Government of Puerto Rico Department of the Treasury

PUBLICATION 22-03

DEVELOPER GUIDE INFORMATIVE RETURNS

ELECTRONIC FILING REQUIREMENTS FOR TAX YEAR 2022

Analysis and Programming Division Rev. December 19, 2022



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IMPORTANT INFORMATION

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

	Form 480.6A	Informative Return – Other Income Not Subject to Withholding	Exhibit A
	Form 480.6B	Informative Return – Other Income Subject to Withholding	Exhibit B
	Form 480.6C	Informative Return – Payments to Nonresidents or for Services from Sources Outside of Puerto Rico	Exhibit C
	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
	Form 480.7A	Informative Return – Mortgage Interests	Exhibit F
	Form 480.7B	Informative Return – Educational Contribution Account	Exhibit G
MODIFIED	Form 480.7C	Informative Return – Retirement Plans and Annuities	Exhibit H
	Form 480.7D	Informative Return – Automobile Lease Payments	Exhibit I
	Form 480.6SP	Informative Return – Services Rendered	Exhibit J
	Form 480.6G	Informative Return – Transactions Made by Electronic Means	Exhibit K
	Form 480.7E	Optional Informative Return – Advertising, Insurance Premiums, Telecommunication, Internet Access and Cable or Satellite Television Services	Exhibit L
	Form 480.7F	Annual Return of Payments Received for Advertising, Insurance Premiums, Telecommunication, Internet Access and Cable or Satellite Television Services	Exhibit M
MODIFIED	Form 480.7G	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
MODIFIED	Form 480.30	Nonresident Annual Return for Income Tax Withheld at Source	Exhibit Q
MODIFIED	Form 480.7B.1	Annual Reconciliation Statement of Tax Withheld from Individual Retirement Accounts and Educational Contribution Accounts	Exhibit R & Exhibit S
MODIFIED	Form 480.7C.1	Annual Reconciliation Statement of Tax Withheld from Retirement Plans and Annuities	Exhibit T
MODIFIED	Form 480.6SP.2	Annual Reconciliation Statement of Services Rendered	Exhibit U



- 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.
- Users of this Publication Payers, withholding agents, recipients, or payees (payers) submitting Informative Returns Form by text file.
- Mandatory Electronic Filing You must submit all filings of Informative Returns electronically through SURI using EFINFPR format.
- Register Online If you do not currently have an account in SURI, you must register; if you do have an account, you must update your registration for withholding. To do either, access www.suri.hacienda.pr.gov.
- Control 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 a copy 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 ApplyPenalties 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. Modified Forms

1. Form 480.7 (Exhibit E)

- A. Additions
 - The "Acquisition or Construction First Principal Residence" field (location 913-913) **was added.**
- B. Modifications
 - The "Filler" (location 914-2351) Fill with spaces (Required).
- C. Deletions
 - No deletions were made to this form.

2. Form 480.7C (Exhibit H)

- A. Additions
 - The "Qualified Keogh Plan" field (location 1043-1043) was added (Required).
- B. Modifications
 - The "Filler" (location 1044-2330) Fill with spaces (Required).
- C. Deletions
 - No deletions were made to this form.



3. Form 480.7G (Exhibit N)

- A. Additions
 - No additions were made to this form.

B. Modifications

- For "Student's Information" line, "Identification Number" changed to "Social Security Number" on Form, field (location 238-248) (Required).
- The "Student's ID Type Code" changed to "2" = SSN, "4" = ITIN, field (location 237-237) (Required).
- The "Student's ID" changed to "2" = SSN, "4" = ITIN, field (location 238-248) (Required).
- The "Student's ID Type Original" **changed to** "2" = SSN, "4" = ITIN, field (location 2434-2434).
- The "Student's ID Original" **changed to** "2" = SSN, "4" = ITIN, field (location 2435-2445).
- C. Deletions
 - No deletions were made to this form.

4. Form 480.5 (Exhibit O)

- A. Additions Specialist's Information
 - The "Specialist Paid for Preparation" field (location 215-215) was added (Required).
 - The "Specialist Self Employed" field (location 216-216) was added (Required).
 - The "Registration Number" field (location 217-223) was added (Required).
 - The "Name of Firm or Business" field (location 224-253) was added (Required).
 - The "Specialist's First Name" field (location 254-273) was added (Required).
 - The "Specialist's Middle Name" field (location 274-274) was added.
 - The "Specialist's Last Name" field (location 275-304) was added (Required).
 - The "Specialist's Mother's Maiden Last Name" field (location 305-324) was added.



- The "Specialist Street 1" field (location 325-359) was added (Required).
- The "Specialist Street 2" field (location 360-394) was added.
- The "Specialist Town" field (location 395-408) was added (Required).
- The "Specialist State" field (location 409-410) was added (Required).
- The "Specialist Zip-Code" field (location 411-415) was added (Required).
- The "Specialist Zip-Code Extension" field (location 416-419) was added.
- B. Modifications
 - The "Filler" field (location 420-2445) Fill with spaces (Required).
- C. Deletions
 - No deletions were made to this form.

5. Form 480.6B.1 (Exhibit P)

- A. Additions Specialist's Information
 - The "Specialist Paid for Preparation" field (location 2214-2214) was added (Required).
 - The "Specialist Self Employed" field (location 2215-2215) was added (Required).
 - The "Registration Number" field (location 2216-2222) was added (Required).
 - The "Name of Firm or Business" field (location 2223-2252) was added (Required).
 - The "Specialist's First Name" field (location 2253-2272) was added (Required).
 - The "Specialist's Middle Name" field (location 2273-2273) was added.
 - The "Specialist's Last Name" field (location 2274-2303) was added (Required).
 - The "Specialist's Mother's Maiden Last Name" field (location 2304-2323) was added.
 - The "Specialist Street 1" field (location 2324-2358) was added (Required).
 - The "Specialist Street 2" field (location 2359-2393) was added.
 - The "Specialist Town" field (location 2394-2407) was added (Required).
 - The "Specialist State" field (location 2408-2409) was added (Required).



- The "Specialist Zip-Code" field (location 2410-2414) was added (Required).
- The "Specialist Zip-Code Extension" field (location 2415-2418) was added.
- B. Modifications
 - The "Filler" field (location 2419-2445) Fill with spaces (Required).
- C. Deletions
 - No deletions were made to this form.

6. Form 480.30 (Exhibit Q)

- A. Additions Specialist's Information
 - The "Specialist Paid for Preparation" field (location 2054-2054) was added (Required).
 - The "Specialist Self Employed" field (location 2055-2055) was added (Required).
 - The "Registration Number" field (location 2056-2062) was added (Required).
 - The "Name of Firm or Business" field (location 2063-2092) was added (Required).
 - The "Specialist's First Name" field (location 2093-2112) was added (Required).
 - The "Specialist's Middle Name" field (location 2113-2113) was added.
 - The "Specialist's Last Name" field (location 2114-2143) was added (Required).
 - The "Specialist's Mother's Maiden Last Name" field (location 2144-2163) was added.
 - The "Specialist Street 1" field (location 2328-2362) was added (Required).
 - The "Specialist Street 2" field (location 2363-2397) was added.
 - The "Specialist Town" field (location 2398-2410) was added (Required).
 - The "Specialist State" field (location 2411-2412) was added (Required).
 - The "Specialist Zip-Code" field (location 2413-2417) was added (Required).



- The "Specialist Zip-Code Extension" field (location 2418-2421) was added.
- B. Modifications
 - The "Filler" field (location 2164-2197) Fill with spaces (Required).
 - The "Filler" field (location 2422-2445) Fill with spaces.
- C. Deletions
 - No deletions were made to this form.

7. Form 480.7B.1 – For 480.7 (Exhibit R)

- A. Additions **Specialist's Information**
 - The "Specialist Paid for Preparation" field (location 618-618) was added (Required).
 - The "Specialist Self Employed" field (location 619-619) was added (Required).
 - The "Registration Number" field (location 620-626) was added (Required).
 - The "Name of Firm or Business" field (location 627-656) was added (Required).
 - The "Specialist's First Name" field (location 657-676) was added (Required).
 - The "Specialist's Middle Name" field (location 677-677) was added.
 - The "Specialist's Last Name" field (location 678-707) was added (Required).
 - The "Specialist's Mother's Maiden Last Name" field (location 708-727) was added.
 - The "Specialist Street 1" field (location 728-762) was added (Required).
 - The "Specialist Street 2" field (location 763-797) was added.
 - The "Specialist Town" field (location 798-811) was added (Required).
 - The "Specialist State" field (location 812-813) was added (Required).
 - The "Specialist Zip-Code" field (location 814-818) was added (Required).
 - The "Specialist Zip-Code Extension" field (location 819-822) was added.



B. Modifications

- The "Filler" field (location 823-2454) Fill with spaces.
- C. Deletions
 - No deletions were made to this form.

8. Form 480.7B.1 – For 480.7B (Exhibit S)

A. Additions - Specialist's Information

- The "Specialist Paid for Preparation" field (location 570-570) was added (Required).
- The "Specialist Self Employed" field (location 571-571) was added (Required).
- The "Registration Number" field (location 572-578) was added (Required).
- The "Name of Firm or Business" field (location 579-608) was added (Required).
- The "Specialist's First Name" field (location 609-628) was added (Required).
- The "Specialist's Middle Name" field (location 629-629) was added.
- The "Specialist's Last Name" field (location 630-659) was added (Required).
- The "Specialist's Mother's Maiden Last Name" field (location 660-679) was added.
- The "Specialist Street 1" field (location 680-714) was added (Required).
- The "Specialist Street 2" field (location 715-749) was added.
- The "Specialist Town" field (location 750-763) was added (Required).
- The "Specialist State" field (location 764-765) was added (Required).
- The "Specialist Zip-Code" field (location 766-770) was added (Required).
- The "Specialist Zip-Code Extension" field (location 771-774) was added.
- B. Modifications
 - The "Filler" field (location 775-2454) Fill with spaces.



C. Deletions

• No deletions were made to this form.

9. Form 480.7C.1 (Exhibit T)

A. Additions – Specialist's Information

- The "Specialist Paid for Preparation" field (location 690-690) was added (Required).
- The "Specialist Self Employed" field (location 691-691) was added (Required).
- The "Registration Number" field (location 692-698) was added (Required).
- The "Name of Firm or Business" field (location 699-728) was added (Required).
- The "Specialist's First Name" field (location 729-748) was added (Required).
- The "Specialist's Middle Name" field (location 749-749) was added.
- The "Specialist's Last Name" field (location 750-779) was added (Required).
- The "Specialist's Mother's Maiden Last Name" field (location 780-799) was added.
- The "Specialist Street 1" field (location 800-834) was added (Required).
- The "Specialist Street 2" field (location 835-869) was added.
- The "Specialist Town" field (location 870-883) was added (Required).
- The "Specialist State" field (location 884-885) was added (Required).
- The "Specialist Zip-Code" field (location 886-890) was added (Required).
- The "Specialist Zip-Code Extension" field (location 891-894) was added.
- B. Modifications
 - The "Filler" field (location 895-2454) Fill with spaces.

C. Deletions

• No deletions were made to this form.



10. Form 480.6SP.2 (Exhibit U)

A. Additions – **Specialist's Information**

- The "Specialist Paid for Preparation" field (location 499-499) was added (Required).
- The "Specialist Self Employed" field (location 500-500) was added (Required).
- The "Registration Number" field (location 501-507) was added (Required).
- The "Name of Firm or Business" field (location 508-537) was added (Required).
- The "Specialist's First Name" field (location 538-557) was added (Required).
- The "Specialist's Middle Name" field (location 558-558) was added.
- The "Specialist's Last Name" field (location 559-588) was added (Required).
- The "Specialist's Mother's Maiden Last Name" field (location 589-608) **was added**.
- The "Specialist Street 1" field (location 609-643) was added (Required).
- The "Specialist Street 2" field (location 644-678) was added.
- The "Specialist Town" field (location 679-692) was added (Required).
- The "Specialist State" field (location 693-694) was added (Required).
- The "Specialist Zip-Code" field (location 695-699) was added (Required).
- The "Specialist Zip-Code Extension" field (location 700-703) was added.

B. Modifications

• The "Filler" field (location 704-2454) - Fill with spaces (Required).

C. Deletions

• No deletions were made to this form.



FILING REMINDERS

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

I. Confirmation Number

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

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

Formulario 480.6A	Departamento de DECLARACIÓN INFORMATIVA	TO RICO - GOVERNMENT OF PUERTO RICO Hacienda - Department of the Treasury A-OTROS INGRESOS NO SUJETOS A RETENCIÓN 'HER INCOME NOT SUBJECT TO WITHHOLDING		
AÑO CONTRIBUTIVO: 2022 TAXABLE YEAR:	Enmendad	o - Amended: (/ <u>/ MM/AA//y</u>)		ación de Radicación Electrónica iling Confirmation Number
INFORMACIÓN DEL F	AGADOR - PAYER'S INFORMATION	Clase de Ingreso		Cantidad Pagada
Número de Identificación Patronal -	Employer Identification Number	Type of Income		Amount Paid
Nombre - Name		1. Rentas Rents		
Dirección - Address		 Intereses bajo la Sección 1023.04 (excepto IRA y Cuenta de Aport Interests under Section 1023.04 (except IRA and Educational Contribu 	tación Educativa) tion Account)	
		3. Intereses bajo la Sección 1023.05(b) Interests under Section 1023.05(b)		
Núm, de Teléfono - Telephone No.	Código Postal - Zip Code Correo Electrónico - E-mail	4. Otros Intereses (Vea instrucciones) Other Interests (See instructions)		
Num. de Teletono - Leiephone No. Correo Electronico - E-mail INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEES INFORMATION Número de Seguro Social o Identificación Patronal - Social Security or Employer Identification Number		5. Dividendos (Vea instrucciones) Dividends (See instructions)		
		6. Dividendos de Ganancia de Capital bajo la Sección 1112.01(c)(3) (Vea instrucciones) Capital Gain Distributions under Section 1112.01(c)(3) (See instructions)		
Nombre - Name		7. Condonación de Deuda Debt Discharge		
Dirección - Address		8. Regalías (Vea instrucciones) Royalties (See instructions)		
	Código Postal - Zip Code	9. Pagos por Herramientas Virtuales y Tecnológicas y Otras Suscrip Payments for Virtual and Technology Tools and Other Subscriptions	ociones	
Número de Cuenta Bancaria Bank Account Number	Courgo Postar-Zip Coue	 Cuotas de Colegiación y Membresías de Asociaciones Profesion Professional Associations Fees and Dues 	nales	
Razones para el Cambio - Reason	s for the Change	11. Cuotas de Mantenimiento Pagadas a Asociaciones de Residente Homeowners Association Fees Paid	s o Condómines	
Número Control - Control Number	Número Control Informativa Original	12. Otros Pagos Other Payments		
	Control No. Original Informative Return	13. Rédito Bruto (Vea instrucciones) Gross Proceeds (See instructions)		
FECHA DE RADICACIÓN: 28 DE FE FILING DATE: FEBRUARY 28, SEE		Envie electrónicamente al Departamento de Hacienda. Entregue dos copia Send to Department of the Treasury electronically. Deliver two copies to payee. Kr		

II. Control Numbers

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



the use of the Department for all other submissions, <u>excluding text file</u> <u>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, 2023**. 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

480.7A, 480.7D and 480.5

480.6A, 480.6B, 480.6B.1, 480.6D, 480.6G, 480.6SP, 480.6SP.2, 480.7F, 480.7G and 480.5

480.6C, 480.30, and 480.5

480.7, 480.7B, 480.7C, 480.7B.1, 480.7C.1, and 480.5 (See instructions of the Forms)

480.7E and 480.5

April 17, 2023

Due Date

January 31, 2023

February 28, 2023

February 28, 2023 or November 30, 2023

No later than the due date to file the return, including any extension of time

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

V. Representative

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



VI. Filing for Previous Years

Filings for tax years 2014 to 2021 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 (9) 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 a copy 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 (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 2022 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?

Starting tax year 2022, the Manual of Errors will be available in SURI homepage <u>https://suri.hacienda.pr.gov</u> under the "Templates and Manuals" section. Review the error message 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 integrating *("W2/Informative Manual of Errors")* for tax year 2022 in the previously mentioned 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:\F4806BY22
- 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:

ecord Required ecord Required Required Required Required Required Required
ecord Required ecord Required Required Required Required 80.6B Required Required
Roquilou
ecord Required ecord Required Required Required Required 80.6C Required Required
ecord Required ecord Required Required Required Required 80.7 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	Submitter Record Employer Record Summary 480.7B Summary	Required Required Required Required Required Required
6. Forms 480.7C:		
Record Type SU Record Type PA Form 480.7C Form 480.7C Form 480.7C Form 480.7C.1 Form 480.5	Submitter Record Employer Record Summary 480.7C Summary	Required Required Required Required 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> at "More" under "Correspondence" - "Send a Message". For additional technical support send an email to <u>filelayoutw2info@hacienda.pr.gov</u>.

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	State	Abbreviation	Numeric
		Code*			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	IO
Brunei	BX
Bulgaria	BU
Burkina Faso	UV
Burma	BM
Burundi	BY
Cambodia	CB
Cameroon	CM

Country	Code
Canada	CA
Cape Verde	CV
Cayman Islands	CJ
Central African Republic	СТ
Chad	CD
Chile	CI
China, People's Republic of	СН
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



Country	Code
Finland	FI
France	FR
French Guiana	FG
French Polynesia	FP
French Southern and Antarctic Lands	FS
Gabon	GB
Gambia, The	GA
Gaza Strip	GZ
Georgia	GG
Germany	GM
Ghana	GH
Gibraltar	GI
Glorioso Islands	GO
Greece	GR
Greenland	GL
Grenada	GJ
Guadeloupe	GP
Guatemala	GT
Guernsey	GK
Guinea	GV
Guinea-Bissau	PU
Guyana	GY
Haiti	HA
Heard Island and McDonald Island	HM
Honduras	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

Country	Code
Jersey	JE
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



Country	Code
Monaco	MN
Mongolia	MG
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	ТВ
St Helena	SH
St Kitts and Nevis	SC

St LuciaSTSt MartinRNSt Pierre and MiquelonSBSt Vincent and the GrenadinesVCSamoaWSSan MarinoSMSao Tome and PrincipeTPSaudi ArabiaSAScotlandUKSenegalSGSerbiaRBSeychellesSESierra LeoneSLSingaporeSNSint MaartenNNSlovakiaLOSloveniaSISolomon IslandsBPSouth Georgia and the SouthSXSandwich IslandsPGSri LankaCESudanODSpainSPSpratly IslandsPGSri LankaCESudanSUSurinameNSSvalbardSVSwazilandSZSyriaSYTaiwanTITanzania, United Republic ofTZThailandTHTimor-LesteTTTogoTOTokelauTLTongaTNTrinidad and TobagoTDTormelin IslandTE	Country	Code
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TajikistanTITanzania, United Republic ofTZThailandTHTimor-LesteTTTogoTOTokelauTLTongaTNTrinidad and TobagoTDTromelin IslandTE		
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ThailandTHTimor-LesteTTTogoTOTokelauTLTongaTNTrinidad and TobagoTDTromelin IslandTE		
Timor-LesteTTTogoTOTokelauTLTongaTNTrinidad and TobagoTDTromelin IslandTE		
TogoTOTokelauTLTongaTNTrinidad and TobagoTDTromelin IslandTE		
TokelauTLTongaTNTrinidad and TobagoTDTromelin IslandTE		
TongaTNTrinidad and TobagoTDTromelin IslandTE		
Trinidad and TobagoTDTromelin IslandTE		
Tromelin Island TE		
	I romelin Island	TE



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

Country	Code
Vapazuela	VE
Venezuela	
Vietnam	VM
Virgin Islands (British)	VI
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 FILE NAME: F4806AY22				DA	DATE: OCTOBER 2022 RECORD TYPE: FORM			
				RE				
RECORD NAME: INCOME NOT SUB	JECT TO W	(ITH)	HOLDING	– FORM TYP	E 480.6A	RECORD LENG	ГН:	
P=PACKED, B=BINARY, C=CHARACTER								
FIELD NAME	PICTURE		BYTES	FILE LOCATION	СОМ	MENTS	RE	
1. FILLER	X(1)	С	1	1-1	SPACES.		*	
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONT ASSIGNED BY THE THE TREASURY FO RIGHT JUSTIFIED.	E DEPARTMENT OF	*	
2. CONTROL NOMBER)())		,	2-10		"on gan "on	*	
3. TYPE ID PAYEE	X(1)	С	1	11-11	ENTER: "1" = FEIN MERCHANT NUM		*	
4. FILLER	X(1)	С	1	12-12	SPACES.		*	
5. FORM TYPE	X(1)	С	1	13-13	ENTER "2" TO IND	ICATE FORM 480.6A.	*	
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECO	ORD.	*	
					ENTER: "O" = ORI "A" = AMI			
7. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DEL	ETE.	*	
8. FILLER	X(2)	С	2	16-17	SPACES. ENTER THE TAX Y	FAR FOR THIS	*	
9. TAXABLE YEAR	9(4)	С	4	18-21	REPORT WHICH M		*	
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 IDENTIFICATION N IF ID TYPE = "2" EI	NUMBER FEIN.		
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IDENTIFICATION N	NUMBER SSN.	*	
13. NAME	X(30)	С	30	41-70			*	
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NU	JMBER 1.	*	
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NU	JMBER 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 AV	AILABLE.		
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 PAYEE'S FEIN. IF I PAYEE'S SSN. IF II WITH BLANK	D TYPE = "2" ENTER	*	
22. BANK ACCOUNT NUMBER	X(20)	С	20	176-195	INTEREST INCOM	WHEN REPORTING E (LOCATION 369-380) COME (LOC. 393-404).		





* REQUIRED FIELDS

EXHIBIT A

FILE DESCRIPTION		DAT	DATE: OCTOBER 2022						
FILE NAME: F4806AY22				REC	RECORD TYPE: FORM				
RECORD NAME: INCOME NOT SUB	JECT TO W	/ITH	HOLDING	– FORM TYPI	E 480.6A RECORD LEN 2500	GTH:			
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 CORPORATION	δ. *			
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*			
25. ADDRESS LINE NUMBER 2	X(35)	C C	35 13	261-295 296-308		*			
26. TOWN 27. STATE	X(13) X(2)	C	2	309-310					
28. ZIP-CODE	9(5)	C	5	311-315		*			
29. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.				
30. FILLER	X(1)	Č	1	320-320	SPACES.	*			
31. FILLER	9(24)	С	24	321-344	ZEROS.	*			
32. FILLER	9(10) V99	С	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 WITH BLANKS. REQUIRED ONLY FOR				
42. PAYEE'S FIRST NAME	X(15)	С	15	762-776	INDIVIDUALS.	*			
					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)	C	2	844-845	SPACES.				
48. INTERESTS UNDER SECTION1023.05(b)	9(10)V99	C	12	846-857	SEE FORM 480.6A, ITEM 3.				
49. FILLER	9(86)	C	86	858-943	ZEROS.				
50. ROYALTIES 51. FILLER	9(10)V99 9(12)	C C	12 12	944-955 956-967	SEE FORM 480.6A, ITEM 8. ZEROS.	*			
52. FILLER	9(12) 9(12)	C	12	956-967 968-979	ZEROS. ZEROS.	*			
PROFESSIONAL ASSOCIATIONS FEES 53. AND DUES	9(10)V99	С	12	980-991	SEE FORM 480.6A, ITEM 10.				
54. FILLER	9(12)	C	12	992-1003	ZEROS.	*			

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.6A



EXHIBIT A

*

*

*

DATE: OCTOBER 2022

IF ID TYPE = "3" MERCHANT NUMBER

E-MAIL FOR PAYER.

BLANKS.

ZEROS.

PHONE NUMBER FOR PAYER.

