLU	DED INCO	ME							
SUBJECT TO ALTERNATE BASIC TAX					RECORD LENGTH: 2500				
P=PACKED, B=BINARY, C=CHARACTER									
		♦							
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N COMMENTS R	RE			
54. PAYEE'S LAST NAME	X(20)	С	20	792-811	REQUIRED ONET FOR INDIVIDUALD.	*			
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-	11(20)	C	20	012 001					
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	9(10)V99	С	12	844-855	SEE FORM 480.6D, ITEM 14.				
OTHER DIVIDENDS SUBJECT TO									
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	9(10)V99	С	12	868-879	SEE FORM 480.6D, ITEM 17, COLUMN B.				
OTHER DIVIDENDS NOT SUBJECT TO 60. ALTERNATE BASIC TAX	9(10)V99	С	12	880-891	SEE FORM 480.6D, ITEM 18.				
OTHER PAYMENT NOT SUBJECT TO 61. ALTERNATE BASIC TAX	9(10)V99	С	12	892-903	SEE FORM 480.6D, ITEM 23.				
01. ALTERNATE BASIC TAX	9(10) \$ 99	C	12	892-903	SEE FORM 480.0D, HEIM 25.				
62. EXEMPTION CODE	X(3)	С	3	904-906	SEE FORM 480.6D, ITEM 19.				
ELIGIBLE DIVIDENDS UNDER DECREE AS 63. QUALIFIED PHYSICIAN	9(10)V99	С	12	907-918	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)	9(10)V99	С	12	943-954	SEE FORM 480.6D, ITEM 20.				
DEBT CANCELLATION AND SUBSIDIES RECEIPT UNDER ARTICLE 5(I) OF	0(10)1/00	C	12	055.000	SEE FORM 480.6D. ITEM 21.				
67. ACT 57-2020 68. FILLER	9(10)V99 X(1397)	C C	12 1397	955-966 967-2363		*			
69. PAYEE ID TYPE ORIGINAL	X(1)	C	1	2364-2364					
					IF PAYEE ID TYPE ORIGINAL = "1", ENTER PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYEE'S SSN ALIGN TO THE RIGHT				
70. PAYEE ID ORIGINAL	X(11)	С	11	2365-2375					
71. PAYER E-MAIL	X(50)	С	50	2376-2425	5 E-MAIL FOR PAYER.	*			
72. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	5 PHONE NUMBER FOR PAYER.	*			
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED WHEN				
73. INFORMATIVE RETURN	9(9)	С	9	2446-2454					
74. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.				
76. FILLER	9(6)	С	6	2495-2500	ZEROS.	*			





Formulario 480.6D GOBIERNO DE PUERTO RICO - GOVERNMENT OF P Form Rev. 08.21 Control of the declarability of the	E Treasury 9 EINGRESOS EXENTOS NA	(Número de Confirmación de Radioación Electrónica Electronic Filing Confirmation Number		
INFORMACIÓN DEL PAGADOR - PAYER'S INFORMATION	INFORMACIÓN DE	QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION		
Núm. de Identificación Patronal - Employer Identification Number	Núm. de Seguro Social o Identificación P	atronal - Sociel Security or Employer Identification No.		
Nombre - Name	Nombre - Name			
Dirección - Address	Direction - Address			
Código Postal - Zo Code				
Núm. de Teléfono - Telephone No. Correo Elestróniso - E-mail	-	Código Postal -ZIp Code		
Clase de Ingreso Type of income	(A) Total Cantidad Pagad Total Amount Paid	(B) da Cantidad Bujeta a Contribución Básica Alterna Amount Subject to Alternate Basic Tax		
 Gananoia Aoumulada en Opoiones No Cualificadas Accumulated Gain on Nonqualified Options 				
 Distribusiones de Cantidades Previamente Notificadas como Distribuciones Elegibles Implicitas bajo las Becosones 1023.06(j) y 1023.25(b) Distributions of Amounts Previously Notified as Deemed Eligible Distributions under Bections 1023.05(j) and 1023.25(b) 				
 Compensación por Lesiones o Enfermedad bajo la Sección 1031.01(b)(3) Compensation for injuries or Sickness under Section 1031.01(b)(3) 				
 Distribuoiones de Cuentas de Retiro Individual No Deduoibles Distributions from Non Deductible Individual Retirement Accounts 				
 Renta de Propiedad Residencial bajo la Ley 182-2010, según enmendada Rent from Residential Property under Act 132-2010, as amended 				
 Intereses sobre Obligaciones del Gobierno de los Estados Unidos Interest upon Obligations from the United States Government 				
 Intereses sobre Obligaciones del Gobierno de Puerto Rico Interests upon Obligations from the Government of Puerto Rico 				
 Intereses sobre Ciertas Hipoteoas Interests upon Certain Morgages 				
 Intereses sobre bonos, pagarés u otras obligaciones bajo la Secolón 6070.56(h) de la Ley 60-2019 Interests on bonds, notes or other obligations under Bection 6070.56(h) of Act 60-2019 				
10. Otros Intereses Bujetos a Contribución Básioa Alterna Other Interests Subject to Alternate Basic Tex				
11. Otros Intereses No Sujetos a Contribución Básica Alterna Other Interests Not Subject to Alternate Básic Tex				
12. Dividendos de Asociaciones Cooperativas Dividendo from Cooperative Asociations				
 Dividendos de un Asegurador Internacional o Compañía Tenedora del Asegurador Internacional Dividends from an international insurer or Holding Company of the International Insurer 				
 Dividendos de Negosios Exentos No Bujetos a Contribución Básioa Alterna (Vea instrucciones) Dividendo from Exempt Businesses Not Bubject to Alternate Basic Tax (Bee Instructions) 				
 Dividendos Elegibles bajo Decreto de Médico Cualificado Eligible Dividends under Decree as Qualified Physician 				
 Dividendos de negosio exento bajo la Seosión 8070.68(e) de la Ley 80-2019 Dividendo from exempt business under Section 8070.56(e) of Act 80-2019 				
 Otros Dividendos Sujetos a Contribución Básioa Alterna Other Dividends Subject to Alternate Basic Tex 				
 Otros Dividendos No Sujetos a Contribución Básica Alterna Other Dividends Not Subject to Alternate Basic Tax 				
18. Condonación de Deudas (Vea instrucciones) Debt Discharge (Bee instructions)				
 Pagos Cualificados por Concepto de Ayuda para Sobrellevar Desastres bajo la Secolón 1081.01(b)(18) Qualified Disaster Ald Payments under Section 1031.01(b)(16) 				
 Canoelaoión de Deuda y Reoibo de Subsidios bajo el Artíoulo 6(i) de la Ley 67-2020 Debt Cancelation and Subsidies Receipt under Article 5(i) of Act 57-2020 				
22. Otros Pagos Sujetos a Contribuoión Básioa Alterna Other Payments Bubject to Alternate Basic Tex				
23. Otros Pagos No Bujetos a Contribución Básica Alterna Other Payments Not Bubject to Alternate Basic Tax				
Razones para el Cambio Ressons for the Change				
Número de Cuenta Bancaria Número de Control		ero de Control de Informativa Original		
Bank Account Number Control Number	Contr	ol No. Original Informative Return		
FECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUC ENVÍE ELECTRONICAMENTE AL DEPARTAMENTO DE HACIENDA. ENTREGUE D SEND TO DEPARTMENT OF THE TREASURY ELECTRONICALLY. D	OS COPIAS A QUIEN RECIBE EL PAG	O. CONSERVE COPIA PARA SUS RÉCORDS.		





DATE: OCTOBER 2021

		DATE: OCTOBER 2021						
FILE NAME: F4807Y21 RECORD NAME: INDIVIDUAL RETIRE					RECORD TYPE: FORM 2 480.7 RECORD LENGTH: 2500			
RECORD NAME: INDIVIDUAL RETIRE	LMENT ACC	.00	NI – FUI		400.7	RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER								
		• 		FILE				
FIELD NAME	PICTURE		BYTES	LOCATIO	ON	COMMENTS	RE	
1 511150	37(1)	0	1	1 1 1		DACES	*	
1. FILLER	X(1)	С	1	1-1		PACES.	*	
2. CONTROL NUMBER	9(9)	С	9	2-10	B F	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY OR FORM 480.7. RIGHT JUSTIFIED.	*	
					", П	NTER: "1" = FEIN, "2" = SSN, "3" = ITIN, 4" = IDN (OTHER INDIVIDUAL DENTIFICATION NUMBER), "5" = CIDN OTHER CORPORATE IDENTIFICATION	*	
3. PAYEE ID TYPE	X(1)	С	1	11-11	Ň	IUMBER). NTER: "1" = RESIDENT,		
4. PAYEE RESIDENT TYPE	X(1)	С	1	12-12	E "	P(1 = RESIDEN 1, 2) = RESIDEN 1, 3) = ALIEN.	*	
5. FORM TYPE	X(1)	С	1	13-13	E	NTER "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	E	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*	
8. FILLER	X(2)	С	2	16-17		PACES.	*	
9. TAXABLE YEAR	9(4)	С	4	18-21		NTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2021.	*	
10. FILLER	X(9)	С	9	22-30	s	PACES.	*	
WITHHOLDING AGENT'S INFORMATION								
11. PAYER ID TYPE	X(1)	С	1	31-31		ENTER: "1" = FEIN, "2" = SSN.	*	
					II II	F PAYER ID TYPE = "1", ENTER DENTIFICATION NUMBER FEIN. F ID TYPE = "2" ENTER IDENTIFICATION		
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	N	IUMBER SSN.	*	
13. NAME	X(30)	С	30	41-70			*	
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	A	DDRESS LINE NUMBER 1.	*	
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	A	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	Z	EROS, IF NOT AVAILABLE.		
20. FILLER	X(2)	С	2	165-166	5 S	PACES.	*	
PAYEE'S INFORMATION								
21. PAYEE'S ID	9(9)	С	9	167-175		F PAYEE ID TYPE = "1", ENTER PAYEE'S EIN. 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	R	REQUIRED ONLY FOR CORPORATIONS.	*	
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260)		*	

* REQUIRED FIELDS

FILE DESCRIPTION



FILE DESCRIPTION					DATE: OCTOBER 2021			
FILE NAME: F4807Y21					RECORD TYPE: FORM			
RECORD NAME: INDIVIDUAL RETIRE	MENT ACC	COU	NT – FOI	RM TYPE	480	.7 RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER		_						
FIELD NAME	PICTURE		BYTES	FILE LOCATIO		COMMENTS	RE	
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295	5			
26. TOWN	X(13)	С	13	296-308	8		*	
27. STATE	X(2)	С	2	309-310)		*	
28. ZIP-CODE	9(5)	С	5	311-315	5		*	
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	2	SEE FORM 480.7, ITEM 1.		
32. CONTRIBUTIONS FOR THE TAXABLE YEAR	9(10)V99	С	12	333-344	4	SEE FORM 480.7, ITEM 2.		
33. ROLLOVER CONTRIBUTIONS	9(10)V99	С	12	345-356	5	SEE FORM 480.7, ITEM 3.		
34. ROLLOVER WITHDRAWALS	9(10)V99	С	12	357-368	8	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	2	SEE FORM 480.7, ITEM 6.		
TAX WITHHELD FROM INTEREST 37. (10% LINE 12D)	9(10)V99	С	12	393-404	4	SEE FORM 480.7, ITEM 7.		
TAX WITHHELD INCOME FROM SOURCES 38. WITHIN PR (10% LINE 12E)	9(10)V99	С	12	405-416	5	SEE FORM 480.7, ITEM 8.		
TAX WITHHELD FROM GOVERNMENT 39. PENSIONERS (10% LINES 12G2 AND 12G3)	9(10)V99	С	12	417-428	3	SEE FORM 480.7, ITEM 9.		
40. FILLER	X(24)	С	24	429-452	2	SPACES.	*	
TAX WITHHELD AT SOURCE TO 41. NONRESIDENTS (SEE INSTRUCTIONS)	9(10)V99	С	12	453-464	4	SEE FORM 480.7, ITEM 11.		
BREAKDOWN OF AMOUNT DISTRIBUTED								
42. A- CONTRIBUTIONS	9(10)V99	С	12	465-476	5	SEE FORM 480.7, ITEM 12A.		
43. B- VOLUNTARY CONTRIBUTIONS	9(10)V99	С	12	477-488	3	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	2	SEE FORM 480.7, ITEM 12D.		
46. E- INCOME FROM SOURCES WITHIN P.R.	9(10)V99	С	12	513-524	4	SEE FORM 480.7, ITEM 12E.		
47. F- OTHER INCOME	9(10)V99	С	12	525-536	5	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)	С	36	585-620		SPACES.	*	

* REQUIRED FIELDS





FILE DESCRIPTION]	DATE: OCTOBER 2021			
FILE NAME: F4807Y21]	RECORD TYPE: FORM	
RECORD NAME: INDIVIDUAL RETIRE	MENT ACC	COU	NT – FOI	RM TYPE	480.7 RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER						
		♦				
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	ON COMMENTS	RE
53. H- PREPAID (10%) UNDER SECTION 1081.06	9(10)V99	С	12	621-632	SEE FORM 480.7, ITEM 12H.	
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)	С	15	762-776		*
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)	С	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 62. OF PUERTO RICO (10% LINE12K1)	9(10)V99	С	12	832-843	SEE FORM 480.7, ITEM 10.	
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 63. OF PUERTO RICO TAXABLE	9(10)V99	С	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	С	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)	С	1	892-892	ENTER: "C"= CONTRIBUTION, "D"= DISTRIBUTION, "B"= BOTH.	*
68. PAYEE FOREIGN ID	X(20)	C	20	893-912	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	
69. FILLER	X(1439)	С	1439	913-2351		*
70. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2352-2352	ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION 2 NUMBER).	

*** REQUIRED FIELDS**



							L	
FILE DESCRIPTION					DATE: OCTOBER 2021			
FILE NAME: F4807Y21					RECORD TY	PE: FORM		
RECORD NAME: INDIVIDUAL RETIRI	EMENT AC	COU	NT – FOI	RM TYPE	E 480.7	RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER		_						
FIELD NAME	PICTURE		BYTES	FILE LOCATI		COMMENTS	RE	
71. PAYEE ID ORIGINAL	X(11)	С	11	2353-23	PAYEE ENTER	EE ID TYPE ORIGINAL = "1", ENTER 'S FEIN. IF ID TYPE ORIGINAL = "2" PAYEE'S SSN ALIGN TO THE RIGHT LL WITH SPACES TO THE LEFT		
72. WITHHOLDING AGENT E-MAIL	X(50)	С	50	2364-24	13 E-MAII	FOR WITHHOLDING AGENT.	*	
73. WITHHOLDING AGENT PHONE NUMBER	X(20)	С	20	2414-24	33 PHONE	NUMBER WITHHOLDING AGENT.	*	
74. J- PREPAID (8%) UNDER SECTION 1023.23	9(10)V99	С	12	2434-24	45 SEE FO	RM 480.7, ITEM 12 J.		
CONTROL NUMBER ORIGINAL 75. INFORMATIVE RETURN	9(9)	С	9	2446-24	54 FILING	LED MUST BE COMPLETED WHEN AMENDED FORM.		
76. REASON FOR THE CHANGE	X(40)	С	40	2455-24		THE REASON FOR CHANGE FORM. USTIFIED AND FILL WITH BLANKS.		
77. FILLER	9(6)	С	6	2495-25	00 ZEROS		*	





Form ULLAND DECLAND	NO DE PUERTO RICO - GOVERNMENT sartamento de Haoienda - Department (SACIÓN INFORMATIVA - CUENTA DE R MATIVE RETURN - INDIVIDUAL RETIRS	of the Treasury ETIRO INDIVIDUAL	te Treasury Electronic Filing Conti RO INDIMDUAL INT ACCOUNT					
	Enmendado - Amended: (/_	<u> </u>		urpose Distribuciones Ambos Distributions Both				
INFORMACIÓN DEL ADENTE RETENEDOR - WITHHOLDING	AGENTS INFORMATION		DON DE QUIEN RECIBIE EL PADO-PAYEE'S	FORMATION				
Núm, de Identificación Patronal - Employer Identification Number		Núm. de Identifisación - Identifica	ston No.					
Nombre - Name		Nombre - Name						
Direosión - Address		Direogión - Address						
	ostal - Zip Code	Balancia un anteritado - Bal		stal - Zp Code				
Núm. de Teléfono - Telephone No. Correo Elestróniso - E-	nai	Beleovione un enoasiliado - Sele Residente No Resident No	Residente Ciudadano de E.U. rresident U.S. Citzen	No Residente Extranjero Norresident Allen				
Descripción - Description	Cantidad - Amount		Distribusiones - Distributions					
		12. Desglose de Cartódad Distribui	da- Breekdown of Amount Distributed					
 Balance Total de la Cuenta a Principio de Año Total Balance of the Account at the Beginning of the Year 		A. Aportaciones - Contributions	5					
		B. Aportaciones Voluntarias -	Voluntary Contributions					
2. Aportaciones para el Año Contributivo Contributions for the Texable Year		C. Intereses Exentos - Exempt	Interests					
		 D. Intereses de Instituciones i Interests from Eligible Financia 						
8. Aportaciones Via Transferensia Rollover Contributions		E. Ingresos de Fuentes Dentr Income from Sources Within P						
4. Retiros Via Transferencia		F. Otros Ingresos - Other Incor						
Rollover Withdreweits		0. Pensionados del Gobierno 1. Aportaciones Contributions	- Government Pensioners					
6. Reembolso de Aportaciones en Exceso Refund of Exceso Contributions		2. Intereses Elegibles Eligible Interests 3. Otros Ingresos						
		Other Income 4. Total (Sume lineas 01 a la	001					
8. Penalidad Retenida Penalty Withheid		Total (Add lines G1 through	(63)					
		H. Pagado por Adelantado (10%) Prepeid (10%) under Bection 108						
 Contribución Retenida sobre Intereses (10% linea 12D) (Vea inst. Tex Withheld from Interests (10% line 12D) (See Inst.) 	1	I. Pagado por Adelantado Prepeid (5%) under Section 1081	(6%) bajo la Sección 1081.08 .06					
8. Contribución Retenida sobre ingreso de Fuentes Dentro de Puerto R	80	 J. Pagado por Adelantado (8%) Prepeid (8%) under Section 10 						
(10% linea 12E) - Income Tex Withheld from Sources Within Puerto Rico (1 line 12E)			de un Desastre Deolarado por el - Distributions for Reason of e Disaster verto Rico					
R. Contribución Retenida sobre Ingreso de Pensionados del Gobie		1. Cantidad Tributable Taxable Amount						
(10% lineas 1202 y 1203) - Income Tax Withheid from Governm Pensioners (10% lines 1202 and 1203)	ent	2. Cantidad Exenta Exempt Amount						
 Contribusión Retenida en el Origen sobre Distribusiones Razón de un Desastre Deolarado por el Gobernador de Pue Riso (10% línea 12%1) - Income Tax Withheid et Bource on Distributi for Resson of a Disaster Declared by the Governor of Puerto Rico (1 línet2%1) 	into ons	Interesse Exentos y Ca sobre la oual se Pag Adelantado - Exemptin and Amount over wi Prepeyment was Made Kotal (Burne lineas K1 a la	o por terests hich a					
11. Contribusión Retenida a No Residentes (Vea instruosiones) Tas Withheid at Source to Nonesidents (See Instructions)		Total (Add lines K1 through L. Total (Sume line as 12A a la 12M	K3) 0					
Razones para el Cambio		Total (Add lines 12A through 1	254					
Reasons for the Change Nümero de Cuenta IRA	iúmero de Control		Número de Control de la Deslaración	Informativa Original				
	iumero de Control Iontrol Number		Control Number of the Original Informative					
	ÓN: 28 DE FEBRERO O 30 DE E: FEBRUARY 28 OR NOVEMB							
ENVIE ELECTRÓNICAMENTE AL DEPARTAM		OS COPIAS A QUIEN RECIBE EL	PAGO. CONSERVE COPIA PARAS	US RÉCORDS.				







FILE DESCRIPTION				I	DATE: OCTOBER 2021	
FILE NAME: F4807AY21				I	RECORD TYPE: FORM	
RECORD NAME: MORTGAGE INTERI	EST – FORM	[TY]	PE 480.7A	L	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]					
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
	0(0)		0	2.10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY	*
2. CONTROL NUMBER	9(9)	C	9	2-10	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. 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. ENTER THE TAX YEAR FOR THIS REPORT	*
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE 2021.	*
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)	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.	*
BORROWER'S INFORMATION					IT DODDOWED ID TWDE #12 ENTED	
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		*

* REQUIRED FIELDS



FILE DESCRIPTION					DATE: OCTOBER 2021				
FILE NAME: F4807AY21					RECORD TYPE: FORM				
RECORD NAME: MORTGAGE INTER	EST – FORM	[TY]	PE 480.7A		RECORD LENGTH: 2500				
P=PACKED, B=BINARY, C=CHARACTER	1								
I-IACKED, D-DINAKI, C-CHARACIER		┛							
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	DN COMMENTS	RE			
FIELD NAME	FICTURE	1	DITES	LOCATIO	CONTREMTS	KĽ			
26. STATE	X(2)	С	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									
					IF JOINT BORROWER ID TYPE = "1", ENTER JOINT BORROWER'S FEIN. IF ID TYPE = "2"				
29. JOINT BORROWER'S ID	9(9)	С	9	300-308	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		С			ENTER: "P" = PAID	*			
34. FINANCED LOAN DISCOUNT (POINTS) PAID	X(1)		1	364-364					
35. DIRECTLY BY BORROWER	9(10) V99	С	12	365-376	5 SEE FORM 480.7A, ITEM 3. ENTER: "P" = PAID	*			
36. LOAN DISCOUNT PAID OR FINANCED	X(1)	С	1	377-377		*			
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)	С	319	443-761	SPACES. ENTER THE FIRST NAME OF THE	*			
					BORROWER'S. LEFT JUSTIFIED AND FILL				
44. BORROWER'S FIRST NAME	X(15)	С	15	762-776		*			
					ENTER THE MIDDLE NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL				
45. BORROWER'S MIDDLE NAME	X(15)	С	15	777-791	WITH BLANKS. ENTER THE LAST NAME OF THE				
					BORROWER'S. LEFT JUSTIFIED AND FILL				
46. BORROWER'S LAST NAME	X(20)	С	20	792-811		*			
BORROWER'S MOTHER'S MAIDEN					ENTER THE SECOND LAST NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL	_			
47. LAST NAME	X(20)	С	20	812-831					
					BORROWER'S. LEFT JUSTIFIED AND FILL				
48. JOINT BORROWER'S FIRST NAME	X(15)	С	15	832-846	WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*			





					DATE: OCTOBER 2021			
FILE NAME: F4807AY21 record name: mortgage interf	ST FODM	TVI	DE 490 74		RECORD TYPE: FORM			
RECORD NAME: MORIGAGE INTERF	<u> 151 – FURM</u>	111	PE 480.7A	<u> </u>	RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER								
	- 1	•	[1		
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N COMMENTS	RE		
	·							
					ENTER THE MIDDLE NAME OF THE JOINT BORROWER'S, LEFT JUSTIFIED AND FILL			
49. JOINT BORROWER'S MIDDLE NAME	X(15)	С	15	847-861	WITH BLANKS.			
50. JOINT BORROWER'S LAST NAME	X(20)	С	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		*		
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(1368)	С	1368	996-2363	SPACES.	*		
59. BORROWER ID TYPE ORIGINAL 60. BORROWER ID ORIGINAL	X(1) X(11)	C C	1	2364-2364	IF BORROWER'S ID TYPE ORIGINAL = "1", ENTER BORROWER'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER BORROWER SSN ALIGN TO THE RIGHT AND FILL WITH			
61. RECIPIENT E-MAIL	X(50)	С	50	2376-2425	5 E-MAIL FOR RECIPIENT.	*		
62. RECIPIENT PHONE NUMBER	X(20)	С	20	2426-2445	5 PHONE NUMBER RECIPIENT.	*		
CONTROL NUMBER ORIGINAL 63. INFORMATIVE RETURN	9(9)	С	9	2446-2454				
64. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.			
65. FILLER	9(6)	С	6	2495-2500) ZEROS.	*		



Formulario 480.7A Form Rev. 07.21	۲	Departament DECLARACIÓN	PUERTO RICO-GOVERNMENT OF P o de Hacienda - Deportment of i INFORMATIVA - INTERESES H ITVE RETURN-MORTGAGE INTE	POTECARIOS		
ANO CONTRIBUTIVO: 2021		Enmendado	Amended: (I)		maxion de Radisación Electrónica Filing Confirmation Number
INFORMACIÓN DEL RECEP	TOR - RECIPIENTS	INFORMATION		Descripcion - Description	•	Cantidad - Amount
Número de Identificación Patronal - En	ployer Identification N	umber	1. Intereses Pagados por el Deudor Interests Paid by Borrower			
Nombre - Name			2. Honorarios de Origen del Présta Loan Origination Pees (Points) Pa			
Direccion - Address			1 Pagados - Peid	2 Financiados - Financia		
			 Desouentos del Prestamo (Punt Loen Discounts (Points) Peld Dire 		or el Deudor	
			1 Pagados - Peid	2 Financiados - Finen	ced	
Num. de Teléfono - Telephone No. Col	C rreo Bestrónico - E-r	odigo Postal - Zp Code val	4. Reembolsos de Intereses Refund of Interests			
INFORMACIÓN DEL DEUD	OR - BORROWER'S	NFORMATION				
Número de Seguno Social - Social Secunty Num	be		 Contribuciones sobre la Propied Property Taxes 	d		
Nombre - Name			8. Cantidad Original del Préstamo Ofginel Loen Amount			
Direction - Address			Dirección Fisisa de la Propiedad S	ujeta al Préstamo - Physical	Address of the Property Subject to	Loan
					Circ	ligo Postal - Zo Code
	0	odigo Postal - Zo Code	Número de Cuenta del Préstamo -	oen Account Number		reses) - Loen Term (in months)
INFORMACIÓN DEL CODEUDO			1			
Número de Seguro Social-Social Security Num	te		Número Control - Control Number		Número Control Informativo Control No. Original Informati	
kambre - Name			Razones para el Cambio - Reeson	for the Change		
CHA DE RADICACIÓN: \$1 DE ENERO JNG DATE: JANUARY 31, SEE INSTRI		DNES	Envie electronisamente al Depart: Send to Department of the Treasur			





DATE: OCTOBER 2021

FILE NAME: F4807BY21				REC	ORD TYPE:	FORM	
RECORD NAME: EDUCATIONAL CON	TRIBUTION	N AC	COUNT	– FORM TYP	PE 480.7B	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER		_					
FIELD NAME	PICTURE		BYTES	FILE LOCATION		COMMENTS	RE
1. FILLER	X(1)	С	1	1-1		HE CONTROL NUMBER ASSIGNED	*
2. CONTROL NUMBER	9(9)	С	9	2-10	BY THE I FOR FORM RIGHT JUS		*
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		AIL 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		HE TAX YEAR FOR THIS REPORT UST BE 2021.	*
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 IDENTIFIC	ID TYPE = "1", ENTER CATION NUMBER FEIN. E = "2" ENTER IDENTIFICATION	*
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	BENEFICI	ICIARY ID TYPE = "1", ENTER ARY'S FEIN. IF ID TYPE = "2" ENEFICIARY'S SSN.	*
		С					
20. BIRTH YEAR 21. BIRTH MONTH	X(4)		4	162-165			
	X(2)	C	2	166-167			
22. BIRTH DAY	X(2)	C	2	168-169			
23. NAME	X(30)	С	30	170-199	REQUIRE	D 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

TAXABLE YEAR 2021 FORM 480.7B



FILE NAME: F4807BY21

DATE: OCTOBER 2021 RECORD TYPE: FORM

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

P=PACKED, B=BINARY, C=CHARACTER

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FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
TIELD MAME	TICTURE		DITES	LOCATION	COMMENTS	KE
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)	9(5)V99	C	7	534-540	SEE FORM 480.7B, ITEM 8D.	_
52. PREPAID (8%) UNDER SECTION 1023.24	9(5)V99	С	7	541-547	SEE FORM 480.7B, ITEM 8C.	