THIS FILED MUST BE COMPLETED

WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH

FILE NAME: F4806AY22				RI	ECORD TYPE: FORM		
RECORD NAME: INCOME NOT SUB	ЈЕСТ ТО W	/ITH	HOLDING	– FORM TYI	PE 480.6A	RECORD LENGT	ГН:
P=PACKED, B=BINARY, C=CHARACTER]	_					
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COM	IMENTS	RE
HOMEOWNERS ASSOCIATION FEES	9(10)V99	С	12	1004-1015	SEE FORM 480.6A	ITEM 11	
56. OTHER INTERESTS	9(10)V99	C	12	1016-1027	SEE FORM 480.6A		
PAYMENTS FOR VIRTUAL AND TECHNOLOGY TOOLS AND OTHER 57. SUBSCRIPTIONS	9(10)V99	С	12	1028-1039	SEE FORM 480.6A	, ITEM 9.	
58. FILLER	X(1313)	С	1313	1040-2352	SPACES.		*
59. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2353-2353	ENTER: "1" = FEIN MERCHANT NUM		
60. PAYEE ID ORIGINAL	X(11)	С	11	2354-2364	IF ID TYPE ORIGI	EIN. IF ID TYPE NTER PAYEE'S SSN. NAL = "3" MERCHANT FO THE RIGHT AND	

С

С

С

С

С

С

11

50

20

9

40

6

2365-2375

2376-2425

2426-2445

2446-2454

2455-2494

2495-2500

X(11)

X(50)

X(20)

9(9)

X(40)

9(6)

FILE DESCRIPTION

61. PAYEE MERCHANT NUMBER

63. PAYER PHONE NUMBER

62. INFORMATIVE RETURN

64. REASON FOR THE CHANGE

CONTROL NUMBER ORIGINAL

62. PAYER E-MAIL

65. FILLER



EXHIBIT A

NO CONTRIBUTIVO: 2022	Enmend	• OTHER INCOME NOT SUBJECT TO WITHHOLDING lado - Amended: (I		ación de Radicación Electrónic Filing Confirmation Number
INFORMACIÓN DEL	PAGADOR - PAYER'S INFORMATION	Clase de Ingreso		Cantidad Pagada
lúmero de Identificación Patronal	- Employer Identification Number	Type of income		Amount Paid
Nombre - Name		1. Rentas Rents		
Dirección - Address		2. Intereses bajo la Sección 1023.04 (excepto IRA y Cuenta de Interests under Section 1023.04 (except IRA and Educational C	e Aportación Educativa) Contribution Account)	
		3. Intereses bajo la Sección 1023.05(b) Interests under Section 1023.05(b)		
	Código Postal - Zip Code	4. Otros Intereses (Vea instrucciones) Other Interests (See instructions)		
Núm. de Teléfono - Telephone No.	Correo Electrónico - E-mail	5. Dividendos (Vea instrucciones)		
INFORMACIÓN DE QUIEN F	ECIBE EL PAGO - PAYEE'S INFORMATION	Dividends (See instructions)		
Numero de Seguro Social o Identifi dentification Number	cación Patronal - Social Security or Employer	 Dividendos de Ganancia de Capital bajo la Sección 1112.01 Capital Gain Distributions under Section 1112.01(c)(3) (See instr 		
lombre - Name		7. Condonación de Deuda Debt Discharge		
Dirección - Address		8. Regalias (Vea instrucciones) Royalties (See instructions)		
		9. Pagos por Herramientas Virtuales y Tecnológicas y Otras Payments for Virtual and Technology Tools and Other Subscription		
lúmero de Cuenta Bancaria	Código Postal - Zip Code	10. Cuotas de Colegiación y Membresías de Asociaciones Pr Professional Associations Fees and Dues	ofesionales	
lank Account Number Razones para el Cambio - Reasc	ns for the Change	11. Cuotas de Mantenimiento Pagadas a Asociaciones de Ret Homeowners Association Fees Paid	aidentes o Condómines	
		12. Otros Pagos Other Payments		
lúmero Control - Control Number	Número Control Informativa Original Control No. Original Informative Return	13. Rédito Bruto (Vea instrucciones) Gross Proceeds (See instructions)		





FILE DESCRIPTION		Γ	DATE: OCTOBER 2022			
FILE NAME: F4806BY22		R	RECORD TYPE: FORM			
RECORD NAME: OTHER INCOME SUI 480.6B	BJECT TO V	NG – FORM	1 TYPE RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER		_				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	N COMMENTS	RE
		-	1			
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 480.6B. RIGHT JUSTIFIED.	*
3. PAYEE ID TYPE	X(1) X(1)	C C	1	11-11 12-12	ENTER: "1" = FEIN, "2" = SSN. SPACES.	*
4. FILLER	X(1)	C	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "3" TO INDICATE FORM 480.6B.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2022.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER "1" = FEIN, "2" = SSN.	*
			1	51 51	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						
	0(0)	C	0	1 (7 175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S	*
21. PAYEE'S ID	9(9)	С	9	167-175	FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN. REQUIRED ONLY WHEN REPORTING DIVIDENDS INCOME (LOCATION 387-398) OR INTEREST INCOME (LOC. 431-442 OR	~*
22. BANK ACCOUNT NUMBER	X(20)	С	20	176-195	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

TAXABLE YEAR 2022 FORM 480.6B



FILE DESCRIPTION		Ι	DATE: OCTOBER 2022					
FILE NAME: F4806BY22				F	RECORD TYPE	: FORM		
RECORD NAME: OTHER INCOME SUB 480.6B	BJECT TO V	VITE	IHOLDIN	NG – FORN	И ТҮРЕ	RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER		_						
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N	COMMENTS	RE	
	Tiorena		DIIID	200.1110			112	
26. TOWN	X(13)	C	13	296-308			*	
27. STATE 28. ZIP-CODE	X(2) 9(5)	C C	2 5	309-310 311-315			*	
29. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS. II	F NOT AVAILABLE.	-	
30. FILLER	X(1)	Č	1	320-320	SPACES.		*	
31. FILLER	9(44)	С	44	321-364	ZEROS.		*	
AMOUNT PAID 32. JUDICIAL - EXTRAJUDICIAL	9(10)V99	С	12	365-376	SEE FORM	M 480.6B, ITEM 1.		
AMOUNT WITHHELD								
33. JUDICIAL - EXTRAJUDICIAL 34. FILLER	9(8)V99 9(44)	C C	10 44	377-386 387-430	SEE FORM ZEROS.	M 480.6B, ITEM 1.	*	
AMOUNT PAID	9(44)	C	44	387-430	ZERUS.		*	
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 FORM	M 480.6B, ITEM 5.		
AMOUNT PAID 37. DIVIDENDS SUBJECT TO 15%	9(10)V99	С	12	453-464	SEE FORM	M 480.6B, ITEM 2.		
AMOUNT WITHHELD	0 (0) 7 100		10					
38. DIVIDENDS SUBJECT 15% AMOUNT PAID	9(8)V99	С	10	465-474	SEE FORM	M 4806.B, ITEM 2.		
39. DIVIDENDS IND. DEV. (ACT 8 1/24/87)	9(10)V99	С	12	475-486	SEE FORM	M 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	,(0),())		10	107 190	SEDIOR			
41. INTEREST UNDER SECTION 1023.05(b)	9(10)V99	С	12	497-508	SEE FORM	M 480.6B, ITEM 6.		
AMOUNT WITHHELD	0/8)1/00	С	10	500 519	SEE EOD	A 490 CD ITEM C		
42. INTEREST UNDER SECTION 1023.05(b) AMOUNT PAID	9(8)V99	C	10	509-518	SEE FORM	M 480.6B, ITEM 6.		
43. OTHER PAYMENTS	9(10)V99	С	12	519-530	SEE FORM	M 480.6B, ITEM 9.		
AMOUNT WITHHELD								
44. OTHER PAYMENTS	9(8)V99	С	10	531-540	SEE FORM	M 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	,(-,),,,,	Ĩ						
46. COMPENSATION PAID BY SPORT'S TEAMS	9(8)V99	С	10	553-562		M 480.6B, ITEM 4.		
47. FILLER	X(199)	С	199	563-761	SPACES.		*	
						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.		
					LEFT JUS	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	*	
					PAYEE'S.	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 FORM	M 480.6B, ITEM 3.		
AMOUNT WITHHELD								
DIVIDENDS SUBJECT TO PREFERENTIAL	9(8)V99	С	10	911 052	CEE EOD	M 480 6B ITEM 2		
53. RATE UNDER SPECIAL ACT % PERCENT OF DIVIDENDS SUBJECT TO	3(0) 999		10	844-853	SEE FURI	M 480.6B, ITEM 3.		
54. PREFERENTIAL RATE UNDER SPECIAL ACT	9(3)	С	3	854-856	SEE EOD	M 480.6B, ITEM 3.		

*** REQUIRED FIELDS**

TAXABLE YEAR 2022 FORM 480.6B



						САПІВІ І	D
FILE DESCRIPTION					DATE: O	CTOBER 2022	
FILE NAME: F4806BY22					RECORD	TYPE: FORM	
RECORD NAME: OTHER INCOME SUI 480.6B	BJECT TO W	VITH	IHOLDIN	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	ZER	OS.	*
AMOUNT PAID ELIGIBLE DIVIDENDS UNDER DECREE AS 56. QUALIFIED PHYSICIAN	9(10)V99	С	12	881-892	SEE	FORM 480.6B, ITEM 8.	
AMOUNT WITHHELD ELIGIBLE DIVIDENDS UNDER DECREE AS 57. QUALIFIED PHYSICIAN	9(8)V99	С	10	893-902	SEE	FORM 480.6B, ITEM 8.	
58. FILLER	9(24)	C	24	903-926		,	*
59. FILLER	9(24) X(1436)	C	1436	903-926			*
	A(1430)	C	1430	927-2362	2 SPAC		*
INDEMNIFICATION PAYMENT 60. CORRESPONDS TO A CAPITAL ASSET	X(1)	С	1	2363-236		S "TRUE", "0" OR SPACE IS "FALSE"	
61. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2364-236		ER: "1" = FEIN, "2" = SSN	
62. PAYEE ID ORIGINAL	X(11)	С	11	2365-237	PAY ENT	AYEE ID TYPE ORIGINAL = "1", ENTER EE'S FEIN. IF ID TYPE ORIGINAL = "2" ER PAYEE'S SSN ALIGN TO THE RIGHT FILL WITH SPACES TO THE LEFT	
63. PAYER E-MAIL	X(50)	С	50	2376-242	5 E-M	AIL FOR PAYER.	*
64. PAYER PHONE NUMBER	X(20)	С	20	2426-244	-	NE NUMBER FOR PAYER.	*
CONTROL NUMBER ORIGINAL 65. INFORMATIVE RETURN	9(9)	С	9	2446-245	4 FILI	FILED MUST BE COMPLETED WHEN NG AMENDED FORM.	
66. REASON FOR THE CHANGE	X(40)	С	40	2455-249		ER THE REASON FOR CHANGE FORM. I JUSTIFIED AND FILL WITH BLANKS.	
67. FILLER	9(6)	С	6	2495-250	0 ZER	OS.	*



AÑO CONTRIBUTIVO: 2022	_	IER INCOME SUBJECT TO WITHHOLDING Amended: (de Radicación Electrónica Infrmation Number
INFORMACIÓN DEL AGENTE RETENED	OR - WITHHOLDING AGENT'S INFORMATION	Clase de Ingreso - Type of income	Cantidad Pagada - Amount Paid	Cantidad Retenida - Amount Withhe
Número de Identificación Patronal - Employe Nombre - Name	Identification Number	 Pagos por Indemnización Judicial o Extrajudicial Payments for Judicial or Extrajudicial Indemnification Marque aqui si el pago por indemnización conseponde a un activo de capital. Check here if the indemnification payment consends to a calital asset. 		
Dirección - Address		2. Dividendos Sujetos al 15% Dividendos Sujetos al 15%		
Núm. de Teléfono - Telephone No. Correo El	Código Postal - Zip Cosle ectrónico - E-mail	Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Dividends Subject to Preferential Rate under Special Act %		
	E EL PAGO - PAYEE'S INFORMATION onal - Social Security or Employer Identification Number	4. Remuneración Pagada por Equipos de Deportes de Asociaciones o Federaciones Internacionales Compensation Paid ley International Associations or Federations of Sport's Teams		
Nombre - Name Dirección - Address		 Interesee bajo la Sección 1023.04 (excepto IRA y Cuenta de Aportación Educativa) - Interests under Section 1023.04 (except IRA and Educational Contribution Account) 		
	Código Postal - Zip Cose	6. Intereses bajo la Sección 1023.05(b) Interests under Section 1023.05(b)		
Número de Cuenta Bancaria - Bank Account ! Razones para el Cambio - Reasons for the C		 Dividendos de Ingresos de Fomento Industrial (Ley 8 de 24 de enero de 1987) - Divisiends from Industrial Development Income (Act 8 of January 24, 1987) 		
- reformed from a communication of the communicatie		8. Dividendos Elegibles bajo Decreto de Médico Cualificado Eligible Dividends under Decree as Qualified Physician		
Número Control - Control Number	Número Control Informativa Original Control No. Original Informative Return	9. Otros Pagos - Other Payments		
ECHA DE RADICACIÓN: 28 DE FEBRERO, V ILING DATE: FEBRUARY 28, SEE INSTRUC		Envie electrónicamente al Departamento de Hacienda. En récorde. Send to Department of the Treasury electronically		





FILE DESCRIPTION		Г	DATE: OCTOBER 2022					
FILE NAME: F4806CY22				F	RECORD TYPE: FORM			
RECORD NAME: PAYMENTS TO NON SOURCES OUTSIDE OF PUERTO RIC					FROM RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER								
FIELD NAME	PICTURE	•	BYTES	FILE LOCATIO	N COMMENTS RE			
FIELD NAME	TICTURE		DITES	LOCATIO				
1. FILLER	X(1)	Х	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 480.6C. RIGHT JUSTIFIED. *			
3. PAYEE ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION NUMBER).			
4. FILLER	X(1) X(1)	С	1	12-12	SPACES. *			
5. FORM TYPE 6. RECORD TYPE	X(1) 9(1)	C C	1	13-13 14-14	ENTER "5" TO INDICATE FORM 480.6C. * "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 2022. *			
10. FILLER	X(9)	С	9	22-30	SPACES. *			
WITHHOLDING AGENT'S INFORMATION								
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN. *			
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)	C	30	41-70				
14. ADDRESS LINE NUMBER 1	X(35)	C	35	71-105	ADDRESS EINE NOMBER I.			
15. ADDRESS LINE NUMBER 2	X(35)	C	35	106-140	ADDRESS LINE NUMBER 2.			
16. TOWN	X(13)	C	13	141-153	*			
17. STATE 18. ZIP-CODE	X(2) 9(5)	C C	2	154-155 156-160	*			
19. ZIP-CODE EXTENSION 20. FILLER	9(4) X(2)	C C	4 2	161-164 165-166	ZEROS, IF NOT AVAILABLE. SPACES. *			
PAYEE'S INFORMATION								
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.IF ID TYPE = "3" ENTER PAYEE'S ITIN.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.			
22. BANK ACCOUNT NUMBER	X(20)	c	20	176-195	REQUIRED ONLY WHEN REPORTING DIVIDENDS INCOME (LOCATION 387-398) OR INTEREST INCOME (LOC, 431-442).			

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.6C



FILE DESCRIPTION				D	DATE: OCTOBER 2022			
FILE NAME: F4806CY22				R	RECORD TYPE: FORM			
RECORD NAME: PAYMENTS TO NON SOURCES OUTSIDE OF PUERTO RICO		RVICES FF	ROM 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)	С	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	C	10	531-540	SEE FORM 480.6C, ITEM 13.			

TAXABLE YEAR 2022 FORM 480.6C

*** REQUIRED FIELDS**



FILE DESCRIPTION				D	DATE: OCTOBER 2022				
FILE NAME: F4806CY22				R	ECORD TYP	PE: FORM			
RECORD NAME: PAYMENTS TO NONE	RESIDENTS	OR	FOR SEI	RVICES FR	ROM	RECORD LENGTH: 2500			
SOURCES OUTSIDE OF PUERTO RICO	– FORM T	YPE	480.6C			RECORD LEAGIN. 2300			
P=PACKED, B=BINARY, C=CHARACTER		_							
		♦							
FIELD NAME	PICTURE		BYTES	FILE LOCATION	T	COMMENTS	RE		
FIELD NAME	TICTURE		DITES	LOCATIO		COMMENTS	KĽ		
			1		IFDAVE	EE ID TYPE = "4" ENTER PAYEE'S	1		
					IDN (OT NUMBE PAYEE'	THER INDIVIDUAL IDENTIFICATION GR), IF PAYEE ID TYPE = "5" ENTER S CIDN (OTHER CORPORATE			
					WHEN T SSN OR TYPE O	FICATION NUMBER). USE ONLY THE PAYEE DOES NOT HAVE AN FEIN. IDN AND CIDN CAN BE ANY F ALPHANUMERIC IDENTIFICATION			
48. PAYEE'S IDENTIFICATION49. FILLER	X(12) X(88)	C C	12 88	541-552 553-640	OTHER SPACES	THAN FEIN, SSN, OR ITIN.	*		
AMOUNT PAID	A(00)		00	333-040	SIACL				
ROYALTIES SUBJ. TO SPECIAL RATE	9(10)V99	С	12	641-652	SEE EOI	DM 490 CC ITEM 0			
50. UNDER INCENTIVES ACTS %. AMOUNT WITHHELD	9(10) 999		12	041-032	SEE FUI	RM 480.6C, ITEM 9.			
ROYALTIES SUBJ. TO SPECIAL RATE	0(0)100	6	10	(52,662					
51. UNDER INCENTIVES ACTS %. AMOUNT PAID	9(8)V99	С	10	653-662	SEE FOI	RM 480.6C, ITEM 9.			
52. COMPENSATION PAID BY SPORT'S TEAMS	9(10)V99	С	12	663-674	SEE FO	RM 480.6C, ITEM 3.			
AMOUNT WITHHELD 53. COMPENSATION PAID BY SPORT'S TEAMS	9(8)V99	С	10	675-684	SEE FO	RM 480.6C, ITEM 3.			
AMOUNT PAID DIVIDENDS SUBJECT 10% UNDER SECTION 54. 1062.11	9(10)V99	С	12	685-696	SEE FOI	RM 480.6C, ITEM 5.			
AMOUNT WITHHELD DIVIDENDS SUBJECT 10% UNDER SECTION 55. 1062.11	9(8)V99	С	10	697-706	SEE FO	RM 480.6C, ITEM 5.			
AMOUNT PAID DIVIDENDS SUBJECT 15% UNDER SECTION 56. 1062.08	9(10)V99	С	12	707-718	SEE EO	RM 480.6C, ITEM 6.			
AMOUNT WITHHELD	9(10) \$ 99		12	/0/-/18	SEETO	KM 480.0C, 11EM 0.			
DIVIDENDS SUBJECT 15% UNDER SECTION 57. 1062.08	9(8)V99	С	10	719-728	SEE FO	RM 480.6C, ITEM 6.			
58. FILLER	X(33)	С	33	729-761	SPACES	5.	*		
					ENTER LEFT JU	THE FIRST NAME OF THE PAYEE'S. JSTIFIED AND FILL WITH BLANKS.	*		
59. PAYEE'S FIRST NAME	X(15)	С	15	762-776	~	RED ONLY FOR INDIVIDUALS. THE MIDDLE NAME OF THE			
60. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	PAYEE' BLANK	S. LEFT JUSTIFIED AND FILL WITH S.			
						THE LAST NAME OF THE PAYEE'S. JSTIFIED AND FILL WITH BLANKS.			
61. PAYEE'S LAST NAME	X(20)	С	20	792-811		RED ONLY FOR INDIVIDUALS.	*		
						THE SECOND LAST NAME OF THE S. LEFT JUSTIFIED AND FILL WITH			
62. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	BLANK				
AMOUNT PAID SERVICES RENDERED BY INDEPENDENT									
63. CONTRACTORS AMOUNT WITHHELD	9(10)V99	C	12	832-843	SEE FO	RM 480.6C, ITEM 2.			
SERVICES RENDERED BY INDEPENDENT 64. CONTRACTORS	9(8)V99	С	10	844-853	SEE FO	RM 480.6C, ITEM 2.			
AMOUNT PAID		Ĺ	-				1		
DIVIDENDS SUBJECTS TO PREFERENTIAL 65. RATE UNDER SPECIAL ACT%	9(10)V99	С	12	854-865	SEE FO	RM 480.6C, ITEM 7.			
AMOUNT WITHHELD DIVIDENDS SUBJECTS TO PREFERENTIAL 66. RATE UNDER SPECIAL ACT%	9(8)V99	С	10	866-875	SEE EO	RM 480.6C, ITEM 7.			
* DEQUIDED FIELDS	7(0) ¥ 77		10	000-075	JEE FU	,	ASUP.		



TAXABLE YEAR 2022 FORM 480.6C



FILE DESCRIPTION				D	ATE: OCTOBER 2022	
FILE NAME: F4806CY22				RI	ECORD TYPE: FORM	
RECORD NAME: PAYMENTS TO NON SOURCES OUTSIDE OF PUERTO RICO		RVICES FR	OM RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER		_				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	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)	С	1	906-906	STACES	*
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	SI ACES.	*
75. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2364-2364	ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION NUMBER).	
76. PAYEE ID ORIGINAL	X(11)	С	11	2365-2375	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	
77. PAYER E-MAIL	X(50)	с	50	2376-2425		*
//. TATER E-MAIL	A(30)		50	2370-2423	E-MAIL FOR FATER.	
78. PAYER PHONE NUMBER CONTROL NUMBER ORIGINAL	X(20)	С	20	2426-2445	PHONE NUMBER FOR PAYER. THIS FILED MUST BE COMPLETED WHEN	*
79. INFORMATIVE RETURN	9(9)	С	9	2446-2454	FILING AMENDED FORM.	
80. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	<u> </u>
81. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



ANO CONTRIBUTIVO: 2022 Enmendado - Amended: (/				de Radicación Electrónica onfirmation Number
INFORMACIÓN DEL AGENTE R	ETENEDOR-WITHHOLDING AGENT'S INFORMATION	Clase de Ingreso	Cantidad Pagada	Cantidad Retenida
úmero de Identificación Patronal -	Employer Identification Number	Type of Income	Amount Paid	Amount Withheld
lombre - Name		1. Salarios, Jornales o Compensaciones (Vea instrucciones) Salaries, Wages or Compensations (See instructions)		
Dirección - Address		Pages por Servicios Prestados por Contratistas Independientes Payments for Services Rendered by Independent Contractors		
		 Remuneración Pagada por Equipos de Deportes de Asociaciones o Federaciones Internacionales - Compensation Paid by International Associations or Federations of Sport's Teams 		
Núm. de Teléfono - Telephone No.	Código Postal - Zip Cosle Correo Electrónico - E-mail	4. Venta de Propiedad - Sale of Property		
INFORMACIÓN DE QUIE	N RECIBE EL PAGO - PAYEE'S INFORMATION	5. Dividendos Sujetos al 10% bajo la Sección 1062.11 Dividends Subject to 10% under Section 1062.11		
Número de Identificación - Identificat	ion Number Extranjero Alien	6. Dividendos Sujetos al 15% bajo la Sección 1062.08 Dividends Subject to 15% under Section 1062.08		
iombre - Name		7. Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Dividends Subject to Preferential Rate under Special Act%		
Dirección - Address		8. Regaliae - Royalties		
	Código Postal - Zip Code	9. Regalias Sujetas a Tasa Especial bajo Leyes de Incentivos Royalties Subject to Special Rate under Incentives Acts%		
	rofesionales y Consultivos bajo la Ley 48-2013 ni Advisory Services under Act 48-2013	10. Intereses - Interests		
úmero de Cuenta Bancaria ank Account Number		11. Rontao - Rents		
azones para el Cambio - Reasons fo	r the Change	12. Espectáculos Públicos - Public Shows		
		13. Otros Pagos Sujetos a Retención Other Payments Subject to Withholding		
úmero Control - Control Number	Número Control Informativa Original Control No. Original Informative Return	14. Pagos por Servicios Prestados Fuera de Puerto Rico Payments for Services Rendered Outside of Puerto Rico		
		15. Otros Pagos No Sujetos a Retención Other Payments Not Subject to Withholding		





FILE DESCRIPTION						
				DATE: OCTOBER 2022 RECORD TYPE: FORM		
X – FORM TY	YPE	480.6D				
]						
PICTURE		BYTES	FILE LOCATIO	N COMMENTS R		
X(1)	С	1	1-1	SPACES.		
				ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6D.		
9(9)	С	9	2-10	RIGHT JUSTIFIED.		
X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.		
X(1)	С	1	12-12	SPACES.		
X(1)	С	1	13-13	ENTER "X" TO INDICATE FORM 480.6D.		
9(1)	С	1	14-14	"1" = DETAIL RECORD.		
X(1)	С	1	15-15	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 2022.		
X(9)	С	9	22-30	SPACES.		
X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.		
9(9)	С	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.		
X(30)	С	30	41-70	4		
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	4		
X(2)	С	2	154-155	4		
	С	5	156-160	k		
9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.		
	С	2	165-166	SPACES.		
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 FOR CORPORATIONS.		
	X - FORM TY PICTURE X(1) 9(9) X(1) X(1) X(1) X(1) X(1) X(1) X(1) X(2) 9(4) X(2) 9(4) X(30) X(35) X(35) X(35) X(35) X(35) X(13) X(2) 9(4) X(2) 9(4) X(2) 9(4) X(2)	X - FORM TYPE PICTURE $N(1)$ C $9(9)$ C $X(1)$ C $y(1)$ C $X(1)$ C $X(2)$ C $X(30)$ C $X(30)$ C $X(30)$ C $X(35)$ C $X(35)$ C $X(1)$ C $y(9)$ C $X(30)$ C $X(2)$ C $X(2)$ C $y(2)$ C $X(2)$ C $y(2)$ C $y(3)$ C $y(3)$ C $y(2)$ C $y(3)$ C $y(2)$ C $y(3)$ C $y(2$	X - FORM TYPE 480.6D PICTURE BYTES $X(1)$ C 1 $y(1)$ C 1 $y(1)$ C 1 $X(1)$ C 1 $x(2)$ C 9 $y(9)$ C 9 $y(3)$ C 30 $x(30)$ C 30 $x(35)$ C 35 $x(35)$ C 35 $x(13)$ C 13 $x(2)$ C 2 $9(4)$ C 4 $x(2)$ C 2 $9(9)$ C 9 $y(2)$ C 2 $y(2)$	Image: second state st		

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.6D



EILE DESCRIPTION				Г			
FILE DESCRIPTION		DATE: OCTOBER 2022					
FILE NAME: F4806DY22		RECORD TYPE: FORM					
RECORD NAME: EXEMPT AND EXCLU	UDED INCO	ME	AND EX	EMPT INC	COME	RECORD LENGTH: 2500	
SUBJECT TO ALTERNATE BASIC TAX	– FORM T	YPE	480.6D			RECORD LENGTH: 2500	
D DACKED D DDIADY C CHADACTED							
P=PACKED, B=BINARY, C=CHARACTER							
		•		FILE			
FIELD NAME	PICTURE		BYTES	LOCATIO	DN	COMMENTS	RE
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295			
							*
26. TOWN	X(13)	С	13	296-308			*
27. STATE	X(2)	С	2	309-310			*
28. ZIP-CODE	9(5)	С	5	311-315			*
29. ZIP-CODE EXTENSION	9(4)	С	4	316-319	ZEROS, IF	NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPACES.		*
ACCUMULATED GAIN ON NON- 31. QUALIFIED OPTIONS	9(10)V99	С	12	321-332	SEE FORM	4 480.6D, ITEM 1.	
DIST. OF AMOUNTS PREV. NOTIFIED AS DEEMED ELIGIBLE DIST. UNDER SEC. 32. 1023.06(j) AND 1023.25(B)	9(10)V99	С	12	333-344	SEE FORM	4 480.6D, ITEM 2.	
COMPENSATION FOR INJURIES OR	0(10)100	C	12	245 250	SEE FORM		
33. SICKNESS UNDER SECTION 1031.01(b)(3) DISTRIBUTIONS FROM NON DEDUCTI- BLE INDIVIDUAL RETIREMENT	9(10)V99	С	12	345-356	SEE FORM	4 480.6D, ITEM 3.	
34. ACCOUNTS	9(10)V99	С	12	357-368	SEE FORM	4 480.6D, 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 38. UNDER ACT. 132-2010, AS AMENDED	9(10)V99	С	12	449-460	SEE FORM	4 480.6D, ITEM 5.	
39. FILLER	X(12)	C	12	461-472			*
OTHER PAYMENTS SUBJECT TO ALTER-		ñ					
40. NATE BASIC TAX TOTAL AMOUNT PAID OTHER PAYMENTS SUBJECT TO ALTER-	9(10)V99	С	12	473-484	SEE FORM	4 480.6D, ITEM 22, COLUMN A.	
41. NATE BASIC TAX	9(10)V99	С	12	485-496	SEE FORM	4 480.6D, 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	SEE FORM	4 480.6D. ITEM 7.	
44. INTERESTS UPON CERTAIN MORTGAGES	9(10)V99	Č	12	521-532		4 480.6D, ITEM 8.	
OTHER INTERESTS SUBJECT TO ALTER-	0/10/100	~	10	500 544	GEE FOR		
45. NATE BASIC TAX 46. FILLER	9(10)V99 9(12)	C C	12 12	533-544 545-556		4 480.6D, ITEM 10.	*
DIVIDENDS FROM COOPERATIVE)(12)		12	545-550	ZERUS.		
47. ASSOCIATIONS DIVIDENDS FROM AN INTERNATIONAL	9(10)V99	С	12	557-568	SEE FORM	4 480.6D, ITEM 12.	
INSURER OR HOLDING COMPANY OF							
48. THE INTERNATIONAL INSURER	9(10)V99	С	12	569-580		4 480.6D, ITEM 13.	
49. FILLER	9(12)	C	12	581-592			*
50. DEBT DISCHARGE	9(10)V99 X(157)	C C	12	593-604		4 480.6D, ITEM 19.	*
51. FILLER	A(157)	C	157	605-761	SPACES.	HE FIRST NAME OF THE PAYEE'S.	*
52. PAYEE'S FIRST NAME	X(15)	С	15	762-776	LEFT JUST	TIFIED AND FILL WITH BLANKS. D ONLY FOR INDIVIDUALS.	*
	V(15)	C	15		PAYEE'S.	HE MIDDLE NAME OF THE LEFT JUSTIFIED AND FILL WITH	
53. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	BLANKS.		

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.6D



				_				
FILE DESCRIPTION					DATE: OCTOBER 2022			
FILE NAME: F4806DY22					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								
r=packed, d=divak1, C=ChakaClek								
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	DN COMMENTS H	RE		
54. PAYEE'S LAST NAME	X(20)	С	20	792-811		*		
55. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.			
OTHER INTEREST NOT SUBJECT TO ALTER- 56. NATE BASIC TAX.	9(10)V99	С	12	832-843	SEE FORM 480.6D, ITEM 11.			
DIVIDENDS FROM EXEMPT BUSINESSES 57. NOT SUBJECT TO ALTERNATE BASIC TAX	9(10)V99	С	12	844-855	,			
OTHER DIVIDENDS SUBJECT TO 58. ALTERNATE BASIC TAX, AMOUNT PAID	9(10)V99	С	12	856-867	SEE FORM 480.6D, ITEM 17, COLUMN A.			
OTHER DIVIDENDS SUBJECT TO ALTER- 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.			
62. EXEMPTION CODE	X(3)	С	3	904-906	5 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	2 SEE FORM 480.6D, ITEM 16.			
QUALIFIED DISASTER AID PAYMENTS 66. UNDER SECTION 1031.01(B)(16) DEBT CANCELLATION AND SUBSIDIES	9(10)V99	С	12	943-954	SEE FORM 480.6D, ITEM 20.			
RECEIPT UNDER ARTICLE 5(I) OF 67. ACT 57-2020	9(10)V99	С	12	955-966	5 SEE FORM 480.6D, ITEM 21.			
68. FILLER	X(1397)	С	1397	967-2363		*		
69. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2364-236	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	2365-237	5 AND FILL WITH SPACES TO THE LEFT			
71. PAYER E-MAIL	X(50)	С	50	2376-242	5 E-MAIL FOR PAYER.	*		
72. PAYER PHONE NUMBER CONTROL NUMBER ORIGINAL	X(20)	С	20	2426-244	5 PHONE NUMBER FOR PAYER. THIS FILED MUST BE COMPLETED WHEN	*		
73. INFORMATIVE RETURN	9(9)	С	9	2446-245	4 FILING AMENDED FORM			
74. REASON FOR THE CHANGE	X(40)	С	40	2455-249	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.			
76. FILLER	9(6)	С	6	2495-250	0 ZEROS.	*		



TAXABLE YEAR 2022 FORM 480.6D

Form Rev. 08.22	GOBIERNO DE PUERTO RICO - GOVERNMENT OF Departamento de Hacienda - Department of 1 CIÓN INFORMATIVA - INGRESOS EXENTOS Y EXCLUID SUJETOS A CONTRIBUCIÓN BÁSICA ALTE EXEMPTAND EXCLUDED INCOME AND EXEMPT INCI	he Treasury IOS E INGRESOS EXENTOS IRNA	TAX	
ANO CONTRIBUTIVO: 2022 Enmend	ado - Amended: ()		Número	de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number
INVISIE TENS	DOR - PAYER'S INFORMATION	INFORMACIÓN	N DE QUIEN RECIBE	EL PAGO - PAYEE'S INFORMATION
Num. de Identificación Patronal - Employer Identifica	5on Number	Num. de Seguro Social o Identificaci	ion Patronal - Social Se	eaurity or Employer identification No.
Nombre - Name		Nombre - Name		
Dirección - Address		Dirección - Address		
Núm. de Teléfono - Telephone No. Corr	Código Postal - Zp Code eo Electrónico - E-mel			
		(A)		Código Postal - Zp Code
	e de Ingreso e of Income	(A) Total Cantidad P: Total Amount P		Cantidad Sujeta a Contribución Básica Alterna Amount Subject to Alternate Basic Tex
1. Ganancia Acumulada en Opciones No Cualifi Accumulated Gain on Nonqualified Options	cadas			
 Distribuciones de Cantidades Previamente N bajo las Secciones 1023.06(j) y 1023.25(b) Distribucions of Amounts Previously Notified as De 1023.25(b) 	lotificadas como Distribuciones Elegibles Implicitas emed Eligible Distributions under Sections 1023.06(j) and			-
3. Compensación por Lesiones o Enfermedad I Compensation for Injunes or Sickness under Secti	bajo la Sección 1031.01(b)(3) on 1031.01(b)(3)			1
4 Distribuciones de Cuentas de Retiro Individu Distributions from Non Deductible Individuel Retire				
5. Renta de Propiedad Residencial bajo la Ley 1 Rent from Residential Property under Act 132-201				-
6. Intereses sobre Obligaciones del Gobierno d Interest upon Obligations from the United States G				
7. Intereses sobre Obligaciones del Gobierno o	de Puerto Rico			-
Interests upon Obligations from the Government o 8. Intereses sobre Ciertas Hipotesas	r Pueno Nico			
Interests upon Certain Mortgáges 9. Intereses sobre bonos, pagarés u otras oblig	aciones bajo la Sección 6070.56(h) de la Ley 60-2019 er Section 6070.56(h) of Act 60-2019			
Interests on bonds, notes or other obligations under 10. Otros Intereses Sujetos a Contribución Básic Other Interests Subject to Alternate Basic Tax				
	MARK MARKAN AND A STREET AND A ST			
 Otros Intereses No Sujetos a Contribución B Other Interests Not Subject to Alternate Basic Tai 12. Dividendos de Asociaciones Cooperativas 				
12. Dividendos de Asociaciones Cooperativas Dividends from Cooperative Associations 13. Dividendos de un Asegurador Internacional	o Compañía Tenedora del Acemurador Internaciona			
-	o Compañía Tenedora del Asegurador Internacional Company of the International Insurer			-
	a Contribución Básica Alterna (Vea instrucciones) lo Alternate Basic Tax (See instructions)			-
15. Dividendos Elegibles bajo Decreto de Méd Eligible Dividends under Decree as Qualified				-
 Dividendos de negocio exento bajo la Secció Dividendo from exempt business under Section 60 				
 Otros Dividendos Sujetos a Contribución Bá Other Dividends Subject to Alternate Basic Tax 	sica Alterna			
 Otros Dividendos No Sujetos a Contribución Other Dividends Nol Subject to Alternate Basic To 				
19. Condonación de Deudas (Vea instrucciones Debl Discharge (See instructions)				1
20. Pagos Cualificados por Concepto de Ayuda par Cualified Disaster Aid Payments under Section 10	ra Sobrellevar Desastres bajo la Sección 1031.01(b)(16) 31.01(b)(16)			
21. Cancelación de Deuda y Recibo de Subsidios Debt Cancellation and Subsidies Receipt under A				
22. Otros Pagos Sujetos a Contribución Básica Other Payments Subject to Alternate Basic Tax				
23. Otros Pagos No Sujetos a Contribución Bási Other Payments Not Subject to Alternate Basic Ti				
Razones para el Cambio Reasons for the Change				
Número de Cuenta Bancaria Bank Account Number	Número de Control Control Number		Número de Control de Control No. Original Inf	e Informativa Original formative Return
ENVIE ELECTRONICAMENT	DE RADICACION: 28 DE FEBRERO, VEA INSTRU E AL DEPARTAMENTO DE HACIENDA. ENTREGUE ARTMENT OF THE TREASURY ELECTRONICALLY.	DOS COPIAS A QUIEN RECIBE EL P	PAGO. CONSERVE	COPIA PARA SUS RÉCORDS.





FILE DESCRIPTION	DA	DATE: OCTOBER 2022						
FILE NAME: F4807Y22				RE	RECORD TYPE: FORM			
RECORD NAME: INDIVIDUAL RETIRE	EMENT AC	COU	NT – FOF	RM TYPE 48	0.7 RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER								
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE		
	37(1)		1	1.1		*		
1. FILLER	X(1)	С	1	1-1	SPACES.	*		
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7. RIGHT JUSTIFIED.	*		
3. PAYEE ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION NUMBER).	*		
		С			ENTER: "1" = RESIDENT,	*		
4. PAYEE RESIDENT TYPE	X(1)		1	12-12	"2" = NONRESIDENT, "3" = ALIEN.	*		
5. FORM TYPE	X(1)	C	1	13-13	ENTER "4" TO INDICATE FORM 480.7.			
6. RECORD TYPE	9(1)	C	1	14-14	"1" = DETAIL RECORD. ENTER: "O" = ORIGINAL, "A" = AMENDED,	*		
7. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	*		
8. FILLER	X(2)	С	2	16-17	SPACES. ENTER THE TAX YEAR FOR THIS REPORT	*		
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE 2022.	*		
10. FILLER	X(9)	С	9	22-30	SPACES.	*		
WITHHOLDING AGENT'S INFORMATION								
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*		
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*		
13. NAME	X(30)	С	30	41-70		*		
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*		
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.			
16. TOWN	X(13)	С	13	141-153		*		
17. STATE	X(2)	С	2	154-155		*		
18. ZIP-CODE	9(5)	С	5	156-160		*		
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.			
20. FILLER	X(2)	С	2	165-166	SPACES.	*		
	(2)			10,5-100	STACES.			
PAYEE'S INFORMATION 21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*		
22. IRA ACCOUNT NUMBER	X(20)	С	20	176-195		*		
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*		
					REQUIRED ONE I FOR CORFORATIONS.			
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*		

*** REQUIRED FIELDS**

TAXABLE YEAR 2022 FORM 480.7



FILE DESCRIPTION	DATE: OCTOBER 2022						
FILE NAME: F4807Y22	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	DN	COMMENTS	RF
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	ZEF	ROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPA	CES.	*
TOTAL BALANCE OF THE ACCOUNT AT 31. THE BEGINNING OF THE YEAR	9(10)V99	С	12	321-332	SEE	E FORM 480.7, ITEM 1.	
32. CONTRIBUTIONS FOR THE TAXABLE YEAR	9(10)V99	С	12	333-344	SEE	E FORM 480.7, ITEM 2.	
33. ROLLOVER CONTRIBUTIONS	9(10)V99	С	12	345-356	SEE	E FORM 480.7, ITEM 3.	
34. ROLLOVER WITHDRAWALS	9(10)V99	С	12	357-368	SEF	FORM 480.7, ITEM 4.	
35. REFUND OF EXCESS CONTRIBUTIONS	9(10)V99	С	12	369-380		FORM 480.7, ITEM 5.	
36. PENALTY WITHHELD	9(10)V99	С	12	381-392		FORM 480.7, ITEM 6.	
TAX WITHHELD FROM INTEREST 37. (10% LINE 12D)	9(10)V99	С	12	393-404		FORM 480.7, ITEM 7.	
TAX WITHHELD INCOME FROM SOURCES 38. WITHIN PR (10% LINE 12E)	9(10)V99	С	12	405-416		FORM 480.7, ITEM 8.	
TAX WITHHELD FROM GOVERNMENT 39. PENSIONERS (10% LINES 12G2 AND 12G3)	9(10)V99	С	12	417-428		FORM 480.7, ITEM 9.	
40. FILLER	X(24)	С	24	429-452		CES.	*
TAX WITHHELD AT SOURCE TO 41. NONRESIDENTS (SEE INSTRUCTIONS)	9(10)V99	С	12	453-464		CFORM 480.7, ITEM 11.	
BREAKDOWN OF AMOUNT DISTRIBUTED)(10)())		12	+55-404	SLI	1 OKW 400.7, 11EW 11.	
42. A- CONTRIBUTIONS	9(10)V99	С	12	465-476	SEE	FORM 480.7, ITEM 12A.	
43. B- VOLUNTARY CONTRIBUTIONS	9(10)V99	С	12	403-470		FORM 480.7, ITEM 12A.	
	, (- *) - ; ;					· · · ·	
44. C- EXEMPT INTEREST D- INTERESTS FROM ELIGIBLE	9(10)V99	C	12	489-500		EFORM 480.7, ITEM 12C.	
45. FINANCIAL INSTITUTIONS	9(10)V99 9(10)V99	C	12	501-512		EFORM 480.7, ITEM 12D.	
46. E- INCOME FROM SOURCES WITHIN P.R.	, (- *) * , , ,	C	12	513-524		E FORM 480.7, ITEM 12E.	
47. F- OTHER INCOME G- GOVERNMENT PENSIONERS	9(10)V99	C	12	525-536		CFORM 480.7, ITEM 12F.	
48. 1. CONTRIBUTIONS G- GOVERNMENT PENSIONERS	9(10)V99	С	12	537-548		CFORM 480.7, ITEM 12G1.	
49. 2. ELIGIBLE INTEREST G- GOVERNMENT PENSIONERS	9(10)V99	С	12	549-560		E FORM 480.7, ITEM 12G2.	
50. 3. OTHER INCOME G- GOVERNMENT PENSIONERS	9(10)V99	С	12	561-572	SEE	E FORM 480.7, ITEM 12G3.	
51. TOTAL	9(10)V99	С	12	573-584	SEE	E FORM 480.7, ITEM 12G4.	_
52. FILLER	X(36)	С	36	585-620	SPA	CES.	*

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.7



FILE DESCRIPTION				Γ.			
					DATE: OCTOBER 2022		
FILE NAME: F4807Y22 RECORD NAME: INDIVIDUAL RETIRE					RECORD TYPE: FORM		
	MENI ACO	.00	<u> </u>	KINI I YPE (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	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.		
59. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.		
					ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. *		
60. PAYEE'S LAST NAME	X(20)	С	20	792-811	REQUIRED ONLY FOR INDIVIDUALS. ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH		
61. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	BLANKS.		
INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 62. OF PUERTO RICO (10% LINE12K1) DISTRIBUTIONS FOR REASON OF A	9(10)V99	С	12	832-843	SEE FORM 480.7, ITEM 10.		
DISASTER DECLARED BY THE GOVERNOR 63. OF PUERTO RICO TAXABLE	9(10)V99	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	/		
					IF PAYEE ID TYPE = "4" ENTER PAYEE'S IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), IF PAYEE ID TYPE = "5" ENTER PAYEE'S CIDN (OTHER CORPORATE IDENTIFICATION NUMBER). USE ONLY WHEN THE PAYEE DOES NOT HAVE AN SSN OR FEIN. IDN AND CIDN CAN BE ANY TYPE OF ALPHANUMERIC IDENTIFICATION		
68. PAYEE FOREIGN ID	X(20)	С	20	893-912	OTHER THAN FEIN, SSN, OR ITIN.		
69. ACQUISITION PRINCIPAL RESIDENCE	X(1)	С	1	913-913	ENTER: "1" = ACQUISITION PRINCIPAL RESIDENCE.		
70. FILLER	X(1438)	С	1438	914-2351			
71. 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





FILE DESCRIPTION				1	DATE: OCTOBER 2022
FILE NAME: F4807Y22]	RECORD TYPE: FORM			
RECORD NAME: INDIVIDUAL RETIRI	EMENT AC	COU	NT – FOI	RM TYPE	480.7 RECORD LENGTH: 2500
P=PACKED, B=BINARY, C=CHARACTER		_			
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N COMMENTS RE
	¥7(11)	6	11	2252 2255	IF PAYEE ID TYPE ORIGINAL = "1", ENTER PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYEE'S SSN ALIGN TO THE RIGHT
72. PAYEE ID ORIGINAL	X(11)	C	11	2353-2363	AND FILL WITH SPACES TO THE LEFT
73. WITHHOLDING AGENT E-MAIL	X(50)	С	50	2364-2413	B E-MAIL FOR WITHHOLDING AGENT. *
74. WITHHOLDING AGENT PHONE NUMBER	X(20)	С	20	2414-2433	3 PHONE NUMBER WITHHOLDING AGENT. *
75. J- PREPAID (8%) UNDER SECTION 1023.23	9(10)V99	С	12	2434-2445	5 SEE FORM 480.7, ITEM 12 J.
CONTROL NUMBER ORIGINAL 76. INFORMATIVE RETURN	9(9)	С	9	2446-2454	
77. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.
78. FILLER	9(6)	С	6	2495-2500) ZEROS. *





Formulario 480.7 Form Rev. 08.22	Departa DECLARACK	DE PUERTO RICO - GOVERNME mento de Hasienda - Departmen DN INFORMATIVA - CUENTA DE VE RETURN - INDIVIDUAL RETI	t of the Treasury RETIRO INDIVIDUAL	Electronic Filing	in de Radicación Electrónica Confirmation Number
ANO CONTRIBUTIVO: 2022 TAXABLE YEAR:	Enm	endado - Amended: ()		Infose Distribuciones Ambos Distributions Both
INFORMACIÓN DEL ADENTE RET	ENEDOR - WITHHOLDING AGE	NTS INFORMATION		ACIÓN DE QUIEN RECIBE EL PAGO-PAYEES IN	FORMATION
Núm, de Identificación Patronal - Employer Iden	tification Number		Núm. de Identificación - Identif	cation No.	
Nombre - Name			Nombre - Name		
Dirección - Address			Direction - Address		
	Código Postal	.70 Cate		Citin Pro	zal - Zo Code
Núm. de Teléfono - Telephore No. Cor	reo Electrónico - E-mail		Seleccione un encasillado - S	elect one box	10.000 X10.000 X10.000
				lo Residente Ciudadano de E.U. Ionresident U.S. Clázen	Nonresident Alien
Descripción - Descripó	on	Cantidad - Amount		Distribuciones - Distributions	
I. Balance Total de la Cuenta a Principio de A Total Balance of the Account at the Beginning of			Adquisición o Construc	ida-Breekdown of Amount Distributed ción - Primera Residencia Principal on - First Principal Residence	
			A Aportaciones - Contributio	ns	
2. Aportaciones para el Año Contributivo			B. Aportaciones Voluntarias	- Voluntary Contributions	
Contributions for the Taxable Year			C. Intereses Exentos - Exem	pt interests	
Anna Sa Tantania			D. Intereses de Institucione		
3. Aportaciones Via Transferencia Rollover Contributions			Interests from Eligible Fina E. Ingresos de Fuentes Der Income from Sources Within	tro de Puerto Rico	
. Retiros Via Transferencia			F. Otros Ingresos - Other Inc	ome	
Rollover Withdrawols			G. Pensionados del Gobier 1. Aportaciones Contributions	no - Government Pensioners	
5. Reembolso de Aportaciones en Exceso Refund of Excess Contributions			2. Intereses Elegibles Eligible Interests 3. Otros Ingresos		
5. Penalidad Retenida Penalty Withheld			Other Income A. Total (Sume lineas G1 a Total (Add lines G1 throu	gh G3)	
			H. Pagado por Adelantado (10 Prepaid (10%) under Section 1		
7. Contribución Retenida sobre Intereses (10% Tax Withheld from Interests (10% line 12D) (Se			I. Pagado por Adelanta Prepeid (5%) under Section 10	do (5%) bajo la Sección 1081.06 81.06	
I. Contribución Retenida sobre Ingreso de Fuent	es Dentro de Puerto Rico		J. Pagado por Adelantado (8 Prepeid (8%) under Section		
(10% linea 12E) - Income Tex Withheld from Source line 12E)				n de un Desastre Declarado por el co - Distributions forReason d'a Disaster Puerto Rico	
9. Contribución Retenida sobre Ingreso de Pe (10% líneas 12G2 y 12G3) - Income Tax W			1. Cantidad Tributable Taxable Amount		
Pensioners (10% lines 12G2 and 12G3)			2. Cantidad Exenta Exempt Amount		
 Contribución Retenida en el Origen so Razón de un Desastre Declarado por el Rico (10% línea 12K1) - Income Tax Withheld for Reason of a Disaster Declared by the Gov 	Gobernador de Puerto et Source on Distributions		3. Intereses Exentos y sobre la cual se P Adelantado - Exempt and Amount over Prepayment was Made	agó por Interests which a	
ine12K1)			4. Total (Sume lineas K		
11. Contribución Retenida a No Residentes Tex Withhheld at Source to Norresidents (Se			Total (Add lines K1 thro L. Total (Sume lineas 12A a la 1 Total (Add lines 12A through	24()	
Razones para el Cambio					
Reasons for the Change Número de Cuenta IRA RA Account Number		ero de Control S'Number		Número de Control de la Declaración Control Number of the Original Informative	
ENVIE ELECTRÓNICAME	FILING DATE: F	EBRUARY 28 OR NOVEN O DE HACIENDA, ENTREGUE	IBER 30, AS APPLICABLE. DOS COPIAS A QUIEN RECIBE	PLIQUE. VEA INSTRUCCIONES SEE INSTRUCTIONS EL PAGO. CONSERVE COPIA PARA SI E. KEEP COPY FOR YOUR RECORDS.	