* REQUIRED FIELDS



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				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE

53. FILLER	X(214)	С	214	548-761	SPACES.	*
54. BENEFICIARY'S FIRST NAME	X(15)	С	15	762-776	ENTER THE FIRST NAME OF THE BENEFICIARY'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
55. BENEFICIARY'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE BENEFICIARY'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
56. BENEFICIARY'S LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE BENEFICIARY'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
BENEFICIARY'S MOTHER'S MAIDEN 57. LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE BENEFICIARY'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
58. CONTRIBUTOR'S FIRST NAME	X(15)	С	15	832-846	ENTER THE FIRST NAME OF THE CONTRIBUTOR'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
59. CONTRIBUTOR'S MIDDLE NAME	X(15)	С	15	847-861	ENTER THE MIDDLE NAME OF THE CONTRIBUTOR'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
60. CONTRIBUTOR'S LAST NAME	X(20)	С	20	862-881	ENTER THE LAST NAME OF THE CONTRIBUTOR'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
CONTRIBUTOR'S MOTHER'S MAIDEN 61. LAST NAME	X(20)	С	20	882-901	ENTER THE SECOND LAST NAME OF THE CONTRIBUTOR'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
62. TYPE OF FINANCIAL	X(1)	С	1	902-902	ENTER: "C"= CONTRIBUTION, "D"= DISTRIBUTION, "B"= BOTH.	*
63. FILLER 64. BENEFICIARY ID TYPE ORIGINAL	X(1461) X(1)	C C	1461 1	903-2363 2364-2364	SPACES. ENTER: "1" = FEIN, "2" = SSN	*
65. BENEFICIARY ID ORIGINAL	X(11)	С	11	2365-2375	IF BENEFICIARY ID TYPE ORIGINAL = "1", ENTER BENEFICIARY FEIN. IF ID TYPE ORIGINAL = "2" ENTER BORROWER SSN ALIGN TO THE RIGHT AND FILL WITH SPACES TO THE LEFT	
66. WITHHOLDING AGENT E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR WITHHOLDING AGENT.	*
67. WITHHOLDING AGENT PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER WITHHOLDING AGENT.	*
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.	*



Formulario 480.7B	a subscription of the second s	Departamento de H DECLARACIÓN INFORMATI	RICO - GOVERNMENT OF PUERTO RICO acienda - Department of the Treasury VA - CUENTA DE APORTACIÓN EDUCATIVA EDUCATIONAL CONTRIBUTION ACCOUNT			Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number			
AÑO CONTRIBUTIVO: 2021		Enmendado - A	mended: (/)			ue propósito - la Aportaciones Contributions	ndicate purpose Distribuciones Distributions	Both	
INFORMACIÓN DEL AGENTE R	ETENEDOR - WITHH	DLDING AGENT'S INFORMATION	Descripción - Description	Cantidad - Ar	mount		Distribuciones - Distributio	ms	
lúm. de Identificación Patronal - E	mployer Identificati	on Number	1. Balance Total de la Cuenta a Principio de Año - Total Balance of the Account at the Beginning of the Year			Breakdow	de Cantidad Distribuida n of Amount Distributed		
						A. Aportacion Contribution			
Dirección - Address		2. Aportaciones Durante el Año Contributivo - Contributions During the Taxable Year				B. Incremento			
	Código Pos	tal - Zip Code							
Núm. de Teléfono - Telephone No.	Correo Electró	nico - E-mail	3. Aportaciones Via Transferencia Rollover Contributions				es Tributables Interests		
INFORMACIÓN DEL 8	ENEFICIARIO - BEN	EFICIARY'S INFORMATION	4. Retiros Via Transferencia						
Núm. de Seguro Social - Social Securi	ty No.	Fecha de Nac Date of Birth	A. Retiros Via Transferencia Rollover Withdrawals		(2) Intereses Exentos Exempt Interests				
Nombre - Name			5. Reembolso de Aportaciones en Exceso Refund of Excess Contributions			Puerto	(3) Ingresos de Fuentes Dentro de Puerto Rico Income from Sources Within		
Dirección - Address						Income from Sources Within Puerto Rico			
		tal - Zip Code			(4) Ingresos de Fuentes Fuera de				
Número de Cuenta Bancaria - Bank	Account Number		6. Contribución Retenida sobre Intereses (10%) Tax Withheid from Interests (10%)	Puerto Rico Income from Sources Without Puerto Rico					
		RIBUTOR'S INFORMATION							
Núm, de Seguro Social - Social Securi	ty No.	Parentesco - Relationship	7. Contribución Retenida sobre Distribuciones que Consistan de Ingresos de Fuentes Dentro de Puerto Rico (10%)			Sección 1023	Adelantado (8%) bajo la 3.24) under Section 1023.24		
Nombre - Name			Tax Withheld from Distributions of Income from Sources Within Puerto Rico (10%)				e líneas 8A a la 8C) nes 8A through 8C)		
Dirección - Address		Número Control Informativa Original Control No. Original Informative Return	Razones para e	Razones para el Cambio - Reasons for the Change					
lúmero Control Control Number	Codigo Po	stal - Zip Code	-						
CHA DE RADICACIÓN: 28 DE FEBRERO I ING DATE: FEBRUARY 28 OR NOVEMB			Envie electrónicamente al Departamento de Ha para sus récords Send to Department of the Tr your records.						





FILE DESCRIPTION						
			F	RECORD TYPE:	FORM	
S AND ANNU	JITI	ES – FOR	M TYPE 4	480.7C	RECORD LENGTH: 2500	
	_					
PICTURE		BYTES	FILE LOCATIO	ON	COMMENTS	RE
X(1)	С	1	1-1	SPACES.		*
	PICTURE	PICTURE	PICTURE BYTES	S AND ANNUITIES – FORM TYPE	RECORD TYPE: S AND ANNUITIES - FORM TYPE 480.7C PICTURE BYTES V X(1) C X(1) C 1 1-1 SPACES. ENTER T ASSIGNE	FILE PICTURE BYTES LOCATION COMMENTS

23. NAME REQUIRED FIELD	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	ASURY
22. ACCOUNT NUMBER	X(20)	С	20	176-195		
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.	
20. FILLER PAYEE'S INFORMATION	X(2)	C	2	165-166	SPACES.	-
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	-
18. ZIP-CODE	9(5)	С	5	156-160		
17. STATE	X(2)	С	2	154-155		
16. TOWN	X(13)	С	13	141-153		
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	
13. NAME	X(30)	С	30	41-70		
 PAYER ID TYPE 12. IDENTIFICATION NUMBER 	X(1) 9(9)	c	9	31-31	ENTER: "1" = FEIN, "2" = SSN. 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.	
	V (1)	С	1	21.21	ENTED. "1" $=$ EEIN "2" $=$ SON	
10. FILLER PAYER'S INFORMATION	X(9)	С	9	22-30	SPACES.	
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE 2021.	
8. FILLER	X(2)	С	2	16-17	SPACES. ENTER THE TAX YEAR FOR THIS REPORT	
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	
5. FORM TYPE	X(1)	С	1	13-13	ENTER "Y" TO INDICATE FORM 480.7C.	
4. PAYEE RESIDENT TYPE	X(1)	С	1	12-12	ENTER: "1" = RESIDENT, "2" = NONRESIDENT, "3" = ALIEN.	
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).	
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.	



RECORD NAME: RETIREMENT PLANS AND ANNUTTIES - FORM TYPE 480.7C RECORD LENGTH: 2500 F=PACKED. B-BINARY. CCHARACTER FILE FILE COMMENTS RE 24. ADDRESS LINE NUMBER 1 X(35) C 35 26.26.00 * 25. ADDRESS LINE NUMBER 2 X(35) C 35 26.1295 * 26. TOWN X(12) C 13 296-308 * * 28. ZIP-CODE 9(5) C 5 311.315 * * 28. ZIP-CODE 9(5) C 5 311.315 * * * 29. ZIP-CODE 9(5) C 1 321.321 T= PERDEC FAVIMENTAL, * * 30. IDER ENDITION X(1) C 1 3221-321 T= PERDEC FAVIMENTAL, * * 31. IOEM OF DISTRIBUTION X(1) C 1 3223-334 SFE FORM 480.7C, ITEM 1. * 33. ROLLOVER CONTRIBUTION Y(0) C 12 335.346 SFE FORM 480.7C, ITEM 1.	FILE DESCRIPTION	D	DATE: OCTOBER 2021 RECORD TYPE: FORM				
F-PACKED, B-BINARY, C-CHARACTER FILE PICTURE PUTS FUE COMMENTS RE 24. ADDRESS LINE NUMBER 1 X(35) C 35 226-200 - - - 25. ADDRESS LINE NUMBER 2 X(35) C 35 261-295 - - - 26. TOWN X(13) C 13 296-308 - - - 27. STATE X(2) C 2 3100-310 - - - 28. ZIP-CODE 9(5) C 5 311-415 ZEROS, IF NOT AVAILABLE - - 29. ZIP-CODE STATE X(1) C 1 321-321 ENTER: "1" = LUMP SIDE "1" = PARTEAL, " - 30. FOLLER X(1) C 1 321-321 ENTER: "1" = LUMP SIDE 'NOT AVAILABLE * 31. FORM OF DISTRIBUTION X(1) C 1 322-322 SPACES * * 32. PLAN OR ANNUTY TYPE X(1) C 12 323-334 SEE FORM 480.7C, ITEM 1.	FILE NAME: F4807CY21	R					
FILE FUNCTION FUNCTION FUNCTION FUNCTION COMMENTS RE 24. ADDRESS LINE NUMBER 1 X(35) C 35 26-260 4 25. ADDRESS LINE NUMBER 2 X(35) C 35 26-263 4 26. TOWN X(13) C 13 296-308 4 26. TOWN X(13) C 13 296-308 4 28. ZIP-CODE 9(5) C 5 311-315 4 28. ZIP-CODE 9(5) C 5 311-315 4 4 29. ZIP-CODE EXTENSION 9(4) C 1 323-30 SPACES 4 31. IORM OF DISTRIBUTION X(1) C 1 321-321 TUTTER-WIDE ANNUTY, ""= PARTIAL, """= NUM ALLE, "N" = NON QUALIFIED * 32. PLAN OR ANNUTY TYPE X(1) C 1 322-322 "T" = PRIVATE, "N" = NON QUALIFIED * 33. ROLLOVER CONTRIBUTION 9(10)V99 C 122 347-338 SEE FORM 480.7C, ITEM 1. 34. ROLLOVER CONTRIBUTIO	RECORD NAME: RETIREMENT PLANS	AND ANNU	J ITI	ES – FOR	M TYPE 4	180.7C RECORD LENGTH: 2500	
FILE FUNCTION FUNCTION FUNCTION FUNCTION COMMENTS RE 24. ADDRESS LINE NUMBER 1 X(35) C 35 26-260 4 25. ADDRESS LINE NUMBER 2 X(35) C 35 26-263 4 26. TOWN X(13) C 13 296-308 4 26. TOWN X(13) C 13 296-308 4 28. ZIP-CODE 9(5) C 5 311-315 4 28. ZIP-CODE 9(5) C 5 311-315 4 4 29. ZIP-CODE EXTENSION 9(4) C 1 323-30 SPACES 4 31. IORM OF DISTRIBUTION X(1) C 1 321-321 TUTTER-WIDE ANNUTY, ""= PARTIAL, """= NUM ALLE, "N" = NON QUALIFIED * 32. PLAN OR ANNUTY TYPE X(1) C 1 322-322 "T" = PRIVATE, "N" = NON QUALIFIED * 33. ROLLOVER CONTRIBUTION 9(10)V99 C 122 347-338 SEE FORM 480.7C, ITEM 1. 34. ROLLOVER CONTRIBUTIO	P=PACKED B=BINARY C=CHARACTER						
FIELD NAME PICTURE V BYTES LOCATION COMMENTS RE 24. ADDRESS LINE NUMBER 1 X(35) C 35 226-200 <			→				
25. ADDRESS LINE NUMBER 2 X(3) C 35. 261-295	FIELD NAME	PICTURE		BYTES		ON COMMENTS	RE
26. TOWN X(13) C 13 296-508	24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
20. DOTAL ALL C 1.5 2.0006 27. STATE X(2) C 2 309-310 * 28. ZIP-CODE 9(3) C 5 311-315 * 28. ZIP-CODE EXTENSION 9(4) C 4 316-319 ZFROS, IF NOT AVAILABLE. * 30. FILLER X(1) C 1 320-220 SPACES. * * 31. FORM OF DISTRIBUTION X(1) C 1 322-321 SPENDUC PAYMENTS. * 32. PLAN OR ANNUITY TYPE X(1) C 1 322-322 SPENDUR PAYMENTAL, "\"*" VARIABLE ANNUITY, "\"*" VARIABLE ANNUITY, "	25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		
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) C 1 320-320 SPACES. * 31. FORM OF DISTRIBUTION X(1) C 1 321-321 * * * 32. PLAN OR ADDISTRIBUTION X(1) C 1 321-321 *	26. TOWN	X(13)	С	13	296-308		*
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) C 1 320-320 SPACES. * 31. FORM OF DISTRIBUTION X(1) C 1 321-321 * * * 32. PLAN OR ADDISTRIBUTION X(1) C 1 321-321 *							*
29. ZIP-CODE EXTENSION 9(4) C 4 316.319 ZEBOS, IF NOT AVAILABLE. 30. FILLER X(1) C 1 320-320 SPACES. # 31. FORM OF DISTRIBUTION X(1) C 1 320-320 SPACES. # # 31. FORM OF DISTRIBUTION X(1) C 1 321-321 "T" = PERIODIC PAYMENTAL, "A" = PARTIAL, "A" = NON QUALIFIED. * 32. PLAN OR ANNUITY TYPE X(1) C 1 322-322 "T" = REVIXE ANNUITY, "V" = NON QUALIFIED. * 33. ROLLOVER CONTRIBUTION 9(10)V99 C 12 335-346 SEE FORM 480.7C, ITEM 1. 34. ROLLOVER DISTRIBUTION 9(10)V99 C 12 347-358 SEE FORM 480.7C, ITEM 3. * 35. COST OF PENSION OR ANNUITY 9(10)V99 C 12 347-358 SEE FORM 480.7C, ITEM 3. * 36. DISTRIBUTIONS (20%) 9(10)V99 C 12 333-394 SEE FORM 480.7C, ITEM 1. *							*
31. FORM OF DISTRIBUTION X(1) C 1 321-521 FER: "L": FLUMP SUM, "P" = PARTIAL, "F" = PERDORC PAYMENTS. * 32. PLAN OR ANNUITY TYPE X(1) C 1 322-321 "T" = FREADANNUITY, "Y" = VARIABLE ANNUITY, "Y" = VARIABLE ANNUITY, "Y" = PRIVATE, "N" = NON QUALIFED. * 33. ROLLOVER CONTRIBUTION 9(10)V99 C 12 332-324 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 ANUUTY 9(10)V99 C 12 347-358 SEE FORM 480.7C, ITEM 3. * 36. DISTRIBUTIONS (0%) 9(10)V99 C 12 359-370 SEE FORM 480.7C, ITEM 6. * 37. DISTRIBUTIONS (10%) 9(10)V99 C 12 371-382 SEE FORM 480.7C, ITEM 1. * 38. SAVINCS ACCOUNT PROGRAM (10%) 9(10)V99 C 12 383-394 SEE FORM 480.7C, ITEM 1. * 39. SAVINCES ACCOUNT PROGRAM (10%) 9(10)V99 C 12 384-466 SEE FORM 480.7C, ITEM 1. *	29. ZIP-CODE EXTENSION	· · ·	1				
31. FORM OF DISTRIBUTION X(1) C 1 321-321 T=** pERIODIC PAYMENTS. * 32. FORM OF DISTRIBUTION X(1) C 1 321-321 T=** pERIODIC PAYMENTS. * 32. PLAN OR ANNUITY TYPE X(1) C 1 322-322 "P* = PRIVATE, "N" = NON QUALIFIED. * 33. ROLLOVER CONTRIBUTION 9(10)V99 C 12 323-334 SEE FORM 480.7C, ITEM 1. * 34. ROLLOVER CONTRIBUTION 9(10)V99 C 12 335-346 SEE FORM 480.7C, ITEM 1. * 35. COST OF PENSION OR ANNUITY 9(10)V99 C 12 347.358 SEE FORM 480.7C, ITEM 1. * 36. DISTRIBUTIONS (0%) 9(10)V99 C 12 347.358 SEE FORM 480.7C, ITEM 1. * 7AX WITHHELD FROM DIMST, RETIREMENT * * * * * * 7AX WITHHELD FROM NONRESIDENT'S 9(10)V99 C 12 395-406 SEE FORM 480.7C, ITEM 1. * 7AX WITHHELD FROM NONRESIDENT'S 9(10)V99 C 12 407-418	30. FILLER		С	1	320-320		*
32. PLAN OR ANNUITY TYPE X(1) C 1 322-322 "P" = PRIVATE, "N" = NON QUALIFIED. * 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. 36. DISTRIBUTIONS (20%) 9(10)V99 C 12 359-370 SEE FORM 480.7C, ITEM 6. 37. DISTRIBUTIONS (20%) 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. 7AX WITHHELD FROM DIST. RETIREMENT 38. 384 SEE FORM 480.7C, ITEM 14. 39. SAV. ACCT.PROG. TO A NON DED. RA (10%) 9(10)V99 C 12 395-406 SEE FORM 480.7C, ITEM 14. 40. DISTRIBUTIONS 9(10)V99 C	31. FORM OF DISTRIBUTION	X(1)	С	1	321-321	"E" = PERIODIC PAYMENTS. ENTER: "G" = GOVERNMENTAL, "A"= FIXED ANNUITY,	*
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. 36. DISTRIBUTIONS (20%) 9(10)V99 C 12 359-370 SEE FORM 480.7C, ITEM 3. 37. DISTRIBUTIONS (10%) 9(10)V99 C 12 371-382 SEE FORM 480.7C, ITEM 6. 37. DISTRIBUTIONS (10%) 9(10)V99 C 12 371-382 SEE FORM 480.7C, ITEM 7. 37. DISTRIBUTIONS (10%) 9(10)V99 C 12 383-394 SEE FORM 480.7C, ITEM 12. 38. AVINGS ACCOUNT PROGRAM (10%) 9(10)V99 C 12 395-406 SEE FORM 480.7C, ITEM 12. 39. DISTRIBUTIONS 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 14. 40. DISTRIBUTED 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 16. 41. AMOUNT OVER WHICH A PREPAYMENT WASMADE UNDER SECTION 1023.21, 9(10)V99	32. PLAN OR ANNUITY TYPE	X(1)	С	1	322-322		*
35. COST OF PENSION OR ANNUITY 9(10)V99 C 12 347-358 SEE FORM 480.7C, ITEM 3. 36. DISTRIBUTIONS (20%) 9(10)V99 C 12 359-370 SEE FORM 480.7C, ITEM 6. 37. DISTRIBUTIONS (20%) 9(10)V99 C 12 371-382 SEE FORM 480.7C, ITEM 6. 37. DISTRIBUTIONS (10%) 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. 38. SAVINGS ACCOUNT PROGRAM (10%) 9(10)V99 C 12 395-406 SEE FORM 480.7C, ITEM 12. 39. SAV. ACCT.PROG. TO A NON DEL IRA (10%) 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 OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21, 42. I081.016(9) OR 10120b(5) 9(10)V99 C 12 443-442 SEE FORM 480.7C, ITEM 16. 43. TAXABLE AMOUNT 9(10)V99 C 12 443-442 SEE FORM 480.7C, ITEM 17. 44	33. ROLLOVER CONTRIBUTION	9(10)V99	С	12	323-334	SEE FORM 480.7C, ITEM 1.	
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. 37. DISTRIBUTIONS (10%) 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 ROM DIST. RETIREMENT 9(10)V99 C 12 395-406 SEE FORM 480.7C, ITEM 12. 38. SAV.CCT.PROG, TO A NON DED IRA (10%) 9(10)V99 C 12 395-406 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, 414 414.442 SEE FORM 480.7C, ITEM 18. 43.742 43. TAXABLE AMOUNT 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 44. FILLER X	34. ROLLOVER DISTRIBUTION	9(10)V99	С	12	335-346	SEE FORM 480.7C, ITEM 2.	
36. DISTRIBUTIONS (20%) 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 7. TAX WITHHELD FROM DIST. RETIREMENT 9(10)V99 C 12 383-394 SEE FORM 480.7C, ITEM 12. TAX WITHHELD ROOM NON PROGRAM (10%) 9(10)V99 C 12 383-394 SEE FORM 480.7C, ITEM 12. TAX WITHHELD ROOM NON PROGRAM (10%) 9(10)V99 C 12 395-406 SEE FORM 480.7C, ITEM 13. TAX TAX WITHHELD ROOM NONRESIDENT'S 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 14. TEM 14. 41. AMOUNT OVER WHICH A PREPAYMENT 9(10)V99 C 12 419-430 SEE FORM 480.7C, ITEM 16. AMOUNT OVER WHICH A PREPAYMENT VAS MADE UNDER SECTION 1023.21, 413-442 SEE FORM 480.7C, ITEM 16. 443-454 SEE FORM 480.7C, ITEM 17. 444 42. 1081.01(b)(9) OR 1012D(b)(5) 9(10)V99 C 12 443-454 SEE FORM 480.7C, ITEM 18. 454 43. TAXABLE AMOUNT 9(10)V99 C 12 443-454 SEE FOR		9(10)V99	С	12	347-358	SEE FORM 480.7C, ITEM 3.	
37. DISTRIBUTIONS (10%) 9(10)V99 C 12 371-382 SEE FORM 480.7C, ITEM 7. TAX WITHHELD FROM DIST. RETIREMENT 9(10)V99 C 12 383-394 SEE FORM 480.7C, ITEM 12. TAX WITHHELD ROM LOVER RETIREMENT 9(10)V99 C 12 395-406 SEE FORM 480.7C, ITEM 13. TAX WITHHELD ROM NORRESIDENT'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. 44. FILLER 9(10)V99 C 12 419-430 SEE FORM 480.7C, ITEM 16. 44. FILLER 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 45. FILLER X(24) C 24 453-478 SPACES. * 46. AFTER-TAX CONTRIBUTIONS 9(10)V99 C 12 491-502 SEE FORM 480.7C, ITEM 19. * 47. FILLER X(24) C 24 455-478 SPACES. * 46. AFTER-TAX CONTRIBUTIONS	36. DISTRIBUTIONS (20%)	9(10)V99	С	12	359-370	SEE FORM 480.7C, ITEM 6.	
38. SAVINGS ACCOUNT PROGRAM (10%) 9(10)V99 C 12 383-394 SEE FORM 480.7C, ITEM 12. TAX WITHHELD ROLLOVER RETIREMENT -	37. DISTRIBUTIONS (10%)	9(10)V99	С	12	371-382	SEE FORM 480.7C, ITEM 7.	
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 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 14. 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. 1081.01(b)(9) OR 1012D(b)(5) 9(10)V99 C 12 443-454 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 12 491-502 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", "J", "K", "L", "M", "N", "F", "E", "E", "F", "AX WITHHELD FROM NOLOVER OF A - <td< td=""><td></td><td>9(10)V99</td><td>С</td><td>12</td><td>383-394</td><td>SEE FORM 480.7C, ITEM 12.</td><td></td></td<>		9(10)V99	С	12	383-394	SEE FORM 480.7C, ITEM 12.	
TAX WITHHELD FROM NONRESIDENT'S 9(10)V99 C 12 407-418 SEE FORM 480.7C, ITEM 14. 40. DISTRIBUTIONS 9(10)V99 C 12 417-418 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. 1081.01(b)(9) OR 1012D(b)(5) 9(10)V99 C 12 443-454 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 24 455-4718 SPACES. * 45. FILLER X(12) C 12 4491-502 SEE FORM 480.7C, ITEM 19. * 47. FILLER X(24) C 24 455-4718 SPACES. * 48. DISTRIBUTION CODE X(1) C 12 491-502 SEE FORM 480.7C, ITEM 19. * 49. IRA 9(10)V99 C 12 527-527 "G", "H", "I", "J", "K", "L", "M", "N". * 49. IRA 9(10)V99 C 12 528-553 SEE FORM 480.7C, IT		9(10)V99	С	12	395-406	SEE FORM 480.7C, ITEM 13.	
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, 9(10)V99 C 12 431-442 SEE FORM 480.7C, ITEM 18. 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 12 443-441. SEE FORM 480.7C, ITEM 17. 44. FILLER X(24) C 24 445-478 SPACES. * 45. FILLER X(12) 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", "T, "J", "K", "L", "M", "N". * 49. IRA PIAD FROM ROLLOVER OF A QUALIFIED PLAN TO NON DEDUCTIBLE 9(10)V99 C 12 528-539 SEE FORM 480.7C, ITEM 11. 49. IRA PIAD FROM OTHER 9(10)V99 C 12 540-551 SEE FORM 480.7C, ITEM 15. 51 51. FILLER Y(10)V99 C 12 <t< td=""><td>TAX WITHHELD FROM NONRESIDENT'S</td><td>9(10)V99</td><td>С</td><td>12</td><td>407-418</td><td></td><td></td></t<>	TAX WITHHELD FROM NONRESIDENT'S	9(10)V99	С	12	407-418		
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 12 491-502 SEE FORM 480.7C, ITEM 17. * 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", "M", "N". * 48. DISTRIBUTION CODE X(1) C 1 527-527 "G", "H", "I", "M", "N". * 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. 5 51. FILLER X(12) C 12 540-551 SEE FORM 480.7C							
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", "P", "J", "K", "L", "M", "N". * 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. 5 51. FILLER X(12) C 12 540-551 SEE FORM 480.7C, ITEM 15. 5 52. (10%) 9(10)V99 C 12 552-563 SPACES. 5 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9. 5 52. (10%) 9(10)V99 </td <td>AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	AMOUNT OVER WHICH A PREPAYMENT WAS MADE UNDER SECTION 1023.21,						
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". * 48. DISTRIBUTION CODE X(1) C 1 527-527 "G", "H", "I", "J", "K", "L", "M", "N". * 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. * 52. (10%) 9(10)V99 C 12 552-563 SPACES. *	43. TAXABLE AMOUNT	9(10)V99	С	12	443-454	SEE FORM 480.7C, ITEM 17.	
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 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 X(12) C 12 552-563 SPACES. * 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9. *							*
47. FILLER X(24) C 24 503-526 SPACES. 48. DISTRIBUTION CODE X(1) C 1 527-527 VALID CODES ="A", "B", "C", "D", "E", "F", "G", "H", "T", "J", "K", "L", "M", "N". * 48. DISTRIBUTION CODE X(1) C 1 527-527 "G", "H", "T, "J", "K", "L", "M", "N". * 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 X(12) C 12 552-563 SPACES. * 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9. *							
48. DISTRIBUTION CODE X(1) C 1 527-527 VALID CODES ="A", "B", "C", "D", "E", "F", "G", "H", "T, "J", "K", "L", "M", "N". 48. DISTRIBUTION CODE X(1) C 1 527-527 "G", "H", "T, "J", "K", "L", "M", "N". * TAX WITHHELD FROM ROLLOVER OF A 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. * 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 1 1 1 1 * * 52. (10%) 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9. *							
QUALIFIED PLAN TO NON DEDUCTIBLEIIIIII49. IRA9(10)V99C12528-539SEE FORM 480.7C, ITEM 11.ITAX WITHHELD FROM OTHER9(10)V99C12540-551SEE FORM 480.7C, ITEM 15.I50. DISTRIBUTIONS9(10)V99C12540-551SEE FORM 480.7C, ITEM 15.I51. FILLERX(12)C12552-563SPACES.ITAX WITHHELD FROM OTHERIIIIIDISTRIBUTIONS OF QUALIFIED PLANS9(10)V99C12564-575SEE FORM 480.7C, ITEM 9.52. (10%)IIIIIII	48. DISTRIBUTION CODE					VALID CODES ="A", "B", "C", "D", "E", "F",	*
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 Image: Constraint of the state of the stat	QUALIFIED PLAN TO NON DEDUCTIBLE 49. IRA	9(10)V99	С	12	528-539	SEE FORM 480.7C, ITEM 11.	
TAX WITHHELD FROM OTHER DISTRIBUTIONS OF QUALIFIED PLANSVVVV52. (10%)9(10)V99C12564-575SEE FORM 480.7C, ITEM 9.	50. DISTRIBUTIONS						
DISTRIBUTIONS OF QUALIFIED PLANS 9(10)V99 C 12 564-575 SEE FORM 480.7C, ITEM 9.		X(12)	С	12	552-563	SPACES.	
53. FILLER 9(24) C 24 576-599 ZEROS. *	DISTRIBUTIONS OF QUALIFIED PLANS	9(10)V99	С	12	564-575	SEE FORM 480.7C, ITEM 9.	
	53. FILLER	9(24)	С	24	576-599	ZEROS.	*

* REQUIRED FIELD



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FILE DESCRIPTION	DA	DATE: OCTOBER 2021				
FILE NAME: F4807CY21				RI	ECORD TYPE: FORM	
RECORD NAME: RETIREMENT PLA	ANS AND ANNU	JITI	ES – FOR	M TYPE 48	80.7C RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]	_				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	N COMMENTS	RE
54. DISTRIBUTION CODE OTHER	X(1)	С	1	600-600	VALID CODES ="A", "B", "C", "D", "E", "F", "G", "H", "F", "J", "K", "L", "M", "N".	*
55. FILLER	X(161)	С	161	601-761	SPACES.	*
					ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH	

55. FILLER	X(161)	С	161	601-761	SPACES.	*
					ENTER THE FIRST NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
					BLANKS. REQUIRED ONLY FOR	
56. PAYEE'S FIRST NAME	X(15)	С	15	762-776	INDIVIDUALS.	*
					ENTER THE MIDDLE NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
57. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	BLANKS.	
					ENTER THE LAST NAME OF THE PAYEE'S.	
		~	• •		LEFT JUSTIFIED AND FILL WITH BLANKS.	
58. PAYEE'S LAST NAME	X(20)	С	20	792-811	REQUIRED ONLY FOR INDIVIDUALS.	*
					ENTER THE SECOND LAST NAME OF THE	
			•	010.001	PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
59. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	BLANKS.	
TAX WITHHELD FROM DISTRIBUTIONS OF	0.(10)7700		10	000 010		
60. NON QUALIFIED PLANS	9(10)V99	С	12	832-843	SEE FORM 480.7C, ITEM 8.	
	0(10)1/00	G	10	044.055		
61. TAX WITHHELD FROM ANNUITIES	9(10)V99	С	12	844-855	SEE FORM 480.7C, ITEM 10.	
PLAN'S INFORMATION						
		~			ENTER THE EMPLOYER IDENTIFICATION	
62. EMPLOYER IDENTIFICATION NO.	9(9)	С	9	856-864	NUMBER.	
	37(40)	G	10	0.65 004	ENTER THE NAME OF PLAN. LEFT	
63. NAME OF PLAN	X(40)	С	40	865-904	JUSTIFIED AND FILL WITH BLANKS.	
	37(40)	С	10	005 044	ENTER THE PLAN SPONSOR'S NAME.	
64. PLAN SPONSOR'S NAME	X(40)	C	40	905-944	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.	
03. A- EAEMIPT	9(10) 999	C	12	943-930	SEE FORM 480./C, ITEM 21A.	
66. B- TAXABLE	9(10)V99	С	12	957-968	SEE FORM 480.7C, ITEM 21B.	
00. D- TRAADLE	9(10) ¥ 99	C	12	937-908	SEE FORM 480.7C, ITEM 21D.	
C- AMOUNT OVER WHICH A PREPAYMENT						
67. WAS MADE	9(10)V99	С	12	969-980	SEE FORM 480.7C, ITEM 21C.	
07. WAS MADE)(10)())	C	12	707-700	SEET ORIM 400.7C, TIEM 21C.	
68. D- AFTER-TAX CONTRIBUTIONS	9(10)V99	С	12	981-992	SEE FORM 480.7C, ITEM 21D.	
00. D-AITER-TAX CONTRIDCTIONS)(10)())	C	12	701-772	SEET ORIM 400.7C, TIEW 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)(10)())	C	12	<i>))5</i> 1004	SEET ORIGINO. / C, TTEM 212.	
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.	
)(10)())	0	12	1017 1020	SEET ORM 100.7C, THEM 20.	
					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	
72. PAYEE'S IDENTIFICATION	X(13)	С	13	1029-1041	THAN FEIN, SSN, OR ITIN.	
	/	-				



FILE DESCRIPTION	DA	DATE: OCTOBER 2021					
FILE NAME: F4807CY21 RECORD TYPE: FORM							
RECORD NAME: RETIREMENT PLANS AND ANNUITIES – FORM TYPE 480.7C RECORD LENGTH: 2500							
P=PACKED, B=BINARY, C=CHARACTER							
FIELD NAME	PICTURE		BYTES	FILE LOCATION	J	COMMENTS	RE

FILE					▼		
THE			FILE				
FIELD NAME PICTURE BYTES LOCATION COMMENTS	RE	COMMENTS	LOCATION	BYTES		PICTURE	FIELD NAME

					ENTER: "C"= CONTRIBUTION,	
73. TYPE OF FINANCIAL	X(1)	С	1	1042-1042	"D"= DISTRIBUTION, "B"= BOTH.	*
74. FILLER	X(1288)	Č	1288	1043-2330	SPACES.	*
	(-			ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN,	
					"4" = IDN (OTHER INDIVIDUAL	
					IDENTIFICATION NUMBER), "5" = CIDN	
					(OTHER CORPORATE IDENTIFICATION	
75. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2331-2331	NUMBER).	
					IF PAYEE ID TYPE ORIGINAL = "1", ENTER	
					PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2"	
					ENTER PAYEE'S SSN ALIGN TO THE	
					RIGHT AND FILL WITH SPACES TO THE	
76. PAYEE ID ORIGINAL	X(11)	С	11	2332-2342	LEFT	
77. PAYER E-MAIL	X(50)	С	50	2343-2392	E-MAIL FOR PAYER.	*
		~	• •			
78. PAYER PHONE NUMBER	X(20)	C	20	2393-2412	PHONE NUMBER PAYER.	*
79. REPORT DISTRIBUTIONS	X(1)	С	1	2413-2413	"1" IF REPORT DISTRIBUTIONS	*
					SEE FORM 480.7C ITEM 4. THIS FIELD	
	0/10)1/00	C	10	2414 2425	APPLIES FOR PUERTO RICO	
80. GOVERNMENTAL RETIREMENT FUND	9(10)V99	С	12	2414-2425	GOVERNMENTAL AGENCIES ONLY.	
TAX WITHHELD FROM PERIODIC						
PAYMENTS OF QUALIFIED OR 81. GOVERNMENTAL PLANS	9(10)V99	С	12	2426-2437	SEE FORM 490 7C ITEM 5	
	9(10) 999	C	12	2420-2437	SEE FORM 480.7C, ITEM 5.	
DATE ON WHICH YOU STARTED TO 82. RECEIVE THE PENSION	X(8)	С	8	2438-2445	ENTER THE MONTH, DAY AND 4 DIGIT YEARS, (MMDDYYYY).	
CONTROL NUMBER ORIGINAL	A(0)		0	2430-2443	THIS FILED MUST BE COMPLETED WHEN	
83. INFORMATIVE RETURN	9(9)	С	9	2446-2454	FILING AMENDED FORM.	
65. INFORMATIVE RETURN	9(9)		7	2440-2434	ENTER THE REASON FOR CHANGE FORM.	
84. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
04. REASON FOR THE CHANGE	A(40)		40	2433-2494	LEFT JUSTIFIED AND FILL WITH BLAINKS.	
85. FILLER	9(6)	С	6	2495-2500	ZEROS.	*
0.5. TILLER	9(0)		0	2495-2500	LLRUG.	



Form Rex 08.21 DECLARACI	IO DE PUERTO RICO - GOVERNMEN tamento de Hacienda - Depertmen ION INFORMATIVA - PLANES DE RE IATIVE RETURN - RETIREMENT PLA/	t of the Treasury TIRO Y ANUALIDADES	Número de Confirmación de Radioación Electrónica Electronic Filing Confirmation Number			
ANO CONTRIBUTIVO: TAXABLE YEAR: 2021	mendado - Amended: (/)		istributions Ambos Both		
INFORMACIÓN DEL PAGADOR - PAYER'S INFORMATION Núm. de Identificación Patronal - Employer Identification No.	Seleopione un enoas	EEL PAGO - PAYEE'S INFORMATION	Num de Identificación Patron	al - PLAN'S INFORMATION		
		adano de EU. No Residente Extranje Inn Normádert Alen	Nombre del Plan - Name of	Flan		
Nombre - Name	Núm. de Identificación - Ide	entrication No.	Nombre dei Plan - Name of	Fian		
Dirección - Address	Nombre - Name		Nombre de quien auspicia e	el plan - Plan sponsor's name		
	Dirección - Address		Fecha en que comenzó a n Date on which you started to	esibir la pensión: receive the pension:		
Código Postal - Zp Code Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail	-		Día/Day Mes/Mont	h AñolYear		
	Narque el encasillado correspondi	Codigo Postal - Zp Code iente: - Check the corresponding box	c			
Forma de Distribución: - Form of Distribution:		Tipo de Plan o Anualid	ad: - Plan or Annuity Type:			
Total Parcial Pagos Periódico Lump Sum Partial Periodic Payment		Privado Calificado No Ca Qualified Private Non O	Ificado Anualidad Fija uslified Fixed Annuity	Anualidad Variable Variable Annuity		
Descripción - Description	Cantidad - Amount	Guainea Private Non G	Distribuciones - Distributions	Vanable Annuity		
1. Aportación Via Transferencia		16. Cantidad Distribuida				
Rollover Contribution 2. Distribución Vía Transferencia		Amount Distributed				
2. Distribución via transferencia Rollover Distribution 3. Costo de la Pensión o Anualidad		17. Cantidad Tributable Texeble Amount				
Cost of Pension or Annuity		baio las Secciones 1023.	al se Pagó por Adelantado 21, 1081.01(b)(9) o 1012D(b)(5) -			
4. Fondo de Retiro Gubernamental Governmental Retirement Fund		Amount over which a F Sections 1023.21, 1081.01	Prepayment was Made under (b)(9) or 1012D(b)(5)			
 Contribución Retenida sobre Pagos Periódicos de Pla Calificados o Gubernamentales - Tex Withheld from Peri Payments of Qualified or Governmental Plans 	unes odic	19. Aportaciones Voluntari After-Tax Contributions	25			
 Contribución Retenida sobre una Distribución Total (2 Tax Withheld from Lump Sum Distributions (20%) 	10%)	20. Ingresos Exentos				
 Contribución Retenida sobre una Distribución Total (1 Tax Withheld from Lump Sum Distributions (10%) 	10%)	Exempt income	on de un Desastre Declarado			
 Contribución Retenida sobre Distribuciones de Pla No Calificados - Tax Withheld from Distributions of Qualified Plans 		por el Gobernador de l	Puerto Rico - Distributions for lared by the Governor of Puerto			
 Contribución Retenida sobre Otras Distribuciones Planes Calificados (10%) - Tax Withheld from O Distributions of Qualified Plans (10%) 		A. Exentas Exempt				
10. Contribusión Retenida sobre Anualidades Tax Withheld from Annuities		B. Tributables Taxable				
11. Contribución Retenida sobre Transferencia de Plan Calificado a una Cuenta de Retiro Individual Deducible - Tax Withheld from Rollover of a Quel	No		ual se Pagó por Adelantado Prepayment was Made			
Plan to a Non Deductible Individual Retirement Acco	ount	D. Aportaciones Volun Afler-Tax Contribution:				
Programa de Cuentas de Ahorro para el Retiro (1 Tax Withheld from Distributions of the Retirement Sav Account Program (10%)	0%)	E. Total (Sume lineas 2 Total (Add lines 21A th				
13. Contribución Retenida sobre Transferencia Programa de Cuentas de Ahorro para el Retiro a Cue de Retiro Individual No Deducible (10%) - Tex With from Rollover of the Retirement Savings Account Prog to a Non Deducible Individual Retirement Account (10)	enta held vem	Razón de un Desastre de Puerto Rico - Incom	la sobre Distribuciones por Declarado por el Gobernador re Tex Withheld on Distributions er Declared by the Governor of			
14. Contribución Retenida sobre Distribuciones a	No	23. Código de Distribució Distribution Code	n			
Residentes - Tax Withheld from Nonresident's Distribut		Razones para el Cambio Reasons for the Change				
Tax Withheld from Other Distributions						
	lumero de Control ontrol Number		lúmero de Control de la Declara Control Number of Original Infor			
FECHA DE RADICACIÓN: 28 DE FEBRERO O 30 DE NOVIEMBR	RE, SEGUN APLIQUE. VEA INSTRU	CCIONES - FILING DATE: FEBRUA	RY 28 OR NOVEMBER 30, AS APP	LICABLE. SEE INSTRUCTIONS		
ENVIE ELECTRÓNICAMENTE AL DEPARTAMI SEND TO DEPARTMENT OF TH	ENTO DE HACIENDA. ENTREGUE D E TREASURY ELECTRONICALLY. DE			US RÉCORDS.		



FILE DESCRIPTION DATE: OCTOBER 2021 FILE NAME: F4807DY21 RECORD TYPE: RETURN **RECORD NAME: AUTOMOBILE LEASE PAYMENTS - FORM TYPE 480.7D RECORD LENGTH: 2500** P=PACKED, B=BINARY, C=CHARACTER FILE FIELD NAME PICTURE BYTES LOCATION COMMENTS RE FILLER X(1) C 1 - 1SPACES ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7D. * 2. CONTROL NUMBER 9(9) С 9 2-10 RIGHT JUSTIFIED. С ENTER: "1" = FEIN, "2" = SSN * 3. PAYER ID TYPE X(1)1 11-11 С SPACES. * 4. FILLER X(1) 1 12-12 * С ENTER "Z" TO INDICATE FORM 480.7D. 5. FORM TYPE X(1) 1 13-13 * 6. RECORD TYPE 9(1) С 1 14-14 "1" = DETAIL RECORD. ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = \underline{DELETE} . 7. DOCUMENT TYPE X(1) С 15-15 * 1 С * 8. FILLER X(2) 2 SPACES. 16-17 ENTER THE TAX YEAR FOR THIS 9. TAXABLE YEAR 9(4) C 18-21 **REPORT WHICH MUST BE 2021** * 4 С 9 * 10. FILLER X(9) 22-30 SPACES PAYEE'S INFORMATION ENTER: "1" = FEIN, "2" = SSN * 11. PAYEE ID TYPE X(1) С 31-31 1 IF PAYEE ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION 12. IDENTIFICATION NUMBER 9(9) NUMBER SSN. * С 9 32-40 С REQUIRED ONLY FOR CORPORATIONS * X(30) 30 41-70 13. NAME ADDRESS LINE NUMBER 1 X(35) С 35 71-105 ADDRESS LINE NUMBER 1 * 14. 15. ADDRESS LINE NUMBER 2 С ADDRESS LINE NUMBER 2. X(35) 35 106-140 С * 16. TOWN X(13) 13 141-153 С * 17. STATE X(2) 2 154-155 18. ZIP-CODE 9(5) С * 5 156-160 19. ZIP-CODE EXTENSION С ZEROS, IF NOT AVAILABLE 9(4) 4 161-164 * С 2 20. FILLER X(2) 165-166 SPACES. PAYER'S INFORMATION IF PAYER ID TYPE = "1", ENTER PAYER'S FEIN. 21. PAYER'S ID 9(9) С 9 167-175 IF ID TYPE = "2" ENTER PAYER'S SSN * ENTER: "I" = INDIVIDUAL, "P" = PARTNERSHIP, * "C" = CORPORATION, "O" = OTHER. С 22. PAYER'S TYPE X(1) 1 176-176 23. CUSTOMER NUMBER X(20) С 20 177-196

***REQUIRED FIELDS**

24. NAME

TAXABLE YEAR 2021 FORM 480.7D

30

197-226

C

X(30)



*

REQUIRED ONLY FOR CORPORATIONS

EXHIBIT I

EXHIBIT I

FILE DESCRIPTION					DATE: OCTOBER 2021			
FILE NAME: F4807DY21					RECOR	D TYPE: RETURN		
RECORD NAME: AUTOMOBILE LEASE PAYMENTS – FORM TYPE 4						RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER		Ţ						
FIELD NAME	PICTURE		BYTES	FII LOCA		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	366-3	385	SEE FORM 480.7D, ITEM 2.		
36. TOTAL PAYMENT RECEIVED - 2	9(10)V99	С	12	386-3	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.		

***REQUIRED FIELDS**



				F		EXHIBIT		
FILE DESCRIPTION					DATE: 0	OCTOBER 2021		
FILE NAME: F4807DY21					RECORD TYPE: RETURN			
RECORD NAME: AUTOMOBILE LEASE F	PAYMENTS	5 – F	ORM TYP	PE 480.	7D	RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER		Ţ						
FIELD NAME	PICTURE		BYTES		LE ATION	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)	С	15	762-	-776	ENTER THE FIRST NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE MIDDLE NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH	*	
63. PAYER MIDDLE NAME	X(15)	С	15	777-	-791	BLANKS.		
64. PAYER LAST NAME 65. PAYER MOTHER'S MAIDEN LAST NAME	X(20)	C C	20		-811 -831	ENTER THE LAST NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE SECOND LAST NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS.	*	
66. FILLER	X(1532)	С	1532	832-	2363	SPACES.		
67. PAYER ID TYPE ORIGINAL 68. PAYER ID ORIGINAL	X(1)	C C	1		-2364 -2375	ENTER: "1" = FEIN, "2" = SSN. IF PAYER ID TYPE ORIGINAL = "1", ENTER PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYER SSN ALIGN TO THE RIGHT AND FILL WITH SPACES TO THE LEFT		
69. PAYEE E-MAIL	X(50)	С	50		-2425	E-MAIL FOR PAYEE.	*	
70. PAYEE PHONE NUMBER	X(20)	С	20		-2445	PHONE NUMBER PAYEE.	*	
CONTROL NUMBER ORIGINAL 71. INFORMATIVE RETURN	9(9)	С	9		-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.		
72. REASON FOR THE CHANGE	X(40)	С	40	2455-	-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.		
73. FILLER	9(6)	С	6	2495	-2500	ZEROS.	*	

TAXABLE YEAR 2021 FORM 480.7D

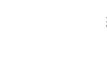


EXHIBIT I

EXHIBIT I

Formulario 480.7D	()	OOBIERNO DE PUERTO RICO - GOVERN Departamento de Haoienda - Depa			
Rev. 07.21	DECLARAC	IÓN INFORMATIVA - PAGOS POR AR INFORMATIVE RETURN - AUTOMOB			
ANO CONTRIBUTIVO: 2021		Enmendado - Amended: (/	MM (AATY)		xión de Radioación Electrónica ng Confirmation Number
		INFORMACIÓN DE QUIEN RECIBI	E EL PAGO - PAYEE'S INFORMATION		
Número de Identificación Patronal -	Employer Identification Number	Nombre - Name			
Direction - Address		Código Postal - Zip Code	Num, de Telefono - Telephone I	No. Correo Electroni	xo - E-mail
		INFORMACIÓN DEL PAGA	DOR - PAYER'S INFORMATION		
Número de Seguro Social o Identifio	ación Patronal - Sociel Security	or Employer Identification Number	Tipo-Type 1 Individ	uo-indviduai S	Booiedad - Pertrership
					Otro - Other
Nombre - Name			2 00100	andi - corporatori	000-000
Direction - Address					Código Postal - Zio Code
Número de Cliente		Número Control	Número Control Infor		
Customer Number	0	Control Number	Control No. Original Inf	formative Return	
Razones para el Cambio - Reesons fo	r the Change				
Número de Cuenta	Pago Total Reoibido	Cantidad del Pago que Constituye	Número de Cuenta	Pago Total Resibido	Cantidad del Pago que Constituye
Account Number	Total Payment Received	Intereses - Amount of Payment that Constitutes Interests	Account Number	Total Payment Received	Intereses - Amount of Payment that Constitutes Interests
1			6.		
2			7.		
1			8.		
4			9.		
6.			10.		
FECHADE RADICACIÓN: 31 DE ENERO, V FILING DATE: JANUARY 31, SEE INSTRUC			rtamento de Haoienda. Entregue dos oo ry electronically. Deliver two copies to peyo		a para sus récords.





EXHIBIT J

FILE DESCRIPTION					DATE	: OCTOBER 2021	
FILE NAME: F4806SPY21					RECO	RD TYPE: RETURN	
RECORD NAME: SERVICES RENDE	ERED – FOR	м тү	PE 480.6SF)		RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]	_					
FIELD NAME	PICTURE		BYTES	FIL LOCAT		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 480.6SP. RIGHT JUSTIFIED.	*
							*
3. TYPE ID PAYEE	X(1)	С	1	11-1	1	ENTER: "1" = FEIN, 2" = SSN.	*
4. FILLER	X(1)	С	1	12-1	2	SPACES. ENTER "H" TO INDICATE FORM	*
5. FORM TYPE	X(1)	С	1	13-1	3	480.6SP.	*
6. RECORD TYPE	9(1)	С	1	14-1	4	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-1	5	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-1	7	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-2	1	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2021.	*
10. FILLER	X(9)	С	9	22-3	0	SPACES.	*
PAYER'S INFORMATION							
11. PAYER ID TYPE	X(1)	С	1	31-3	1	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-4	0	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-7	0		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-10)5	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-1	40	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-1	53		*
17. STATE	X(2)	С	2	154-1	55		*
18. ZIP-CODE	9(5)	С	5	156-1	60		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-1	64	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-1	66	SPACES.	*
PAYEE'S INFORMATION							
						IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER	
21. PAYEE'S ID	9(9)	С	9	167-1		PAYEE'S SSN.	*
22. FILLER	X(20)	С	20	176-1	95	SPACES.	*
23. NAME	X(30)	С	30	196-2	25	REQUIRED ONLY FOR CORPORATIONS.	*

***REQUIRED FIELDS**



						EXHIBIT J	
FIL	E DESCRIPTION				DA	TE: OCTOBER 2021	
	LE NAME: F4806SPY21					CORD TYPE: RETURN	
RE	CORD NAME: SERVICES RENDE	CRED – FOR	M TY	PE 480.6SP)	RECORD LENGTH: 2500	
P=	PACKED, B=BINARY, C=CHARACTER]	•				
	FIELD NAME	PICTURE		BYTES	FILE LOCATION	N COMMENTS R	RE
24.	ADDRESS LINE NUMBER 1	X(35)	С	35	226-260	k	*
25.	ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		
	TOWN	X(13)	С	13	296-308	*	*
	STATE ZIP-CODE	X(2) 9(5)	C C	2 5	<u>309-310</u> 311-315		*
	ZIP-CODE EXTENSION	9(3) 9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	
	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						
	WITHHOLDING PAYMENTS FOR SERVICES RENDERED	9(10)V99	С	12	333-344	SEE FORM 480.6SP, ITEM 2.	
	BY INDIVIDUALS SUBJECT TO WITHHOLDING	9(10)V99	С	12	345-356	SEE FORM 480.6SP, ITEM 3.	
	WITHHELD FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO WITHHOLDING	9(8)V99	С	10	357-366	SEE FORM 480.6SP, ITEM 3.	
	PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 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	С	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". ENTER: "A", "B", "C", "D", "E", "F", "G",	
38.	EXEMPTION CODE CORPORATION	X(1)	С	1	390-390	"H", "I", "J", "K".	
39.	SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES UNDER ACT 48-2013	9(10)V99	С	12	391-402		
	REIMBURSED EXPENSES	9(10)V99	C	12	403-414		
41.	RESPONSIBILITY OF PAYMENT TO HEALTH PROVIDERS	9(10)V99	С	12	415-426		
42.	HEALTH SERVICES RENDERED BY 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	
43.	SERVICES RENDERED BY UNDER PHYSICIANS ACT 14-2017, AS AMENDED, INDICATOR	X(1)	С	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 INDICATOR	X(1)	C	1	429-429	IF YOU RECEIVED THE WAIVER CERTIFICATE FROM THE SERVICE PROVIDER CHOOSING THE OPTIONAL TAX ENTER "1", OTHERWISE FILL WITH BLANK.	