TAXABLE YEAR 2022 FORM 480.7



FILE DESCRIPTION		DATE: OCTOBER 2022						
FILE NAME: F4807AY22					RECORD TYPE: FORM			
RECORD NAME: MORTGAGE INTERE	EST – FORM	[TY]	PE 480.7A	1	RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER		_						
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	ON COMMENTS	RE		
				1				
1. FILLER	X(1)	С	1	1-1	SPACES.	*		
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7A. RIGHT JUSTIFIED.	*		
3. BORROWER ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*		
4. JOINT BORROWER ID TYPE	X(1)	С	1	12-12	ENTER: "1" = FEIN, "2" = SSN.	*		
5. FORM TYPE	X(1)	С	1	13-13	ENTER "6" TO INDICATE FORM 480.7A.	*		
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*		
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*		
8. FILLER	X(2)	C	2	16-17	SPACES.	*		
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2022.	*		
10. FILLER	X(9)	С	9	22-30	SPACES.	*		
RECIPIENT'S INFORMATION								
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*		
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*		
13. NAME	X(30)	С	30	41-70		*		
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*		
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.			
16. TOWN	X(13)	С	13	141-153		*		
17. STATE	X(2)	С	2	154-155		*		
18. ZIP-CODE	9(5)	С	5	156-160		*		
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.			
20. FILLER	X(2)	С	2	165-166	SPACES.	*		
BORROWER'S INFORMATION								
21. BORROWER'S ID	9(9)	С	9	167-175	IF BORROWER ID TYPE = "1", ENTER BORROWER'S FEIN. IF ID TYPE = "2" ENTER BORROWER'S SSN.	*		
22. NAME	X(30)	С	30	176-205	REQUIRED ONLY FOR CORPORATIONS.	*		
23. ADDRESS LINE NUMBER 1	X(35)	С	35	206-240		*		
24. ADDRESS LINE NUMBER 2	X(35)	С	35	241-275				
25. TOWN	X(13)	С	13	276-288		*		

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.7A



					E			
FILE DESCRIPTION					DATE: OCTOBER 2022			
FILE NAME: F4807AY22				1	RECORD TYPE: FORM			
RECORD NAME: MORTGAGE INTERI	EST – FORM	I TY	PE 480.7A	<u> </u>	RECORD LEN	GTH: 2500		
P=PACKED. B=BINARY. C=CHARACTER	L							
		_						
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N COMMENTS	RE		
FIELD NAME	FICTURE		DITES	LOCATIO	COMMENTS	KE		
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 JOINT BORROWER'S FEIN. IF			
29. JOINT BORROWER'S ID	9(9)	С	9	300-308	ENTER JOINT BORROWER'S S			
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 LOAN ORIGINATION FEES PAID OR	9(10)V99	С	12	352-363	SEE FORM 480.7A, ITEM 2. ENTER: "P" = PAID			
34. FINANCED LOAN DISCOUNT (POINTS) PAID	X(1)	С	1	364-364	"F" = FINANCED.	*		
35. DIRECTLY BY BORROWER	9(10) V99	С	12	365-376	SEE FORM 480.7A, ITEM 3. ENTER: "P" = PAID	*		
36. LOAN DISCOUNT PAID OR FINANCED	X(1)	С	1	377-377	"F" = FINANCED.	*		
37. REFUND OF INTERESTS	9(10) V99	С	12	378-389	SEE FORM 480.7A, ITEM 4.	*		
38. PROPERTY TAXES	9(10) V99	С	12	390-401	SEE FORM 480.7A, ITEM 5.	*		
39. ORIGINAL LOAN AMOUNT	9(10) V99	С	12	402-413	SEE FORM 480.7A, ITEM 6.	*		
40. FILLER		С			SPACES.	*		
	X(1)		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 MO	NTHS. *		
43. FILLER	X(319)	С	319	443-761	SPACES.	*		
					ENTER THE FIRST NAME OF T BORROWER'S. LEFT JUSTIFIE			
44. BORROWER'S FIRST NAME	X(15)	С	15	762-776	WITH BLANKS. REQUIRED OF INDIVIDUALS.	NLY FOR *		
		-			ENTER THE MIDDLE NAME O BORROWER'S, LEFT JUSTIFIE			
45. BORROWER'S MIDDLE NAME	X(15)	С	15	777-791	WITH BLANKS.			
					ENTER THE LAST NAME OF T BORROWER'S. LEFT JUSTIFIE	ED AND FILL		
46. BORROWER'S LAST NAME	X(20)	С	20	792-811	WITH BLANKS. REQUIRED OF INDIVIDUALS.	NLY FOR *		
BORROWER'S MOTHER'S MAIDEN		-			ENTER THE SECOND LAST NA BORROWER'S. LEFT JUSTIFI			
47. LAST NAME	X(20)	С	20	812-831	WITH BLANKS.			
					ENTER THE FIRST NAME OF T BORROWER'S. LEFT JUSTIFIE			
48. JOINT BORROWER'S FIRST NAME	X(15)	С	15	832-846	WITH BLANKS. REQUIRED OF INDIVIDUALS.	NLY FOR *		
			10	002 040		1		

* REQUIRED FIELDS





FILE DESCRIPTION					DATE: OCTOBER 2022
FILE NAME: F4807AY22		RECORD TYPE: FORM			
RECORD NAME: MORTGAGE INTERE	EST – FORM	TYI	PE 480.7A	L	RECORD LENGTH: 2500
P=PACKED, B=BINARY, C=CHARACTER					
		•			
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	DN COMMENTS RE
				_	
49. JOINT BORROWER'S MIDDLE NAME	X(15)	С	15	847-861	
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	
59. BORROWER ID TYPE ORIGINAL60. BORROWER ID ORIGINAL	X(1) X(11)	C C	1	2364-236	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	2376-242	5 E-MAIL FOR RECIPIENT. *
62. RECIPIENT PHONE NUMBER	X(20)	С	20	2426-244	5 PHONE NUMBER RECIPIENT. *
CONTROL NUMBER ORIGINAL 63. INFORMATIVE RETURN	9(9)	С	9	2446-245	
64. REASON FOR THE CHANGE	X(40)	С	40	2455-249	ENTER THE REASON FOR CHANGE FORM. 4 LEFT JUSTIFIED AND FILL WITH BLANKS.
65. FILLER	9(6)	С	6	2495-250	0 ZEROS. *



Formulario 480.7A Form Rev. 08.22 ANO CONTRIBUTIVO: 2022	۲	Departamento DECLARACIÓN INFORMA	PUERTORICO-GOVERNMENTOFPUERTORICO de Hacienda - Department of the Treasury INFORMATIVA - INTERESES HIPOTECARIOS TIVE RETURN-MORTIGAGE INTERESTS	Nimaro de Confirm	ación de Radicación Electrónica
TAXABLE YEAR: 2022		Enmendado -	Amended: (///)		ing Confirmation Number
	CEPTOR - RECIPIENT'S INFORM	MATION	Descripción - Description		Cantidad - Amount
Número de Identificación Patronal -	Employer Identification Number		1. Intereses Pagados por el Deudor Interests Paidley Borrower		
Nombre - Name			2. Honorarios de Origen del Préstamo (Puntos) Pagados Directamen Loan Origination Fees (Points) Paid Directly by Borrower	nte por el Deudor	
Dirección - Address			1 Pagados - Paid 2 Financiados - Financed 3. Descuentos del Préstamo (Puntos) Pagados Directamente por el Loss Directarte (Préstamo del Préstamo del	Deudor	
	Cátas	Yostal - Zip Code	Loan Discounts (Points) Paid Directly ky Borrower 1 Pagados - Paid 2 Financiados - Financed		
Núm, de Teléfono - Telephone No.	Correo Electrónico - E-mail	usur - 29 cove	4. Reembolace de Intereses Refund of interests		
INFORMACIÓN DEL DE	UDOR - BORROWER'S INFORM	IATION	5. Contribuciones sobre la Propiedad		
Número de Seguro Social - Social Security	Number		Property Taxes		
Nombre - Name			 Cantidad Original del Préstamo Original Loan Amount 		
Dirección - Address			Dirección Física de la Propiedad Sujeta al Préstamo - Physical Addre	ess of the Property Subject to L	oan
					o Postal - Zip Cosle
	Código F	ostal - Zip Code	Número de Cuenta del Préstamo - Loan Account Number	Término del Préstamo (en me	ses) - Loan Term (in months)
INFORMACIÓN DEL CODEU	DOR - JOINT BORROWER'S IN	ORMATION			
Número de Seguro Social - Social Security	Number		Número Control - Control Numiber	Número Control Informativa Control No. Original Informative	
Nombre - Name			Razones para el Cambio - Reasons for the Change		
ECHA DE RADICACIÓN: 31 DE ENB LING DATE: JANUARY 31, SEE INS			Envis electrónicamente al Departamento de Hacienda. Entregue do Send to Department of the Treasury electronically. Deliver two copies		





DATE: OCTOBER 2022

FILE NAME: F4807BY22				RE	ECORD TYPE: FORM	
RECORD NAME: EDUCATIONAL CONT	RIBUTION	AC	COUNT	– FORM TY	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	SPACES.	*
					ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7B.	
2. CONTROL NUMBER	9(9)	С	9	2-10	RIGHT JUSTIFIED.	*
3. BENEFICIARY ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. CONTRIBUTOR ID TYPE	X(1)	С	1	12-12	ENTER: "1" = FEIN, "2" = SSN.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "7" TO INDICATE FORM 480.7B.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	C	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2022.	*
WITHHOLDING AGENT'S INFORMATION						
10. PAYER ID TYPE	X(1)	С	1	22-22	ENTER: "1" = FEIN, "2" = SSN.	*
11. IDENTIFICATION NUMBER	9(9)	С	9	23-31	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
12. NAME	X(30)	С	30	32-61		*
13. ADDRESS LINE NUMBER 1	X(35)	С	35	62-96	ADDRESS LINE NUMBER 1.	*
14. ADDRESS LINE NUMBER 2	X(35)	С	35	97-131	ADDRESS LINE NUMBER 2.	
15. TOWN	X(13)	С	13	132-144		*
16. STATE	X(2)	С	2	145-146		*
17. ZIP-CODE	9(5)	С	5	147-151		*
18. FILLER	X(1)	С	1	152-152	SPACES.	*
BENEFICIARY'S INFORMATION						
21. BENEFICIARY'S ID	9(9)	С	9	153-161	IF BENEFICIARY ID TYPE = "1", ENTER BENEFICIARY'S FEIN. IF ID TYPE = "2" ENTER BENEFICIARY'S SSN.	*
20. BIRTH YEAR	X(4)	С	4	162-165		
20. BIRTH MONTH	X(4) X(2)	С	2	166-167		
22. BIRTH DAY	X(2)	C	2	168-169		
23. NAME	X(30)	С	30	170-199	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	200-234		*

* REQUIRED FIELDS

25. ADDRESS LINE NUMBER 2

FILE DESCRIPTION

TAXABLE YEAR 2022 FORM 480.7B

35

235-269

С

X(35)



FILE NAME: F4807BY22

DATE: OCTOBER 2022 RECORD TYPE: FORM

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

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P=PACKED, B=BINARY, C=CHARACTER

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

TAXABLE YEAR 2022 FORM 480.7B



FILE DESCRIPTION

FILE NAME: F4807BY22

DATE: OCTOBER 2022 RECORD TYPE: FORM

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

P=PACKED, B=BINARY, C=CHARACTER

		•				
FIELD NAME	PICTURE		DVTES	FILE	COMMENTS	RE
FIELD NAME	FICTURE		BYTES	LUCATION	COMMENTS	KĽ

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)	C	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 CONTROL NUMBER ORIGINAL	X(20)	С	20	2426-2445	PHONE NUMBER WITHHOLDING AGENT. THIS FILED MUST BE COMPLETED WHEN	*
68. INFORMATIVE RETURN	9(9)	С	9	2446-2454	FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM.	
69. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
70. FILLER	9(6)	С	6	2495-2500	ZEROS.	*

* REQUIRED FIELDS



AÑO CONTRIBUTIVO: 2022	Enmendado - A	umended: (//)		ue propósito - Indicate purpose Aportaciones Distribuciones Contributions Distributions	Ambos Both	
INFORMACIÓN DEL AGENTE RETENEDOR	- WITHHOLDING AGENTS INFORMATION	Descripción - Description	Cantidad - Amount	Distribuciones - Distrib		
Núm. de Identificación Patronal - Employer k	lentification Number	1. Balance Total de la Cuenta a Principio de Año - Total Balance of		8. Desglose de Cantidad Distribuida Breaksiown of Amount Distributed		
Nombre - Name		the Account at the Beginning of the Year		A Aportaciones		
Dirección - Address		 Aportaciones Durante el Año Contributivo - Contributions During the Taxable Year 		Contributions B. Incremento Increase		
Código Postal - Zp Cose Nim. de Teléfono - Telephone No. Correo Electrónico - E-mai		3. Aportacionee Via Transferencia Rollover Contributions		(1) Intereses Tributables Taxable Interests		
A REAL PROPERTY OF A REAL PROPER	NO - BENEFICIARYS INFORMATION	4. Retiros Via Transferencia (2) Intereses Exentos		(2) Intereses Exentos		
Num. de Seguro Social - Social Security No.	Fecha de Nac Date of Birth	Rollover Withdrawals		Exempt Interests		
Nombre - Name		5. Reembolso de Aportaciones en Exceso Refund of Excess Contributions		(3) Ingresce de Fuentes Dentro de Puerto Rico		
Dirección - Address				Income from Sources Within Puerto Rico		
	digo Postal - Zip Cosie			(4) Ingresos de Fuentes Fuera de Puerto Rico Income firm Sources Without		
Número de Cuenta Bancaria - Bank Account I	Number	 Contribución Ratanida aobre Intereses (10%) Tax Withheid from Interests (10%) 				
INFORMACIÓN DE QUIEN APOR	TA - CONTRIBUTOR'S INFORMATION			Puerto Rico		
Núm. de Seguro Social - Social Security No.	Parentesco - Relationship	 Contribución Retenida sobre Distribuciones que Consistan de Ingresce de Fuentee Dentro de Puerto Rico (10%) 		C. Pagado por Adelantado (8%) bajo la Sección 1023.24 Prepaid (8%) under Section 1023.24		
Nombre - Name		Tax Withheld from Distributions of Income from Sources Within Puerto Rico (10%)		D. Total (Sume lineas 8A a la 8C) Total (Add lines 8A through 8C)		
Dirección - Address Código Postal - Zp Code Número Control Control Number		Número Control Informativa Original Control No. Original Informative Return	Razones para el Cambio	azones para el Cambio - Reasons for the Change		
		1				





RECORD LENGTH: 2500

DATE: OCTOBER 2022

RECORD TYPE: FORM

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 THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7C. RIGHT JUSTIFIED.	*
2. CONTROL NUMBER	9(9)		9	2-10	ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION	
3. PAYEE ID TYPE	X(1)	С	1	11-11	NUMBER).	*
4. PAYEE RESIDENT TYPE	X(1)	С	1	12-12	ENTER: "1" = RESIDENT, "2" = NONRESIDENT, "3" = ALIEN.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "Y" TO INDICATE FORM 480.7C.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
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 2022.	*
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 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	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IDENTIFICATION IN FIELD 72.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION					IF PAYEE ID TYPE = "1", ENTER PAYEE'S	
21. PAYEE'S ID	9(9)	С	9	167-175	FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. ACCOUNT NUMBER	X(20)	С	20	176-195		*
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*

FILE DESCRIPTION

*** REQUIRED FIELD**

FILE NAME: F4807CY22

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

TAXABLE YEAR 2022 FORM 480.7C



FILE DESCRIPTION	DA	DATE: OCTOBER 2022				
FILE NAME: F4807CY22	RE	RECORD TYPE: FORM				
RECORD NAME: RETIREMENT PLANS	AND ANNU	J ITI	ES – FOR	M TYPE 48	80.7C RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER						
		♦				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		I	[<u> </u>
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		ļ
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)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPACES. ENTER: "L" = LUMP SUM, "P" = PARTIAL,	*
31. FORM OF DISTRIBUTION	X(1)	С	1	321-321	"E" = PERIODIC PAYMENTS.	*
					ENTER: "G" = GOVERNMENTAL, "A"= FIXED ANNUITY,	
32. PLAN OR ANNUITY TYPE	X(1)	С	1	322-322	"V"= VARIABLE ANNUITY, "P" = PRIVATE, "N" = NON QUALIFIED.	*
33. ROLLOVER CONTRIBUTION	9(10)V99	С	12	323-334	SEE FORM 480.7C, ITEM 1.	
34. ROLLOVER DISTRIBUTION	9(10)V99	С	12	335-346	SEE FORM 480.7C, ITEM 2.	
35. COST OF PENSION OR ANNUITY TAX WITHHELD FROM LUMP SUM	9(10)V99	С	12	347-358	SEE FORM 480.7C, ITEM 3.	
36. DISTRIBUTIONS (20%) TAX WITHHELD FROM LUMP SUM	9(10)V99	С	12	359-370	SEE FORM 480.7C, ITEM 6.	
37. DISTRIBUTIONS (10%) TAX WITHHELD FROM DIST, RETIREMENT	9(10)V99	С	12	371-382	SEE FORM 480.7C, ITEM 7.	<u> </u>
38. SAVINGS ACCOUNT PROGRAM (10%)	9(10)V99	С	12	383-394	SEE FORM 480.7C, ITEM 12.	
TAX WITHHELD ROLLOVER RETIREMENT 39. SAV. ACCT.PROG. TO A NON DED. IRA (10%)	9(10)V99	С	12	395-406	SEE FORM 480.7C, ITEM 13.	
TAX WITHHELD FROM NONRESIDENT'S 40. DISTRIBUTIONS	9(10)V99	С	12	407-418	SEE FORM 480.7C, ITEM 14.	
					· · · · · · · · · · · · · · · · · · ·	
41. AMOUNT DISTRIBUTED AMOUNT OVER WHICH A PREPAYMENT	9(10)V99	С	12	419-430	SEE FORM 480.7C, ITEM 16.	
WAS MADE UNDER SECTION 1023.21, 42. 1081.01(b)(9) OR 1012D(b)(5)	9(10)V99	С	12	431-442	SEE FORM 480.7C, ITEM 18.	
43. TAXABLE AMOUNT	9(10)V99	C	12	443-454	SEE FORM 480.7C, ITEM 10.	
44. FILLER	X(24)	С	24	455-478	SPACES.	*
45. FILLER	X(12)	C	12	479-490	SPACES.	\square
46. AFTER-TAX CONTRIBUTIONS 47. FILLER	9(10)V99	C C	12 24	491-502	SEE FORM 480.7C, ITEM 19.	┝──
4/. FILLEK	X(24)	C	24	503-526	SPACES. VALID CODES ="A", "B", "C", "D", "E", "F",	
48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A	X(1)	С	1	527-527	"G", "H", "T', "J", "K", "L", "M", "N".	*
QUALIFIED PLAN TO NON DEDUCTIBLE						
49. IRA TAX WITHHELD FROM OTHER	9(10)V99	С	12	528-539	SEE FORM 480.7C, ITEM 11.	<u> </u>
50. DISTRIBUTIONS	9(10)V99 X(12)	C C	12	540-551	SEE FORM 480.7C, ITEM 15.	
51. FILLER TAX WITHHELD FROM OTHER	X(12)	C	12	552-563	SPACES.	<u> </u>
DISTRIBUTIONS OF QUALIFIED PLANS	9(10)V99	С	12	561 575	SEE EODM 480 7C PTEM 0	
52. (10%)				564-575	SEE FORM 480.7C, ITEM 9.	<u> </u>
53. FILLER	9(24)	С	24	576-599	ZEROS.	*

* REQUIRED FIELD

TAXABLE YEAR 2022 FORM 480.7C



RECORD LENGTH: 2500

DATE: OCTOBER 2022

RECORD TYPE: FORM

P=PACKED, B=BINARY, C=CHARACTER						
FIELD NAME	PICTURE	•	BYTES	FILE LOCATION	COMMENTS	RE
54. DISTRIBUTION CODE OTHER	X(1)	С	1	600-600	VALID CODES ="A", "B", "C", "D", "E", "F", "G", "H", "I", "J", "K", "L", "M", "N".	*
55. FILLER	X(161)	С	161	601-761	SPACES.	*
56. PAYEE'S FIRST NAME	X(15)	С	15	762-776	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE MIDDLE NAME OF THE PAYEE'S LEET JUSTIFIED AND FILL WITH	*
57. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
58. PAYEE'S LAST NAME	X(20)	C	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE SECOND LAST NAME OF THE	*
59. PAYEE'S MOTHER'S MAIDEN LAST NAME TAX WITHHELD FROM DISTRIBUTIONS OF	X(20)	С	20	812-831	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
60. NON QUALIFIED PLANS	9(10)V99	С	12	832-843	SEE FORM 480.7C, ITEM 8.	
61. TAX WITHHELD FROM ANNUITIES PLAN'S INFORMATION	9(10)V99	С	12	844-855	SEE FORM 480.7C, ITEM 10.	
62. EMPLOYER IDENTIFICATION NO.	9(9)	С	9	856-864	ENTER THE EMPLOYER IDENTIFICATION NUMBER.	
63. NAME OF PLAN	X(40)	С	40	865-904	ENTER THE NAME OF PLAN. LEFT JUSTIFIED AND FILL WITH BLANKS.	
64. PLAN SPONSOR'S NAME DISTRIBUTIONS FOR REASON OF A	X(40)	С	40	905-944	ENTER THE PLAN SPONSOR'S NAME. LEFT JUSTIFIED AND FILL WITH BLANKS.	
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR OF PUERTO RICO						
65. A- EXEMPT	9(10)V99	С	12	945-956	SEE FORM 480.7C, ITEM 21A.	
66. B-TAXABLE	9(10)V99	С	12	957-968	SEE FORM 480.7C, ITEM 21B.	
C- AMOUNT OVER WHICH A PREPAYMENT 67. WAS MADE	9(10)V99	С	12	969-980	SEE FORM 480.7C, ITEM 21C.	
68. D- AFTER-TAX CONTRIBUTIONS	9(10)V99	С	12	981-992	SEE FORM 480.7C, ITEM 21D.	
69. E- TOTAL (ADD LINES 20A THROUGH 20D)	9(10)V99	С	12	993-1004	SEE FORM 480.7C, ITEM 21E.	
INCOME TAX WITHHELD ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 70. OF PUERTO RICO	9(10)V99	C	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.	1
					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	

*** REQUIRED FIELD**

72. PAYEE'S IDENTIFICATION

FILE DESCRIPTION

FILE NAME: F4807CY22

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



C

13

1029-1041

X(13)



HAVE AN SSN, ITIN OR FEIN. IDN AND

ALPHANUMERIC IDENTIFICATION OTHER

CIDN CAN BE ANY TYPE OF

THAN FEIN, SSN, OR ITIN.

FILE NAME: F4807CY22	REG	RECORD TYPE: FORM				
RECORD NAME: RETIREMENT PLAN	IS AND ANN	UITI	ES – FOR	M TYPE 48	0.7C RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]	_				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
73. TYPE OF FINANCIAL	X(1)	С	1	1042-1042	ENTER: "C" = CONTRIBUTION, "D" = DISTRIBUTION, "B" = BOTH.	*
74. KEOGH PLAN	X(1)	С	1	1043-1043	ENTER: "1"= IF IT ID A KEOGH PLAN	*
75. FILLER	X(1287)	С	1287	1044-2330	SPACES.	*
76. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2331-2331	ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION NUMBER).	

DATE: OCTOBER 2022

				· · · · · · · · · · · · · · · · · · ·	
37(1)	C	1	0001 0001		
X(1)	С	1	2331-2331		
				· · · · · · · · · · · · · · · · · · ·	
X(11)	С	11	2332-2342	LEFT	
X(50)	С	50	2343-2392	E-MAIL FOR PAYER.	*
X(20)	С	20	2393-2412	PHONE NUMBER PAYER.	*
X(1)	С	1	2413-2413	"1" IF REPORT DISTRIBUTIONS	*
				SEE FORM 480.7C ITEM 4. THIS FIELD	
				APPLIES FOR PUERTO RICO	
9(10)V99	С	12	2414-2425	GOVERNMENTAL AGENCIES ONLY.	
9(10)V99	С	12	2426-2437	SEE FORM 480.7C, ITEM 5.	
				ENTER THE MONTH, DAY AND 4 DIGIT	
X(8)	С	8	2438-2445	YEARS, (MMDDYYYY).	
				THIS FILED MUST BE COMPLETED WHEN	
9(9)	С	9	2446-2454	FILING AMENDED FORM.	
				ENTER THE REASON FOR CHANGE FORM.	
X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
9(6)	С	6	2495-2500	ZEROS.	*
	X(1) 9(10)V99 9(10)V99 X(8) 9(9) X(40)	X(11) C X(50) C X(20) C X(1) C 9(10)V99 C 9(10)V99 C X(8) C 9(9) C X(40) C	X(11) C 11 X(50) C 50 X(20) C 20 X(1) C 1 9(10)V99 C 12 9(10)V99 C 12 Y(8) C 8 9(9) C 9 X(40) C 40	X(11) C 11 2332-2342 X(50) C 50 2343-2392 X(20) C 20 2393-2412 X(1) C 1 2413-2413 9(10)V99 C 12 2414-2425 9(10)V99 C 12 2426-2437 X(8) C 8 2438-2445 9(9) C 9 2446-2454 X(40) C 40 2455-2494	X(1) C 11 $2332-2342$ 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 $X(11)$ C 11 $2332-2342$ $E-MAIL$ FOR PAYER. $X(50)$ C 50 $2343-2392$ $E-MAIL$ FOR PAYER. $X(20)$ C 20 $2393-2412$ PHONE NUMBER PAYER. $X(1)$ C 1 $2413-2413$ "1" IF REPORT DISTRIBUTIONS $X(1)$ C 1 $2413-2413$ "1" IF REPORT DISTRIBUTIONS $Y(10)$ C 12 $2414-2425$ GOVERNMENTAL AGENCIES ONLY. $9(10)$ $Y9$ C 12 $2426-2437$ SEE FORM 480.7C, ITEM 5. $9(10)$ C 8 $2438-2445$ YEARS, (MMDDYYY). $9(9)$ C 9 $2446-2454$ FILING AMENDED FORM. $9(9)$ C 9 $2446-2454$ ENTER THE REASON FOR CHANGE FORM. $X(40)$ C 40 $2455-2494$ LEFT JUSTIFIED AND FILL WITH BLANKS.