***REQUIRED FIELDS**



						EXHIBIT	J
FILE DESCRIPTION					DATE	: OCTOBER 2021	
FILE NAME: F4806SPY21					RECO	RD TYPE: RETURN	
RECORD NAME: SERVICES RENDE	ERED – FOR	М ТҮ	PE 480.6SF			RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]						
	1	♦					
FIELD NAME	PICTURE		BYTES	FIL LOCA		COMMENTS	RE
							-
PAYMENTS REPORTED CORRESPOND TO OUTSOURCED SERVICES 45. INDICATOR	X(1)	С	1	430-4	-30	IF THE PAYMENTS REPORTED CORRESPOND TO OUTSOURCED SERVICES TAX ENTER "1", OTHERWISE FILL WITH BLANK.	
PAYMENTS REPORTED CORRESPOND TO SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES UNDER ACT 48-2013 46. INDICATOR	X(1)	С	1	431-4	-31	IF THE PAYMENTS REPORTED CORRESPOND TO SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES UNDER ACT 48-2013 ENTER "1", OTHERWISE FILL WITH BLANK.	
PAYMENTS REPORTED CORRESPOND TO REIMBURSED EXPENSES 47. INDICATOR	X(1)	С	1	432-4		IF THE PAYMENTS REPORTED CORRESPOND TO REIMBURSED EXPENSES ENTER "1", OTHERWISE FILL WITH BLANK.	
48. WAIVER TYPE 49. NO. WAIVER CERTIFICATE	X(1) X(20)	C C	1 20	433-4 434-4		ENTER: "P" = PARTIAL, "T" = TOTAL. WAIVER FROM WITHHOLDING.	
50. HEALTH PROFESSIONALS INDICATOR	X(1)	С	1	454-4	54	IF THE PAYMENTS REPORTED CORRESPOND TO HEALTH PROFESSIONALS UNDER CIRCULAR LETTER NO. 20-1 ENTER "1", OTHERWISE FILL WITH BLANK.	
51. FILLER	X(307)	C	307	455-7		SPACES.	*
52. PAYEE'S FIRST NAME	X(15)	С	15	762-7	76	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE MIDDLE NAME OF THE	*
53. PAYEE'S MIDDLE NAME	X(15)	С	15	777-7	91	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
54. PAYEE'S LAST NAME	X(20)	С	20	792-8	311	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
PAYEE'S MOTHER'S MAIDEN LAST 55. NAME 56. FILLER	X(20) X(1532)	C C	20 1532	812-8 832-23		ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. SPACES.	*
57. PAYEE ID TYPE ORIGINAL	X(1)	C	1	2364-2		ENTER: " 1 " = FEIN, " 2 " = SSN.	
58. PAYEE ID ORIGINAL	X(11)	С	11	2365-2	375	IF PAYEE ID TYPE ORIGINAL = "1", ENTER PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYEE'S SSN ALIGN TO THE RIGHT AND FILL WITH SPACES TO THE LEFT	
59. PAYER E-MAIL	X(50)	С	50	2376-2	425	E-MAIL FOR PAYER.	*
60. PAYER PHONE NUMBER	X(20)	С	20	2426-2	445	PHONE NUMBER PAYER.	*
CONTROL NUMBER ORIGINAL 61. INFORMATIVE RETURN	9(9)	С	9	2446-2		THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
62. REASON FOR THE CHANGE	y(9) X(40)	с	40	2446-2		WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
63. FILLER	9(6)	C	6	2433-2		ZEROS.	*





EXHIBIT J

Form Rev. 08.21	DECLARACIÓN INFOR	ienda - Department of the Treasury RMATIVA - SERVICIOS PRESTADOS TURN - SERVICES RENDERED		
ANO CONTRIBUTIVO: 2021	Enmendado -	Amended: (1)		de Radioación Electrónica orfirmation Number
	RETENEDOR - WITHHOLDING AGENT'S INFORMATION	Descripción Descripción	Cantidad Pagada Amount Peld	Cartidad Reterida
Número de Identificación Patronal	I - Employer Identification Number		Antoritras	Anourtmenes
Nombre - Name		 Pagos por Servisios Prestados por Indivíduos No Bujetos a Retensión (Vea instrusoiones) Peyments for Services Rendered by Indivíduels Not Bubject to Withholding (See Instructions) 		
Direction - Address		Cédige - Code:		
Núm, de Teléfono - Telephone No.	Cixtigo Postal - Zo Code Correo Electrónico - E-mel	 Pagos por Servicios Prestados por Corporaciones y Sociedades No Sujetos a Retención (Ves instrucciones) Payments for Services Rendered by Corporations and Partnersings Not Sujecto Withholding (Ger Instructions) 		
INFORMACIÓN DE CU	NEW RECIBE EL PAGO - PAVEE'S INFORMATION			
	ación Patronal - Sociel Security or Employer Identification Number	Código - Coán		
Nombre - Neme Diressión - Address		 Pagos por Servicios Prestados por Individuos Sujetos a Retención Payments for Services Rendered by Individuais Subject to Withholding 		
Aportaxion Especial por Bernixios	Código Postal - Zo Code Profesionales y Consultivos bajo la Ley 48-2013	4. Pagos por Servicios Prestados por Corporaciones y Sociedades Sujetos a Retención Paymento for Services Rendered by Corporations and Patherships Subject to Withholding		
apecial Contribution for Professione	el end Advisory Services under Act 48-2013	Razones para el Cambio - Reesono for the Change		
Gastos Reembolsados (Vea instr Reimbursed Expenses (Bee Instructio				
Responsabilidad de Pago a Prov Responsibility of Peyment to Health	eedores de Balud (Vea instrucciones) Providers (Bee instructions)			
Número de Certificado de Relevo Welver Certificate Number				
Servicios de Salud - Heelth S	lervices			
Deoreto Médioo Cualificado	- Decree Qualified Physician			
Profesionales de la Salud (Ve Health Professionals (See Instr		Numero Control - Control Number	Número Control Informativa Control No. Original Informativa	
Marque aquí si reoibió el Qe contribución opoional (Vea in	entitionalo de Relevo del proveedor de servicios eligiendo la strucciones) - Check here il you received the Visiver Certificate sing the optional tax (See Instructions)			
Marque aqui si los pagos repo	vitados corresponden a servicios subcontratados - Check here ispond to outsourced services			
FECHADE RADICACIÓN: 28 DE FE	EBRERD, VEA INSTRUCCIONES INSTRUCTIONS	Envie electronicamente al Departamento de Hacienda. Entreç résords. Send to Department of the Tressury electronically. D		





FILE DESCRIPTION				Г		Π		
FILE NAME: F4806GY21					RECORD TYPE: RETURN			
RECORD NAME: SERVICES REN	DERED – FOR	M TY	PE 480.6G		RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER		_						
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	DN 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 480.6G. 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.	*		
7. DOCUMENT TYPE	X(1)	C	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 2021.	*		
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.	*		
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.	*		
PARTICIPANT MERCHANT'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.	*		

***REQUIRED FIELDS**



FILE DESCRIPTION					DATE	E: OCTOBER 2021	
FILE NAME: F4806GY21					RECO	ORD TYPE: RETURN	
RECORD NAME: SERVICES REND	ERED – FOR	м тү	PE 480.6G			RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER							
		•					
FIELD NAME	PICTURE		BYTES	FIL LOCAT		COMMENTS	RE
FIELD NAME	PICTURE		DITES	LUCAI	IUN	COMMENTS	KĽ
						11	
22. NAME	X(30)	С	30	176-2	05	REQUIRED ONLY FOR CORPORATIONS.	*
	A (50)		50	170 2	05	ENTER THE FIRST NAME OF THE	
						PAYEE'S. LEFT JUSTIFIED AND FILL	
23. PAYEE'S FIRST NAME	X(15)	С	15	206-2	20	WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
25. TATLE STIKST NAME	A(13)		15	200-2	20	ENTER THE MIDDLE NAME OF THE	
						PAYEE'S. LEFT JUSTIFIED AND FILL	
24. PAYEE'S MIDDLE NAME	X(15)	С	15	221-2	35	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	236-2	55	INDIVIDUALS. ENTER THE SECOND LAST NAME OF	*
PAYEE'S MOTHER'S MAIDEN LAST						THE PAYEE'S. LEFT JUSTIFIED AND	
26. NAME	X(20)	С	20	256-2	75	FILL WITH BLANKS.	
27 ADDESS I INE NUMBER 1	V(25)	С	25	276 2	10		*
27. ADDRESS LINE NUMBER 1	X(35)	C	35	276-3	10		4
28. ADDRESS LINE NUMBER 2	X(35)	С	35	311-3	45		
29. TOWN	X(13)	C	13	346-3			*
30. STATE 31. ZIP-CODE	X(2) 9(5)	C C	2 5	<u>359-3</u> 361-3			*
32. ZIP-CODE EXTENSION	9(3)	C	4	366-3		ZEROS, IF NOT AVAILABLE.	
33. E-MAIL	X(50)	C	50	370-4			
34. MERCHANT CATEGORY CODE	X(4)	С	4	420-4	-		*
35. BUSINESS ACCOUNT INDICATOR	X(1)	C	1	424-4		ENTER "P", PERSONAL, "B" BUSSINESS	*
36. ACCOUNT NUMBER37. PAYMENTS PROCESSING FEE	X(20) 9(13)V99	C C	20 15	425-4			
38. NUMBER OF PAYMENT TRANSACTION	9(10)	C	10	460-4			*
TOTAL PAYMENTS PROCESSED AND	>(-*)	-					
CREDITED		~			~ .		
39. PAYMENTS CREDIT DEBIT JAN 40. PAYMENTS CREDIT DEBIT FEB	9(13)V99 9(13)V99	C C	15 15	470-4		SEE FORM 480.6G, ITEM 1, COLUMN 1. SEE FORM 480.6G, ITEM 2, COLUMN 1.	
40. PAYMENTS CREDIT DEBIT FEB 41. PAYMENTS CREDIT DEBIT MAR	9(13)V99 9(13)V99	C	15	485-4		SEE FORM 480.6G, ITEM 2, COLUMN 1. SEE FORM 480.6G, ITEM 3, COLUMN 1.	
42. PAYMENTS CREDIT DEBIT APR	9(13)V99	C	15	515-5		SEE FORM 480.6G, ITEM 4, COLUMN 1.	
43. PAYMENTS CREDIT DEBIT MAY	9(13)V99	С	15	530-5		SEE FORM 480.6G, ITEM 5, COLUMN 1.	
44. PAYMENTS CREDIT DEBIT JUN	9(13)V99	C	15	545-5		SEE FORM 480.6G, ITEM 6, COLUMN 1.	
45. PAYMENTS CREDIT DEBIT JUL 46. PAYMENTS CREDIT DEBIT AUG	9(13)V99 9(13)V99	C C	15 15	560-5 575-5		SEE FORM 480.6G, ITEM 7, COLUMN 1. SEE FORM 480.6G, ITEM 8, COLUMN 1.	
40. PAYMENTS CREDIT DEBIT AUG 47. PAYMENTS CREDIT DEBIT SEP	9(13)V99 9(13)V99	C	15	590-6		SEE FORM 480.6G, ITEM 8, COLUMN 1. SEE FORM 480.6G, ITEM 9, COLUMN 1.	
48. PAYMENTS CREDIT DEBIT OCT	9(13)V99	C	15	605-6		SEE FORM 480.6G, ITEM 10, COLUMN 1.	
49. PAYMENTS CREDIT DEBIT NOV	9(13)V99	С	15	620-6		SEE FORM 480.6G, ITEM 11, COLUMN 1.	
50. PAYMENTS CREDIT DEBIT DEC	9(13)V99	C	15	635-6		SEE FORM 480.6G, ITEM 12, COLUMN 1.	
51. TOTAL PAYMENTS CREDIT DEBIT 52. PAYMENTS OTHER JAN	9(13)V99 9(13)V99	C C	15 15	650-6 665-6		SEE FORM 480.6G, ITEM 13, COLUMN 1. SEE FORM 480.6G, ITEM 1, COLUMN 2.	
53. PAYMENTS OTHER FEB	9(13)V99 9(13)V99	C	15	680-6		SEE FORM 480.6G, ITEM 1, COLUMN 2.	
54. PAYMENTS OTHER MAR	9(13)V99	С	15	695-7		SEE FORM 480.6G, ITEM 3, COLUMN 2.	
55. PAYMENTS OTHER APR	9(13)V99	С	15	710-7		SEE FORM 480.6G, ITEM 4, COLUMN 2.	
56. PAYMENTS OTHER MAY	9(13)V99	C C	15	725-7		SEE FORM 480.6G, ITEM 5, COLUMN 2.	
57. PAYMENTS OTHER JUN 58. PAYMENTS OTHER JUL	9(13)V99 9(13)V99	C	15 15	740-7 755-7		SEE FORM 480.6G, ITEM 6, COLUMN 2. SEE FORM 480.6G, ITEM 7, COLUMN 2.	
59. PAYMENTS OTHER AUG	9(13)V99	C	15	770-7		SEE FORM 480.6G, ITEM 7, COLUMN 2.	
60. PAYMENTS OTHER SEP	9(13)V99	С	15	785-7	99	SEE FORM 480.6G, ITEM 9, COLUMN 2.	
61. PAYMENTS OTHER OCT	9(13)V99	С	15	800-8	14	SEE FORM 480.6G, ITEM 10, COLUMN 2.	

***REQUIRED FIELDS**



FILE DESCRIPTION				E	DATE: OCTOBER 2021			
FILE NAME: F4806GY21				R	RECORD TYPE: RETURN			
RECORD NAME: SERVICES RE	NDERED – FOR	M TY	PE 480.6G		RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACT	ER	_						
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	ON COMMENTS	RE		
62. PAYMENTS OTHER NOV	9(13)V99	С	15	815-829	SEE FORM 480.6G, ITEM 11, COLUMN 2.			
63. PAYMENTS OTHER DEC	9(13)V99	С	15	830-844	SEE FORM 480.6G, ITEM 12, COLUMN 2.			
64. TOTAL PAYMENTS OTHER	9(13)V99	С	15	845-859	SEE FORM 480.6G, ITEM 13, COLUMN 2.			
65. FILLER	X(1504)	С	1504	860-2363	SPACES.	*		
66. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2364-2364	4 ENTER: "1" = FEIN, "2" = SSN.			
67. PAYEE ID ORIGINAL	X(11)	С	11	2365-237:	IF PAYEE ID TYPE ORIGINAL = "1", ENTER PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYEE'S SSN ALIGN TO THE RIGHT AND FILL WITH SPACES TO THE LEFT			
68. PAYER E-MAIL	X(50)	С	50	2376-242	5 E-MAIL FOR PAYER.	*		
69. PAYER PHONE NUMBER	X(20)	С	20	2426-244		*		
CONTROL NUMBER ORIGINAL 70. INFORMATIVE RETURN	9(9)	С	9	2446-2454				
71. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.			
72. FILLER	9(6)	С	6	2495-250	0 ZEROS.	*		



Formulario 480.6G	DECLARACIÓN INFORMATIVA - TRANS	Hasienda - Department of the Treasury BACCIONES EFECTUADAS POR MEDIOS ELECTRÓNICOS RANSACTIONS MADE SY ELECTRONIC MEANS		
ANO CONTRIBUTINO: 2021	Enmendado	- Amended: (/)	Número de Confirmación de Electronic Filing Con	
NFORMACIÓN DE LA ENTIDAD PROCESA PAYMENTS PROCESSING ENTITY'S INFOR		lies	Total de Pagos Proces Total Payments Proce	
umero de Identificación Patronal - Employ	e identification Number	Month	Tarjetas de Crédito o Débito Credit or Debit Cards	Otras Transacciones Other Transactions
ombre - Name		1. Enero January		
reoxion - Address	Código Postal - Zp Code	2. Febrero February		
un, de Teléfono - Telephone No. Correo El		1. Marzo March		
PARTICIPANT MERCHANT'S INFORMATION Kombre - Name		4. Abril April		
ireooion Postal - Fostel Address		5. Mayo May		
orreo Elestrónico - E-mail	Código Postal - Zp Code	6. Junio June		
imero de Identificación (Vea instrucciones) - Identification Number (See Instructions)	7. Julio July		
imero de Cuenta del Reseptor - Receiver Ac	count Number	8. Agosto August		
ódigo de Categoria de Comerciante - Merch	ant Calegory Code	Septiembre September		
Cuenta Comercial - Business Account argos de Procesamiento de Pagos - Payme	Cuenta Personal - Personel Account to Processing Ree	18. Ootubre October		
imero de Transacciones de Pago - Number	of Payment Transactions	11. Noviembre November		
zones para el Cambio - Reesons for the O	tange	12. Disiembre December		
imero Control - Control Number	Número Control Informativa Original Control No. Original Informative Return	13. Total (Vea instrucciones) (See Instructions)		
ECHA DE RADICACIÓN: 28 DE FEBRIER LING DATE: FEBRUARY 28, 8EE INSTRI		Envie electronicamente al Departamento de Hacienda, Entregue copia Department of the Treasury electronically. Deliver copy to the pr		





EXHIBIT L

FILE DESCRIPTION					DATE	: OCTOBER 2021	
FILE NAME: F4807EY21					RECO	RD TYPE: RETURN	
RECORD NAME: PAY ADVERTISIN	NG – FORM 7	TYPE	480.7E			RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]	\neg					
FIELD NAME	PICTURE	•	BYTES	FIL LOCAT		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 480.7E. RIGHT JUSTIFIED.	*
3. TYPE ID PAYEE	X(1)	C	1	11-1		ENTER: "1" = FEIN, "2" = SSN, "3" = MERCHANT NUMBER	*
4. FILLER	X(1)	С	1	12-1	2	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-1	3	ENTER "K" TO INDICATE FORM 480.7E.	*
6. RECORD TYPE	9(1)	С	1	14-1	4	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-1	5	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-1	7	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-2	1	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2021.	*
10. FILLER	X(9)	С	9	22-3	0	SPACES.	*
PAYMENTS PROCESSING ENTITY'S INFORMATION							
11. PAYER ID TYPE	X(1)	С	1	31-3	1	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-4	0	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-7	0		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-10)5	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-1	40	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-1	53		*
17. STATE	X(2)	С	2	154-1	55		*
18. ZIP-CODE	9(5)	С	5	156-1	60		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-1	64	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-1	66	SPACES.	*
PARTICIPANT MERCHANT'S INFORMATION							
21. PAYEE'S ID *REQUIRED FIELDS	9(9)	С	9	167-1	75	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN. IF ID TYPE = "3" FILL WITH BLANK	* REASURY





					EXHIBIT	Ľ			
FILE DESCRIPTION				DATI	E: OCTOBER 2021				
FILE NAME: F4807EY21				RECO	RECORD TYPE: RETURN				
RECORD NAME: PAY ADVERTISI	NG – FORM	ТҮРЕ	480.7E		RECORD LENGTH: 2500				
P=PACKED, B=BINARY, C=CHARACTER									
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE			
22. PAYEE'S NAME 23. ADDRESS LINE NUMBER 1	X(30)	C C	<u>30</u> 35	176-205 206-240	REQUIRED ONLY FOR CORPORATIONS.	*			
23. ADDRESS LINE NUMBER 1 24. ADDRESS LINE NUMBER 2	X(35) X(35)	C	35	206-240		~			
25. TOWN	X(13)	C	13	276-288		*			
26. STATE	X(2)	С	2	289-290					
27. ZIP-CODE	9(5)	C	5	291-295		*			
 28. ZIP-CODE EXTENSION 29. PAYEE'S FIRST NAME 	9(4) X(15)	C C	4	296-299 300-314	ZEROS, IF NOT AVAILABLE. ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*			
30. PAYEE'S MIDDLE NAME	X(15)	С	15	315-329	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.				
31. PAYEE'S LAST NAME	X(20)	С	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)	С	15	385-399	ZEROS.	*			
PAYMENT TELECOMMUNICATION	()	-							
35. SERVICES	9(13)V99	С	15	400-414	SEE FORM 480.7E, ITEM 2.				
36. PAYMENT ADVERTISING PAYMENT INTERNET AND CABLE OR	9(13)V99	С	15	415-429	SEE FORM 480.7E, ITEM 3.				
37. SATELLITE TELEVISION SERVICES	9(13)V99	С	15	430-444	SEE FORM 480.7E. ITEM 4.				
38. OTHER RELATED PAYMENTS	9(13)V99	С	15	445-459	SEE FORM 480.7E, ITEM 6.				
39. PAYMENT BUNDLES	9(13)V99	С	15	460-474	SEE FORM 480.7E, ITEM 5.				
40. FILLER	X(1858)	С	1858	475-2332	SPACES. ENTER: "1" = FEIN, "2" = SSN, "3" =	*			
41. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2333-2333	MERCHANT NUMBER IF PAYEE ID TYPE ORIGINAL = "1", ENTER PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYEE'S SSN. IF ID TYPE ORIGINAL = "3" MERCHANT				
					NUMBER ALIGN TO THE RIGHT AND				
42. PAYEE ID ORIGINAL 43. PAYEE MERCHANT NUMBER	X(11)	C C	<u>11</u> 11	2334-2344 2345-2355	FILL WITH SPACES TO THE LEFT IF ID TYPE = "3" MERCHANT NUMBER				
	X(11)	-							
44. PAYER ACCOUNT NUMBER.	X(20)	C	20	2356-2375	PAYER ACCOUNT NUMBER.	*			
45. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*			
46. PAYER PHONE NUMBER CONTROL NUMBER ORIGINAL	X(20)	С	20	2426-2445	PHONE NUMBER PAYER. THIS FILED MUST BE COMPLETED	*			
47. INFORMATIVE RETURN	9(9)	С	9	2446-2454	WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE				
48. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.				
47. FILLER	9(6)	С	6	2495-2500	ZEROS.	*			

***REQUIRED FIELDS**



EXHIBIT L

NO CONTRIBUTIVO: 2021 INTERNETACCESSAN	ESO A INTERNET Y TELEVISION POR CABLE O SATELITE DVERTISING, INSURANCE PREMIUNS, TELEVOSION, ID CABLE OR SATELLITE TELEVISION SERVICES	Nimero de Confirmación de Radisación Electrónico Bectroni: Filing Confirmation Number
INFORMACIÓN DEL PAGADOR - PAYERS INFORMATION	Clase de Pago	Cartidad Pagada
Nimero de Beguro Sooial o Identificación Patronal - Sociel Security or Employer dentification Number	Type of Payment	Amount Peld
Nombre - Name	1. Primas de Seguro (excepto aportaciones a planes de salud o acoide Insurance Premiums (except contributions to health or accident plans) (Se	
Direxilion - Address	1	
Código Postal - Zp Code	2. Servicios de Telecomunicaciones Telecomunication Services	
Núm. de Teléfono - Telephone No. Correo Electrónico - E-mal		
Numero de Cuenta - Account Number	3. Amuneics	
INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEES INFORMATION	Advertising	
Número de Identificación Patronal - Employer Identification Number		
iombre - Name	 Servisios de Internet y Televisión por Cable o Satélite Internet and Cable or Satelilte Television Services 	
Dirección - Address	┥┝───	
Código Postal - Zo Cole	6. Servisios Combinados Bundes	
Razones para el Cambio - Reesons for the Chenge		
iamero Control - Control Number Número Control Informativa Original Control No. Original Informative Return	6. Otros Pagos Relacionados Other Related Payments	





FILE DESCRIPTION				DAT	E: OCTOBER 2021			
FILE NAME: F4807FY21				REC	RECORD TYPE: RETURN			
RECORD NAME: RECEIVED FOR	ADVERTISIN	NG – F	FORM TYP	E 480.7F	RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER								
		•						
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)	С	9	2-10	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.	*		
. RECORD THE	/(1)		ž	14-14	ENTER: "O" = ORIGINAL, "A" = AMENDED,			
6. DOCUMENT TYPE	X(1)	С	1	15-15	$A^{*} = AMENDED,$ "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 2021.	*		
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.	*		
					IF PAYEE'S ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION			
11. PAYEE'S ID	9(9)	С	9	32-40	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 RECEIVED								
22. PAYER ID TYPE CODE	X(1)	С	1	237-237	ENTER: "1" = FEIN, "2" = SSN, "3" = MERCHANT NUMBER	*		





EXHIBIT M

DATE: OCTOBER 2021

FILE NAME: F4807FY21	DUEDDIGD				RECORD TYPE: RETURN		
RECORD NAME: RECEIVED FOR A	DVERTISIN	G – F	ΌΚΜ ΤΥΡ	'E 480.7F	RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER]						
· · · · ·		↓					
				FILE			
FIELD NAME	PICTURE		BYTES	LOCATIO	N COMMENTS	RE	
23. PAYEE'S ID	9(11)	C	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	*	
	N(20)	G	20	2.10.270		*	
24. PAYER'S NAME	X(30)	С	30	249-278	REQUIRED ONLY FOR CORPORATIONS. ENTER THE FIRST NAME OF THE	~	
25. PAYER FIRST NAME	X(15)	С	15	279-293	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE MIDDLE NAME OF THE	*	
26. PAYER MIDDLE NAME	X(15)	С	15	294-308	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	TILL WITH BLANKS.	*	
30. ADDRESS LINE NUMBER 2	X(35)	C	35	384-418			
31. TOWN	X(13)	С	13	419-431		*	
32. STATE	X(2)	С	2	432-433			
33. ZIP-CODE	9(5)	С	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	"1" IS TRUE, "0" OR SPACE IS "FALSE"		
36. FLAG RESIDENTIAL 37. PAYER ACCOUNT NUMBER	X(1) X(20)	C C	1 20	444-444 445-464	"1" IS TRUE, "0" OR SPACE IS "FALSE"		
38. FILLER	X(10)	C	10	465-474	SPACES.	*	
39. FLAG INTERMEDIARY	X(1)	C	1	475-475	"1" IS TRUE, "0" OR SPACE IS "FALSE"	*	
40. FINAL RECIPIENT ID TYPE	X(1)	С	1	476-476	ENTER: "1" = FEIN, "2" = SSN.	*	
41. FINAL RECIPIENT ID	9(9)	С	9	477-485	IF FINAL RECIPIENT ID TYPE = "1", ENTER RECIPIENT FEIN. IF ID TYPE = "2" ENTER RECIPIENT SSN.	*	
42 EINAL DECIDIENT NAME	V (50)	C	50	106 525		*	
42. FINAL RECIPIENT NAME 43. FILLER	X(50) X(10)	C C	50 10	486-535 536-545	SPACES.	*	
43. FILLER 44. PAYMENT INSURANCE PREMIUMS	9(13)V99	C	10	546-560	SPACES. SEE FORM 480.7F, ITEM 1.		
45. FLAG GROUP POLICY INSURANCE	X(1)	C	15	561-561	"1" IS TRUE, "0" OR SPACE IS "FALSE"		
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)	С	1	577-577	"1" IS TRUE, "0" OR SPACE IS "FALSE"		
PAYMENT TELECOMMUNICATION	0(12)1/00		15	570 500			
48. SERVICES 49. PAYMENT ADVERTISING	9(13)V99 9(13)V99	C C	15 15	578-592 593-607	SEE FORM 480.7F, ITEM 3. SEE FORM 480.7F, ITEM 4.		
PAYMENT ADVERTISING PAYMENT INTERNET AND CABLE OR	9(13) 999	C	13	393-007	SEE FORM 400.7F, ITEM 4.		
50. SATELLITE TELEVISION SERVICES	9(13)V99	С	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	С	15	638-652	SEE FORM 480.7F, ITEM 7.		
53. FLAG FINANCED	X(1)	С	1	653-653	"1" IS TRUE, "0" OR SPACE IS "FALSE"		
54. FILLER	X(1780)	С	1780	654-2433	SPACES. ENTER: "1" = FEIN, "2" = SSN, "3" =	*	
55. PAYER ID TYPE ORIGINAL	X(1)	С	1	2434-2434			

***REQUIRED FIELDS**

FILE DESCRIPTION





EXHIBIT M

FILE DESCRIPTION	DA	DATE: OCTOBER 2021				
FILE NAME: F4807FY21	RE	ECORD TYPE: RETURN				
RECORD NAME: RECEIVED FOR A	DVERTISIN	NG – F	FORM TYP	PE 480.7F	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]					
FIELD NAME	PICTURE	•	BYTES	FILE LOCATION	N COMMENTS	RE
					IF PAYER ID TYPE ORIGINAL = "1",	
					ENTER PAYER'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYER'S SSN. IF ID TYPE ORIGINAL = "3" MERCHANT	
56. PAYER ID ORIGINAL	X(11)	С	11	2435-2445		
CONTROL NUMBER ORIGINAL 57. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED4WHEN FILING AMENDED FORM.	
58. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
59. FILLER	9(6)	C	6	2495-2500) ZEROS.	*





EXHIBIT M

MV 08.21 DE TELECOMUNICACIONES, AU ANNUAL RETURN OF PAYMENTS RECEIVE	RECIBIODS POR ANUNCIOS, PRIMAS DE SEGUIROS, SERVICIOS DECESO A INTERNET Y TELEVISIÓN POR CABLE O SATÉLITE D FOR ADVERTIGNIS, INSURANCE PREMIMINI, TELECOMMUNICAT ND CABLE OR SATELLITE TELEVISION SERVICES		ación de Radioación Electrónica
LUL I	dado - Amended: (I)		axion de Hadioaxion Electronida ling Confirmation Number
INFORMACIÓN DE QUI EN RECIBE EL PAGO - PAYEE'S INFORMATION	Clase de Pago		Cantidad Pagada
iumero de Identificación Patronal - Employer Identification Number	Type of Payment		Amount Peid
Nombre - Name	1. Primas de Beguro (excepto aportaciones a planes de salud Insurence Premiums (except contributions to health or accident p Marque aquí si el pago corresponde a una póliza Check here il the payment corresponds to a group p	lans) (Bee Inst.) grupal (Vea inst.)	
Dirección - Address Códico Postal - Zis Code	Aportaciones a Planes de Salud o Acoidentes (Vea instrucci Contributora to Health or Accident Plans (See Instructions) Marque aqui si el pago corresponde a una política Check here il the payment corresponds to a group po	grupal (Vea inst.)	
Ium. de Telefono - Telephone No. Correo Electrónico - E-mel	8. Servioios de Teleoomunicaciones Telecommunication Services		
INFORMACIÓN DEL PAGADOR - PAYER'S INFORMATION			
lúmero de Seguro Social o Identificación Patronal - Sociel Security or Employer dentification Number	4. Anunoios Advertsing		
Kombre - Name	Servioios de Internet y Televisión por Cable o Satélite Internet and Cable or Satélite Television Services		
Sireooión - Address Código Postal - Zip Code	6. Bervisios Combinados Bundes		
lipo de Cliente: - Type of Client: Comercial - Business Residencial - Residentel	7. Otros Pagos Relacionados Other Related Payments		
lumero de Cuenta (Vea instrucciones) - Account Number (Bee instructions)	Marque aqui si el pago reportado fue finanoiado (Vea ins Check here if the reported payment was financed (Bee Instru		
Marque aqui si es un Intermediario (Vea instrucciones) Check here l'you are an Intermediary (See Instructions)	Razones para el Cambio - Reesons for the Chenge		
ndique el nombre y número de identifisación patronal o seguro social (EIN/33N) de lestinatario final del pago: - Indicete the neme end employer identification or socio ecurity number (EIN/33N) of the final recipient of the payment.	H Nümero Control - Control Number N C	iumero Control Informativa C ontrol No. Original Informative	
kontize - Name BIVSSN			
ECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUCCIÓNES ILING DATE: FEBRUARY 28, SEE INSTRUCTIÓNS	Envie electronicamente al Departamento de Hacienda. Entregue dos Send to Department of the Treesury electronically. Deliver two copies to po		





FILE DESCRIPTION	Г	DATE: OCTOBER 2021					
FILE NAME: F4807GY21				F	RECORD TYPE: I	RETURN	
RECORD NAME: TUITION STATEM TAX CREDIT – FORM TYPE 480.7G	IENT FOR T	THE A	MERICAN	OPPORT	UNITY	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]	_					
FIELD NAME	PICTURE	•	BYTES	FILE LOCATIO	DN	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES		*
2. CONTROL NUMBER	9(9)	С	9	2-10	ASSIGN THE TRI	THE CONTROL NUMBER ED BY THE DEPARTMENT OF EASURY FOR FORM 480.7F. USTIFIED.	*
3. FILLER	X(1)	С	2	11-12	SPACES		*
4. FORM TYPE	X(1)	С	1	13-13	ENTER '	'N" TO INDICATE FORM 480.7F.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DE	TAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15		"O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
7. FILLER	X(2)	С	2	16-17	SPACES		*
8. TAXABLE YEAR	9(4)	С	4	18-21		THE TAX YEAR FOR THIS WHICH MUST BE 2021.	*
9. FILLER	X(9)	С	9	22-30	SPACES		*
INSTITUTION'S ENTITY'S INFORMATION FILLING							
10. INSTITUTION'S ID TYPE	X(1)	С	1	31-31	ENTER:	"1" = FEIN, "2" = SSN.	*
11. INSTITUTION'S ID	9(9)	С	9	32-40	IDENTIF	E'S ID TYPE = "1", ENTER FICATION NUMBER FEIN. IF ID "2" ENTER IDENTIFICATION R SSN.	*
12. INSTITUTION'S NAME	X(30)	С	30	41-70			*
INSTITUTION'S ADDRESS LINE 13. NUMBER 1	X(35)	С	35	71-105	ADDRES	SS LINE NUMBER 1.	*
INSTITUTION'S ADDRESS LINE 14. NUMBER 2	X(35)	С	35	106-140	ADDRES	SS LINE NUMBER 2.	
15. INSTITUTION'S TOWN	X(13)	С	13	141-153			*
16. INSTITUTION'S STATE	X(2)	С	2	154-155			*
17. INSTITUTION'S ZIP-CODE	9(5)	С	5	156-160			*
18. INSTITUTION'S ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS,	IF NOT AVAILABLE.	
19. INSTITUTION'S E-MAIL	X(50)	С	50	165-214	E-MAIL	FOR INSTITUTION'S.	*
20. INSTITUTION'S PHONE NUMBER	X(20)	С	20	215-234	PHONE	NUMBER INSTITUTION'S.	*
21. FILLER	X(2)	С	2	235-236	SPACES		*

***REQUIRED FIELDS**





FILE DESCRIPTION					DATE: OCTOBER 2021			
FILE NAME: F4807GY21					RECORD TYPE: RETURN			
RECORD NAME: TUITION STATEM TAX CREDIT – FORM TYPE 480.7G		ГНЕ А	MERICAN	N OPPOR	TUNITY	Y	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]							
FIELD NAME	PICTURE		BYTES	FIL LOCAT			COMMENTS	RE
STUDENT'S INFORMATION RECEIVED								
22. STUDENT'S ID TYPE CODE	X(1)	С	1	237-2	237	ENTER:	"1" = FEIN, "2" = SSN	*
23. STUDENT'S ID	9(11)	С	11	238-2		STUDEN ENTER	DENT'S ID TYPE = "1", ENTER VT'S FEIN. IF ID TYPE = "2" STUDENT'S SSN. ALIGN TO THE AND FILL WITH ZEROES TO THE	*
24. STUDENT'S NAME	X(30)	С	30	249-2			ED ONLY FOR CORPORATIONS.	*
25. STUDENT'S FIRST NAME	X(15)	С	15	279-2		PAYEE'	THE FIRST NAME OF THE S. LEFT JUSTIFIED AND FILL LANKS. REQUIRED ONLY FOR DUALS.	*
26. STUDENT'S MIDDLE NAME	X(15)	С	15	294-3	08	PAYEE' WITH B		
27. STUDENT'S LAST NAME	X(20)	С	20	309-3		PAYEE'	THE LAST NAME OF THE S. LEFT JUSTIFIED AND FILL LANKS. REQUIRED ONLY FOR DUALS.	*
STUDENT'S MOTHER'S MAIDEN LAST 28. NAME	X(20)	С	20	329-3		THE PA	THE SECOND LAST NAME OF YEE'S. LEFT JUSTIFIED AND TH BLANKS.	
29. ADDRESS LINE NUMBER 1	X(35)	C	35	349-3				*
30. ADDRESS LINE NUMBER 2	X(35)	С	35	384-4	18			
31. TOWN	X(13)	С	13	419-4				*
32. STATE	X(2)	С	2	432-4				
33. ZIP-CODE34. ZIP-CODE EXTENSION	9(5) 9(4)	C C	5 4	434-4 439-4		ZEROS,	IF NOT AVAILABLE.	*
CONCEPTS								
35. STUDENT RECEIVE FINANCIAL	X(1)	С	1	443-4	43	"1" IS "Y	YES", "0" OR SPACE IS "NO"	*
36. TYPE OF FINANCIAL	X(1)	С	1	444-4		A - Schol B - Grant C - Awar D - Othe	ts rds	
37. OTHER TYPE OF FINANCIAL	X(20)	С	20	445-4		IF YOU	SELECT TYPE OF FINANCIAL S, YOU MUST FILL IN THE	
THE STUDENT WAS COMPLETING AT 38. LEAST HALF	X(1)	С	1	465-4	65	"1" IS "T	RUE", "0" OR SPACE IS "FALSE"	
TOTAL AMOUNT PAID DURING THE 39. YEAR FOR TUITION.	9(13)V99	С	15	466-4	80	SEE FOR	RM 480.7G, ITEM 4.	
TOTAL AMOUNT OF FINANCIAL AID 40. RECEIVED	9(13)V99	С	15	481-4	95	SEE FOR	RM 480.7G, ITEM 5.	
COST OF STUDIES COVERED BY 41. FINANCIAL PROGRAM LEADING TO THE	9(13)V99	С	15	496-5	10	SEE FOR	RM 480.7G, ITEM 6.	
STUDENT'S DEGREE OR 42. CERTIFICATION	X(50)	С	50	511-5	60			*
43. FILLER	X(1873)	С	1873	561-24	433	SPACES		*

***REQUIRED FIELDS**



FILE DESCRIPTION		DAT	DATE: OCTOBER 2021				
FILE NAME: F4807GY21		REC	CORD TYPE:	RETURN			
RECORD NAME: TUITION STAT TAX CREDIT – FORM TYPE 480.		THE A	MERICAN	OPPORTUN	ITY	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTE	R						
		♦					
FIELD NAME	PICTURE		BYTES	FILE LOCATION		COMMENTS	RE
44. STUDENT'S ID TYPE ORIGINAL	X(1)	С	1	2434-2434	ENTER:	"1" = FEIN, "2" = SSN	
45. STUDENT'S ID ORIGINAL	X(11)	С	11	2435-2445	ENTER ORIGIN ALIGN	DENT'S ID TYPE ORIGINAL = "1", STUDENT'S FEIN. IF ID TYPE AL = "2" ENTER PAYER'S SSN. TO THE RIGHT AND FILL WITH S TO THE LEFT.	
CONTROL NUMBER ORIGINAL	A(11)		11	2433-2443	THIS FI	LED MUST BE COMPLETED	
46. INFORMATIVE RETURN	9(9)	С	9	2446-2454		FILING AMENDED FORM.	
47. REASON FOR THE CHANGE	X(40)	С	40	2455-2494		THE REASON FOR CHANGE LEFT JUSTIFIED AND FILL WITH S.	
48. FILLER	9(6)	С	6	2495-2500	ZEROS.		*





AND CONTRIBUTIVO: 2021	ENTO RICO - GOVERNMENT OF PUERTO RICO de Hacienda - Department of the Treesury MATIVA - CERTIFICACIÓN DE MATRICULA PARA D DE LA OPORTUNIDAD AMERICANA TATEMENT FOR THE AMERICAN OPPORTUNITY TAX CREDIT Namero lado - Amended: (/)	o de Confirmación de Radioación Electrónica Electronic Filing Confirmation Number
INFORMACIÓN DE LA INSTITUCIÓN - INSTITUTION'S INFORMATION	Conceptos - Concepto	Información - Information
Número de Identificación Patronal - Employer Identification Number Nombre - Name	¿Revibió el estudiante asistensia económisa o reembolsos exentos, insluyend subvensiones o consesiones durante el año? Did the student receive thancial aid or exempt reimbutsements, including scholarships, awards during the year?	grants, or Si/Yes No
Diressión - Address	2. Tipo de asistenoia esonómioa reoibida por el estudiante Type of financial al received by the student	A - Beoas - Scholarships B - Subvenoiones - Grants C - Consesiones - Awards D - Otro - Other
Código Postal - Zip Code	 Namue aqui si el estudiante estaba completando por lo menos la mitad de loso n a tiempo completo del grado o certificación indicado en el Enosalitado de P conducente a grado o certificación de estudiante Check here il lhe subdent was completing at least heir of the full-time requiremen degreco rectrictado indicated in the Programineding to the subdent's degreco rectric 	Programa
Num. de Telefono - Telephone No. Correo Beatrónico - E-mail	Pago - Peyment	Cantidad - Amount
INFORMACIÓN DEL ESTUDIANTE - STUDENT'S INFORMATION Número de Identificación - Identification Number	4. Cantidad total pagada durante el año por eonoesto de matricula, ouotas y otros relacionados Total emount pels during the year for futtor, fees and other related expenses	t gastos
Nombre - Neme	 Cantidad total de asistensia esonómica reoibida por el estudiante durante e Total amount of financial ald received by the student during the year 	el año
Direoxión - Address	 Costo de estudio oubierto por la asistencia económica indicada en el Encasilit Cost of studies covered by finencial ald indicated in Box 5 	
Cóttigo Postal - Zip Cote	Programa oonduoente a grado o oertifioación del estudiante - Program leading t	to the student's degree or certification
Número Control - Control Number	Razones para el Cambio - Reesons for the Chence	
Número Control Informativa Original - Control No. Original Informative Return	-	
ECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUCCIONES ILING DATE: FEBRUARY 28, SEE INSTRUCTIONS	Envie electronisamente al Departamento de Haoienda. Entregue sopia al estudiante. Send to Department of the Treesury electronically. Deliver copy to the student. Keep copy for	





EXHIBIT O

FILE DESCRIPTION

FILE NAME: F4805Y21

DATE: OCTOBER 2021

RECORD TYPE: SUMMARY

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

P=PACKED, B=BINARY, C=CHARACTER]	→				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
		~				
2. CONTROL NUMBER 3. FILLER	9(9) X(2)	C C	9	2-10 1-12	ENTER ZEROS. SPACES.	*
			2		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,	
4. FORM TYPE	X(1)	C C	1	13-13	"L"=480.7F, "N"=480.7G	*
5. RECORD TYPE	9(1)	С	1	14-14	"2" = SUMMARY. ENTER: "O" = 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 2021.	*
9. FILLER	X(1)	С	1	22-22	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
		1				
10. PAYER ID TYPE 11. IDENTIFICATION NUMBER	X(1) 9(9)	C C	9	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 NUMBER ITIN.	*
12. NAME	X(30)	C	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.	*
23. TYPE OF TAXPAYER	X(1)	С	1	199-199	ENTER: "P" = INDIVIDUAL, "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 *REQUIRED FIELDS	9(9)	С	9	2446-2454	ZEROS.	* ASURL

***REQUIRED FIELDS**



EXHIBIT O

FILE DESCRIPTION	DATE: OCTOBER 2021				
FILE NAME: F4805Y21	RECORD TYPE: SUMM	IARY			
RECORD NAME: SUMMARY OF THE INFORMATIVE RETURNS - FORM TYPE 480.5 RECORD LEN					
P-PACKED R-RINARY C-CHARACTER					

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





EXHIBIT O

Formulario 480.5 Form Rev. 08.21	GOBIERNO DE PUERTO RICO - GOVERNA Departamento de Haoienda - Depart REBUMEN DE LAS DECLARACIONE SUMMARY OF THE INFORMAT	ment of the Treasury ES INFORMATIVAS	
AND CONTRIBUTIVO: 2021	Enmendado - Amended: (1	Num. Confirmación de Radioación Electrónica Electronic Filing Confirmation No.
Número de Identificación Patronal - Employer Identification Nur	ter Clase de Contribuy	ente - Type of Taxpeyer Sociedad Corporaci Partnership Corporation	
Direooión - Address Total de Formularios - Total Forms (Camidad Retenida - Amount Withheid	Cantidad Total Pagada - Totel Amo	Còdigo Postal - Zo Code Int Pold Penalidad Retenida - Penety Withheid
	480.6B 480.6C 480.7A 480.7B JURAMEN perjurio que he examinado esta deolaración y o es of perjury thei li hore examined this declaration	ue según mi mejor información y oreenci	7D 480.7E 480.7G
Fecha - Dele	Firma - Signature	Título - 1	Title
PECHA DE RADICACIÓN: 31 DE EMERIO, 28 DE PEBPERIO,	SDE ABRE, 030 DE NOVEMBRE, SEGON APLICAE, VEA NO	TRUCCIONES-FILING DATE: JANUARY 31, FEBRUA	IV 28, APRIL 15 OR NOMENEER 30, AS APPLICABLE SEE INSTRUCTIONS





				_			-			
FILE DESCRIPTION	FILE DESCRIPTION						DATE: OCTOBER 2021			
FILE NAME: F4806B1Y21					RECORD TYPE: RETUR	N				
RECORD NAME: ANNUAL RECONCIL	IATION STA	TE	MENT O	F INCOM	E SUBJECT TO	RECORD LENGTH:	2500			
WITHHOLDING OR PREPAYMENT - F	ORM TYPE	480.	6B.1							
P=PACKED, B=BINARY, C=CHARACTER										
r-racked, b-blivak1, c-chakac1ek		♦								
				FILE						
FIELD NAME	PICTURE		BYTES	LOCATIO	DN C	OMMENTS	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 "8" TO INI	DICATE FORM 480.6B.1.	*			
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL REC	CORD.	*			
					ENTER: "O" = OR	· · · · · · · · · · · · · · · · · · ·				
6. DOCUMENT TYPE	X(1)	С	1	15-15	"A" = AN "X" = DE	<i>,</i>	*			
7. FILLER	X(1)	С	1	16-16	SPACES.		*			
8. FILLER	X(1)	С	1	17-17	SPACES.		*			
					ENTER THE TAX	YEAR FOR THIS REPORT	*			
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE	2021.	*			
10. FILLER WITHHOLDING AGENT'S INFORMATION	X(5)	С	5	22-26	SPACES.		*			
						I ((2)) - C(2) I				
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEI	N, "2" = SSN.	*			
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47						
					IF PAYER ID TYP IDENTIFICATION	<i>,</i>				
	0(0)	6	0	10.50		ENTER IDENTIFICATION	*			
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	NUMBER SSN.		Ť			
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 NUM	IBER 1.	*			
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRES	S 1.	*			
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRES	S 2.				
19. TOWN	X(13)	С	13	197-209			*			
20. STATE	X(2)	С	2	210-211			*			
21. ZIP-CODE	9(5)	c	5	212-216		VAII ARI F	*			
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT A	VAILADLE.				
23. FILLER	X(2)	С	2	221-222	SPACES.		*			
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDR	ESS 1.	*			
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDR	ESS 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 A	VAILABLE.	*			

* REQUIRED FIELDS



FILE DESCRIPTION				Г			•
					DATE: OCTOBER 2021		
FILE NAME: F4806B1Y21					RECORD TYPE: RETU		
RECORD NAME: ANNUAL RECONCILI				F INCOM	E SUBJECT TO	RECORD LENGTH:	: 2500
WITHHOLDING OR PREPAYMENT - FO	ORM TYPE	480.	6B.1				
P=PACKED, B=BINARY, C=CHARACTER		_					
		♦					
	DICTUDE		DY/DEC	FILE		COMMENTE	DE
FIELD NAME	PICTURE		BYTES	LOCATIO		COMMENTS	RE
29. ZIP-CODE EXTENSION 30. CHANGE OF ADDRESS	9(4) X(1)	C C	4	313-316 317-317			
50. CHANGE OF ADDRESS	Δ(1)	C	1	517-517	BLAIK IV - NO	7, 1 - 123.	
31. E-MAIL 32. FILLER	X(50) 9(168)	C C	50 168	318-367 368-535		S.	*
JUDICIAL OR EXTRAJUDICIAL	9(108)	C	108	308-333	ZEROS.		
INDEMNIFICATION							_
33. AMOUNT PAID	9(10)V99	С	12	536-547	SEE FORM 480.6	B.1, ITEM 1, COLUMN 1.	
34. TAX WITHHELD	9(10)V99	С	12	548-559	SEE FORM 480.61	B.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 480.6	B.1, ITEM 5, COLUMN 1.	
	9(10)V99	С	12	200 211	SEE EODM 490 6		
37. TAX WITHHELD 38. FILLER	9(10) \vee 99 9(60)	C	12 60	800-811 812-871		B.1, ITEM 5, COLUMN 2.	
DIVIDENDS SUBJECT TO 15%							
DIVIDENDS SUBJECT TO 15%							
39. AMOUNT PAID	9(10)V99	С	12	872-883	SEE FORM 480.6	B.1, ITEM 2, COLUMN 1.	
40. TAX WITHHELD	9(10)V99	С	12	884-895	SEE FORM 480.6	B.1, ITEM 2, COLUMN 2.	
41. FILLER DIVIDENDS INDUSTRIAL DEVELOPMENT	9(60)	С	60	896-955	ZEROS.		
INCOME ACT 8 OF JANUARY 24, 1987							
42. AMOUNT PAID	9(10)V99	С	12	956-967	SEE FORM 480 6	B.1, ITEM 7, COLUMN 1.	
			12			D.I., IILMI 7, COLOMIN I.	
43. TAX WITHHELD 44. FILLER	9(10)V99 9(60)V99	C C	12 60	968-979 980-1039		B.1, ITEM 7, COLUMN 2.	
	5(00)155		00	200 105			
INTERESTS UNDER SECTION 1023.05(b)							
45. AMOUNT PAID	9(10)V99	С	12	1040-105	51 SEE FORM 480.61	B.1, ITEM 6, COLUMN 1.	
46. TAX WITHHELD	9(10)V99	С	12	1052-106	53 SEE FORM 480.61	B.1, ITEM 6, COLUMN 2.	
47. FILLER	9(60)	С	60	1064-112		, ,	
COMPENSATION PAID BY SPORT'S TEAMS							
	0/10)3/00	0	10	1104 110	S SEE FORM 400 C		
48. AMOUNT PAID	9(10)V99	С	12	1124-113	5 SEE FUKM 480.61	B.1, ITEM 4, COLUMN 1.	
49. TAX WITHHELD 50. FILLER	9(10)V99	C C	12	1136-114		B.1, ITEM 4, COLUMN 2.	
JU. FILLEK	9(60)		60	1148-120	7 ZEROS.		
OTHER PAYMENTS							
51. AMOUNT PAID	9(10)V99	С	12	1208-121	9 SEE FORM 480.6	B.1, ITEM 9, COLUMN 1.	
52. TAX WITHHELD	9(10)V99	С	12	1220-123	SEE FORM 480 61	B.1, ITEM 9, COLUMN 2.	
	7(10/177	C	14	1220-123	- SEL I OKIVI 400.0	2.1, 11201 , $COLOWIN 2.$	