FILE DESCRIPTION



GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO 08 22 OPORTAMINENTO de Hacienda - Oportment of the Treasury DECLARACIÓN INFORMATIVA - PLANES DE RETIRO Y ANUALIDADES INFORMATIVA - PLANES DE RETIRO Y ANUALIDADES			Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number			
NO CONTRIBUTIVO: 2022	endado - Amended: ()		Indique proposito - Indicate puro Aportaciones Di Contributions Di	stribuciones stribuciones	Ambos	
INFORMACIÓN DEL PAGADOR - PAYERS INFORMATION		E EL PAGO - PAYEE'S INFORMATION			MATION	
um. de Identificación Patronal - Employer Identification No.	Residente Residente U.S. Oto	illado: - Gelect one box: adano de E.U. No Residente Extranjer zen Narvesident Alen	Nim de Identificación Datron		a second s	
iombre - Name	Núm. de Identificación - Ide	entification No.	Nombre del Plan - Name of	Plan		
pirección - Address	Nombre - Name		Nombre de quien auspicia e	l plan - Plan s	ponsor's nar	
	Dirección - Address		Marque aquí si es un plan cualificado en beneficio un individuo ("Keogh") - Check here if it is a Keogh j Fecha en que comenzó a recibir la pensión: Date on which you started to receive the pensión: Día/Day Mee/Month Año/Year			
Código Postal - Zip Code Ium. de Teléfono - Telephone No. Correo Electrónico - E-mail		Código Postal - Zip Code				
dd		iente: - Check the corresponding bas				
Forma de Distribución: - Form of Distribution:		Tipo de Plan o Anualida	d: - Plan or Annuity Type:			
Total Parcial Pagos Periódicos Lump Sum Partial Periodic Payments	Gubernamental Governmental	Privado Calificado No Cal Qualified Private Non Qu	_	Anualidad Variable		
Descripción - Description	Cantidad - Amount		Distribuciones - Distributions			
Aportación Vía Transferencia Rollover Contribution		16. Cantidad Distribuida Amount Distributed				
2. Distribución Via Transferencia Rollover Distribution		17. Cantidad Tributable Taxable Amount				
 Costo de la Pensión o Anualidad Cost of Pension or Annuity 			al se Pagó por Adelantado 21, 1081.01(b)(9) o 1012D(b)(5) -			
. Fondo de Retiro Gubernamental Governmental Retirement Fund	-	Amount over which a P Sections 1023.21, 1081.01	repayment was Made under			
 Contribución Retenida sobre Pagos Periódicos de Plan Calificados o Gubernamentales - Tax Withheld from Period Payments of Qualified or Governmental Plans 	aa tic	19. Aportaciones Voluntaria After-Tax Contributions	13			
 Contribución Retenida sobre una Distribución Total (201 Tax Withheld from Lump Sum Distributions (20%) 		20. Ingresos Exentos Exempt income				
Contribución Retenida sobre una Distribución Total (10%) Tax Withheld from Lump Sum Distributions (10%)	<u> </u>	21. Distribuciones por Razo	n de un Desastre Declarado			
 Contribución Retenida sobre Distribuciones de Plane No Calificados - Tax Withheld from Distributions of No Qualified Plans 	n		Puerto Rico - Distributions for ared by the Governor of Puerto			
 Contribución Retenida sobre Otras Distribuciones o Planes Calificados (10%) - Tax Withheld from Oth Distributions of Qualified Plans (10%) 		A. Exentas Exempt				
0. Contribución Retenida sobre Anualidades Tax Withheld from Annuities		B. Tributables Taxable				
1. Contribución Retenida sobre Transferencia de u Plan Calificado a una Cuenta de Retiro Individual N Deducible - Tax Withheld from Rollover of a Qualifié	40		ual se Pagó por Adelantado Prepayment was Made			
Plan to a Non Deductible Individual Retirement Accou	nt	D. Aportaciones Volun After-Tax Contributions				
 Contribución Retenida sobre Distribuciones d Programa de Cuentas de Ahorro para el Retiro (10% Tax Winheld from Distributions of the Retirement Savin Account Program (10%) 	×.)	E. Total (Sume lineas 2 Total (Add lines 21A th				
3. Contribución Retenida sobre Transferencia d Programa de Cuentas de Ahorro para el Retiro a Cuen de Retiro Individual No Deducible (10%) - Tax Winhe from Rollover of the Retirement Savings Account Progra to a Non Deducible Individual Retirement Account (10%)	ta Id m	Razón de un Desastre de Puerto Rico - Incom	a sobre Distribuciones por Declarado por el Gobernador e Tax Withheld on Distributions r Declared by the Governor of			
14. Contribución Retenida sobre Distribuciones a No Residentes - Tax Withheld from Nonresident's Distributions		23. Código de Distribución Distribution Code				
5. Contribución Retenida sobre Otras Distribucion Tax Withheid from Other Distributions	93	Razones para el Cambio Reasons for the Change				
	mero de Control htrol Number		úmero de Control de la Declara ontrol Number of Original Inform		a Original	



FORM 480.7C



					EXHIBIT			
FILE DESCRIPTION					DATE: OCTOBER 2022			
FILE NAME: F4807DY22					RECORD TYPE: RETURN			
RECORD NAME: AUTOMOBILE LEASE PAYMENTS – FORM TYPE 480					.7D 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. ENTER THE CONTROL NUMBER	*		
					ASSIGNED BY THE DEPARTMENT OF			
2. CONTROL NUMBER	9(9)	С	9	2-10	THE TREASURY FOR FORM 480.7D. RIGHT JUSTIFIED.	*		
3. PAYER ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*		
4. FILLER	X(1)	С	1	12-12	SPACES.	*		
5. FORM TYPE	X(1)	С	1	13-13	ENTER "Z" TO INDICATE FORM 480.7D.	*		
		С				*		
6. RECORD TYPE	9(1)	C	1	14-14	"1" = DETAIL RECORD. ENTER: "O" = ORIGINAL,	*		
7. DOCUMENT TYPE	X(1)	С	1	15-15	"A" = AMENDED, "X" = DELETE.	*		
8. FILLER	X(2)	С	2	16-17	SPACES.	*		
	9(4)	С		18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2022.	*		
9. TAXABLE YEAR 10. FILLER	X(9)	C	<u>4</u> 9	22-30	SPACES.	*		
PAYEE'S INFORMATION								
11. PAYEE ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*		
					IF PAYEE 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	REQUIRED ONLY FOR CORPORATIONS.	*		
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*		
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.			
16. TOWN	X(13)	С	13	141-153		*		
17. STATE	X(2)	С	2	154-155		*		
18. ZIP-CODE	9(5)	С	5	156-160		*		
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.			
20. FILLER	X(2)	С	2	165-166	SPACES.	*		
DA VED ² C INFORMATION				100 100		1		

***REQUIRED FIELDS**

24. NAME

21. PAYER'S ID

22. PAYER'S TYPE

23. CUSTOMER NUMBER

PAYER'S INFORMATION

TAXABLE YEAR 2022 FORM 480.7D

С

С

С

С

9

1

20

30

167-175

176-176

177-196

197-226

9(9)

X(1)

X(20)

X(30)



*

*

*

IF PAYER ID TYPE = "1", ENTER

IF ID TYPE = "2" ENTER PAYER'S SSN. ENTER: "I" = INDIVIDUAL,

"C" = CORPORATION, "O" = OTHER.

REQUIRED ONLY FOR CORPORATIONS

PAYER'S FEIN.

"P" = PARTNERSHIP,

FXHIRIT I

EXHIBIT I

25. ADDRESS LINE NUMBER 1 X 26. ADDRESS LINE NUMBER 2 X 27. TOWN X 28. STATE X 29. ZIP-CODE 90	<u>YMENTS</u> <u>PICTURE</u> <u>((35)</u> <u>((35)</u> <u>((35)</u> <u>((1)</u>) <u>(4)</u> <u>((1)</u>)	C C C C C C	BYTES 35 35 13 2		D TYPE: RETURN RECORD LENGTH: 2500 COMMENTS R
RECORD NAME: AUTOMOBILE LEASE PAY P=PACKED, B=BINARY, C=CHARACTER FIELD NAME F FIELD NAME F 25. ADDRESS LINE NUMBER 1 X 26. ADDRESS LINE NUMBER 1 X 27. TOWN X 28. STATE X 29. ZIP-CODE 9	PICTURE ((35) ((35) ((13) ((2) ((13) ((2) ((13)) ((13) ((13)) ((13	C C C C C C	BYTES 35 35 13 2	FILE LOCATION 227-261 262-296	COMMENTS R
FIELD NAME F 25. ADDRESS LINE NUMBER 1 X 26. ADDRESS LINE NUMBER 2 X 27. TOWN X 28. STATE X 29. ZIP-CODE 90	X(35) X(35) X(13) X(2) Q(5) Q(4)	C C C	35 35 13 2	227-261 262-296	
25. ADDRESS LINE NUMBER 1 X 26. ADDRESS LINE NUMBER 2 X 27. TOWN X 28. STATE X 29. ZIP-CODE 90	X(35) X(35) X(13) X(2) Q(5) Q(4)	C C C	35 35 13 2	227-261 262-296	
25. ADDRESS LINE NUMBER 1 X 26. ADDRESS LINE NUMBER 2 X 27. TOWN X 28. STATE X 29. ZIP-CODE 90	X(35) X(35) X(13) X(2) Q(5) Q(4)	C C C	35 35 13 2	227-261 262-296	
26. ADDRESS LINE NUMBER 2X27. TOWNX28. STATEX29. ZIP-CODE94	X(35) X(13) X(2) P(5) P(4)	C C C	35 13 2	262-296	,
26. ADDRESS LINE NUMBER 2X27. TOWNX28. STATEX29. ZIP-CODE94	X(35) X(13) X(2) P(5) P(4)	C C C	35 13 2	262-296	
27. TOWN X 28. STATE X 29. ZIP-CODE 90	X(13) X(2) Q(5) Q(4)	C C C	13 2		
28. STATE X 29. ZIP-CODE 90	X(2) (5) (4)	C C	2	297-309	
29. ZIP-CODE 9	9(5) 9(4)	С			
	0(4)		-	310-311	
30. ZIP-CODE EXTENSION 9			5	312-316	
	K(1)	С	4	317-320	ZEROS, IF NOT AVAILABLE.
31. FILLER X	> /	С	1	321-321	SPACES.
32. ACCOUNT NUMBER - 1 X	K(20)	С	20	322-341	SEE FORM 480.7D, ITEM 1.
33. TOTAL PAYMENT RECEIVED - 1 9	9(10)V99	С	12	342-353	SEE FORM 480.7D, ITEM 1.
34. PAYMENT THAT CONSTITUTES INTERESTS - 1 9	9(10)V99	С	12	354-365	SEE FORM 480.7D, ITEM 1.
35. ACCOUNT NUMBER - 2 X	K(20)	С	20	366-385	SEE FORM 480.7D, ITEM 2.
36. TOTAL PAYMENT RECEIVED - 2 9	9(10)V99	С	12	386-397	SEE FORM 480.7D, ITEM 2.
37. PAYMENT THAT CONSTITUTES INTERESTS - 2 9	9(10)V99	С	12	398-409	SEE FORM 480.7D, ITEM 2.
38. ACCOUNT NUMBER - 3 X	K(20)	С	20	410-429	SEE FORM 480.7D, ITEM 3.
39. TOTAL PAYMENT RECEIVED - 3 9	9(10)V99	С	12	430-441	SEE FORM 480.7D, ITEM 3.
40. PAYMENT THAT CONSTITUTES INTERESTS - 3 9	9(10)V99	С	12	442-453	SEE FORM 480.7D, ITEM 3.
41. ACCOUNT NUMBER - 4 X	K(20)	С	20	454-473	SEE FORM 480.7D, ITEM 4.
42. TOTAL PAYMENT RECEIVED - 4 99	9(10)V99	С	12	474-485	SEE FORM 480.7D, ITEM 4.
43. PAYMENT THAT CONSTITUTES INTERESTS - 4 9	9(10)V99	С	12	486-497	SEE FORM 480.7D, ITEM 4.
44. ACCOUNT NUMBER - 5 X	K(20)	С	20	498-517	SEE FORM 480.7D, ITEM 5.
45. TOTAL PAYMENT RECEIVED - 5 9	0(10)V99	С	12	518-529	SEE FORM 480.7D, ITEM 5.
46. PAYMENT THAT CONSTITUTES INTERESTS - 5 9	0(10)V99	С	12	530-541	SEE FORM 480.7D, ITEM 5.
47. ACCOUNT NUMBER - 6 X	K(20)	С	20	542-561	SEE FORM 480.7D, ITEM 6.
48. TOTAL PAYMENT RECEIVED - 6 9	9(10)V99	С	12	562-573	SEE FORM 480.7D, ITEM 6.
49. PAYMENT THAT CONSTITUTES INTERESTS- 6 9	0(10)V99	С	12	574-585	SEE FORM 480.7D, ITEM 6.
50. ACCOUNT NUMBER - 7 X	K(20)	С	20	586-605	SEE FORM 480.7D, ITEM 7.
51. TOTAL PAYMENT RECEIVED - 7 99	0(10)V99	С	12	606-617	SEE FORM 480.7D, ITEM 7.
	9(10)V99	С	12	618-629	SEE FORM 480.7D, ITEM 7.
	K(20)	С	20	630-649	SEE FORM 480.7D, ITEM 8.

***REQUIRED FIELDS**

TAXABLE YEAR 2022 FORM 480.7D



FILE DESCRIPTION	DATE:	DATE: OCTOBER 2022						
FILE NAME: F4807DY22				RECOR	RECORD TYPE: RETURN			
RECORD NAME: AUTOMOBILE LEASE F	PAYMENTS	5 – F0	ORM TYP	PE 480.7D	RECORD LENGTH: 2500			
P=PACKED, B=BINARY, C=CHARACTER		Ţ						
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE		
54. TOTAL PAYMENT RECEIVED - 8	9(10)V99	С	12	650-661	SEE FORM 480.7D, ITEM 8.			
55. PAYMENT THAT CONSTITUTES INTERESTS- 8	9(10)V99	С	12	662-673	SEE FORM 480.7D, ITEM 8.			
56. ACCOUNT NUMBER - 9	X(20)	С	20	674-693	SEE FORM 480.7D, ITEM 9.			
57. TOTAL PAYMENT RECEIVED - 9	9(10)V99	С	12	694-705	SEE FORM 480.7D, ITEM 9.			
58. PAYMENT THAT CONSTITUTES INTERESTS- 9	9(10)V99	С	12	706-717	SEE FORM 480.7D, ITEM 9.			
59. ACCOUNT NUMBER - 10	X(20)	С	20	718-737	SEE FORM 480.7D, ITEM 10.			
60. TOTAL PAYMENT RECEIVED - 10	9(10)V99	С	12	738-749	SEE FORM 480.7D, ITEM 10.			
PAYMENT THAT CONSTITUTES 61. INTERESTS - 10	9(10)V99	С	12	750-761	SEE FORM 480.7D, ITEM 10.			
62. PAYER FIRST NAME	X(15)	С	15	762-776	ENTER THE FIRST NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*		
63. PAYER MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS.			
64. PAYER LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE SECOND LAST NAME OF	*		
65. PAYER MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	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	2364-2364	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	2376-2425	E-MAIL FOR PAYEE.	*		
70. PAYEE PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER PAYEE.	*		
CONTROL NUMBER ORIGINAL 71. INFORMATIVE RETURN	9(9)	С	9	2446-2454	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.	*		



EXHIBIT I

TAXABLE YEAR 2022 FORM 480.7D

EXHIBIT I

Formulario 480.7D Form Rev. 06.22 AÑO CONTRIBUTIVO: TAXABLE YEAR: 2022		GOBIERNO DE PUERTO RICO - GOVERN Departamento de Hacienda - Depar NINFORMATIVA - PAGOS POR AR NFORMATIVE RETURN - AUTOMOB Enmendado - Amended: (1	tment of the Treasury RENDAMIENTO DE AUTOMÓVILE ILE LEASE PAYMENTS	Número de Confirmaci	ión de Radicación Electrónica g Confirmation Number
Dirección - Address	апроустиенностичнее	Código Postal - Zip Cosle	Núm. de Teléfono - Telepho	ne No. Correo Electrónic	o - E-mail
		INFORMACIÓN DEL PACAT	OOR - PAYER'S INFORMATION		
Número de Seguro Social o Identific Nombre - Name	ación Patronal – Social Security or		Tipo - Type 1 Indi		iociedad - Partnership Otro – Other
Dirección - Address	Let				Código Postal - Zip Code
Número de Cliente Customer Number	Co	mero Control ntrol Number		iformativa Original I Informative Return	
Razones para el Cambio - Reasons fo	or the Change				
Número de Cuenta Account Number	Pago Total Recibido Total Payment Received	Cantidad del Pago que Constituye Intereses - Amount of Payment that Constitutes Interests	Número de Cuenta Account Number	Pago Total Recibido Total Payment Received	Cantidad del Pago que Constituye Intereses - Amount of Payment that Constitutes Interests
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		
FECHA DE RADICACIÓN: 31 DE ENERO, V FILING DATE: JANUARY 31, SEE INSTRUC			tamento de Hacienda. Entregue dos y electronically. Deliver two copies to		para sus récords.





EXHIBIT J FILE DESCRIPTION DATE: OCTOBER 2022 FILE NAME: F4806SPY22 RECORD TYPE: RETURN **RECORD NAME: SERVICES RENDERED – FORM TYPE 480.6SP RECORD LENGTH: 2500** P=PACKED, B=BINARY, C=CHARACTER FILE FIELD NAME PICTURE BYTES LOCATION COMMENTS RE С * 1. FILLER X(1) SPACES 1-1 ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6SP. С * 2. CONTROL NUMBER 9(9) 9 2-10 RIGHT JUSTIFIED. 3. TYPE ID PAYEE X(1) С 11-11 ENTER: "1" = FEIN, 2" = SSN. * 4. FILLER С 12-12 SPACES * X(1) 1 ENTER "H" TO INDICATE FORM * 5. FORM TYPE С 13-13 480.6SP. X(1) 1 "1" = DETAIL RECORD. 6. RECORD TYPE 9(1) С * 1 14-14 ENTER: "O" = ORIGINAL, "A" = AMENDED, 7. DOCUMENT TYPE "X" = DELETE * X(1) С 15-15 С * 8. FILLER X(2) 2 16-17 SPACES. ENTER THE TAX YEAR FOR THIS 9. TAXABLE YEAR 9(4) С 4 18-21 **REPORT WHICH MUST BE 2022** * С SPACES * 10. FILLER X(9) 9 22-30 PAYER'S INFORMATION * 11. PAYER ID TYPE X(1) С 1 31-31 ENTER: "1" = FEIN, "2" = SSN IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION 12. IDENTIFICATION NUMBER С 9 NUMBER SSN. * 9(9) 32-40 С X(30) 30 41-70 13. NAME * ADDRESS LINE NUMBER 1 С ADDRESS LINE NUMBER 1 14. X(35) 35 71-105 С 15. ADDRESS LINE NUMBER 2 X(35) 35 106-140 ADDRESS LINE NUMBER 2. 16. TOWN X(13) 13 * C 141-153 * 17. STATE X(2) С 2 154-155 18. ZIP-CODE * С 9(5) 5 156-160 19. ZIP-CODE EXTENSION С 4 ZEROS, IF NOT AVAILABLE. 9(4) 161-164 С * 20. FILLER X(2) 2 165-166 SPACES. PAYEE'S INFORMATION IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER 21. PAYEE'S ID PAYEE'S SSN. * 9(9) C 9 167-175 FILLER С * 22. 20 176-195 SPACES. X(20) С REQUIRED ONLY FOR CORPORATIONS * X(30) 30 196-225 23. NAME

***REQUIRED FIELDS**



					EXHIBIT J
FILE DESCRIPTION				DA	ATE: OCTOBER 2022
FILE NAME: F4806SPY22				RE	CORD TYPE: RETURN
RECORD NAME: SERVICES RENDE	RED – FOR	М ТҮ	PE 480.6SI		RECORD LENGTH: 2500
P=PACKED, B=BINARY, C=CHARACTER]				
FIELD NAME	PICTURE	•	BYTES	FILE LOCATIO	N COMMENTS RE
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260	*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295	
26. TOWN	X(13)	C	13	296-308	*
27. STATE	X(2)	C	2	309-310	
28. ZIP-CODE 29. ZIP-CODE EXTENSION	9(5) 9(4)	C C	5 4	311-315 316-319	ZEROS, IF NOT AVAILABLE.
30. FILLER	9(4) X(1)	C	1	320-320	SPACES. *
PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS NOT	0(10)100	C	12	221 222	SEE FORM 490 CER ITEM 1
31. SUBJECT TO WITHHOLDING PAYMENTS FOR SERVICES RENDERED	9(10)V99	С	12	321-332	SEE FORM 480.6SP, ITEM 1.
BY CORPORATIONS AND PARTNERSHIPS NOT SUBJECT TO 32. WITHHOLDING	9(10)V99	С	12	333-344	SEE FORM 480.6SP, ITEM 2.
PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 33. WITHHOLDING	9(10)V99	С	12	345-356	SEE FORM 480.6SP, ITEM 3.
WITHHELD FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 34. WITHHOLDING	9(8)V99	С	10	357-366	SEE FORM 480.6SP, ITEM 3.
PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 35. WITHHOLDING	9(10)V99	С	12	367-378	SEE FORM 480.6SP, ITEM 4.
WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 36. WITHHOLDING	9(8)V99	С	10	379-388	SEE FORM 480.6SP, ITEM 4.
					ENTER: "A", "B", "C", "D", "E", "F", "G",
37. EXEMPTION CODE INDIVIDUAL	X(1)	C	1	389-389	"H", "I", "J", "K". ENTER: "A", "B", "C", "D", "E", "F", "G",
38. EXEMPTION CODE CORPORATION SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY	X(1)	C	1	390-390	"H", "T", "J", "K".
39. SERVICES UNDER ACT 48-201340. REIMBURSED EXPENSES	9(10)V99 9(10)V99	C C	12 12	391-402 403-414	
RESPONSIBILITY OF PAYMENT TO 41. HEALTH PROVIDERS	9(10)V99	С	12	415-426	
HEALTH SERVICES RENDERED BY	V (1)	6	1	407 407	IF PAYMENT FOR SERVICES RENDERED BY INDIVIDUALS INCLUDES HEALTH SERVICES ENTER
 42. INDICATOR SERVICES RENDERED BY UNDER PHYSICIANS ACT 14-2017, AS 43. AMENDED, INDICATOR 	X(1) X(1)	C	1	427-427	"1", OTHERWISE FILL WITH BLANK. IF PAYMENT FOR SERVICES 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 44. 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 2022	
FILE NAME: F4806SPY22					RECO	RD TYPE: RETURN	
RECORD NAME: SERVICES RENDE	ERED – FOR	м тү	PE 480.6SI	2		RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]						
FIELD NAME	PICTURE	•	BYTES	FIL LOCAT		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)	C	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)	C	1	432-4		IF THE PAYMENTS REPORTED CORRESPOND TO REIMBURSED EXPENSES ENTER "1", OTHERWISE FILL WITH BLANK.	
48. WAIVER TYPE49. NO. WAIVER CERTIFICATE	X(1) X(20)	C C	1 20	433-4		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. ENTER THE LAST NAME OF THE	
54. PAYEE'S LAST NAME	X(20)	С	20	792-8	11	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		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	X(40)	С	40	2455-2		ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
63. FILLER	9(6)	Č	6	2495-2		ZEROS.	*





EXHIBIT J

	MATIVA - SERVICIOS PRESTADOS TURN - SERVICES RENDERED		
AÑO CONTRIBUTIVO: 2022 Enmendado - /	Amended: (//_/_/_/)		de Radicación Electrónica onfirmation Number
INFORMACIÓN DEL AGENTE RETENEDOR - WITHHOLDING AGENT'S INFORMATION Número de Identificación Patronal - Employer Identification Number	Descripción Description 1. Pagos por Servicios Prestados por Individuos No Sujetos a Retención (Vea instrucciones)	Cantidad Pagada Amount Paid	Cantidad Retenida AmountWithheid
Dirección - Address	Payments for Services Rendered by Individuals Not Subject to Withholding (See instructions) Código - Code:		
Código Postal - Zip Code Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION	2. Pagos por Servicios Prestados por Corporaciones y Sociedades No Sujetos a Retención (Vea instrucciones) Payments for Services Rendered by Corporations and Partnerships Not Subject to Withholding (See instructions) Código - Code:		
Número de Seguro Social o Identificación Patronal - Social Security or Employer Identification Namber Nombre - Name	3. Pagos por Servicios Prestados por Individuos Sujetos a Retención Payments for Services Rendered by Individuals Subject to Witholding		
Código Postal - Zp Code Código Postal - Zp Code aportación Especial por Servicios Profesionales y Consultivos bajo la Ley 48-2013 pecial Contribution for Professional and Advisory Services under Act 48-2013	Pagos por Servicios Prestados por Corporaciones y Sociedades Sujetos a Retención Payments for Services Rendered by Corporations and Partnerships Subject to Withholding Razones para el Cambio - Reasons for the Change		
Sastos Reembolsados (Vea instrucciones) leimbursed Expenses (See instructions) lesponsabilidad de Pago a Proveedores de Salud (Vea instrucciones) lesponsibility of Payment to Health Providers (See instructions)			
Nimero de Certificado de Relevo Valver Certificate Number Servicios de Salud - Health Services Decreto Médico Cualificado - Decree Qualified Physician			
Profesionales de la Salud (Vea instrucciones) Health Professionals (See instructions) Margue aqui si recibió el Certificado de Relevo del proveedor de servicios eligiendo la contribución opcional (Vea instrucciones) - Check here if you received the Waver Certificate tom the service provisier chocsing the optional tax (See instruccions) Margue aqui si los pagos reportados correspondin a servicios subcontratados - Check here if the payments reported correspond to udsourced services	Nümero Control - Control Number	Número Control Informativa Control No. Original Informative	
ECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUCCIONES ILING DATE: FEBRUARY 28. SEE INSTRUCTIONS	Envie electrónicamente al Departamento de Hacienda. Entreg récorde. Sené to Department of the Treasury electronically. De		





EXHIBIT K

FILE DESCRIPTION					DATE	EXTIDIT E: OCTOBER 2022		
FILE NAME: F4806GY22					RECORD TYPE: RETURN			
RECORD NAME: SERVICES RENI	DERED – FOR	мтү	PE 480.6G			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. ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6G.	*	
2. CONTROL NUMBER	9(9)	С	9	2-10)	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.	*	
5. FORM TYPE	X(1)	С	1	13-1	3	ENTER "G" TO INDICATE FORM 480.6G.	*	
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 2022.	*	
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		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)	C	35	71-10		ADDRESS LINE NUMBER 1.	*	
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-1		ADDRESS LINE NUMBER 2.		
16. TOWN	X(13)	С	13	141-1			*	
17. STATE	X(2)	С	2	154-1			*	
18. ZIP-CODE	9(5)	С	5	156-1			*	
19. ZIP-CODE EXTENSION	9(4)	С	4	161-1		ZEROS, IF NOT AVAILABLE.		
20. FILLER	X(2)	C	2	165-1		SPACES.	*	
PARTICIPANT MERCHANT'S INFORMATION								
21. PAYEE'S ID	9(9)	С	9	167-1	75	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*	

***REQUIRED FIELDS**



					EXHIBIT	Κ
FILE DESCRIPTION				DATE	E: OCTOBER 2022	
FILE NAME: F4806GY22				RECO	ORD TYPE: RETURN	
RECORD NAME: SERVICES REND	ERED – FOR	M TY	PE 480.6G		RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]	_				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
22. NAME	X(30)	С	30	176-205	REQUIRED ONLY FOR CORPORATIONS.	*
23. PAYEE'S FIRST NAME	X(15)	C	15	206-220	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
24. PAYEE'S MIDDLE NAME	X(15)	С	15	221-235	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
25. PAYEE'S LAST NAME	X(20)	С	20	236-255	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE SECOND LAST NAME OF	*
PAYEE'S MOTHER'S MAIDEN LAST 26. NAME	X(20)	С	20	256-275	THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
27. ADDRESS LINE NUMBER 1	X(35)	С	35	276-310		*
28. ADDRESS LINE NUMBER 2	X(35)	С	35	311-345		
29. TOWN	X(13)	C	13	346-358		*
30. STATE 31. ZIP-CODE	X(2) 9(5)	C C	2 5	359-360 361-365		*
32. ZIP-CODE EXTENSION	9(4)	C	4	366-369	ZEROS, IF NOT AVAILABLE.	
33. E-MAIL	X(50)	C	50	370-419		
34. MERCHANT CATEGORY CODE	X(4)	С	4	420-423		*
35. BUSINESS ACCOUNT INDICATOR	X(1)	C	1	424-424	ENTER "P", PERSONAL, "B" BUSSINESS	*
36. ACCOUNT NUMBER37. PAYMENTS PROCESSING FEE	X(20) 9(13)V99	C C	20 15	425-444 445-459		
38. NUMBER OF PAYMENT TRANSACTION	9(10)	C	10	460-469		*
TOTAL PAYMENTS PROCESSED AND CREDITED						
39. PAYMENTS CREDIT DEBIT JAN	9(13)V99	С	15	470-484	SEE FORM 480.6G, ITEM 1, COLUMN 1.	
40. PAYMENTS CREDIT DEBIT FEB	9(13)V99	C	15	485-499	SEE FORM 480.6G, ITEM 2, COLUMN 1.	
41. PAYMENTS CREDIT DEBIT MAR	9(13)V99	C	15	500-514	SEE FORM 480.6G, ITEM 3, COLUMN 1.	
42. PAYMENTS CREDIT DEBIT APR43. PAYMENTS CREDIT DEBIT MAY	9(13)V99 9(13)V99	C C	15 15	515-529 530-544	SEE FORM 480.6G, ITEM 4, COLUMN 1. SEE FORM 480.6G, ITEM 5, COLUMN 1.	
44. PAYMENTS CREDIT DEBIT JUN	9(13)V99	C	15	545-559	SEE FORM 480.6G, ITEM 6, COLUMN 1.	
45. PAYMENTS CREDIT DEBIT JUL	9(13)V99	C	15	560-574	SEE FORM 480.6G, ITEM 7, COLUMN 1.	
46. PAYMENTS CREDIT DEBIT AUG	9(13)V99	С	15	575-589	SEE FORM 480.6G, ITEM 8, COLUMN 1.	
47. PAYMENTS CREDIT DEBIT SEP	9(13)V99	С	15	590-604	SEE FORM 480.6G, ITEM 9, COLUMN 1.	
48. PAYMENTS CREDIT DEBIT OCT	9(13)V99	C	15	605-619	SEE FORM 480.6G, ITEM 10, COLUMN 1.	
49. PAYMENTS CREDIT DEBIT NOV	9(13)V99	C	15	620-634	SEE FORM 480.6G, ITEM 11, COLUMN 1.	
50. PAYMENTS CREDIT DEBIT DEC 51. TOTAL PAYMENTS CREDIT DEBIT	9(13)V99 9(13)V99	C C	15 15	635-649	SEE FORM 480.6G, ITEM 12, COLUMN 1.	
52. PAYMENTS OTHER JAN	9(13)V99 9(13)V99	C	15	<u>650-664</u> 665-679	SEE FORM 480.6G, ITEM 13, COLUMN 1. SEE FORM 480.6G, ITEM 1, COLUMN 2.	
53. PAYMENTS OTHER FEB	9(13)V99	C	15	680-694	SEE FORM 480.6G, ITEM 1, COLUMN 2.	
54. PAYMENTS OTHER MAR	9(13)V99	C	15	695-709	SEE FORM 480.6G, ITEM 3, COLUMN 2.	
55. PAYMENTS OTHER APR	9(13)V99	С	15	710-724	SEE FORM 480.6G, ITEM 4, COLUMN 2.	
56. PAYMENTS OTHER MAY	9(13)V99	С	15	725-739	SEE FORM 480.6G, ITEM 5, COLUMN 2.	
57. PAYMENTS OTHER JUN	9(13)V99	C	15	740-754	SEE FORM 480.6G, ITEM 6, COLUMN 2.	
58. PAYMENTS OTHER JUL	9(13)V99	C	15	755-769	SEE FORM 480.6G, ITEM 7, COLUMN 2.	
59. PAYMENTS OTHER AUG	9(13)V99	C	15	770-784	SEE FORM 480.6G, ITEM 8, COLUMN 2.	
60. PAYMENTS OTHER SEP61. PAYMENTS OTHER OCT	9(13)V99 9(13)V99	C C	15 15	785-799 800-814	SEE FORM 480.6G, ITEM 9, COLUMN 2. SEE FORM 480.6G, ITEM 10, COLUMN 2.	

***REQUIRED FIELDS**



EXHIBIT K

FILE DESCRIPTION				DA	ATE: OCTOBER 2022	
FILE NAME: F4806GY22				RE	ECORD TYPE: RETURN	
RECORD NAME: SERVICES RE	NDERED – FOR	МТҮ	PE 480.6G	ł	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACT	ER	_				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	N 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	ENTER: "1" = FEIN, "2" = SSN.	
67. PAYEE ID ORIGINAL	X(11)	С	11	2365-2375	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	2376-2425	E-MAIL FOR PAYER.	*
69. PAYER PHONE NUMBER CONTROL NUMBER ORIGINAL	X(20)	С	20	2426-2445	PHONE NUMBER PAYER. THIS FILED MUST BE COMPLETED	*
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	2495-2500	ZEROS.	*



	N - TRANSACTIONS MADE BY ELECTRONIC MEANS	Número de Confirmación de Electronic Filing Con	
INFORMACIÓN DE LA ENTIDAD PROCESADORA DE PAGOS PAYMENTS PROCESSING ENTITY'S INFORMATION	Mes	Total de Pagos Proces Total Payments Proc	ados y Acreditados essed and Credited
lúmero de Identificación Patronal - Employer Identification Number	Month	Tarjetas de Crédito o Débito Credit or Debit Cards	Otras Transacciones Other Transactions
iombre - Name	1. Enero January		
Vinección - Address Código Postal - Zip Code	2. Febrero February		
Num. de Teléphone No. Correo Electrónico - E-mail	3. Marzo March		
PARTICIPANT MERCHANT'S INFORMATION Nombre - Name	4. Abril April		
Dirección Poetal - Postal Address	5. Mayo May		
Côdigo Postal - Zip Code	6. Junio June		
Correo Electrónico - E-mail	7. Julio July		
Número de Identificación (Vea instrucciones) - Identification Number (See instructions)			
lúmero de Cuenta del Receptor - Receiver Account Number	8. Agosto August		
iódigo de Categoría de Comerciante - Merchant Category Code	9. Septiembre September		
Cuenta Comercial - Business Account Cuenta Personal - Personal Account Cargos de Procesamiento de Pagos - Payments Processing Fee	t 10. Octubre October		
lúmero de Transacciones de Pago - Number of Payment Transactors	11. Noviembre November		
tazones para el Gambio - Reasons for the Change	12. Diciembre December		
Número Control - Control Number Número Control Informativa Original Control No. Original Informative Return	13. Total (Vea instrucciones) (See instructions)		

EXHIBIT K





FILE DESCRIPTION DATE: OCTOBER 2022 FILE NAME: F4807EY22 RECORD TYPE: RETURN **RECORD NAME: PAY ADVERTISING - FORM TYPE 480.7E RECORD LENGTH: 2500** P=PACKED, B=BINARY, C=CHARACTER FILE FIELD NAME PICTURE BYTES LOCATION COMMENTS RE 1. FILLER С * X(1) SPACES 1-1 ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7E. С * 2. CONTROL NUMBER 9(9) 9 2-10 RIGHT JUSTIFIED. ENTER: "1" = FEIN. "2" = SSN. "3" = 3. TYPE ID PAYEE X(1) С 11-11 MERCHANT NUMBER * 1 4. FILLER X(1) С 12-12 SPACES. * 1 ENTER "K" TO INDICATE FORM 480.7E. * 5. FORM TYPE X(1) С 1 13-13 "1" = DETAIL RECORD. 6. RECORD TYPE 9(1) С 14-14 * 1 ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE. 7. DOCUMENT TYPE 15-15 * X(1) С С * 8. FILLER X(2) 2 16-17 SPACES. ENTER THE TAX YEAR FOR THIS * 9. TAXABLE YEAR 9(4) С 4 18-21 REPORT WHICH MUST BE 2022. X(9) С 9 22-30 * 10. FILLER SPACES. PAYMENTS PROCESSING ENTITY'S INFORMATION ENTER: "1" = FEIN, "2" = SSN. * 11. PAYER ID TYPE X(1) С 1 31-31 IF PAYER ID TYPE = "1". ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION С 12. IDENTIFICATION NUMBER NUMBER SSN. * 9(9) 9 32-40 13. NAME X(30) С 30 41-70 * * X(35) С 14. ADDRESS LINE NUMBER 1 35 71-105 ADDRESS LINE NUMBER 1. 15. ADDRESS LINE NUMBER 2 X(35) С 35 106-140 ADDRESS LINE NUMBER 2. 16. TOWN С 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 9(4) С 4 161-164 ZEROS, IF NOT AVAILABLE * 20. FILLER X(2) С 2 165-166 SPACES. PARTICIPANT MERCHANT'S INFORMATION IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN. IF ID TYPE = "3" FILL С 9 167-175 21. PAYEE'S ID 9(9) WITH BLANK 4. EASUR, ***REQUIRED FIELDS**

TAXABLE YEAR 2022 FORM 480.7E



EXHIBIT L

					EXHIBIT	L
FILE DESCRIPTION				Ι	DATE: OCTOBER 2022	
FILE NAME: F4807EY22				F	RECORD TYPE: RETURN	
RECORD NAME: PAY ADVERTISI	NG – FORM '	ГҮРЕ	480.7E		RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER]	_				
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	ON COMMENTS	RE
	V (20)	G	20	176 205		*
22. PAYEE'S NAME 23. ADDRESS LINE NUMBER 1	X(30) X(35)	C C	30 35	176-205 206-240		*
24. ADDRESS LINE NUMBER 2	X(35)	C	35	241-275		
25. TOWN	X(13)	С	13	276-288		*
26. STATE	X(2)	С	2	289-290		
27. ZIP-CODE	9(5)	С	5	291-295		*
28. ZIP-CODE EXTENSION29. PAYEE'S FIRST NAME	9(4) X(15)	C C	4	296-299 300-314	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	*
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)	C	20	330-349	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	*
PAYEE'S MOTHER'S MAIDEN LAST 32. NAME	X(20)	С	20	350-349	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND	
PAYMENT INSURANCE PREMIUMS (EXCEPT CONTRIBUTIONS TO 33. HEALTH OR ACCIDENT PLANS)	9(13)V99	с	15	370-384		
34. FILLER	X(15)	C	15	385-399	· · · · ·	*
PAYMENT TELECOMMUNICATION						
35. SERVICES	9(13)V99 9(13)V99	C C	15 15	400-414 415-429	· · · · · · · · · · · · · · · · · · ·	
36. PAYMENT ADVERTISING PAYMENT INTERNET AND CABLE OR		_	-			
37. SATELLITE TELEVISION SERVICES	9(13)V99	C	15	430-444		
38. OTHER RELATED PAYMENTS39. PAYMENT BUNDLES	9(13)V99 9(13)V99	C C	15 15	445-459 460-474		
40. FILLER	X(1858)	C	1858	475-2332		*
TO. TIELER	74(1050)	C	1050	+75-2552	ENTER: "1" = FEIN, "2" = SSN, "3" =	
41. PAYEE ID TYPE ORIGINAL	X(1)	C	1	2333-233		
42. PAYEE ID ORIGINAL	X(11)	С	11	2334-234		
43. PAYEE MERCHANT NUMBER	X(11)	C	11	2345-235		
44. PAYER ACCOUNT NUMBER.	X(20)	С	20	2356-237	5 PAYER ACCOUNT NUMBER.	
45. PAYER E-MAIL	X(50)	С	50	2376-242	5 E-MAIL FOR PAYER.	*
46. PAYER PHONE NUMBER	X(20)	С	20	2426-244		*
CONTROL NUMBER ORIGINAL	0.00	~	~		THIS FILED MUST BE COMPLETED	
47. INFORMATIVE RETURN	9(9)	С	9	2446-245	4 WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH	
48. REASON FOR THE CHANGE	X(40)	С	40	2455-249		
47. FILLER	9(6)	C	6	2495-250		*

***REQUIRED FIELDS**



EXHIBIT L

Clase de Pago Type of Payment	Cantidad Pagada
Type of Payment	
	Amount Paid
de Seguro (excepto aportaciones a planes de salud o accidente ce Premiums (except contributions to health or accident plans) (See in	
munication Services	
09	
os Combinados	
tagos Relacionados lelated Payments	
	oe Premiums (except contributions to health or accident plans) (See is oos de Telecomunicaciones munication Services oos de Internet y Televisión por Cable o Satélite and Cable or Satellite Television Services os Combinados s





FILE DESCRIPTION				DATI	E: OCTOBER 2022	
FILE NAME: F4807FY22				RECO	ORD TYPE: RETURN	
RECORD NAME: RECEIVED FOR	ADVERTISIN	NG – H	FORM TYP	E 480.7F	RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER	7					
		¥				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
1. FILLER	Λ(1)		1	1-1	ENTER THE CONTROL NUMBER	
					ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7F.	
2. CONTROL NUMBER	9(9)	С	9	2-10	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. ENTER: "O" = ORIGINAL,	*
	37/1	6		15.15	"A" = AMENDED,	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	
7. FILLER	X(2)	C	2	16-17	SPACES. ENTER THE TAX YEAR FOR THIS	*
8. TAXABLE YEAR	9(4)	С	4	18-21	REPORT WHICH MUST BE 2022.	*
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	
11. PAYEE'S ID	9(9)	С	9	32-40	TYPE = "2" ENTER IDENTIFICATION 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.	*
	X(35)		35	106-140		
14. PAYEE'S ADDRESS LINE NUMBER 2		C			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	*

***REQUIRED FIELDS**





EXHIBIT M

EXHIBIT M

RECORD NAME: FEGUNE FOR ADVERTISING - FORM TYPE 480.7F RECORD LENGTH; 2500 P-PACKED, B-BINARY, C.CHARACTTR RECORD LENGTH; 2500 P-PACKED, B-BINARY, C.CHARACTTR FUE RECORD LENGTH; 2500 P-PACKED, B-BINARY, C.CHARACTTR FUE COMMENTS RECORD LENGTH; 2500 P-PACKED, B-BINARY, C.CHARACTTR FUE COMMENTS RECORD LENGTH; 2500 P-PACKED, B-BINARY, C.CHARACTTR FUE COMMENTS REF PIELD NAME PICTURE FUE FUE FUE FUE FUE 21. PAVIE'S ID 9(1) C 10 PACKED FOR ADVERTISING FUE 22. PAVIE'S NAME NAME C 10 PICE NOT NET COLSPAN 23. PAVIE'S INAME NUMPLOAD C 24. PAVIE'S RINE NAME NUMPLOAD PICE NOT NAME OF THE 25. PAVIE FIRST NAME NUMPLOAD NUMPLOAD	FILE DESCRIPTION				I	DATE: OCTOBER 2022			
RECORD NAME: RECEIVED FOR ADVERTISING - FORM TYPE 480.7F RECORD LENGTH: 2500 P-PACKED, B-BINARY, C-CHARACTER FILE FILE FIELD NAME PICTURE FILE COMMENTS RECORD LENGTH: 2500 FIELD NAME PICTURE BYTES LOCATION COMMENTS RE 23. PAYEE'S ID Q(1) C 10 PICTURE BYTES PAYER SIN ID TYPE = "1", ENTRE PAYER'S SIN ID TYPE = "2" ENTRE PAYER'S SIN ID TYPE = "2" ENTRE PAYER'S NAME X(30) C 249.277. REQUIRED ONLY FOR CORPORATIONS * 2. PAYER'S NAME X(15) C 10 WITH BLANK DURED ONLY FOR * 2. PAYER MIDDLE NAME X(15) C 10 SUPER TRIBUARD FILL C PAYER SINAME OF THE PAYER MIDDLE NAME X(20) C 20 309-323 <	FILE NAME: E/807EV22				T				
PEPACKED, B-BINARY, C-CHARACTER PICURE PYTER LOCATION COMMENTS RE FELD NAME PICURE BYTES LOCATION COMMENTS RE 23. PAYER'S ID 9(11) C 11 28:248 REFAYER ID TYPE = "1", ENTER MICENNI NUMBER ALCO'N THE RIGHT AND FILL WITH ZEROES TO THE RIGHT AND FILL WITH ZEROES TO THE SUBJECT AND FILL WITH ZEROES TO THE PAYER'S NAME * 24. PAYER'S NAME X(30) C 30 249-278 BEQUIEDED ONLY FOR CORDORATIONS. * 25. PAYER'S NAME X(15) C 15 279-293 INDIVIDUALS. * * 26. PAYER MIDD F NAME X(15) C 15 29-393 INDIVIDUALS. * * 27. PAYER MIDD F NAME X(15) C 15 29-393 INDIVIDUALS. * * 27. PAYER MIDD F NAME X(15) C 15 29-393 INDIVIDUALS. * * 28. PAYER MIDD F NAME X(15) C 15 29-393 INDIVIDUALS. * * 29. ADYER MIDD F NAME X(15) <td< td=""><td></td><td>DVFRTISIN</td><td>IC – F</td><td>ORM TVP</td><td></td><td colspan="4"></td></td<>		DVFRTISIN	IC – F	ORM TVP					
FILE FILE FILE DETEX LOCATION COMMENTS RE 23. PAYEFS ID 9(1) C 11 238-284 FORTREX SINE IN TYPE = "2" ENTER PAYERS SINE IN DTYPE = "2" ENTER PAYERS SINE IN DATE RE 24. PAYER SINAME X(30) C 30 249-278 REQUERD ONLY FOR CORPORATIONS * 25. PAYER HEST NAME X(15) C 15 279-203 ROMUPLALS * 26. DAYER MIDDLE NAME X(15) C 15 294-308 WTH BLANKS SUBTOR DATE * 27. PAYER LAST NAME X(15) C 15 294-308 WTH BLANKS * 28. NAME X(15) C 20 300-328 ROMUPLALS * 29. ADDERS LINE NUMBER 1 X(20) C 20 349-383			<u>U - I</u>		1. 400.71				
FIELD NAME PICTURE BYTES LOCATION COMMENTS RE 23. PAYEE S ID 9(1) C 11 238-248 IF PAYER ID TYPE = "1", ENTER PAYER S ID TYPE = "2", ENTER PAYER S ID TYPE = "2", ENTER PAYER S ID TYPE = "2", ENTER PAYER S ID TYPE = "1", ENT	P=PACKED, B=BINARY, C=CHARACTER								
FIELD NAME PICTURE BYTES LOCATION COMMENTS RE 23. PAYEE S ID 9(1) C 11 238-248 IF PAYER ID TYPE = "1", ENTER PAYER S ID TYPE = "2", ENTER PAYER S ID TYPE = "2", ENTER PAYER S ID TYPE = "2", ENTER PAYER S ID TYPE = "1", ENT			•						
23. PAYEE'S ID 9(1) C 11 238-248 RECLANT NUMBER ALLOW TO THE PAYER'S FERN. IP ID TYPE = "2" ENTER PAYER'S ALLOW TO HEL WITH ID AND FELL WITH LARD ALLOW TO HEL PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S ALLOW TO THE PAYER'S AL	FIFI D NAME	DICTUDE		DVTES		ON COMMENTS	DF		
23. PAYER'S SDN. IF ID TYPE?" ENTER PAYER'S SDN. IF ID TYPE?" MERCHATNUBER ALKON TO THE MERCHATNUBBER ALKON TO THE MERCHATNUBBER ALKON TO THE MERCHATNUBBER ALKON TO THE MERCHATNUBBER ALKON TO THE PAYER'S NAME × 24. PAYER'S NAME X(30) C 30 249-278 REQUIRED ONLY FOR CORPORATIONS. * 24. PAYER'S NAME X(30) C 30 249-278 REQUIRED ONLY FOR CORPORATIONS. * 25. PAYER FIRST NAME X(15) C 15 279-293 NINVIDIALS. * 26. PAYER FIRST NAME X(15) C 15 294-308 WTH BLANKS. REQUIRED AND FLI. * 27. PAYER LAST NAME X(15) C 15 294-308 WTH BLANKS. * 27. PAYER MODIE NAME X(20) C 20 309-328 NINVIDUALS. * 28. NAME X(20) C 20 329-328 NINVIDUALS. * 28. NAME X(20) C 20 329-328 NINVIDUALS. * 28. ADDRESS LINE NUMBER 1 X(20) C 20 329-328 NINVIDUALS. *	FIELD NAME	FICTURE		DITES	LUCAIR	ON COMMENTS	KĽ		
23. PAYER'S SDN. IF ID TYPE?" ENTER PAYER'S SDN. IF ID TYPE?" MERCHATNUBER ALKON TO THE MERCHATNUBBER ALKON TO THE MERCHATNUBBER ALKON TO THE MERCHATNUBBER ALKON TO THE MERCHATNUBBER ALKON TO THE PAYER'S NAME × 24. PAYER'S NAME X(30) C 30 249-278 REQUIRED ONLY FOR CORPORATIONS. * 24. PAYER'S NAME X(30) C 30 249-278 REQUIRED ONLY FOR CORPORATIONS. * 25. PAYER FIRST NAME X(15) C 15 279-293 NINVIDIALS. * 26. PAYER FIRST NAME X(15) C 15 294-308 WTH BLANKS. REQUIRED AND FLI. * 27. PAYER LAST NAME X(15) C 15 294-308 WTH BLANKS. * 27. PAYER MODIE NAME X(20) C 20 309-328 NINVIDUALS. * 28. NAME X(20) C 20 329-328 NINVIDUALS. * 28. NAME X(20) C 20 329-328 NINVIDUALS. * 28. ADDRESS LINE NUMBER 1 X(20) C 20 329-328 NINVIDUALS. *			<u> </u>						
23. PAYER SID 9(11) C 11 238-288 LIFT * 24. PAYER'S NAME X(30) C 30 249-278 REQUIRED ONLY FOR CORPORATIONS. * 24. PAYER'S NAME X(30) C 30 249-278 REQUIRED ONLY FOR CORPORATIONS. * 25. PAYER FIRST NAME X(15) C 15 279-293 INDIVIDUALS. * 26. PAYER MIDDLE NAME X(15) C 15 279-293 INDIVIDUALS. * 26. PAYER MIDDLE NAME X(15) C 15 294-308 INDIVIDUALS. * 27. PAYER MIDDLE NAME X(15) C 15 294-308 INDIVIDUALS. * 28. ANAE X(20) C 20 396-328 INDIVIDUALS. * 29. AVER MIDDLE NAME X(20) C 20 396-338 INDIVIDUALS. * 20. AVER MIDDLE NAME X(20) C 20 396-338 INDIVIDUALS. * 21. PAYER MIDDLE NAME X(20) C 21 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
22. PAYER'S ID 9(1) C 11 228-248 REGURED ONLY FOR CORPORATIONS. * 24. PAYER'S NAME X(30) C 30 249-228 REQUIRED ONLY FOR CORPORATIONS. * 25. PAYER'S NAME X(15) C 15 279-293 INDRIVIDUALS. * 26. PAYER FIRST NAME X(15) C 15 294-308 WITH BLANSS. REQUIRED ONLY FOR * 27. PAYER MIDDLE NAME X(15) C 15 294-308 WITH BLANSS. REQUIRED ONLY FOR * 27. PAYER MIDDLE NAME X(15) C 15 294-308 WITH BLANSS. REQUIRED ONLY FOR * 27. PAYER MIDDLE NAME X(20) C 20 399-328 INTER THE LAST NAME OF THE PAYER'S LIFT JUSTIFIED AND FILL * 28. NAME X(20) C 20 399-328 INTER ANSS. * * 29. ADDERSS LINE NUMER 1 X(35) C 35 384-418 * * *						PAYER'S SSN. IF ID TYPE = "3"			
23. PAYEE'S ID 9(11) C 11 238-248 LEFT * 24. PAYER'S NAME X(30) C 30 249-278 REQUIRED ONLY FOR CORPORATIONS. * 24. PAYER'S NAME X(30) C 30 249-278 REQUIRED ONLY FOR CORPORATIONS. * 25. PAYER FIRST NAME X(15) C 15 279-293 INDIVIDUALS. * 25. PAYER MIDDLE NAME X(15) C 15 229-308 INTIFIBANES, REQUEED ONLY FOR * 26. PAYER MIDDLE NAME X(15) C 15 229-308 WITH BLANES, REQUEED ONLY FOR * 27. PAYER LAST NAME X(20) C 20 390-328 INDIVIDUALS. * 27. PAYER LAST NAME X(20) C 20 390-328 INDIVIDUALS. * 28. ADME X(20) C 20 320-348 IELL WITH BLANES, MORE OF THE PAYER'S, LEFT USTIFIED AND FLL. * 28. ADME X(20) C 20 390-328 INDIVIDUALS. * 27. PAYER LAST NAM									
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35. FLAG BUSINESS X(1) C 1 443-443 "1" IS TRUE, "0" OR SPACE IS "FALSE" 36. FLAG RESIDENTIAL X(1) C 1 444-444 "1" IS TRUE, "0" OR SPACE IS "FALSE" 37. PAYER ACCOUNT NUMBER X(20) C 20 444-444 "1" IS TRUE, "0" OR SPACE IS "FALSE" 38. FILLER X(10) C 10 465-474 SPACES. * 39. FLAG INTERMEDIARY X(1) C 1 476-476 ENTER, "1" = FEIN, "2" = SSN. * 40. FINAL RECIPIENT ID Y(1) C 1 476-476 ENTER, "1" = FEIN, "2" = SSN. * 41. FINAL RECIPIENT TID 9(9) C 9 477-485 "2" ENTER RECIPIENT FEIN IF ID TYPE = "1", ENTER RECIPIENT SUR NAME * 42. FINAL RECIPIENT NAME X(50) C 50 486-535 * 43. FILLER X(10) C 10 536-545 SPACES. * 44. PAYMENT CONTRIBUTIONS TO - - - - - - 45. FLAG GROUP POLICY			-				*		
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3.6. ILLLR NILLER NILERECIPIENT FEIN FIDEN FEIN FIDEN FEIN FIDEN FEIN FIDEN F		· · · /	-	-					
3.5. DAG BATLAMEDRART A(1) C 1 47.547.5 11 BARCL 10 RALLS 41.51 RALL 42.51 RALL 41.51 RALL 42.51 RALL 42.51 RALL 42.50 RALL 42.50 RALL 42.50 RALL 42.50 RALL 42.50 RALL 42.50 RALL 42.51		· · · ·		-			-		
41. FINAL RECIPIENT ID9(9)C9477-485IF FINAL RECIPIENT ID TYPE = "1", ENTER RECIPIENT FEIN. IF ID TYPE = "2" ENTER RECIPIENT FEIN. IF ID TYPE = "2" ENTER RECIPIENT SSN.*42. FINAL RECIPIENT NAMEX(50)C50486-535*43. FILLERX(10)C10536-545SPACES.*44. PAYMENT INSURANCE PREMIUMS9(13)V99C15546-560SEE FORM 480.7F, ITEM 145. FLAG GROUP POLICY INSURANCEX(1)C1561-561"1" IS TRUE, "0" OR SPACE IS "FALSE"-PAYMENT CONTRIBUTIONS TO									
41. FINAL RECIPIENT ID 9(9) C 9 477-485 "2" ENTER RECIPIENT SSN. * 42. FINAL RECIPIENT NAME X(50) C 50 486-535 * * 43. FILLER X(10) C 10 536-545 SPACES. * 44. PAYMENT INSURANCE PREMIUMS 9(13)V99 C 15 546-560 SEE FORM 480.7F, ITEM 1. * 45. FLAG GROUP POLICY INSURANCE X(1) C 1 561-561 "1" IS TRUE, "0" OR SPACE IS "FALSE" * 46. HEALTH OR ACCIDENT PLANS 9(13)V99 C 15 562-576 SEE FORM 480.7F, ITEM 2. * 47. FLAG GROUP POLICY HEALTH X(1) C 1 577-577 "1" IS TRUE, "0" OR SPACE IS "FALSE" * 9AYMENT TELECOMMUNICATION * * * * * * 48. SERVICES 9(13)V99 C 15 578-592 SEE FORM 480.7F, ITEM 3. * 49. PAYMENT ADVERTISING 9(13)V99 C 15 608-622 SEE FORM 480.7F, ITEM 4. * 50. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 638-652<						IF FINAL RECIPIENT ID TYPE = "1",			
ALL Description Description Description Description Description 42. FINAL RECIPIENT NAME X(50) C 50 486-535 * 43. FILLER X(10) C 10 536-545 SPACES. * 44. PAYMENT INSURANCE PREMIUMS 9(13)V99 C 15 546-560 SEE FORM 480.7F, ITEM 1. * 45. FLAG GROUP POLICY INSURANCE X(1) C 1 561-561 "1" IS TRUE, "0" OR SPACE IS "FALSE" 46. HEALTH OR ACCIDENT PLANS 9(13)V99 C 15 562-576 SEE FORM 480.7F, ITEM 2. 47. FLAG GROUP POLICY HEALTH X(1) C 1 577-577 "1" IS TRUE, "0" OR SPACE IS "FALSE" PAYMENT TELECOMMUNICATION 9(13)V99 C 15 578-592 SEE FORM 480.7F, ITEM 3. 49. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 698-622 SEE FORM 480.7F, ITEM 4. 50. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 5. 51. PAYMENT BUNDLES 9(13)V99	41 EINAL DECIDIENT ID	0(0)	C	0	177 105		*		
11 11 <th< td=""><td>41. FINAL RECIPIENT ID</td><td>9(9)</td><td>C</td><td>9</td><td>477-465</td><td>2 ENTER RECIPIENT SSN.</td><td>÷</td></th<>	41. FINAL RECIPIENT ID	9(9)	C	9	477-465	2 ENTER RECIPIENT SSN.	÷		
44. PAYMENT INSURANCE PREMIUMS 9(13)V99 C 15 546-560 SEE FORM 480.7F, ITEM 1. 45. FLAG GROUP POLICY INSURANCE X(1) C 1 561-561 "1" IS TRUE, "0" OR SPACE IS "FALSE" PAYMENT CONTRIBUTIONS TO	42. FINAL RECIPIENT NAME	X(50)							
45. FLAG GROUP POLICY INSURANCE X(1) C 1 561-561 "1" IS TRUE, "0" OR SPACE IS "FALSE" PAYMENT CONTRIBUTIONS TO		· · · /	-	-			*		
PAYMENT CONTRIBUTIONS TO C 15 562-576 SEE FORM 480.7F, ITEM 2. 46. HEALTH OR ACCIDENT PLANS 9(13)V99 C 15 562-576 SEE FORM 480.7F, ITEM 2. 47. FLAG GROUP POLICY HEALTH X(1) C 1 577-577 "1" IS TRUE, "0" OR SPACE IS "FALSE" PAYMENT TELECOMMUNICATION 9(13)V99 C 15 578-592 SEE FORM 480.7F, ITEM 3. 49. PAYMENT ADVERTISING 9(13)V99 C 15 593-607 SEE FORM 480.7F, ITEM 4. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 608-622 SEE FORM 480.7F, ITEM 5. 50. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 623-637 SEE FORM 480.7F, ITEM 6. 51. PAYMENT BUNDLES 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 7. 52. OTHER PAYMENTS 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 7. 53. FLAG FINANCED X(1) C 1 653-653 "1" IS TRUE, "0" OR SPACE IS "FALSE" 54. FILLER X(1780) C 1780 654-2433 SPACES. * <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
47. FLAG GROUP POLICY HEALTH X(1) C 1 577-577 "1" IS TRUE, "0" OR SPACE IS "FALSE" PAYMENT TELECOMMUNICATION 9(13)V99 C 15 578-592 SEE FORM 480.7F, ITEM 3. 48. SERVICES 9(13)V99 C 15 578-592 SEE FORM 480.7F, ITEM 3. 49. PAYMENT ADVERTISING 9(13)V99 C 15 593-607 SEE FORM 480.7F, ITEM 4. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 608-622 SEE FORM 480.7F, ITEM 5. 50. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 623-637 SEE FORM 480.7F, ITEM 6. 51. PAYMENT BUNDLES 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 7. 52. OTHER PAYMENTS 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 7. 53. FLAG FINANCED X(1) C 1 653-653 "1" IS TRUE, "0" OR SPACE IS "FALSE" 54. FILLER X(1780) C 1780 654-2433 SPACES. *			Ū	1	501 501				
PAYMENT TELECOMMUNICATION 0 1 5 48. SERVICES 9(13)V99 C 15 578-592 SEE FORM 480.7F, ITEM 3. 49. PAYMENT ADVERTISING 9(13)V99 C 15 593-607 SEE FORM 480.7F, ITEM 4. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 608-622 SEE FORM 480.7F, ITEM 5. 50. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 623-637 SEE FORM 480.7F, ITEM 6. 51. PAYMENT BUNDLES 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 6. 52. OTHER PAYMENTS 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 7. 53. FLAG FINANCED X(1) C 1 653-653 "1" IS TRUE, "0" OR SPACE IS "FALSE" 54. FILLER X(1780) C 1780 654-2433 SPACES. *									
48. SERVICES 9(13)V99 C 15 578-592 SEE FORM 480.7F, ITEM 3. 49. PAYMENT ADVERTISING 9(13)V99 C 15 593-607 SEE FORM 480.7F, ITEM 4. PAYMENT INTERNET AND CABLE OR		X(1)	С	1	577-577	/ "I" IS TRUE, "0" OR SPACE IS "FALSE"			
PAYMENT INTERNET AND CABLE OR C 15 608-622 SEE FORM 480.7F, ITEM 5. 50. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 608-622 SEE FORM 480.7F, ITEM 5. 51. PAYMENT BUNDLES 9(13)V99 C 15 623-637 SEE FORM 480.7F, ITEM 6. 52. OTHER PAYMENTS 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 7. 53. FLAG FINANCED X(1) C 1 653-653 "1" IS TRUE, "0" OR SPACE IS "FALSE" 54. FILLER X(1780) C 1780 654-2433 SPACES. *		9(13)V99	С	15	578-592	2 SEE FORM 480.7F, ITEM 3.			
50. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 608-622 SEE FORM 480.7F, ITEM 5. 51. PAYMENT BUNDLES 9(13)V99 C 15 623-637 SEE FORM 480.7F, ITEM 6. 52. OTHER PAYMENTS 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 7. 53. FLAG FINANCED X(1) C 1 653-653 "1" IS TRUE, "0" OR SPACE IS "FALSE" 54. FILLER X(1780) C 1780 654-2433 SPACES. * ENTER: "1" = FEIN, "2" = SSN, "3" =		9(13)V99	С	15	593-607	7 SEE FORM 480.7F, ITEM 4.			
51. PAYMENT BUNDLES 9(13)V99 C 15 623-637 SEE FORM 480.7F, ITEM 6. 52. OTHER PAYMENTS 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 7. 53. FLAG FINANCED X(1) C 1 653-653 "1" IS TRUE, "0" OR SPACE IS "FALSE" 54. FILLER X(1780) C 1780 654-2433 SPACES. * ENTER: "1" = FEIN, "2" = SSN, "3" =		9(13)1/00	C	15	608 622	SEE FORM 480 7E ITEM 5			
52. OTHER PAYMENTS 9(13)V99 C 15 638-652 SEE FORM 480.7F, ITEM 7. 53. FLAG FINANCED X(1) C 1 653-653 "1" IS TRUE, "0" OR SPACE IS "FALSE" 54. FILLER X(1780) C 1780 654-2433 SPACES. * ENTER: "1" = FEIN, "2" = SSN, "3" =									
54. FILLER X(1780) C 1780 654-2433 SPACES. * ENTER: "1" = FEIN, "2" = SSN, "3" =	52. OTHER PAYMENTS	9(13)V99		15	638-652	2 SEE FORM 480.7F, ITEM 7.			
St. THELEK A(1760) C 1760 054-2455 St Actor ENTER: "1" = FEIN, "2" = SSN, "3" =				1	653-653	3 "1" IS TRUE, "0" OR SPACE IS "FALSE"			
	54. FILLER	X(1780)	С	1780	654-243		*		
	55. PAYER ID TYPE ORIGINAL	X(1)	С	1	2434-243				