* REQUIRED FIELDS



FILE DESCRIPTION				Γ	DATE: OCTOBER 2021		-
FILE NAME: F4806B1Y21					RECORD TYPE: RETU		
RECORD NAME: ANNUAL RECONCILI	ATION STA	ATE	MENT O			RECORD LENGTH	: 2500
WITHHOLDING OR PREPAYMENT - FO							
P=PACKED, B=BINARY, C=CHARACTER							
		♦					
	DIGTUDE		DUEDO	FILE			
FIELD NAME	PICTURE		BYTES	LOCATIO	DN	COMMENTS	RE
53. FILLER	9(60)	С	60	1232-129	1 ZEROS.		
TOTAL	,(00)	0		1202 12)			
54. AMOUNT PAID	9(10)V99	с	12	1292-130	3 SEE FORM 480.6	B.1, TOTAL COLUMN 1.	
	9(10)V99					· · ·	
55. TAX WITHHELD 56. FILLER	9(10) V99 9(12)	C C	12 12	1304-131 1316-132		B.1, TOTAL COLUMN 2.	
DEPOSITS AND TAX WITHHELD RELATION							
JANUARY							_
57. AMOUNT PAID	9(10)V99	С	12	1328-133	9		
58. TAX WITHHELD	9(10)V99	С	12	1340-135			
59. FILLER FEBRUARY	9(24)	С	24	1352-137	75 ZEROS.		_
60. AMOUNT PAID	9(10)V99	С	12	1376-138	57		
61. TAX WITHHELD 62. FILLER	9(10)V99 9(24)	C C	12 24	1388-139 1400-142			
MARCH	9(24)	C	24	1400-142			
63. AMOUNT PAID	9(10)V99	С	12	1424-143	5		
64. TAX WITHHELD	9(10)V99	С	12	1436-144	.7		
65. FILLER	9(24)	C	24	1448-147			
APRIL							
66. AMOUNT PAID	9(10)V99	С	12	1472-148	3		
67. TAX WITHHELD	9(10)V99	С	12	1484-149			
68. FILLER MAY	9(24)	С	24	1496-151	9 ZEROS.		
69. AMOUNT PAID	9(10)V99	С	12	1520-153	1		
70. TAX WITHHELD 71. FILLER	9(10)V99 9(24)	C C	12 24	1532-154 1544-156			
JUNE							
72. AMOUNT PAID	9(10)V99	С	12	1568-157	9		
73. TAX WITHHELD	9(10)V99	С	12	1580-159	91		
74. FILLER	9(24)	С	24	1592-161			
JULY							
75. AMOUNT PAID	9(10)V99	С	12	1616-162	.7		_
76. TAX WITHHELD	9(10)V99	С	12	1628-163	9		
77. FILLER AUGUST	9(24)	С	24	1640-166	3 ZEROS.		
	0/10)7777	-	1.5				
78. AMOUNT PAID	9(10)V99	С	12	1664-167	5		

* REQUIRED FIELDS



				-				1
FILE DESCRIPTION					DAT	TE: OCTOBER 2021		
FILE NAME: F4806B1Y21					REC	ORD TYPE: RETU	RN	
RECORD NAME: ANNUAL RECONCILI				F INCOM	E SU	UBJECT TO	RECORD LENGTH:	2500
WITHHOLDING OR PREPAYMENT - FO	ORM TYPE	480.	6B.1					
P=PACKED, B=BINARY, C=CHARACTER								
		♦						
				FILE			~~~~	
FIELD NAME	PICTURE		BYTES	LOCATIO	ON		COMMENTS	RE
								<u> </u>
79. TAX WITHHELD 80. FILLER	9(10)V99 9(24)	C C	12 24	1676-168 1688-171		ZEROS.		
SEPTEMBER	9(24)	C	24	1000-171	11	ZEROS.		
81. AMOUNT PAID	9(10)V99	С	12	1712-172	23			
82. TAX WITHHELD	9(10)V99	С	12	1724-173	35			
83. FILLER OCTOBER	9(24)	С	24	1736-175	59	ZEROS.		_
84. AMOUNT PAID	9(10)V99	С	12	1760-177	71			
85. TAX WITHHELD	9(10)V99	C	12	1772-178		75500		
86. FILLER NOVEMBER	9(24)	С	24	1784-180	07	ZEROS.		
87. AMOUNT PAID	9(10)V99	С	12	1808-181	19			
88. TAX WITHHELD	9(10)V99	С	12	1820-183	31			
89. FILLER	9(24)	C	24	1832-185		ZEROS.		
DECEMBER								
90. AMOUNT PAID	9(10)V99	С	12	1856-186	67			
91. TAX WITHHELD	9(10)V99	С	12	1868-187				
92. FILLER	9(24)	С	24	1880-190	03	ZEROS.		
TOTALS								_
93. FILLER	9(12)	С	12	1904-191	15	ZEROS.		
94. TAX WITHHELD	9(10)V99	С	12	1916-192		SEE FORM 480.B	1, ITEM 1, Part II.	<u> </u>
95. FILLER	9(12)	С	12	1928-193	39	ZEROS.		
96. FILLER TOTAL TAX WITHHELD AFTER THE	X(12)	С	12	1940-195	51	SPACES.		*
97. CREDIT FOR TAX ON DEEMED DIVIDENDS	9(10)V99	С	12	1952-196		SEE FORM 480.B	1, ITEM 3, Part II.	
98. FILLER CREDIT FOR TAX ON DEEMED DIVIDENDS	9(12)	С	12	1964-197	75	ZEROS.		
99. (SECTION 1062.13)	9(10)V99	С	12	1976-198	87	SEE FORM 480.B	1, ITEM 2, Part II.	<u> </u>
DIVIDENDS SUBJECT TO PREFERENTIAL RATE UNDER SPECIAL Act %								
100. AMOUNT PAID	9(10)V99	С	12	1988-199	99	SEE FORM 480.6	B.1, ITEM 3, COLUMN 1.	
101. TAX WITHHELD	9(10)V99	С	12	2000-201	11	SEE FORM 480.6	B.1, ITEM 3, COLUMN 2.	
102. FILLER	9(84)	С	84	2012-209	95	ZEROS.		
ELIGIBLE DIVIDENDS UNDER DECREE AS QUALIFIED PHYSICIAN								
103. AMOUNT PAID	9(10)V99	С	12	2096-210	07	SEE FORM 480.6	B.1, ITEM 8, COLUMN 1.	
104. TAX WITHHELD	9(10)V99	С	12	2108-211	19	SEE FORM 480.6	B.1, ITEM 8, COLUMN 2.	
105. FILLER	9(84)	С	84	2120-220	03	ZEROS.		

*** REQUIRED FIELDS**



							-
FILE DESCRIPTION				DA	TE: OCTOBER 2021		
FILE NAME: F4806B1Y21				RE	CORD TYPE: RETUR	RN	
RECORD NAME: ANNUAL RECONCI WITHHOLDING OR PREPAYMENT -				F INCOME S	SUBJECT TO	RECORD LENGTH:	2500
P=PACKED, B=BINARY, C=CHARACTER]	_					
FIELD NAME	PICTURE		BYTES	FILE LOCATION		COMMENTS	RE
106. TOTAL FORMS 480.6B	9(10)	С	10	2204-2213			
107. FILLER	X(232)	С	232	2214-2445	SPACES.		*
108. FILLER	9(9)	С	9	2446-2454	ZEROS.		*
109. REASON FOR THE CHANGE	X(40)	С	40	2455-2494		SON FOR CHANGE FORM. AND FILL WITH BLANKS.	
110. FILLER	9(6)	С	6	2495-2500	ZEROS.		*





Company Annual Annua			There are a second	and Deducation State
Formulario 480.6B.1 20	Gobierno de Puerto Rico - Government of Puerto Rico Departamento de Hacienda - Department of the Treasury	20		mación de Radicación Electrónic Filing Confirmation Number
	TADO DE RECONCILIACIÓN ANUAL DE OTROS INGRE			
()) 🖓	SUJETOS A RETENCIÓN	505		MENDADO - AMENDED
Annu	al Reconciliation Statement of Other Income Subject to Withh	olding		
Número de Identificación Patronal		Formularios 480.68	5	ello de Recibido
Employer Identification Number		tal Forms 480.68		
	Si-Yes No			
Nombre del Agente Retenedor-Withholding Agent's I	Name			
Dirección Postal - Postel Address	Dirección Fisica - Physical Address			
Código Postal - Zip C	ode			
Parte I - Part I Resumen de los F	Formularios 480.6B por Clase de Ingreso - Summary of	Forms 480.6B p	per Type of Inco	me
	Clase de Ingreso		ad Pagada	Contribución Retenida
	Type of income	Amo	ount Peld	Tax Withheid
	judicial - Payments for Judicial or Extrajudicial Indemnification			
2. Dividendos Sujetos al 15% - Dividends Subje				
	ey Especial - Dividends Subject to Preferential Rate under Special Act%			
Compensation Paid by International Association				
 Intereses bajo la Sección 1023.04 (excepto Interests under Section 1023.04 (except IRA a 	IRA y Cuenta de Aportación Educativa)			
 Intereses bajo la Sección 1023.05(b) - Intere Dividendos de Ingresos de Fomento Industri 				
 Dividendos de Ingresos de l'omento Indusar Dividends from Industrial Development Income 	(Act 8 of January 24, 1987)			
8. Dividendos Elegibles bajo Decreto de Médi	co Cualificado - Eligible Dividends under Decree as Cualified Physician			
9. Otros Pagos - Other Payments				
TOTAL				
TOTAL				
	e Contribución Retenida Mensualmente - Monthly Tax \	Vithheld Recond	ciliation	
	e Contribución Retenida Mensualmente - Monthly Tax V Cantidad Pagada - Amount Peid	Withheld Recond		Retenida - Tex Withheld
Parte II - Part II Reconciliación de Mes - Month		Withheld Recond		Retenida - Tex Withheid
Parte II - Part II Reconciliación de Mes - Month Enero - January		Vithheld Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación d Mes - Month Enero - January Febrero - February		Mithheld Recond		Retenida - Tax Withheid
Parte II - Part II Reconciliación de Mes - Month Enero - January		Vithheld Recond		Retenida - Tax Withheid
Parte II - Part II Reconciliación d Mes - Month Enero - January Febrero - February		Vithheld Recond		Retenida - Tax Withheid
Parte II - Part II Reconciliación d Mes - Month Enero - January Febrero - February Marzo - March		Vithheld Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación de Mes - Month Enero - January Febrero - February Marzo - March Abril - April		I Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación de Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June		I Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación d Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July		I Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación d Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August		I Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación d Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September		I Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación d Mes - Month Enero - January Febrero - February Marzo - Merch Abril - April Mayo - May Junio - June Julio - July Agosto - August		I Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación d Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September		I Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación d Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October		I Recond		Retenida - Tax Withheld
Parte II - Part II Reconciliación de Mes - Month Mes - Month Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November November		I Recond		Retenida - Tax Withheid
Parte II - Part II Reconciliación de Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Disiembre - November 1. Total 2. Crédito por contribución sobre Divid	Cantidad Pagada - Amount Peid			Retenida - Tax Withheld
Parte II - Part II Reconciliación de Mes - Month Mes - Month 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 Peid			Retenida - Tax Withheld
Parte II - Part II Reconciliación de Mes - Month Mes - Month 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 Peid			Retenida - Tax Withheld
Parte II - Part II Reconciliación de Mes - Month Mes - Month Mes - Month Enero - Jenuery Febrero - February Marzo - Merch Abril - April Mayo - Mey Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sobre Dividends (Se 3. Total de contribución retenida luego)	Cantidad Pagada - Amount Peid			Retenida - Tax Withheld
Parte II - Part II Reconciliación de Mes - Month Mes - Month Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Disiembre - December 1. Total 2. Crédito por contribución sobre Dividends (Se 3. Total de contribución retenida lueg Total tax withhel after the credit for tax Declaro bajo penalidad de perjurio que es Declaro bajo penalidad de perjurio que es	Cantidad Pagada - Amount Peid	itos y que según mi	Contribución	n y creencia es cierto, correcto
Parte II - Part II Reconciliación de Mes - Month Mes - Month 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 sobre Dividends (Se 3. Total de contribución retenida lueg Total tax withheld after the credit for tax Declaro bajo penalidad de perjurio que es Declaro bajo penalidad de perjurio que es	Cantidad Pagada - Amount Peid	itos y que según mi	Contribución	n y creencia es cierto, correcto
Parte II - Part II Reconciliación de Mes - Month Mes - Month Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Disiembre - December 1. Total 2. Crédito por contribución sobre Dividends (Se 3. Total de contribución retenida lueg Total tax withhel after the credit for tax Declaro bajo penalidad de perjurio que es Declaro bajo penalidad de perjurio que es	Cantidad Pagada - Amount Peid	itos y que según mi	Contribución	n y creencia es cierto, correcto
Parte II - Part II Reconciliación de Mes - Month Mes - Month Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Disiembre - December 1. Total 2. Crédito por contribución sobre Dividends (Se 3. Total de contribución retenida lueg Total tax withhel after the credit for tax Declaro bajo penalidad de perjurio que es Declaro bajo penalidad de perjurio que es	Cantidad Pagada - Amount Peid	itos y que según mi	Contribución	n y creencia es cierto, correcto
Parte II - Part II Reconciliación de Mes - Month Mes - Month Mes - Month Enero - January Febrero - February Marzo - Manch Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sobre Dividends (Se 3. Total de contribución retenida lueg Total tax withheld after the credit for tax Declaro bajo penalidad de perjurio que es	Cantidad Pagada - Amount Peid	y que según mi i	Contribución	n y creencia es cierto, correcto





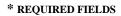
FILE DESCRIPTION				DA	TE: OCTOBER 2021		
FILE NAME: F48030Y21				RE	CORD TYPE: RETU	RN	
RECORD NAME: NONRESIDENT ANNU SOURCE - FORM TYPE 480.30	JAL RETUR	RN F	OR INCO	OME TAX W	ITHHELD AT	RECORD LENGTH: 2	500
P=PACKED, B=BINARY, C=CHARACTER							
FIELD NAME	PICTURE		BYTES	FILE LOCATION		COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.		*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER ZEROS.		*
3. FILLER	X(2)	С	2	11-12	SPACES.		*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "9" TO IN	DICATE FORM 480.30.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RE	CORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = O "A" = A "X" = D	MENDED,	*
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 WHICH MUST B	X YEAR FOR THIS REPORT E 2021.	*
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" = FE	ZIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47	IF PAYER ID TY	DE - "1" ENITED	
13. IDENTIFICATION NUMBER	9(09)	С	9	48-56	IDENTIFICATION	PE = 1, ENTER N NUMBER FEIN. ENTER IDENTIFICATION	*
					Itember 551t.		*
14. WITHHOLDING AGENT'S NAME	X(30)	C	30	57-86			
15. TELEPHONE	9(10)	C	10	87-96	TELEPHONE NU	MBER I.	*
16. POSTAL ADDRESS 1	X(35)	С	35	97-131	POSTAL ADDRE	SS 1.	*
17. POSTAL ADDRESS 2	X(35)	С	35	132-166	POSTAL ADDRE	SS 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 A	AVAILABLE.	*
21. ZIP-CODE EXTENSION	9(4)	С	4	187-190	ZEROS, IF NOT A	AVAILABLE.	
22. FILLER	X(2)	С	2	191-192	SPACES.		*
23. PHYSICAL ADDRESS 1	X(35)	С	35	193-227	PHYSICAL ADD	RESS 1.	*
24. PHYSICAL ADDRESS 2	X(35)	С	35	228-262	PHYSICAL ADD	RESS 2.	
25. TOWN	X(13)	С	13	263-275			*
26. STATE	X(2)	С	2	276-277			*

* REQUIRED FIELDS





FILE DESCRIPTION				DA	TE: OCTOBER 2021		
FILE NAME: F48030Y21				REG	CORD TYPE: RETU	RN	
RECORD NAME: NONRESIDENT ANNU SOURCE - FORM TYPE 480.30	JAL RETUR	RN F	OR INCO	ME TAX W	ITHHELD AT	RECORD LENGTH:	2500
SOURCE - FORM 111 E 460.50							
P=PACKED, B=BINARY, C=CHARACTER		\neg					
FIELD NAME	PICTURE		BYTES	FILE LOCATION		COMMENTS	RE
			Γ		T		
27. ZIP-CODE	9(5)	С	5	278-282	ZEROS, IF NOT A	AVAILABLE.	*
28. ZIP-CODE EXTENSION	9(4)	С	4	283-286	ZEROS, IF NOT A		
29. CHANGE OF ADDRESS	X(1)	С	1	287-287	BLANK "N" = N "Y" = Y		
30. E-MAIL	X(50)	С	50	288-337	E-MAIL ADDRES	SS.	
SALARIES, WAGES OR COMPENSATION							
31. AMOUNT PAID	9(10)V99	С	12	338-349	SEE FORM 480.3	0, ITEM 1, COLUMN 1.	
32. TAX WITHHELD	9(10)V99	С	12	350-361	SEE FORM 480.3	0, 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 480.3	0, ITEM 2, COLUMN 1.	
35. TAX WITHHELD	9(10)V99	С	12	434-445	SEE FORM 480.3	0, 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 480.3	0, ITEM 4, COLUMN 1.	
38. TAX WITHHELD	9(10)V99	С	12	518-529	SEE FORM 480.3	0, 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 480.3	0, ITEM 7, COLUMN 1.	
41. TAX WITHHELD	9(10)V99	С	12	602-613	SEE FORM 480.3	0, 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 480.3	0, ITEM 8, COLUMN 1.	
44. TAX WITHHELD	9(10)V99	С	12	686-697	SEE FORM 480.3	0, 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 480.3	0, ITEM 10, COLUMN 1.	
47 TAX WITHHEI D	9(10)V99	C	12	770-781	SEE FORM 480 3	0 ITEM 10 COLUMN 2	







FILE DESCRIPTION				D	ATE: OCTOBER 2021		
FILE NAME: F48030Y21				RI	ECORD TYPE: RETU	RN	
RECORD NAME: NONRESIDENT ANNU	AL RETUR	RN F	OR INCC	OME TAX W	/ITHHELD AT	RECORD LENGTH	: 2500
SOURCE - FORM TYPE 480.30							
P=PACKED, B=BINARY, C=CHARACTER							
		♦					
FIELD NAME	PICTURE		BYTES	FILE LOCATION		COMMENTS	RE
		1					
48. FILLER	9(60)	С	60	782-841	ZEROS.		
)(00)		00	702 041			
RENTS							
49. AMOUNT PAID	9(10)V99	С	12	842-853	SEE FORM 480.3	0, ITEM 11, COLUMN 1.	
50. TAX WITHHELD	9(10)V99	С	12	854-865	SEE FORM 480.3	0, 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 480.3	0, ITEM 3, COLUMN 1.	
53. TAX WITHHELD	9(10)V99	С	12	938-949	SEE FORM 480.3	0, 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 480.3	0, ITEM 12, COLUMN 1.	
56. TAX WITHHELD	9(10)V99	С	12	1022-1033	SEE FORM 480.3	0, 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 480.3	0, ITEM 13, COLUMN 1.	
59. TAX WITHHELD	9(10)V99	С	12	1106-1117	SEE FORM 480.3	0, 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 480.3	0, TOTAL COLUMN 1.	
62. TAX WITHHELD	9(10)V99	С	12	1190-1201	SEE FORM 480.3	0, TOTAL COLUMN 2.	
63. FILLER	9(12)	С	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	С	12	1226-1237			
66. FILLER	9(24)	С	24	1238-1261	ZEROS.		
FEBRUARY							
67. AMOUNT PAID	9(10)V99	С	12	1262-1273			
68. TAX WITHHELD	9(10)V99	С	12	1274-1285			
69. FILLER MARCH	9(24)	С	24	1286-1309	ZEROS.		





FILE DESCRIPTION								
					DA	TE: OCTOBER 2021		
FILE NAME: F48030Y21					REG	CORD TYPE: RETU	RN	
RECORD NAME: NONRESIDENT ANN	NUAL RETUR	RN F	OR INCO	OME TAX	K WI	ITHHELD AT	RECORD LENG	GTH: 2500
SOURCE - FORM TYPE 480.30								
D-DACKED D-DINARY C-CHARACTER	7							
P=PACKED, B=BINARY, C=CHARACTER								
		•		FILE				
FIELD NAME	PICTURE		BYTES	LOCATI			COMMENTS	RE
	0/10)1/00	6	10	1210.12	21			
70. AMOUNT PAID	9(10)V99	С	12	1310-13	21			
71. TAX WITHHELD	9(10)V99	С	12	1322-13				
72. FILLER APRIL	9(24)	С	24	1334-13	57	ZEROS.		
73. AMOUNT PAID	9(10)V99	С	12	1358-13	69			
74. TAX WITHHELD	9(10)V99	С	12	1370-13	81			
75. FILLER	9(24)	C	24	1370-13		ZEROS.		
MAY								
76. AMOUNT PAID	9(10)V99	С	12	1406-14	.17			
)(10)(7))		12	1400 14	17			
77. TAX WITHHELD	9(10)V99	C	12	1418-14				
78. FILLER JUNE	9(24)	С	24	1430-14	53	ZEROS.		
JUL								
79. AMOUNT PAID	9(10)V99	С	12	1454-14	65			
80. TAX WITHHELD	9(10)V99	С	12	1466-14	.77			
81. FILLER	9(24)	C	24	1478-15		ZEROS.		
JULY								
82. AMOUNT PAID	9(10)V99	С	12	1502-15	13			
83. TAX WITHHELD 84. FILLER	9(10)V99 9(24)	C C	12 24	1514-15 1526-15		ZEROS.		
AUGUST	9(24)		24	1520-15	47	ZEROS.		
		~						
85. AMOUNT PAID	9(10)V99	С	12	1550-15	61			
86. TAX WITHHELD	9(10)V99	С	12	1562-15	73			
87. FILLER	9(24)	С	24	1574-15	97	ZEROS.		
SEPTEMBER								
88. AMOUNT PAID	9(10)V99	С	12	1598-16	09			
	0/10)1/00	C	12	1610-16	21			
89. TAX WITHHELD 90. FILLER	9(10)V99 9(24)	C C	12 24	1610-16 1622-16		ZEROS.		
OCTOBER	,(21)		21	1022 10				
91. AMOUNT PAID	9(10)V99	C	12	1646.16	57			
91. AMOUNT PAID	9(10) V 99	С	12	1646-16	157			
92. TAX WITHHELD	9(10)V99	С	12	1658-16				
93. FILLER	9(24)	С	24	1670-16	93	ZEROS.		
NOVEMBER								
94. AMOUNT PAID	9(10)V99	С	12	1694-17	05			
95. TAX WITHHELD	9(10)V99	С	12	1706-17	17			
96. FILLER	9(24)	C	24	1708-17		ZEROS.		
DECEMBER								
97. AMOUNT PAID	9(10)V99	С	12	1742-17	53			
98. TAX WITHHELD	9(10)V99 9(10)V99	C	12	1742-17		1		
				•		•		

* REQUIRED FIELDS



FILE DESCRIPTION							
FILE NAME: F48030Y21				R	RECORD TYPE: RETU	RN	
RECORD NAME: NONRESIDENT ANNU SOURCE - FORM TYPE 480.30	AL RETUR	RN F	OR INCO	OME TAX V	WITHHELD AT	RECORD LENGTH: 2	2500
P=PACKED, B=BINARY, C=CHARACTER							
		↓					
FIELD NAME	PICTURE		BYTES	FILE LOCATION	N	COMMENTS	R
99. FILLER	9(24)	С	24	1766-1789	ZEROS.		
TOTALS							
100. TOTAL AMOUNT PAID MONTHLY	9(12)	С	12	1790-1801	PATRT II.		
101. TAX WITHHELD	9(10)V99	С	12	1802-1813	SEE PATRT II, IT	ЕМ 1.	
102. FILLER	9(12)	С	12	1814-1825	ZEROS.		
103. FILLER	X(12)	С	12	1826-1837	SPACES.		*
TOTAL TAX WITHHELD AFTER THE							
104. CREDIT FOR TAX ON DEEMED DIVIDENDS	9(10)V99	С	12	1838-1849	SEE PATRT II, II	ТЕМ 3.	
105. FILLER	9(12)	С	12	1850-1861			
DIVIDENDS 10%							
106. AMOUNT PAID	9(10)V99	С	12	1862-1873	SEE FORM 480.3	0, ITEM 5, COLUMN 1.	\square
107. TAX WITHHELD	9(10)V99	С	12	1874-1885	SEE FORM 480.3	0, ITEM 5, COLUMN 2.	
					ADD THIS FIELD	O WITH THE CREDIT FOR	
					TAX ON DEEME	D DIVIDENDS (SECTION	
					1062.08) FIELD 1	12 FOR PART II ITEM 2	
CREDIT FOR TAX ON DEEMED DIVIDENDS					CREDIT FOR TA	X ON DEEMED DIVIDENDS	
108. (SECTION 1062.11)	9(10)V99	С	12	1886-1897	(SECTION 1062.1	3).	
109. FILLER	9(60)	С	60	1898-1957	ZEROS.		
DIVIDENDS 15%							
110. AMOUNT PAID	9(10)V99	С	12	1958-1969	SEE FORM 480.3	0, ITEM 6, COLUMN 1.	
111. TAX WITHHELD	9(10)V99	С	12	1970-1981	SEE EODM 480.2	0, ITEM 6, COLUMN 2.	
III. TAX WITHIELD	9(10) ¥ 99	C	12	1970-1981		O WITH THE CREDIT FOR	
						D DIVIDENDS (SECTION	
						08 FOR PART II ITEM 2	
CREDIT FOR TAX ON DEEMED DIVIDENDS					,	X ON DEEMED DIVIDENDS	
112. (SECTION 1062.08)	9(10)V99	С	12	1982-1993			
113. FILLER	9(60)	C	60	1994-2053	``		
		~					
114. FILLER	X(144)	С	144	2054-2197	SPACES.		*
ROYALTIES SUBJ. TO SPECIAL RATE UNDER INCENTIVE ACT %							
	0/10/100	~	10	0100 0000			
115. AMOUNT PAID	9(10)V99	С	12	2198-2209	SEE FORM 480.3	0, ITEM 9, COLUMN 1.	
116. TAX WITHHELD	9(10)V99	С	12	2210-2221		0, ITEM 9, COLUMN 2.	
117. FILLER	9(60)	С	60	2222-2281	SPACES.		*
SPECIAL CONTRIBUTION FOR							
PROFESSIONAL AND ADVISORY SERVICES							
118. UNDER ACT 48 -2013	9(10)V99	С	12	2282-2293			*
119. TOTAL FORMS	9(10)	С	10	2294-2303			
PAYMENTS FOR SERVICES RENDERED							
120. OUTSIDE OF PUERTO RICO	9(10)V99	С	12	2304-2315	SEE FORM 480.3	0, ITEM 14, COLUMN 1.	
OTHER PAYMENTS NOT SUBJECT TO							
121. WITHHOLDING	9(10)V99	С	12	2316-2327		0, ITEM 15, COLUMN 1.	
122. FILLER	X(118)	С	118	2328-2445	SPACES.		
123. FILLER	9(9)	С	9	2446-2454	ZEROS.		*
124. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REA	ASON FOR CHANGE FORM. AND FILL WITH BLANKS.	
125. FILLER	9(6)	С	6	2495-2500	ZEROS.		*