***REQUIRED FIELDS**



EXHIBIT M

FILE DESCRIPTION	FILE DESCRIPTION							
FILE NAME: F4807FY22]	RECORD TYPE: RETURN						
RECORD NAME: RECEIVED FOR A	DVERTISIN	E 480.7F	RECORD LENGTH: 2500					
P=PACKED, B=BINARY, C=CHARACTER]	_						
FIELD NAME	PICTURE		BYTES	FILE LOCATI	ON COMMENTS RE			
56. PAYER ID ORIGINAL CONTROL NUMBER ORIGINAL 57. INFORMATIVE RETURN 58. REASON FOR THE CHANGE	X(11) 9(9) X(40)	C C C	11 9 40	2435-244 2446-245 2455-249	THIS FILED MUST BE COMPLETED 54 WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH			
59. FILLER	9(6)	C	6	2495-250				





EXHIBIT M

Form Rev. 08.22 DECLARACIÓN ANUAL DE DE TELECOMUNICAC ANNUAL RETURN OF PAYMENTS	E PAGOS RECIB IONES, ACCESO RECEIVED FOR ACCESS AND CA	cienda - Department of the Treasury IDOS POR ANUNCIOS, PRIMAS DE SEGUROS, SERVICIOS OJ NITERINET Y TELEVISION POR CABLE O SATELITE ADVERTISING, INSURANCE PREMIUMS, TELECOMMUNICA IBLE OR SATELLITE TELEVISION SERVICES - Amended: (ón de Radicación Electrónica g Confirmation Number
INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMA	TION	Clase de Pago			Cantidad Pagada
Número de Identificación Patronal - Employer Identification Number		Type of Payment			Amount Paid
Nombre - Name	1.	Primas de Seguro (excepto aportaciones a planes de salud Insurance Premiums (except contributions to health or accident Marque aqui si el pago corresponde a una póliz. Check here if the payment corresponds to a group p	plans) (See inst. a grupal (Vea in	.) not.)	
Dirección - Address Código Postal - Zip Code	2.	Aportaciones a Planes de Salud o Accidentes (Vea instruct Contributions to Health or Accident Plans (See instructions) Marque aqui si el pago corresponde a una póliz: Check here if the payment corresponds to a group p	a grupal (Vea ir		
Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail	3.	Servicios de Telecomunicaciones Telecommunication Services			
INFORMACIÓN DEL PAGADOR - PAYER'S INFORMATION					
Número de Seguro Social o Identificación Patronal - Social Security or Empl dientification Namieer	yer 4.	Anuncios Advertising			
Nombre - Name	5.	Servicios de Internet y Televisión por Cable o Satélite Internet and Cable or Satellite Television Services			
Dinección - Address Código Poetal - Zip Code	6.	Servicios Combinados Bundles			
Tipo de Cliente: - Type of Client: Comercial - Business Residencial - Residential	7.	Otros Pagos Relacionados Other Related Payments			
Número de Cuenta (Vea instrucciones) - Account Number (See instructio		Marque aqui ei el pago reportado fue financiado (Vea in Check here if the reported payment was financed (See inst			
Marque aquí si es un Intermediario (Vea instrucciones) Check here if you are an Intermediary (See instructions)		azones para el Gambio - Reasons for the Change			
Indique el nombre y número de identificación patronal o seguro social () destinatario final del pago: - Indicate the name and employer identifica security number (EIN/SSN) of the final recipient of the payment:				nero Control Informativa Original trol No. Original Informative Return	
Nomine – Name EIN/SSN					
FECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUCCIONES FILING DATE: FEBRUARY 28. SEE INSTRUCTIONS		nvie electrónicamente al Departamento de Hacienda. Entregue do end to Department of the Treasury electronically. Deliver two copies to p			opia para sus récords.





FILE DESCRIPTION				Ι	DATE: OCTOBER 2022				
FILE NAME: F4807GY22					RECORD TYPE: 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.		*		
			1		ENTER T ASSIGNE	THE CONTROL NUMBER ED BY THE DEPARTMENT OF EASURY FOR FORM 480.7F.			
2. CONTROL NUMBER	9(9)	С	9	2-10	RIGHT J	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		TAIL RECORD. "O" = ORIGINAL,	*		
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		THE TAX YEAR FOR THIS WHICH MUST BE 2022.	*		
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 ICATION NUMBER FEIN. IF ID 2" ENTER IDENTIFICATION & 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	S LINE NUMBER 1.	*		
INSTITUTION'S ADDRESS LINE 14. NUMBER 2	X(35)	С	35	106-140	ADDRES	S 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, I	F 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 N	NUMBER INSTITUTION'S.	*		
21. FILLER	X(2)	С	2	235-236	SPACES.		*		





FILE DESCRIPTION		Б	DATE: OCTOBER 2022					
EILE NAME, E4907CV22					RECORD TYPE: RETURN			
FILE NAME: F4807GY22			MEDICAN			RETURN		
RECORD NAME: TUITION STATEM TAX CREDIT – FORM TYPE 480.7G		THE A	MERICAN	OPPORT	UNITY	RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER]							
		•		FILE			1	
FIELD NAME	PICTURE		BYTES	LOCATIO	DN	COMMENTS	RE	
STUDENT'S INFORMATION RECEIVED								
22. STUDENT'S ID TYPE CODE	X(1)	С	1	237-237	ENTER:	"2" = SSN, "4" = ITIN.	*	
23. STUDENT'S ID	9(11)	С	11	238-248	STUDEN ENTER S RIGHT A	ENT'S ID TYPE = "2", ENTER IT'S SSN. IF ID TYPE = "4" STUDENT'S ITIN. ALIGN TO THE NND FILL WITH ZEROES TO THE	*	
24. STUDENT'S NAME	X(30)	С	30	249-278	REOUIR	ED ONLY FOR CORPORATIONS.	*	
25. STUDENT'S FIRST NAME	X(15)	С	15	279-293	ENTER PAYEE'S WITH BI	THE FIRST NAME OF THE S. LEFT JUSTIFIED AND FILL LANKS. REQUIRED ONLY FOR	*	
26. STUDENT'S MIDDLE NAME	X(15)	С	15	294-308		THE MIDDLE NAME OF THE S. LEFT JUSTIFIED AND FILL LANKS.		
27. STUDENT'S LAST NAME	X(20)	С	20	309-328	PAYEE': WITH BI	THE LAST NAME OF THE S. LEFT JUSTIFIED AND FILL LANKS. REQUIRED ONLY FOR DUALS.	*	
STUDENT'S MOTHER'S MAIDEN LAST	N(20)	G	20	220.240	THE PA	THE SECOND LAST NAME OF YEE'S. LEFT JUSTIFIED AND		
28. NAME 29. ADDRESS LINE NUMBER 1	X(20) X(35)	C C	20 35	329-348 349-383		TH 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 CONCEPTS	9(4)	С	4	439-442	ZEROS,	IF NOT AVAILABLE.		
35. STUDENT RECEIVE FINANCIAL	X(1)	C	1	443-443	"1" IS "Y	'ES", "0" OR SPACE IS "NO"	*	
36. TYPE OF FINANCIAL	X(1)	C	1	444-444	A - Schol B - Grant C - Awar	larships is ds		
37. OTHER TYPE OF FINANCIAL	X(20)	С	20	445-464	IF YOU S	SELECT TYPE OF FINANCIAL 5, YOU MUST FILL IN THE		
THE STUDENT WAS COMPLETING AT								
38. LEAST HALF TOTAL AMOUNT PAID DURING THE	X(1)	C	1	465-465		RUE", "0" OR SPACE IS "FALSE"		
39. YEAR FOR TUITION. TOTAL AMOUNT OF FINANCIAL AID	9(13)V99	С	15	466-480		RM 480.7G, ITEM 4.		
40. RECEIVED COST OF STUDIES COVERED BY	9(13)V99	С	15	481-495	SEE FOR	RM 480.7G, ITEM 5.		
41. FINANCIAL PROGRAM LEADING TO THE	9(13)V99	С	15	496-510	SEE FOF	RM 480.7G, ITEM 6.		
STUDENT'S DEGREE OR 42. CERTIFICATION	X(50)	С	50	511-560			*	
43. FILLER	X(1873)	С	1873	561-2433	S SPACES		*	

***REQUIRED FIELDS**



						— /(111		
FILE DESCRIPTION					DATE: OCTOBER 2022			
FILE NAME: F4807GY22					RECOR	D TYPE: RETURN		
RECORD NAME: TUITION STATEM TAX CREDIT – FORM TYPE 480.7G		THE A	MERICAN	N OPPOR	TUNIT	Y RECORD LENGTH: 2500		
P=PACKED, B=BINARY, C=CHARACTER]							
		♦						
FIELD NAME	PICTURE		BYTES	FIL LOCAT		COMMENTS	RE	
44. STUDENT'S ID TYPE ORIGINAL	X(1)	С	1	2434-2	434	ENTER: "2" = SSN, "4" = ITIN.		
						IF STUDENT'S ID TYPE ORIGINAL = "2", ENTER STUDENT'S SSN. IF ID TYPE ORIGINAL = "4" ENTER PAYER'S ITIN. ALIGN TO THE RIGHT AND FILL WITH SPACES TO THE LEFT.		
45. STUDENT'S ID ORIGINAL	X(11)	С	11	2435-2	445			
CONTROL NUMBER ORIGINAL 46. INFORMATIVE RETURN	9(9)	С	9	2446-2	454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.		
47. REASON FOR THE CHANGE	X(40)	С	40	2455-2	494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.		
48. FILLER	9(6)	С	6	2495-2	500	ZEROS.	*	





AÑO CONTRIBUTIVO: 2022	_	STATEMENT FOR THE AMERICAN OPPORTUNITY TAX CREDIT dado - Amended: (/)		rmación de Radicación Electrónica c Filing Confirmation Number
	TITUCIÓN - INSTITUTION'S INFORMATION	Conceptos - Concepts		Información - Information
Número de Identificación Patronal	Employer Identification Number	2. Recibió el estudiante asistencia económica o reembolsos exen subvenciones o concesiones durante el año? Did the student receive francial aid or exempt reimbursements, includir avando during the yea?		Si/Yes No
Dirección - Address		2. Tipo de asistencia econômica recibida por el estudiante Type of financial aid received ky the student		A - Becas - Scholarships B - Subvenciones - Grants C - Concesiones - Awards D - Otro - Other
	Código Postal - Zjs Cosle	 Marque aqui si el estudiante estaba completando por lo menos la a tiempo completo del grado o certificación indicado en el En conducente a grado o cortificación de estudiante Check here if the student was completing at least half of the full- idegree o cortificación indicater in the Prozum leading bet student?s 	casillado de Programa me requirements for the	
Núm. de Teléfono - Telephone No.	Correo Electrónico - E-mail	Pago - Payment		Cantidad - Amount
INFORMACIÓN DEL ES Número de Seguro Social - Social :	UDIANTE - STUDENT'S INFORMATION Security Number	4. Cantidad total pagada durante el año por concepto de matricula, relacionados Total amount paid during the year for tuiton, fees and other related e S. Cantidad total de asistencia económica recibida por el estudi	xpenses	
Nombre - Name		Total amount of financial aid received by the student during the ye	ar	
Dirección - Address		 Costo de estudio cubierto por la asistencia econômica indicada Cost of studies covered by financial aid indicated in Box 5 	en el Encasillado 5	
		Programa conducente a grado o certificación del estudiante - Pro	ogram leading to the stud	dent's degree or certification
	Código Postal - Zip Cosle			
Número Control - Control Number		Razones para el Cambio - Reasons for the Change		
Número Control Informativa Origi	nal - Control No. Original Informative Return			
FECHA DE RADICACIÓN: 28 DE F FILING DATE: FEBRUARY 28, SEE	EBRERO, VEA INSTRUCCIONES EINSTRUCTIONS	Envie electrónicamente al Departamento de Hacienda. Entregue copia Send to Department of the Treasury electronically. Deliver copy to the studen		





EXHIBIT O

FILE DESCRIPTION

E.