* REQUIRED FIELDS





Formulario 480.30 Form Rev. 25 ego 21			rnment of Puerto Rico artment of the Treasury	20		nfirmación de Radicación Electró nic Filing Confirmation Number
PLANILLA ANUAL			RETENIDA EN EL ORIGEN - N ME TAX WITHHELD AT SOURCE			LLA ENMENDADA - AMENDED RETURN
- all re-						Sello de Recibido
Número de Identificación Patronal o Seguro Social Employer Identification Number or Social Security Number	Clase de Industria Type of Industry or	o Negocio Business		ormularios 480.80 Il Forms 480.60		
Nombre del Agente Retenedor - Withholding Agent's	s Name				1	
Direooion Postal - Postal Address	Di	rección Física - P	hysical Address			
Código Postal - Zip						
Aportación Especial por Bervicios Profesionales y					er Act 48-2013:	
			mmary of Forms 480.6C per Type	1		
	lase de Ingreso - Type of Inc	ome		Canodad Pa	agada - Amount Pek	d Contribución Retenida - Tax Wit
 Balarios, Jornales o Compensaciones - Balaries Pagos por Bervicios Prestados por Contratistas 		for Denvices Dands	and hu in day and ant Application			
 Pagos por servicios Prestados por Contratistas Remuneración Pagada por Equipos de Depo 						
Compensation Paid by International Associations						
4. Venta de Propiedad - Sele of Property						
6. Dividendos Sujetos al 10% bajo la Sección 1082.	11 - Dividends Subjectio 10%	under Section 1062	211			
8. Dividendos Sujetos al 16% bajo la Seopión 1082.						
7. Dividendos Sujetos a Tasa Preferencial bajo L						
Regalias - Royettes						
Regalias Sujetas a Tasa Especial bajo Leyes d	te Incentivos - Rovalties Sul	bject to Special Rat	e under Incentives Acts %			
Intereses - Interests						
Rentas - Renta						
Espectaculos Públicos - Public Shows						
 Espectadulos Fublicos - Fublic crows Otros Pagos Sujetos a Retensión - Other Payr 	ments Subject to Withhold	00				
 Otros Pagos Sujetos a Retension - Otrer Pajo Pagos por Servicios Prestados Fuera de Puer 			tside of Puerto Rico			
6. Otros Pagos No Sujetos a Retensión - Other P						
TOTAL			· · · · · · · · · · · · · · · · · · ·			
Parte I - Part I Reconciliación de Co	ontribución Retenida Mer	nsualmente - Mor	nthly Tax Withheld Reconciliation			
Parte II - Part II Reconciliación de Co Mes - Month	ontribución Retenida Mer		nthly Tax Withheld Reconciliation d Pagada - Amount Paid		Contribució	on Retenida - Tax Withheld
Mes - Month	ontribución Retenida Mer				Contribució	ón Retenida - Tax Withheld
Mes - Month Enero - January	ontribución Retenida Mer				Contribució	ón Retenida - Tax Withheld
Mes - Month Enero - January Febrero - February	ontribución Retenida Mer				Contribució	ón Retenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March	ontribución Retenida Mer				Contribució	ón Retenida - Tsx Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April	ontribución Retenida Mer				Contribució	ón Retenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May	ontribución Retenida Mer				Contribuci	ón Retenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June	ontribución Retenida Mer				Contribuci	ón Retenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July	ontribución Retenida Mer				Contribuci	ón Retenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Junio - June Julio - July Agosto - August	ontribución Retenida Mer				Contribució	ón Retenida - Tsx Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Junio - June Julio - July Agosto - August Septiembre - September	ontribución Retenida Mer				Contribuci	ón Retenida - Tsx Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October	ontribución Retenida Mer				Contribuci	ón Retenida - Tsx Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Junio - June Julio - July Agosto - August Septiembre - September Octubre - October	ontribución Retenida Mer				Contribuci	ón Retenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November	ontribución Retenida Mer				Contribuci	ón Retenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Disiembre - December	ontribución Retenida Mer				Contribuci	ón Retenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - June Julio - June Julio - June Septiembre - September Octubre - October Noviembre - November Disiembre - December 1. Total		Cantida			Contribuci	on Retenida - Tsx Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Junio - June Julio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Disiembre - December 1. Total 2. Crédito por contribución sobre Divide Credit for tax on Deemed Dividends (Sec	endos Implícitos (Secc tion 1062/13)	Cantida ción 1062.13)	d Pagada - Amount Peid		Contribuci	ón Retenida - Tsx Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sobre Divided (Sec Chilt for tax on Deemed Dividends (Sec Contal de contribución retenida lue	endos Implícitos (Secc tion 1052/13) rgo del crédito por c	Cantida contribución	d Pagada - Amount Peid		Contribuci	ón Retenida - Tax Withheld
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 2. Crédito por contribución sobre Divide Credit for tax on Decendo J(Sec 3. Total de contribución retenida lue Total tax withheld effer the credit for tax	endos Implícitos (Secc tion 1062/13) ego del crédito por c a on Deemed Dividenda	Cantida ión 1062.13) contribución	d Pagada - Amount Peid sobre Dividendos Implici			
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - June Septiembre - September Octubre - October Noviembre - November Disciembre - December 1. Total Credit for tax on Decemid Jule Total tax withheld after the credit for tax	endos Implícitos (Secc tion 1062/13) ego del crédito por c a on Deemed Dividenda	Cantida ión 1062.13) contribución	d Pagada - Amount Peid sobre Dividendos Implici			
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 sobre Divide Credit for tax on Decendo J(sec 3. Total de contribución retenida lue Total tax withheld effer the credit for tax	endos Implícitos (Secc tion 1062/13) ego del crédito por c a on Deemed Dividenda	Cantida ión 1062.13) contribución	d Pagada - Amount Peid sobre Dividendos Implici			
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 sobre Divide Credit for tax on Decendo J(sec 3. Total de contribución retenida lue Total tax withheld effer the credit for tax	endos Implícitos (Secc tion 1062/13) ego del crédito por c a on Deemed Dividenda	Cantida ión 1062.13) contribución	d Pagada - Amount Peid sobre Dividendos Implici			
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. Crédit op ro contribución sobre Divide Credit for tax on Deemed Dividends (Sec 3. Total de contribución retenida luc Total tax withheld after the credit for tax uno (o afirmo) como agente retenedor, represe te hizo de acuergio con el Codígo de Rentas Ini inder penaíties of perjury, that this return is bue, o	endos Implícitos (Secc tion 1062.13) rego del crédito por c a on Deemed Dividenda entante legal u oficial auto ternas de Puerto Rico de correct and complete, and t	Cantida ión 1062.13) contribución	d Pagada - Amount Peid sobre Dividendos Implici			
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Disiembre - December 1. Total 2. Crédito por contribución sobre Divided credit for tax on Decendo Jusenda (Sec 3. Total de contribución retenida lue Total tax withheld after the credit for tax	endos Implícitos (Secc citon 1062/13) go del crédito por o x on Deemed Dividends entante legal u oficial aut terrus de Puerto Rico de conect and complete, and i te u Oficial Autorizado ne or Authorized Omoal	Cantida ión 1062.13) contribución prizado, bajo per 2011, segun gran hel he Ba witho	d Pagada - Amount Peid sobre Dividendos Implici unAmount Peidendos Implici unAmount Peidendos Implici unadado, y sus reglamentos, - 1 godado, y sus reglamentos, - 1 ridado de perjuño, que esta pla made pursuant to the P	nilla es cierta, o wear (gr. affirm) a verto filco Intern		a, y que la retención de la contribuo Legal representative or sufficienzed offi d' 2011, és amended, and its regulatio
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Disiembre - December 1. Total 2. Crédito por contribución sobre Divide Credit for tax on Deemed Dividends (Sec Credit fo	endos Implícitos (Secc tion 1062.13) go del crédito por o x on Deemed Dividends entante legal u oficial aus ternas de Puerto Rico de correct and complete, and t ter u Oficial Autorizado te u Oficial Autorizado re or Authorized Official PARAUS	Cantida ión 1062.13) contribución 2011, segun gram net fre tils witho	d Pagada - Amount Peid sobre Dividendos Implici UnAviento Ponni endado, y sur reglamentos, -1 s iding was made pürsuant to the F	nilla es cierta, co wear (gr effirm) a werto Rico Intern	orrecta y completi e athiniding agent el Revenue Colle o	a, y que la retención de la contribuy Legal representative or sufrorared offi 17 2011, do amendes, and to regulato Fecha - Dale
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - June Septiembre - November Diciembre - December 1. Total 2. Crédito por constribución sobre Divide Credit for tax on Deemed Dividends [Sec Juro (o afirmo) como agente retenedor, representan Under pendies of perjuy, thet this return is true, or Eima del Agente Retenedor, Representan Signature of Watinolding Agent, Representation	endos Implícitos (Secc tion 1062/13) rego del crédito por c s on Deemed Dividends entante legal u oficial auto ternas de Puerto Rico de correct and complete, and t ter u Oficial Autorizado ve or Authorazed Oficial PACAUS Co Name (Print) Nomb	Cantida ión 1062.13) contribución 2011, segun gram net fre tils witho	sobre Dividendos Implici sobre Dividendos Implici alidad de perjuno, que esta pla endado, y sus reglamentos, -1 s iding wes mede pursunt to the f Título - Title	nilla es cierta, co wear (gr effirm) a werto Rico Intern	orrecta y complet s withholding agent al Revenue Colle o 	a, y que la retención de la contribus Legal representative or suftronzed offi d'2011, és amended, and its reguletio Fecha - Dele umber Fesha - Dele
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - June September - November Diciembre - December 1. Total 2. Crédito por contribución sobre Divide Credit for tax on Deemed Dividends (Sec Credit for tax on Deemed Dividends (Sec Credit for tax on Deemed Dividends (Sec Sec Jizo de gauerdo con el Codigo de Rentas Intuinder pendies of perjury, that this return is the codit inder pendies of perjury, that this return is the codit Signature of Withholding Agent, Representation	endos Implícitos (Secc tion 1062/13) rego del crédito por c s on Deemed Dividends entante legal u oficial auto ternas de Puerto Rico de correct and complete, and t ter u Oficial Autorizado ve or Authorazed Oficial PACAUS Co Name (Print) Nomb	Cantida ión 1062.13) contribución 2011, segun gram net fre tils witho	sobre Dividendos Implici sobre Dividendos Implici alidad de perjuno, que esta pla endado, y sus reglamentos, -1 s iding wes mede pursunt to the f Título - Title	nilla es cierta, co wear (gr effirm) a werto Rico Intern	orrecta y complet s withholding agent al Revenue Colle o 	a, y que la retención de la contribuy Legal representative or sufrorared offi 17 2011, do amendes, and to regulato Fecha - Dale
Mes - Month Enero - January Febrero - February Marco - March Abril - April Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - December 1. Total 2. Crédito por contribución sobre Dividends (Sec 3. Total de contribución retenida lue Total de contribución retenida tota (Sec 3. Total de contribución retenida lue, o tota pendites of perjury, bat biti return is tue, o for pendites of perjury, bat biti return is tue, o for la de Agente Retenedor, Representati for tax on tota de contribución gent, Representati sontre del Especialista (Letra de Molde) - Specialist	endos Implícitos (Secc tion 1062/13) ego del crédito por di son Deemed Dividende entante legal u oficial auto ternas de Puerto Rico de correct and complete, and t ter u Oficial Autorigado ne or Authorard Oficial PARAUS CS Neme (Pint) Nont sión - Address NOTA / saración de su planilla	Cantida Cantida Cantida Contribución Contrib	sobre Dividendos Implici usidad de pagada - Amount Paid sobre Dividendos Implici usidad de pagada endado, y sus reglamentos, -1 s iding was made pursuant lo the f Título - Títe ISTASOLAMIENTE - SPECIMUSTRO legodio - Name of Firm or Buziness Còdigo Postal - Zip Code NESOR - NOTE TO WITHOLDING No. Si contesto "Si",	nilla es cierta, co wear (gr effirm) e uerto Nuco Intern UGEONLY Número de Regi AGENT exija la firma	orrecta y completi s utihoding agent al Revenue Cotte o stro-Registretion Nu Firma del Especial y el múmero o	a, y que la retención de la contribus Legal representative or suftronzed offi d'2011, és amended, and its reguletio Fecha - Dele umber Fesha - Dele





EXHIBIT R

FILE DESCRIPTION	DA	DATE: OCTOBER 2021							
FILE NAME: F4807B1Y21 FOR 48	30.7			RE	RECORD TYPE: RETURN				
RECORD NAME: ANNUAL RECONCILI INDIVIDUAL RETIREMENT ACCOUNT					HHELD FROM RECORD LENGTH:	2500			
P=PACKED, B=BINARY, C=CHARACTER		•							
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)	С	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. ENTER THE TAX YEAR FOR THIS REPORT	*			
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE 2021.	*			
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					
					IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN.				
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	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		*			

* REQUIRED FIELDS

TAXABLE YEAR 2021 FORM 480.7B.1 (480.7)



EXHIBIT R

FILE DESCRIPTION									
				D	DATE: OCTOBER 2021				
FILE NAME: F4807B1Y21 FOR 48					RECORD TYPE: RETURN				
RECORD NAME: ANNUAL RECONCILI					THHELD FROM RECORD LENGTH: 250	00			
INDIVIDUAL RETIREMENT ACCOUNT	S - FORM	ГҮРІ	E 480.7B.	1					
P=PACKED, B=BINARY, C=CHARACTER									
r-racked, b-binaki, c-chakaciek									
				FILE					
FIELD NAME	PICTURE		BYTES	LOCATION	N COMMENTS	R			
27. STATE	X(2)	С	2	306-307		*			
2). SITTE			2	500 507					
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.				
					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.				
TAX WITHHELD									
IAX 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.				
55. INCOMETROM SOCREES WITHIN T.R. (10/0))(10)())	C	12	300-371	SEE FORM 400.7B.1, FART 1, THEM 2, COLOMIN 1.				
INCOME FROM GOVERNMENT PENSIONERS	0(10)100	G	10	202 402					
34. (10%) INCOME TAX WITHHELD AT SOURCE ON	9(10)V99	С	12	392-403	SEE FORM 480.7B.1, PART I, ITEM 3, COLUMN 1.				
DISTRIBUTIONS FOR REASON OF A									
DISASTER DECLARED BY THE GOVERNOR 35. OF PUERTO RICO (10%)	9(10)V99	С	12	404-415	SEE FORM (00 7R 1 RADEL STEN 4 COLUMN 1				
55. OF FUERTO RICO (10%)	9(10) \$99	C	12	404-413	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.				
37. PENALTY WITHHELD	9(10)V99	С	12	428-439	SEE FORM 480.7B.1, PART I, ITEM 6, COLUMN 1.				
)(10)(1))	0	12	120 139	SEETOKM 400.7D.1, FART I, HEM 0, COLOMIV I.				
SUBTOTAL TAX WITHHELD FROM									
INDIVIDUAL RETIREMENT ACCOUNTS 38. (FORMS 480.7)	9(10)V99	С	12	440-451	SEE FORM 480.7B.1, PART I, ITEM 7, COLUMN 1.				
39. TOTAL FORMS	9(10)	Č	10	452-461					
TAY MUTHING D DELATION									
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	C	12	510-521	SEE FORM 480.7B.1, PART III, ITEM 5, COLUMN 1.				
45. TAX WITHHELD JUNE	9(10)V99	C	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	C	12	546-557	SEE FORM 480.7B.1, PART III, ITEM 8, COLUMN 1.				
48. TAX WITHHELD SEPTEMBER	9(10)V99	C	12	558-569	SEE FORM 480.7B.1, PART III, ITEM 9, COLUMN 1.				
49. TAX WITHHELD OCTOBER 50. TAX WITHHELD NOVEMBER	9(10)V99 9(10)V99	C	12 12	570-581 582-593	SEE FORM 480.7B.1, PART III, ITEM 10, COLUMN 1.				
51. TAX WITHHELD DECEMBER	9(10)V99 9(10)V99	C C	12	582-593	SEE FORM 480.7B.1, PART III, ITEM 11, COLUMN 1. SEE FORM 480.7B.1, PART III, ITEM 12, COLUMN 1.				
JI. TAA WIINNELD DECEMDER			12	394-003	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)	С	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)	С	6	2495-2500	ZEROS.	*			

* REQUIRED FIELDS

TAXABLE YEAR 2021 FORM 480.7B.1 (480.7)



EXHIBIT R

Rev. 25 ago 21	20 Depart	urno de Duerto	Rico - Government of F				Número de Confirmación de Radicación Electro					
Rev. 25 ago 21			ienda - Department of		2	0 1	Electronic Filing Confirmation Number					
	ESTADO DE RECONCILIACIÓN ANUAL DE CONTRIBUCIÓN RETENIDA DE CUENTAS DE											
· ·			ENTAS DE APORTACI									
	nnual Reconciliation State		held from Individual Retin tribution Accounts	ement Account	ts and Edu	cational	ENIMENDADO - AMENDED					
		Sello de Recibido										
Nombre del Agente Retenedor-Wit	hholding Agent's Name	Núm	ero de Identificación Patron	al - Employer Ider	ntification Nur	nber						
Direogión Postal - Postal Address		Direc	xoion Fisioa - Physical Addr	ess								
	Codigo Postal - Zip Code											
Clase de Industria o Negooio Type of Industry or Business	Cambio de Direosión - C	hange of Address	Total de Deolaraciones I	nformativas - To	tal informati	ve Returns						
Si-Yes No 480.7 480.7B												
Parte I - Part I Cue	nta de Retiro Individua	l (Formulario (80.7) - Individual Retir	ementAccou	nt (Form 4	80.7)						
			da - Type of Tax With				Contribución Retenida - Tex With					
1. Contribución Retenida so												
Tax Withheld from Interests	(10%)											
 Contribución Retenida sob Income Tax Withheld from S 	pre Ingreso de Fuentes D Sources Within Puerto Rico	intro de Puerto (10%)	Rico (10%)									
3. Contribución Retenida sob	bre Ingreso de Pensionad	os del Gobierno	(10%)									
A Contribución Retenida en el		-	un Decactre Declarado	or el Coherro	dor de Due	to Rice ///	96)					
 Contribución Retenida en el Income Tex Withheid et Source 		n of a Disaster De	clared by the Governor of	Puerto Rico (10	96) 96)	10 1000 [10						
 Contribución Retenida a N Tax Withheld at Source to 												
6. Penalidad Retenida	Nonresidents											
Penalty Withheld												
 Subtotal de Contribución R Subtotal Tax Withheld from I 			ormulario 480.7)									
	nta de Aportación Edu		ario 480.7B) - Educati	onal Contribu	tion Accou	Int (Form 4	480.7B)					
	Tipo de Contr	ibución Reteni	ida - Type of Tax With	held			Contribución Retenida - Tax Withi					
8. Contribución Retenida sob												
Tax Withheld from Interests (10%)											
 Contribución Retenida sobr Tex Withheld from Distribution 	re Distribuciones que Cons 15 of Income from Sources V	istan de Ingresos lithin Puerto Rico (: de Fuentes Dentro de P (10%)	uerto Rico (10	%)							
10. Subtotal de Contribución R	letenida de Cuentas de Apo	ortación Educativ	a (Formulario 480.7B)									
Subtotel Tex Withheld from E 11. Total de Contribución Reten												
			a Parte Ny									
Total Tax Withheld (Add line 7 of Part I and line 10 of Part II)												
Parte III - Part III Rec	onciliación de Contribu			T 1878 1 11 1								
Parte III - Part III Reco Mes - Mo		Contribución Re	tenida - Formulano 480./ ·	lax Withheld -	Form 480.7	Contribució	on Retenida - Formulario 480.7B - Tex Withheld - Form 48					
		Contribución Re	tenida - Formulano 460./ ·	lax Withheid - I	Form 480.7	Contribució	ón Retenida - Formulario 480.78 - Tex Withheld - Form 48					
Mes - Mo		Contribución Re	tenida - Formulano 480./ •	lax Withheid - I	Form 480.7	Contribució	ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January		Contribución Re	tenida - Formulano 480./ ·	lax Withheid - 1	Form 480.7	Contribució	ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February		Contribución Rr	tenida - Formulano 480./ ·	lax Withed -!	Form 480.7	Contribució	ón Retenida - Formulario 480.7B - Tax Withheld - Form 43					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April		Contribución Re	tenida - Formulano 400./ •	lox Withed -1	Form 480.7	Contribució	ón Retenida - Formulario 480.7B - Tax Withheld - Form 43					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May		Contribución Re	tenida - Formulano 400./ •	lex Withed -1	Form 480.7	Contribució	ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June		Contribución Re	tenida - Formulano 400./	iax Withred - 1	Form 480.7	Contribució	ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Nes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July		Contribución R	tenida - Formulano 400./	lax Witned -!	Form 480.7	Contribució	ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August		Contribución Ri	tenida - Formulano 400./	liax Withred -1	Form 480.7	Contribució	ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September		Contribución Ri	tenida - Formulano 400./	lax Witned -!	Form 480.7		ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August		Contribución Ri	tenida - Formulano 400./	lax Witned -!	Form 480.7		ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September		Contribución Ri	tenida - Formulano 400./	lax Witned -!	Form 480.7		ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October		Contribución Ri	tenda - Formulano 400./	lax Witned -!	Form 480.7		ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November	unth	Contribución R	tenda - Formulano 400./	lex Witned - 1	Form 480.7		ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December	unth	Contribución Ri			Form 480.7		ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - November Diciembre - December 12. Total de Contibución Re Total Tax Withheld	etenida		JURAMENTO	- 0ATH								
Mes - Mo 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 Re Total Tax Withheld Declaro bajo penalidad de perj	etenida	econcilizción An	JURAMENTO ual ha sido examinado p	- OATH or mi y que se	gún mi me	jor informas	ón Retenida - Formulario 480.7B - Tax Withheld - Form 48					
Mes - Mo 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 Re Total Tax Withheld Declaro bajo penalidad de perj	etenida	econcilizción An	JURAMENTO ual ha sido examinado p	- OATH or mi y que se	gún mi me	jor informas	ción y creencia es cierto, correcto y completo.					
Mes - Mo 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 Re Total Tax Withheld Declaro bajo penalidad de perj	etemida unio que este Estado de R unio que este Estado de R	econcilizción An	JURAMENTO ual ha sido examinado p	- OATH or miy que se and to the best	gun mi me	jor informas	ción y creencia es cierto, correcto y completo.					





EXHIBIT S

	—	EXHIBITO							
FILE DESCRIPTION				Ι	DATE: OCTOBER 2021				
FILE NAME: F4807B1Y21					RECORD TYPE: RETURN				
RECORD NAME: ANNUAL RECONCIL EDUCATIONAL CONTRIBUTION ACC					THHELD FROM RECORD LEN	GTH: 2500			
EDUCATIONAL CONTRIBUTION ACC	<u>UUN15-FC</u>		1111240	0.7D.1					
P=PACKED, B=BINARY, C=CHARACTER									
		•		FILE					
FIELD NAME	PICTURE BYTE		BYTES	LOCATIO	N 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 "B" TO INDICATE FORM 480.	7B.1. *			
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD. ENTER: "O" = ORIGINAL, "A" = AM	*			
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	ENDED, *			
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 RE WHICH MUST BE 2021.	* PORT			
10. FILLER	X(5)	С	5	22-26	SPACES.	*			
	A (3)		5	22-20	STACLS.				
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	IF PAYER ID TYPE = "1", ENTER				
					IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICA	TION			
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)	C	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		*			

* REQUIRED FIELDS

TAXABLE YEAR 2021 FORM 480.7B.1 (480.7B)



EXHIBIT S

FILE DESCRIPTION	Г	DATE: OCTOBER 2021							
FILE NAME: F4807B1Y21					RECORD TYPE: RETURN				
RECORD NAME: ANNUAL RECONCIL EDUCATIONAL CONTRIBUTION ACC				F TAX WI					
P=PACKED, B=BINARY, C=CHARACTER		_							
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	ON COMMENTS				
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.				
20 7ID CODE EVTENSION	9(4)	С	4	313-316	ZEDOS JE NOT AVAILADI E				
29. ZIP-CODE EXTENSION 30. CHANGE OF ADDRESS	9(4) X(1)	С	1	317-317	ZEROS, IF NOT AVAILABLE. BLANK "N" = NO, "Y" = YES.				
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.				
TAX WITHHELD									
2. INTERESTS (10%)	9(10)V99	С	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) 35. TOTAL FORMS	9(10)V99 9(10)	C	12	392-403 404-413	SEE FORM 480.7B.1, PART II, ITEM 10, COLUMN 1.				
TAX WITHHELD - FORM 480.7B)(10)		10	101 110					
6. TAX WITHHELD JANUARY	9(10)V99	С	12	414-425	SEE FORM 480.7B.1, PART III, ITEM 1, COLUMN 2.				
7. TAX WITHHELD FEBRUARY	9(10)V99	С	12	426-437	SEE FORM 480.7B.1, PART III, ITEM 2, COLUMN 2.				
8. TAX WITHHELD MARCH	9(10)V99	C	12	438-449	SEE FORM 480.7B.1, PART III, ITEM 3, COLUMN 2.				
9. TAX WITHHELD APRIL	9(10)V99	C	12	450-461	SEE FORM 480.7B.1, PART III, ITEM 4, COLUMN 2.				
0. TAX WITHHELD MAY 1. TAX WITHHELD JUNE	9(10)V99 9(10)V99	C C	12 12	462-473 474-485	SEE FORM 480.7B.1, PART III, ITEM 5, COLUMN 2.				
1. TAX WITHHELD JULY	9(10)V99 9(10)V99	C	12	474-485	SEE FORM 480.7B.1, PART III, ITEM 6, COLUMN 2. SEE FORM 480.7B.1, PART III, ITEM 7, COLUMN 2.				
43. TAX WITHHELD JULI 13. TAX WITHHELD AUGUST	9(10)V99	C	12	498-509	SEE FORM 480.7B.1, PART III, ITEM 7, COLUMN 2. SEE FORM 480.7B.1, PART III, ITEM 8, COLUMN 2.				
4. TAX WITHHELD SEPTEMBER	9(10)V99	C	12	510-521	SEE FORM 480.7B.1, PART III, ITEM 9, COLUMN 2.				
5. TAX WITHHELD OCTOBER	9(10)V99	C	12	522-533	SEE FORM 480.7B.1, PART III, ITEM 10, COLUMN 2.				
6. TAX WITHHELD NOVEMBER	9(10)V99	С	12	534-545	SEE FORM 480.7B.1, PART III, ITEM 11, COLUMN 2.				
7. TAX WITHHELD DECEMBER	9(10)V99	С	12	546-557	SEE FORM 480.7B.1, PART III, ITEM 12, COLUMN 2.				
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					
50. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.				
51. FILLER	9(6)	С	6	2495-2500	D ZEROS.				



EXHIBIT S

Formulario 480.7B.1 Form Rev. 25 apo 21	20 Depart ESTADO DE RECONCIL	amento de Ha IACIÓN ANUA	iciend	- Government of a - Department of CONTRIBUCIÓN (AS DE APORTAC	the Treasur RETENIDA	y 2 DE CUENT	0 AS DE		Confirmación de Radio ctronic Filing Confirmati		nica	
W	Annual Reconciliation State						ucational		BIMENDADO - AMENDE	D		
				ion Accounts				Sello de Recibido				
Nombre del Agente Retenedor-V	lthholding Agent's Name	Núr	mero de	e Identificación Patror	al - Employer I	dentification N ₄	mber					
Direooión Postal - Postal Address												
Clase de Industria o Negooio Cambio de Dirección - Change of Address Total de Declaraciones Informativas - Total Informative Returns												
Type of industry of Business	Si-Yes	No		480.7	[480.7B						
Parte I - Part I Cuenta de Retiro Individual (Formulario 480.7) - Individual Retirement Account (Form 480.7)												
		ibución Rete	nida ·	Type of Tax With	held				Contribución Retenid	a - Tex Withhe	ek	
 Contribución Retenida s Tax Withheld from Interes 												
2. Contribución Retenida s Income Tax Withheld from	obre Ingreso de Fuentes De Sources Within Puerto Rico	entro de Puerto (10%)	o Rico	(10%)								
3. Contribución Retenida s		s del Gobiern	o (105	4)								
 Contribución Retenida en Income Tax Withheid at Sox 			le un l Declare	Desastre Declarado d by the Goueron of	por el Gober Puerto Sico (mador de Pu	erto Riso (1	0%)			-	
5. Contribución Retenida a	No Residentes	. or a propositif p		a of the owners of the	- acro muo						-	
Tax Withhheld at Source 1 6. Penalidad Retenida	o Nonresidents										_	
Penalty Withheld 7. Subtotal de Contribución	Retanido de Cuentos de Re	tiro Individual (Formu	(brin 480 7)							_	
	Individual Retirement Account		, or mo	nano voc.rj								
Parte II - Part II Cu	enta de Aportación Edu					bution Acco	unt (Form	480.7B)		-	_	
9 Construite Potentite on		ibución Rete	nida ·	 Type of Tax With 	held				Contribución Retenio	la - Tex Withh	ek	
 Contribución Retenida so Tax Withheld from Interests 	(10%)											
 Contribución Retenida sol Tax Withheld from Distributi 	bre Distribuciones que Cons ons of Income from Sources W	istan de Ingres lithin Puerto Ricc	os de l o (10%)	Fuentes Dentro de I	Puerto Rico (10%)						
10. Subtotal de Contribución Subtotal Ter Withheld from	Retenida de Cuentas de Apo Educational Contribution Acco			ormulario 480.7B)								
11. Total de Contribución Ret		te I y línea 10 de		rte II)								
	conciliación de Contribu		a Men	sualmente - Mon	thly Tax With	hheid Recor	ciliation				-	
Mes - N	North	Contribución f	Retenid	ta - Formulario 480.7	 Tax Withheld 	- Form 480.7	Contribuc	ion Retenida	Formulario 480.7B - Tex Wi	thheld - Form 480	7	
Enero - January											_	
Febrero - February											_	
Marzo - March											_	
Abril - April											_	
Mayo - May											_	
Junio - June											_	
Julio - July											_	
Agosto - August											_	
Septiembre - September Octubre - October											_	
Noviembre - November											_	
Digiembre - December											-	
12. Total de Contibución I	Retenida										_	
Total Tax Withheld				JURAMENTO	- OATH							
Declaro bajo penalidad de pe I declare under penalties of pe				a sido examinado p	or miyque					completo.		
Fecha - Dele	Firma	-		edor - Withholding					Título - Title			



EXHIBIT T

FILE DESCRIPTION	Γ.	DATE: OCTOBER 2021							
FH E NAME, E4007(13/21									
FILE NAME: F4807C1Y21 RECORD NAME: ANNUAL RECONCIL		(TTT)			RECORD TYPE: RETUR		2500		
RECORD NAME: ANNUAL RECONCIL RETIREMENT PLANS AND ANNUITIE				t IAX WI	I HHELD FROM	RECORD LENGTH:	2500		
P=PACKED, B=BINARY, C=CHARACTER		┛							
				FILE					
FIELD NAME	PICTURE		BYTES	LOCATIO	N C	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 "R" TO IN	DICATE FORM 480.7C.1.	*		
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL REG		*		
					ENTER: "O" = OF "A" = AN	RIGINAL, MENDED,			
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DE	,	*		
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 WHICH MUST BE	YEAR FOR THIS REPORT 2021.	*		
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" = FEI	N, "2" = SSN.	*		
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47					
					IF PAYER ID TYP IDENTIFICATION				
	0(0)	0	0	40.56	IF ID TYPE = "2"	ENTER IDENTIFICATION	*		
13. IDENTIFICATION NUMBER 14. BUSINESS NAME	9(9) X(30)	C C	9 30	48-56 57-86	NUMBER SSN.		*		
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116			*		
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUN		*		
							*		
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRES	58 1.	*		
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRES	SS 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 A	VAILABLE.	*		
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT A	VAILABLE.			
23. FILLER	X(2)	С	2	221-222	SPACES.		*		
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDR	RESS 1.	*		
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDR	RESS 2.			
26. TOWN	X(13)	С	13	293-305			*		
27. STATE	X(2)	С	2	306-307			*		
	\-/		-	200 201	1		- 1		

* REQUIRED FIELDS





EXHIBIT T

FILE DESCRIPTION	DA	DATE: OCTOBER 2021							
FILE NAME: F4807C1Y21				DE	RECORD TYPE: RETURN				
	ATION OT						500		
RECORD NAME: ANNUAL RECONCILI				FTAX WIT	HHELD FROM	RECORD LENGTH: 2	500		
RETIREMENT PLANS AND ANNUITIES	- FORM I	YPE	480./C.1						
P=PACKED, B=BINARY, C=CHARACTER									
T-INCRED, D-DIVIRT, C-CHARACTER		↓ ↓							
		,	1	FILE			1		
FIELD NAME	PICTURE		BYTES	LOCATION	CO	OMMENTS	RE		
				•					
	0.(7)		_	200.010			*		
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AV	AILABLE.	*		
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AV				
20 CHANCE OF ADDRESS	V (1)	C	1	217 217	BLANK "N" = NC "Y" = YE				
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	I = IE	20.	+		
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS				
TAV WITHIN D		1							
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.	,			
34. LUMP SUM DISTRIBUTIONS (10%)	9(10)V99	С	12	392-403	SEE FORM 480.7C.				
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	С	12	416-427	SEE FORM 480.7C.				
37. ANNUITIES	9(10)V99	С	12	428-439	SEE FORM 480.7C.	1, ITEM 6.			
ROLLOVER OF A QUALIFIED PLAN TO NON									
38. DEDUCTIBLE IRA	9(10)V99	С	12	440-451	SEE FORM 480.7C.	1, ITEM 7.			
DISTRIBUTIONS OF RETIREMENT SAVINGS	0 (10) 7 700		10	150.150					
39. ACCOUNT PROGRAM (10%)	9(10)V99	С	12	452-463	SEE FORM 480.7C.	1, ITEM 8.			
ROLLOVER OF RETIREMENT SAVINGS									
ACCOUNT PROGRAM TO NON DEDUCTIBLE 40. IRA (10%)	9(10)V99	С	12	464-475	SEE FORM 480.7C.	1 ITEM 0			
40. IKA (10%) 41. NONRESIDENT'S DISTRIBUTIONS	9(10)V99 9(10)V99	C	12	476-487	SEE FORM 480.7C.				
42. OTHER DISTRIBUTIONS	9(10)V99 9(10)V99	C	12	488-499	SEE FORM 480.7C.	,			
INCOME TAX WITHHELD ON	9(10) \$ 99	C	12	400-499	SEE FORM 400.7C.	1, 11EW 11.			
DISTRIBUTIONS FOR REASON OF A									
DISASTER DECLARED BY THE GOVERNOR									
43. OF PUERTO RICO	9(10)V99	С	12	500-511	SEE FORM 480.7C.	1 ITEM 12			
	,(10),133	Ū		000011	SEET OTALL TOTAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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, I	PART II, ITEM 1, COLUMN 1.			
47. TAX WITHHELD FEBRUARY	9(10)V99	С	12	546-557	SEE FORM 480.7C.1, I	PART II, ITEM 2, COLUMN 1.			
48. TAX WITHHELD MARCH	9(10)V99	С	12	558-569	SEE FORM 480.7C.1, I	PART II, ITEM 3, COLUMN 1.			
49. TAX WITHHELD APRIL	9(10)V99	С	12	570-581	SEE FORM 480.7C.1, I	PART II, ITEM 4, COLUMN 1.			
50. TAX WITHHELD MAY	9(10)V99	С	12	582-593	SEE FORM 480.7C.1, I	PART II, ITEM 5, COLUMN 1.			
51. TAX WITHHELD JUNE	9(10)V99	С	12	594-605	SEE FORM 480.7C.1, I	PART II, ITEM 6, COLUMN 1.			
52. TAX WITHHELD JULY	9(10)V99	С	12	606-617	SEE FORM 480.7C.1, I	PART II, ITEM 7, COLUMN 1.			
53. TAX WITHHELD AUGUST	9(10)V99	С	12	618-629		PART II, ITEM 8, COLUMN 1.			
54. TAX WITHHELD SEPTEMBER	9(10)V99	C	12	630-641		PART II, ITEM 9, COLUMN 1.	<u> </u>		
55. TAX WITHHELD OCTOBER	9(10)V99	C	12	642-653		PART II, ITEM 10, COLUMN 1.	──		
56. TAX WITHHELD NOVEMBER	9(10)V99	C	12	654-665		PART II, ITEM 11, COLUMN 1.	+		
57. TAX WITHHELD DECEMBER	9(10)V99	С	12	666-677		PART II, ITEM 12, COLUMN 1.	+		
58. TOTAL TAX WITHHELD 480.7B	9(10)V99	С	12	678-689	SEE FORM 480.7C.1, I COLUMN 1.	PART II, ITEM TOTAL,			
59. FILLER	X(1765)	C	1765	690-2454	SPACES.		<u>+</u>		
en illin	1.(1703)		1705	070 2434		ON FOR CHANGE FORM.	<u> </u>		
60. REASON FOR THE CHANGE	X(40)	С	40	2455-2494		ND FILL WITH BLANKS.			
							Γ		
61. FILLER	9(6)	С	6	2495-2500	ZEROS.		*		





EXHIBIT T

Formulario 480.7C.1 Form Rev. 25 ego 21	20 ESTADO DE RE	Departamento de	Hacienda - Depart	ment of Puerto Rico ment of the Treasury 20 BUCIÓN RETENIDA DE PLANES DE		Confirmación de Radicación E tronic Filing Confirmation Num	
	Annual Rec		TIRO Y ANUALIDA	DES m Retirement Plans and Annuities		BIMENDADO - AMENCED	
-24	Annual Rec	oncliation Stateme	nt of Tax withness fro	m Reprement Mans and Annuibes	Sello de Recibido		
Nombre dei Agente Retenedor-	Withholding Agent's Ner	ie .	Número de Identificaci	on Patronal - Employer Identification Number			
Direogión Postal - Postel Addres	5		Direosión Fisioa - Phy	sical Address			
	Código Postal - Zip (Code					
Clase de Industria Type of industry or							
Parte I - Part I	Planes de Retiro y	Anualidades (Fo	mulario 480.7C)	Retirement Plans and Annuities (Form	480.7C)		
			etenida - Type of			Contribución Retenida - Tex	Withhe
 Contribución Retenida Tax Withheld from Perio 				entales			
2. Contribución Retenida	sobre una Distribuci	on Total (20%)					
Tex Withheld from Lump 3. Contribución Retenida							-
Tax Withheld from Lump	Sum Distributions (10	1%)					
 Contribución Retenida s Tax Withheld from Distrib 			1005				
5. Contribución Retenida Tax Withheld from Other	sobre Otras Distribuc Distributions of Qualit	iones de Planes Ca fed Plans (10%)	lificados (10%)				
6. Contribución Retenida Tex Withheld from Annu							
				tiro Individual No Deducible			+
Tax Withheld from Rollow 8. Contribución Retenida :							+
 Contribución Retenida s Tax Withheid from Rollow 	obre Transferencia del	Programa de Cuent	as de Ahorro para el	Retiro a Cuenta de Retiro Individual No Dedu Individual Retirement Account (10%)	cible (10%)		+
 Contribución Retenida Tax Withheld from Nonre 		No Residentes					
 Contribución Retenida Tax Withheld from Other 		ones					
12. Contribución Retenida : Income Tax Withheld on				el Gobernador de Puerto Rico Puerto Rico			
13. Total de Contribución R Total Tex Withheld	etenida						
Parte II - Part II	Reconcilíación de	Contribución Rel	enida Mensualme	nte - Monthly Tax Withheld Reconciliation			
		Me	s - Month			Contribución Retenida - Tax V	litheld
Enero - January							-+-
Febrero - February							-
Marzo - Merch Abril - April							+
Mayo - May							+
Junio - June							+
Julio - July							+
Agosto - August							+
Septiembre - September							+
Octubre - October							+
Noviembre - November							
Disiembre - December							
14. Total de Contribució	n Retenida - Totel 1	ax Withheld					
			n Anual ha sido exa	LENTO - OATH ninado por mí y que según mi mejor inform ed by me and to the best of my knowledge and			p.
Fecha - Date		Firma del Acen	te Retenedor - Wa	hholding Agent's Signature		Título - Title	
recha - Uble		a nume wer regen) años - Retention: Ten (10) years		11010 - 1106	_





EXHIBIT U

FILE DESCRIPTION				Г	D '		,		
					DATE: OCTOBER 2021				
FILE NAME: F4806SP2Y21					RECORD TYPE: RETURN ICES RENDERED - RECORD LENGTH: 2500				
RECORD NAME: ANNUAL RECONCILI FORM TYPE 480.6SP.2	ATION STA	ATE	MENT O	FSERVIC	JES	8 RENDERED - RECORD LENGTH: 2	500		
P=PACKED, B=BINARY, C=CHARACTER									
	↓ FILE				а				
FIELD NAME	PICTURE		BYTES	LOCATION		COMMENTS	RE		
1. FILLER 2. CONTROL NUMBER	X(1) 9(9)	C C	1 9	1-1 2-10		SPACES. ENTER ZEROS.	*		
3. FILLER	(9) X(2)	C	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.	*		
						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 2021.	*		
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					
						IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER			
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56		SSN.	*		
14. BUSINESS NAME	X(30)	С	30	57-86			*		
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116	5		*		
16. TELEPHONE	9(10)	С	10	117-126	6	TELEPHONE NUMBER 1.	*		
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	1	POSTAL ADDRESS 1.	*		
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	6	POSTAL ADDRESS 2.	<u> </u>		
19. TOWN	X(13)	С	13	197-209	9		*		
20. STATE	X(2)	С	2	210-211	1		*		
21. ZIP-CODE	9(5)	С	5	212-216	6	ZEROS, IF NOT AVAILABLE.	*		
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	0	ZEROS, IF NOT AVAILABLE.			
23. FILLER	X(2)	С	2	221-222	2	SPACES.	*		
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	7	PHYSICAL ADDRESS 1.	*		
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	2	PHYSICAL ADDRESS 2.	 		
26. TOWN	X(13)	С	13	293-305	5		*		
27. STATE	X(2)	С	2	306-307	7		*		
28. ZIP-CODE	9(5)	С	5	308-312	2	ZEROS, IF NOT AVAILABLE.	*		

* REQUIRED FIELDS

TAXABLE YEAR 2021 FORM 480.6SP.2



EXHIBIT U

							<u> </u>		
FILE DESCRIPTION				1	DATE: OCTOBER 2021				
FILE NAME: F4806SP2Y21				I	RECORD TYPE: RETURN				
RECORD NAME: ANNUAL RECONCILI FORM TYPE 480.6SP.2	ATION STA	ATE	MENT O	F SERVIC	ES RENDERED -	RECORD LENGTH:	2500		
P=PACKED, B=BINARY, C=CHARACTER		→							
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N C	COMMENTS	RE		
	T		1	1			_		
29. ZIP-CODE EXTENSION30. CHANGE OF ADDRESS	9(4) X(1)	C C	4	313-316 317-317	ZEROS, IF NOT A BLANK "N" = NO				
31. TYPE OF INDUSTRY OR BUSINESS	X(6)	C	6	318-323		,			
32. TOTAL FORMS 480.6SP	9(10)	С	10	324-333					
RESPONSIBILITY OF PAYMENT TO HEALTH 33. PROVIDERS	9(13)V99	C	15	334-348					
34. AMOUNT PAID REIMBURSED EXPENSES SPECIAL CONTRIBUTION FOR	9(13)V99	С	15	349-363					
SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES 35. UNDER ACT 48-2013	9(13)V99	С	15	364-378					
PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS NOT 36. SUBJECT TO WITHHOLDING	9(13)V99	c	15	379-393	SEE FORM 480.6S	P.2, ITEM 1.			
PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS NOT SUBJECT TO						,			
37. WITHHOLDING	9(13)V99	С	15	394-408	SEE FORM 480.6S	P.2, ITEM 2.			
PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 38. WITHHOLDING	9(13)V99	С	15	409-423	SEE FORM 480.6S	P 2 ITEM 3			
WITHHELD FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO						,			
39. WITHHOLDING	9(13)V99	С	15	424-438	SEE FORM 480.6S	P.2, ITEM 3.	_		
PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING	9(13)V99	С	15	439-453	SEE FORM 480.6S	P.2. ITEM 4.			
WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO									
41. WITHHOLDING	9(13)V99	C	15	454-468	SEE FORM 480.6S	P.2, ITEM 4.			
42. TOTAL PAYMENTS 43. TOTAL WITHHELD	9(13)V99 9(13)V99	C C	15 15	469-483 484-498			_		
43. FILLER	Y(13)V99 X(1956)	C	15	484-498	SPACES.		*		
45. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REAS	SON FOR CHANGE FORM. AND FILL WITH BLANKS.	+		
46. FILLER	9(6)	С	6	2495-2500			*		



EXHIBIT U

Formulario 480.6SP.2 Form Rex.25 eco 21	20		e Puerto Rico - Go o de Hacienda - D		firmación de Radicación Electrónica ic Filing Confirmation Number					
۱	ES	TADO DE RECONC Annual Recon		BIMENDADO - AMENDED						
Número de Identifioaoión P Employer Identification Nan Nombre del Agente Retenedor-W	iber	0.65P	Sello de Recibido							
Dirección Postal - Postal Address Có	digo Postal - 2									
Responsabilidad de Pa Responsibility of Pay					onales y Consultivos bajo la Ley 48-2018 d Advisory Bervices under Act 48-2013					
Parte I - Part I Resu	imen de la	os Formularios 480	.6SP - Summar	y of Forms 480.6SP						
		Descripción Description				Cantidad Pagada Amount Peid	Contribuoión Retenida Tax Withheld			
1. Pagos por Servicios Presta Payments for Services Rend	dos por Indi ered by Indivi	ividuos No Sujetos a Rel iduals Not Subject to With	tención holding							
 Pagos por Servicios Prest Payments for Services Rende 	ados por Co red by Corpor	rporaciones y Sociedad atons and Partnerships Not	des No Sujetos a R Subject to Withhold	letención Íng						
3. Pagos por Servicios Presta Payments for Services Rend	idos por Indi ered by Indivi	ividuos Sujetos a Reteno iduals Subject to Withhold	ción Ing							
 Pagos por Servicios Prest Payments for Services Rende 										
TOTAL										
JURAMENTO - OATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mí y que según mi mejor información y creencia es cierto, correcto y completo I declare under penalties of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete.										
Fecha - Date		Firma del Age		Withholding Agent's Sign		Т	ítulo - Title			
			Conservation: Die	ez (10) anos - Retention: Ten (1)	0) years					





					EXHIBIT	V	
FILE DESCRIPTION		D	DATE: OCTOBER 2021				
FILE NAME: F480PAY21		R	RECORD TYPE: PA				
RECORD NAME: Employer I	nformation				RECORD LENGTH:	2500	
P=PACKED, B=BINARY, C=CHARA	ACTER	_					
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE	
1. RECORD IDENTIFIER	X(2)	C	2	1-2	CONSTANT "PA".	*	
	A(2)	C	2	1-2	ENTER THE TAX YEAR FOR THIS		
2. TAX YEAR	9(4)	С	4	3-6	REPORT. ENTER NUMERIC CHARACTERS ONLY.	*	
3. AGENT INDICATOR CODE	X(1)	С	1	7	ENTER "1" FOR AGENT. OTHERWISE, FILL WITH A BLANK.		
4. AGENT ID	X(9)	с	9	8-16	IF AGENT TYPE ID = "1", ENTER AGENT ID FEIN. IF ID TYPE = "2" ENTER AGENT		
4. AGENTID	X(9)	C	9	8-10	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, "U"= 480.7D, "H"= 480.6SP,		
5. TYPE OF FORM	X(1)	С	1	17	"G"= 480.6G, "K"= 480.7E, "L"= 480.7F, "N" = 480.7G.	*	
6. ESTABLISHMENT NUMBER	X(4)	С	4	18-21	IF THIS FILE CONTAINS MULTIPLE 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. ENTER: "O" = ORIGINAL,		
					"E" = AMENDED,		
7. TYPE FILE	X(1)	С	1	22-22	"A" = ADD.	*	
8. FILLER 9. EMPLOYER NAME	X(17) X(57)	C C	17 57	23-39 40-96	SPACES. ENTER THE NAME ASSOCIATED WITH THE EIN ENTERED IN LOCATION (8-16) LEFT JUSTIFIED AND FILL WITH BLANKS. ENTER THE EMPLOYER'S LOCATION ADDRESS (ATTENTION, SUITE, ROOM	*	
10. LOCATION ADDRESS	X(22)	С	22	97-118	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		ENTER THE EMPLOYER'S CITY. LEFT JUSTIFIED AND FILL WITH BLANKS.	*	
13. STATE ABBREVIATION	X(22) X(2)	c	22	141-162 163-164	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.		
						1	





EXHIBIT V

				_	ЕХПІВІІ	V
FILE DESCRIPTION		1	DATE: OCTOBER 2021			
FILE NAME: F480PAY21				1	RECORD TYPE: PA	
RECORD NAME: Employer I	RECORD LENGTH:	: 2500				
P=PACKED, B=BINARY, C=CHARA	CTER	_				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	N COMMENTS	RE
17. FOREIGN STATE/PROVINCE	X(23)	C	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)	C	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 X

FILE DESCRIPTION	Ι	DATE: OCTOBER 2021 RECORD TYPE: SU				
FILE NAME: F480SUY2021	F					
RECORD NAME: SUBMITTER INFOR	MATION				RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]	_				
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N COMMENTS	RE
1. 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. IF APPLICABLE, ENTER THE COMPANY'S FOREIGN POSTAL CODE. LEFT JUSTIFIED	*
14. FOREIGN POSTAL CODE	X(15)	С	15	189-203	AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*
15. COUNTRY CODE	X(2)	C	2	204-205	ENTER THE APPLICABLE COUNTRY CODE (SEE APPENDIX B).	*







EXHIBIT X

FILE DESCRIPTION						DATE: OCTOBER 2021			
FILE NAME: F480SUY2021					REC	CORD TYPE: SU			
RECORD NAME: SUBMITTER INFOR	MATION					RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER]	_							
FIELD NAME	PICTURE		BYTES	FILE LOCATI	ON	COMMENTS	RE		
	N/(77)		57	206.26		ENTER THE NAME OF THE ORGANIZATION TO RECEIVE NOTIFICATION OF UNPROCESSABLE DATA. LEFT JUSTIFIED	*		
16. SUBMITTER NAME 17. LOCATION ADDRESS	X(57) X(22)	C C	57 22	206-262		AND FILL WITH BLANKS. 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	5	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	8	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	5	ENTER THE SUBMITTER'S ZIP CODE. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*		
22. ZIP CODE EXTENSION	X(4)	С	4	336-339	Ð	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	4	SPACES.	*		
24. FOREIGN STATE/PROVINCE	X(23)	С	23	345-367	7	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	2	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	4	ENTER THE APPLICABLE COUNTRY CODE (SEE APPENDIX B).	*		
27. CONTACT NAME	X(27)	С	27	385-411	1	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	5	ENTER THE CONTACT'S TELEPHONE NUMBER (INCLUDING THE AREA CODE). LEFT JUSTIFIED AND FILL WITH BLANKS.	*		
29. CONTACT PHONE EXTENSION	X(5)	C	5	427-431	1	ENTER THE CONTACT'S TELEPHONE EXTENSION. LEFT JUSTIFIED AND FILL WITH BLANKS.			
30. FILLER	X(3)	С	3	432-434	4	SPACES.	*		





* REQUIRED FIELDS

EXHIBIT X

						<u> </u>
FILE DESCRIPTION	D	DATE: OCTOBER 2021				
FILE NAME: F480SUY2021	R	RECORD TYPE: SU				
RECORD NAME: SUBMITTER INFORM		RECORD LENGTH: 2500				
P=PACKED, B=BINARY, C=CHARACTER		_				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	N COMMENTS	RE
31. CONTACT E-MAIL	X(40)	С	40	435-474	IF APPLICABLE, ENTER THE CONTACT'S ELECTRONIC MAIL/ INTERNET ADDRESS. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*
32. FILLER	X(3)	С	3	475-477	SPACES.	*
33. CONTACT FAX	X(10)	С	10	478-487	ENTER THE CONTACT'S FAX NUMBER (INCLUDING AREA CODE). OTHERWISE, FILL WITH BLANKS.	
PREFERRED METHOD OF PROBLEM 34. NOTIFICATION CODE	X(1)	С	1	488	ENTER "2" FOR U.S. POSTAL SERVICE.	
35. PREPARES CODES	X(1)	С	1	489	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, USE THE ONE THAT BEST DESCRIBES WHO PREPARED THIS FILE.	*
SUBMITTER'S IDENTIFICATION NUMBER 36. TYPE ID	X(1)	С	1	490-490	ENTER: "1" = FEIN, "2" = SSN.	
37. FILLER	X(2010)	С	2010	491-2500	SPACES.	*