FILE NAME: F4805Y22

DATE: OCTOBER 2022 RECORD TYPE: SUMMARY

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

P=PACKED, B=BINARY, C=CHARACTER]	7				
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	1-12	SPACES.	*
4. FORM TYPE	X(1)	С	1	13-13	ENTER: "2"= 480.6A, "3"= 480.6B, "4"= 480.7, "5"= 480.6C, "6"= 480.7A, "7"= 480.7B, "X"= 480.6D, "Y"= 480.7C, "Z"= 480.7D, "H"= 480.6SP, "G"= 480.6G, "K"= 480.7E, "L"=480.7F, "N"=480.7G	*
5. RECORD TYPE	9(1)	Č	1	14-14	"2" = SUMMARY.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
7. FILLER	X(1) X(2)	C	2	16-17	SPACES.	*
8. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2022.	*
9. FILLER	X(1)	С	1	22-22	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
10. PAYER ID TYPE	X(1)	С	1	23-23	ENTER: "1" = FEIN, "2" = SSN. "3" = ITIN.	*
11. IDENTIFICATION NUMBER	9(9)	с	9	23-23	IF D TYPE = "3" ENTER IDENTIFICATION NUMBER SSN. IF ID TYPE = "3" ENTER IDENTIFICATION NUMBER SSN.	*
12. NAME	X(30)	С	30	33-62		*
13. ADDRESS LINE NUMBER 1	X(35)	С	35	63-97	ADDRESS LINE NUMBER 1.	*
14. ADDRESS LINE NUMBER 2	X(35)	С	35	98-132	ADDRESS LINE NUMBER 2.	
15. TOWN	X(13)	С	13	133-145		*
16. STATE	X(2)	С	2	146-147		*
17. ZIP-CODE	9(5)	С	5	148-152		*
18. ZIP-CODE EXTENSION	9(4)	С	4	153-156	ZEROS, IF NOT AVAILABLE.	
19. FILLER	X(2)	С	2	157-158	SPACES.	*
20. NUMBER OF DOCUMENTS	9(10)	С	10	159-168	NUMBER OF DOCUMENTS BY TYPE OF FORM. RIGHT JUSTIFIED.	*
21. TOTAL AMOUNT WITHHELD	9(13)V99	С	15	169-183	TOTAL AMOUNT WITHHELD BY TYPE OF FORM.	*
22. TOTAL AMOUNT PAID	9(13)V99	С	15	184-198	TOTAL PAID BY TYPE OF FORM.	*
23. TYPE OF TAXPAYER	X(1)	С	1	199-199	ENTER: "I" = 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.	*
SPECIALIST'S INFORMATION						
25. SPECIALIST PAID FOR PREPARATION	9(1)	С	1	215-215	'1' IF TRUE	*

***REQUIRED FIELDS**



EXHIBIT O

FILE DESCRIPTION

FILE NAME: F4805Y22

DATE: OCTOBER 2022 RECORD TYPE: SUMMARY

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

F

P=PACKED, B=BINARY, C=CHARACTER

		♥				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		1		1	1	
26. SPECIALIST SELF EMPLOYED	9(1)	С	1	216-216	'1' IF TRUE	*
27. REGISTRATION NUMBER	9(7)	С	7	217-223		*
28. NAME OF FIRM OR BUSINESS	X(30)	С	30	224-253		*
29. SPECIALIST 'S FIRST NAME	X(20)	С	20	254-273	ENTER THE FIRST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
30. SPECIALIST 'S MIDDLE NAME	X(1)	С	1	274-274	ENTER THE MIDDLE NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
31. SPECIALIST 'S LAST NAME	X(30)	С	30	275-304	ENTER THE LAST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
SPECIALIST 'S MOTHER'S MAIDEN LAST 32. NAME	X(20)	С	20	305-324	ENTER THE SECOND LAST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
33. SPECIALIST STREET 1	X(35)	С	35	325-359	SPECIALIST ADDRESS LINE NUMBER 1.	*
34. SPECIALIST STREET 2	X(35)	С	35	360-394	SPECIALIST ADDRESS LINE NUMBER 2.	
35. SPECIALIST TOWN	X(14)	С	14	395-408		*
36. SPECIALIST STATE	X(2)	С	2	409-410		*
37. SPECIALIST ZIP-CODE	9(5)	С	5	411-415		*
38. SPECIALIST ZIP-CODE EXTENSION	9(4)	С	4	416-419	ZEROS, IF NOT AVAILABLE.	
39. FILLER	X(2026)	С	2026	420-2445	SPACES.	*
40. FILLER	9(9)	С	9	2446-2454	ZEROS.	*
41. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
42. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



EXHIBIT O

ormulario 480.5 ^{orm} ev. 08.22	GOBIERNO DE PUERTO RICO - GOVERNMENT OF P Departamento de Hacienda - Department of th RESUMEN DE LAS DECLARACIONES INFOR SUMMARY OF THE INFORMATIVE RETL	Treasury ATTVAS	
NO CONTRIBUTIVO: 2022	Enmendado - Amended: (/	<u>/AA/YY</u>) Núm.	Confirmación de Radicación Electrónica Electronic Filing Confirmation No.
imero de Identificación Patronal - Employer Identification N	umber Clase de Contribuyente - Ty	e of Taxpayer	Russaile e
			Fideicomiso Estate or Trust
mbre del Pagador - Payer's Name			
rección - Address			Código Postal - Zip Code
Total de Formularios - Total Forms	Cantidad Retenida - Amount Withheld Cant	ad Total Pagada - Total Amount Paid	Penalidad Retenida - Penalty Withheld
rque sólo un encasillado 480.6A eck only one box 480.7			480.6SP 480.7F 480.7E 480.7G
	JURAMENTO - O	TH	
Fecha - Date	Firma - Signature	Título Title	
Techa - Date			
ombre del Especialista (Letra de Molde) - Specialist's			- Registration Number Fecha - Date
larque si es empleado por cuenta propia Dirección heck if self-employed	n - Address	Firm	na del Especialista - Specialist's Signature
	0	Stenda - Department of the Treasury ECLARACIONES INFORMATIVAS HE INFORMATIVE RETURNS mended: D mended: D Individua Sociedad Partnership Corporación Elstate or Trust Otros Odigo Postal - Zip Code Nheld Cantidad Total Pagada - Total Amount Paid Penalidad Retenida - Penalty Withheld 80.6C 480.6D 480.7C 480.7D 480.7E 480.7F Otros 480.7C URAMIENTO - OATH perjury that I have examined this declaración and to the best of my knowledge and belief it is true, correct and complete. nature Titulo - Title Código Postal - Zip Code Firma o Negocio - Name of Firm or Business Número de Registro - Registration Number Fecha - Date Firma del Especialista - Specialist's Signature Código Postal - Zip Code Firma del Especialista - Specialist's Signature	
Indique si hizo pagos por la preparació Indicate if you made payments for the prepa	n de este formulario: 🔲 Sí 📃 No. Si c	ntestó "Sí", exija la firma y el	-
FECHA DE RADICACIÓN: 31 DE ENERO, 28 DE FEBRERO, 1	S DE ABRIL O 30 DE NOVIEMBRE, SEGÚN APLIQUE. VEA INSTRUCCIONES	LING DATE: JANUARY 31, FEBRUARY 28, APRL 15 OR	NOVEMBER 30, AS APPLICABLE. SEE INSTRUCTIONS



FILE DESCRIPTION	FILE DESCRIPTION							
FILE NAME: F4806B1Y22					RECORD TYPE: RETURN			
RECORD NAME: ANNUAL RECONCIL				F INCOM	E SUBJECT TO	RECORD LENGTH:	2500	
WITHHOLDING OR PREPAYMENT - F	ORM TYPE	480.	6B.1					
P=PACKED, B=BINARY, C=CHARACTER								
			FILE					
FIELD NAME	PICTURE		BYTES	LOCATIO	ON (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 "8" TO IN	DICATE FORM 480.6B.1.	*	
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RE		*	
					ENTER: " O " = O I " A " = A I	RIGINAL, MENDED,		
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DI		*	
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	E YEAR FOR THIS REPORT E 2022.	*	
10. FILLER WITHHOLDING AGENT'S INFORMATION	X(5)	С	5	22-26	SPACES.		*	
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEI	N "2" – SSN	*	
						11, 2 = 5511.		
 12. TYPE OF INDUSTRY OR BUSINESS 13. IDENTIFICATION NUMBER 	X(20) 9(9)	C C	20	<u>28-47</u> 48-56	IF PAYER ID TYP IDENTIFICATION IF ID TYPE = "2" 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 NU	MBER 1.	*	
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRES	SS 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 ADD	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			*	
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT A	VAILABLE.	*	

* REQUIRED FIELDS



FILE DESCRIPTION					DATE: OCTOBER 2022							
FILE NAME: F4806B1Y22					RECORD TYPE: RETURN							
RECORD NAME: ANNUAL RECONCILI	ATION STA	TE	MENT O	F INCOM	E SUI	ВЈЕСТ ТО	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				
29. ZIP-CODE EXTENSION 30. CHANGE OF ADDRESS	9(4) X(1)	C C	4	313-316 317-317		ZEROS, IF NOT A BLANK "N"= NO						
			50				·					
31. E-MAIL 32. FILLER	X(50) 9(168)	C C	50 168	318-367 368-535		E-MAIL ADDRES ZEROS.	5.	*				
JUDICIAL OR EXTRAJUDICIAL INDEMNIFICATION												
33. AMOUNT PAID	9(10)V99	С	12	536-547	7 5	SEE FORM 480.6E	3.1, ITEM 1, COLUMN 1.					
34. TAX WITHHELD	9(10)V99	С	12	548-559	9 5	SEE FORM 480.6E	3.1, ITEM 1, COLUMN 2.					
35. FILLER	9(228)	С	228	560-787	7 2	ZEROS.		*				
INTERESTS UNDER SECTION 1023.04 (EXCEPT IRA AND EDUCATIONAL CONTRIB.												
36. AMOUNT PAID	9(10)V99	С	12	788-799	9 5	SEE FORM 480.6E	3.1, ITEM 5, COLUMN 1.					
37. TAX WITHHELD	9(10)V99	С	12	800-811	1 5	SEE FORM 480.6E	3.1, ITEM 5, COLUMN 2.					
38. FILLER	9(60)	С	60	812-871	1 2	ZEROS.						
DIVIDENDS SUBJECT TO 15%												
39. AMOUNT PAID	9(10)V99	С	12	872-883	3 5	SEE FORM 480.6E	3.1, ITEM 2, COLUMN 1.					
40. TAX WITHHELD	9(10)V99	С	12	884-895	5 5	SEE FORM 480.6E	3.1, ITEM 2, COLUMN 2.					
41. FILLER	9(60)	С	60	896-955	5 Z	ZEROS.						
DIVIDENDS INDUSTRIAL DEVELOPMENT INCOME ACT 8 OF JANUARY 24, 1987												
42. AMOUNT PAID	9(10)V99	С	12	956-967	7 5	SEE FORM 480.6E	3.1, ITEM 7, COLUMN 1.					
43. TAX WITHHELD	9(10)V99	С	12	968-979	9 5	SEE FORM 480 6F	3.1, ITEM 7, COLUMN 2.					
44. FILLER	9(60)V99	C	60	980-103		ZEROS.						
INTERESTS UNDER SECTION 1023.05(b)												
45. AMOUNT PAID	9(10)V99	С	12	1040-105	51 5	SEE FORM 480.6E	3.1, ITEM 6, COLUMN 1.					
46. TAX WITHHELD	9(10)V99	С	12	1052-106	63 5	SEE FORM 480.6E	3.1, ITEM 6, COLUMN 2.					
47. FILLER	9(60)	С	60	1064-112	23 7	ZEROS.						
COMPENSATION PAID BY SPORT'S TEAMS												
48. AMOUNT PAID	9(10)V99	С	12	1124-113	35 5	SEE FORM 480.6E	3.1, ITEM 4, COLUMN 1.					
49. TAX WITHHELD	9(10)V99	C	12	1136-114			3.1, ITEM 4, COLUMN 2.					
50. FILLER	9(60)	С	60	1148-120	U7 Z	ZEROS.						
OTHER PAYMENTS												
51. AMOUNT PAID	9(10)V99	С	12	1208-121	19 5	SEE FORM 480.6E	3.1, ITEM 9, COLUMN 1.					
52. TAX WITHHELD	9(10)V99	С	12	1220-123	31 5	SEE FORM 480.6E	B.1, ITEM 9, COLUMN 2.					

* REQUIRED FIELDS



FILE DESCRIPTION	1	DATE: OCTOBER 2022					
FILE NAME: F4806B1Y22		RECORD TYPE: RETURN					
RECORD NAME: ANNUAL RECONCILI	ATION STA	TE	MENT O			RECORD LENGTH	: 2500
WITHHOLDING OR PREPAYMENT - FO							
P=PACKED, B=BINARY, C=CHARACTER							
				FILE			
FIELD NAME	PICTURE		BYTES	LOCATIO	N I	COMMENTS	RE
	1		[1			
53. FILLER	9(60)	С	60	1232-1291	1 ZEROS.		
TOTAL							
IUIAL							
54. AMOUNT PAID	9(10)V99	С	12	1292-1303	3 SEE FORM 480.6	B.1, TOTAL COLUMN 1.	
55. TAX WITHHELD	9(10)V99	С	12	1304-1315		B.1, TOTAL COLUMN 2.	
56. FILLER	9(12)	С	12	1316-1327	7 ZEROS.		
DEPOSITS AND TAX WITHHELD RELATION							
JANUARY							
57. AMOUNT PAID	9(10)V99	С	12	1328-1339	9		
58. TAX WITHHELD	9(10)V99	С	12	1340-1351	1		
59. FILLER	9(24)	С	24	1352-1375			
FEBRUARY							
60. AMOUNT PAID	9(10)V99	С	12	1376-1387	7		
61. TAX WITHHELD	9(10)V99	С	12	1388-1399	9		
62. FILLER	9(24)	С	24	1400-1423			
MARCH							
63. AMOUNT PAID	9(10)V99	С	12	1424-1435	5		
64. TAX WITHHELD	9(10)V99	С	12	1436-1447	7		
65. FILLER APRIL	9(24)	С	24	1448-1471	1 ZEROS.		
AFKIL							
66. AMOUNT PAID	9(10)V99	С	12	1472-1483	3		
67. TAX WITHHELD	9(10)V99	С	12	1484-1495	5		
68. FILLER MAY	9(24)	С	24	1496-1519	9 ZEROS.		
69. AMOUNT PAID	9(10)V99	С	12	1520-153	1		
70. TAX WITHHELD	9(10)V99	С	12	1532-1543			
71. FILLER JUNE	9(24)	С	24	1544-1567	7 ZEROS.		
72. AMOUNT PAID	9(10)V99	С	12	1568-1579	9		
73. TAX WITHHELD	9(10)V99	C	12	1580-159			
74. FILLER JULY	9(24)	С	24	1592-1615	5 ZEROS.		
	0/10)7777	~	4.5		_		
75. AMOUNT PAID	9(10)V99	С	12	1616-1627	/		
76. TAX WITHHELD	9(10)V99	С	12	1628-1639	9		
77. FILLER AUGUST	9(24)	С	24	1640-1663	3 ZEROS.		
AUGU51							
78. AMOUNT PAID	9(10)V99	С	12	1664-1675	5		

* REQUIRED FIELDS



EILE DESCRIPTION								
FILE DESCRIPTION	D	DATE: OCTOBER 2022						
FILE NAME: F4806B1Y22				R	RECORD TYPE: RETURN			
RECORD NAME: ANNUAL RECONCILI WITHHOLDING OR PREPAYMENT - FO				F INCOME	SUBJECT TO	RECORD LENGTH	2500	
P=PACKED, B=BINARY, C=CHARACTER		7						
FIELD NAME	PICTURE		BYTES	FILE LOCATION	J (COMMENTS	RE	
79. TAX WITHHELD	9(10)V99	С	12	1676-1687				
80. FILLER SEPTEMBER	9(24)	С	24	1688-1711	ZEROS.			
81. AMOUNT PAID	9(10)V99	С	12	1712-1723				
82. TAX WITHHELD 83. FILLER	9(10)V99 9(24)	C C	12 24	1724-1735 1736-1759	ZEROS.			
OCTOBER	9(24)	C	24	1750-1759	ZEROS.			
84. AMOUNT PAID	9(10)V99	С	12	1760-1771				
85. TAX WITHHELD 86. FILLER	9(10)V99 9(24)	C C	12 24	1772-1783 1784-1807	ZEROS.			
NOVEMBER				1701 1007	LLITOD			
87. AMOUNT PAID	9(10)V99	С	12	1808-1819				
88. TAX WITHHELD 89. FILLER	9(10)V99 9(24)	C C	12 24	1820-1831 1832-1855	ZEROS.			
DECEMBER								
90. AMOUNT PAID	9(10)V99	С	12	1856-1867				
91. TAX WITHHELD 92. FILLER	9(10)V99 9(24)	C C	12 24	1868-1879 1880-1903	ZEROS.			
TOTALS								
93. FILLER	9(12)	С	12	1904-1915	ZEROS.			
94. TAX WITHHELD 95. FILLER	9(10)V99 9(12)	C C	12 12	1916-1927 1928-1939	SEE FORM 480.B ZEROS.	1, ITEM 1, Part II.		
	<u>, , , , , , , , , , , , , , , , , , , </u>						*	
96. FILLERTOTAL TAX WITHHELD AFTER THE97. CREDIT FOR TAX ON DEEMED DIVIDENDS	X(12) 9(10)V99	C C	12	1940-1951 1952-1963	SPACES. SEE FORM 480.B	1, ITEM 3, Part II.		
98. FILLER CREDIT FOR TAX ON DEEMED DIVIDENDS	9(12)	C	12	1964-1975	ZEROS.			
99. (SECTION 1062.13) DIVIDENDS SUBJECT TO PREFERENTIAL RATE UNDER SPECIAL Act %	9(10)V99	С	12	1976-1987	SEE FORM 480.B	1, ITEM 2, Part II.		
100. AMOUNT PAID	9(10)V99	С	12	1988-1999	SEE FORM 480.6	B.1, ITEM 3, COLUMN 1.		
101. TAX WITHHELD	9(10)V99	С	12	2000-2011	SEE FORM 480.6	B.1, ITEM 3, COLUMN 2.		
102. FILLER	9(84)	С	84	2012-2095	ZEROS.		_	
ELIGIBLE DIVIDENDS UNDER DECREE AS QUALIFIED PHYSICIAN								
103. AMOUNT PAID	9(10)V99	С	12	2096-2107	SEE FORM 480.6	B.1, ITEM 8, COLUMN 1.	_	
104. TAX WITHHELD	9(10)V99	С	12	2108-2119	SEE FORM 480.6	B.1, ITEM 8, COLUMN 2.		
105. FILLER	9(84)	С	84	2120-2203	ZEROS.			

*** REQUIRED FIELDS**



						EXHIBIT		
FILE DESCRIPTION				I	DATE: OCTOBER 2022			
FILE NAME: F4806B1Y22					RECORD TYPE: RETURN			
RECORD NAME: ANNUAL RECONCIL WITHHOLDING OR PREPAYMENT - F				F INCOME	E SUBJECT TO	RECORD LENGTH: 2	2500	
P=PACKED, B=BINARY, C=CHARACTER		_						
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N C	OMMENTS	RE	
106. TOTAL FORMS 480.6B	9(10)	С	10	2204-2213	3		1	
SPECIALIST'S INFORMATION)(10)	Ŭ	10	2201 2210				
107. SPECIALIST PAID FOR PREPARATION	9(1)	С	1	2214-2214	'1' IF 'Yes' OR '0'	IF 'No'	*	
108. SPECIALIST SELF EMPLOYED	9(1)	С	1	2215-2215	5 '1' IF 'Yes' OR '0'	IF 'No'	*	
109. REGISTRATION NUMBER	9(7)	С	7	2216-2222	2		*	
1010. NAME OF FIRM OR BUSINESS	X(30)	С	30	2223-2252	2		*	
111. SPECIALIST 'S FIRST NAME	X(20)	С	20	2253-2272	WITH BLANKS. R INDIVIDUALS.	T NAME OF THE EFT JUSTIFIED AND FILL EQUIRED ONLY FOR DLE NAME OF THE	*	
112. SPECIALIST 'S MIDDLE NAME	X(1)	С	1	2273-2273	SPECIALIST 'S. LI	EFT JUSTIFIED AND FILL		
113. SPECIALIST 'S LAST NAME	X(30)	С	30	2274-2303	WITH BLANKS. R	T NAME OF THE EFT JUSTIFIED AND FILL EQUIRED ONLY FOR	*	
SPECIALIST 'S MOTHER'S MAIDEN LAST 114. NAME	X(20)	С	20	2304-2323	SPECIALIST 'S. LI	OND LAST NAME OF THE EFT JUSTIFIED AND FILL		
115. SPECIALIST STREET 1	X(35)	С	35	2324-2358	3 SPECIALIST ADD	RESS LINE NUMBER 1.	*	
116. SPECIALIST STREET 2	X(35)	С	35	2359-2393	3 SPECIALIST ADD	RESS LINE NUMBER 2.		
117. SPECIALIST TOWN	X(14)	С	14	2394-2407	7		*	
118. SPECIALIST STATE	X(2)	С	2	2408-2409)		*	
119. SPECIALIST ZIP-CODE	9(5)	С	5	2410-2414	L		*	
120. SPECIALIST ZIP-CODE EXTENSION	9(4)	С	4	2415-2418	ZEROS, IF NOT A	VAILABLE.	<u> </u>	
121. FILLER	X(232)	С	27	2419-2445	5 SPACES.		*	
122. FILLER	9(9)	С	9	2446-2454			*	
123. REASON FOR THE CHANGE	X(40)	С	40	2455-2494		SON FOR CHANGE FORM. AND FILL WITH BLANKS.	<u> </u>	
124. FILLER	9(6)	С	6	2495-2500) ZEROS.		*	



Formulario 480.6B.1	20	mo de Puerto Rico - Government of Puerto Rico mento de Hacienda - Department of the Treasury	20Nu		mación de Radicación Electróni Filing Confirmation Number
Rex 08.22	bobaitai				
(W)		ECONCILIACIÓN ANUAL DE OTROS INGRE SUJETOS A RETENCIÓN ation Statement of Other Income Subject to With		E	INENDADO - AMENDED
				1	Sello de Recibido
Número de Identificación F Employer Identification Nu	ratronal Clase de in mber Type of inc		Formularios 480.68 otal Forms 480.68		
Nombre del Agente Retenedor-V	lithholding Agent's Name				
irección Postal - Postal Address					
ireccion Postal - Postal Appress		Dirección Física - Physical Address			
c	odigo Postal - Zip Code				
Parte I - Part I Res	umen de los Formularios	s 480.6B por Clase de Ingreso - Summary o	f Forms 480.6B per	Type of Inc.	ome
	Clase de Ingreso -	Type of Income	Cantidad Pagada	- Amount Paid	Contribución Retenida -Tex Withhe
. Pagos por Indemnización	Judicial o Extrajudicial - Peym	nents for Judicial or Extrajudicial Indemnification			
Dividendos Sujetos al 15%	- Dividends Subject to 15%	FARA			
. Dividendos Sujetos a Tasa P	referencial bajo Ley Especial - Div	vidends Subject to Preferential Rate under Special Act%			
Remuneración Pagada po	Equipos de Deportes de Asoc	ciaciones o Federaciones Internacionales			
	national Associations or Federatio 1023.04 (excepto IRA y Cuenta o			-	
Interests under Section 102	0.04 (except IRA and Educational	Contribution Account)		C.	
Intereses bajo la Sección	1023.05(b) - Interests under Section	on 1023.05(b)		N D	1
	Fomento Industrial (Ley 8 de 24			-	
	velopment income (Act 8 of Janu Decreto de Médico Cuplificado	vary 24, 1987) - Eligible Dividends under Decree as Qualified Physician			
 Dividendos Elegibles bajo Otros Pagos - Other Payme 		- Signa University under Decree as Gualited Physican			
TOTAL				14	6
	and the second second second second	ción Retenida Mensualmente - Monthly Tax	Withheld Reconcilia		
	Month	Cantidad Pagada - Amount Paid		Contribucion	Retenida - Tax Withheld
Enero - January					
Febrero - February					
Marzo - March			-		
Abril - April					
Mayo - May Junio - June	50 NV			1.1.2	
Julio - July					
Agosto - August					
Septiembre - September					
Octubre - October					
Noviembre - November		DENRH			
Diciembre - December					
1. Total		an Tax manager in the manager in the			
	on sobre Dividendos Impli d Dividends (Section 1062.13				
3. Total de contribución	retenida luego del credi	to por contribución sobre Dividendos Impli	citos		
iotal tax withheid after th	he credit for tax on Deemed I	JURAMENTO - OATH			
	nedor, representante legal		o que este Estado d	e Reconcilia	ción Anual ha sido examinad
eclaro como anente rete		u oficial autorizado, bajo penalidad de perjuri a cierto, correcto y completo I declare as within	olding agent, legal rep	resentative or	authorized official, under penalty
Declaco como agente rete por mi y que según mi me	or informacion y creencia e		ye and bellet it is the	, correct and	www.inc.c.
beclato como agente rete lor mi y que según mi me é perjury that this Annual R	or información y creencia e econciliation Statement has be	een examined by me and to the best of my knowled			
Declato como agente rete sor miy que segun mimej ∦ perjury that this Annual Ri	or informacion y creencia e econciliation Statement has be	een examined by me and to the best of my knowled			
Declaco como agente rete loor mi y que según mi mej é perjury that this Annual Ri Pecha - Date	Firma del A	gente Retenedor, Representante u Oficial Autorio		Tít	ulo - Title
f perjury that this Annual R	Firma del Ar Signature of	gente Retenedor, Representante u Oficial Autorio Withholding Agent, Representative or Authorized Of	ficial		ulo - Title
¥ perjury that this Annual R Fecha - Date	Firma del A Signature of PARA USO	gente Retenedor, Representante u Oficial Autorio Withholding Agent, Representative or Authorized Of D DEL ESPECIALISTA SOLAMENTE - SPE	CIALIST'S USE ON	LY	
f perjury that this Annual R Fecha - Date	Firma del A Signature of PARA USO	gente Retenedor, Representante u Oficial Autorio Withholding Agent, Representative or Authorized Of	CIALIST'S USE ON	LY	
e perjury that this Annual R Fecha - Date Nombre del Especialista (Letra de	Firma del A Signature of PARA USC Molde) - Specials's Name (Print)	gente Retenedor, Representante u Oficial Autorio Withholding Agent, Representative or Authorized Of D DEL ESPECIALISTA SOLAMENTE - SPE	ficial CIALIST'S USE ON Número de Registro-1	ILY Registration Num	ber Fecha - Cole
e perjury that this Annual R Fecha - Date Nombre del Especialista (Letra de	Firma del A Signature of PARA USO	gente Retenedor, Representante u Oficial Autorio Withholding Agent, Representative or Authorized Of D DEL ESPECIALISTA SOLAMENTE - SPE	ficial CIALIST'S USE ON Número de Registro-1	ILY Registration Num	
Fecha - Date Fecha - Date fombre del Especialista (Letra de fangue si es empleado por cuer	Firma del A Signature of PARA USC Molde) - Specials's Name (Print)	gente Retenedor, Representante u Oficial Autorio Withholding Agent, Representative or Authorized Of D DEL ESPECIALISTA SOLAMENTE - SPE	ficial CIALIST'S USE ON 133 Número de Registro - 1 Firm:	ILY Registration Num	ber Fecha - Cole
Fecha - Date Fecha - Date Iombre del Especialista (Letra de Iarque si es empleado por cuer Check if self-employed	Firma del A Signature of PARA USC Molde) - Specialist's Name (Phrt) ta propia Dirección - Address	gente Retenedor, Representante u Oficial Autori Withholding Agent, Representative or Authorized Of D DEL ESPECIALISTA SOLAMENTE - SPE Nombre de la Firma o Negocio - Name of Firm or Buane	ficial CUALIST'S USE ON S Número de Registro-1 Firm: S AGENT	Registration Num a del Especialist	ber Fecha - Dole a - Specialiot's Signature

*** REQUIRED FIELDS**





FILE DESCRIPTION				_		EANIDII	¥
		DATE: OCTOBER 2022					
FILE NAME: F48030Y22 RECORD NAME: NONRESIDENT ANNU	IAL RETUR	NF	OR INCO		RECORD TYPE: RETUR	RECORD LENGTH: 2	2500
SOURCE - FORM TYPE 480.30							
P=PACKED, B=BINARY, C=CHARACTER							
		↓					
FIELD NAME	PICTURE		BYTES	FILE LOCATION	N 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 "9" TO IN	DICATE FORM 480.30.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL REG	CORD.	*
					ENTER: " O " = OF " A " = AN	RIGINAL, MENDED,	
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DE	LETE.	*
7. FILLER	X(1)	С	1	16-16	SPACES.		*
8. FILLER	X(1)	С	1	17-17	SPACES.	YEAR FOR THIS REPORT	*
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE		*
10. FILLER WITHHOLDING AGENT'S INFORMATION	X(5)	С	5	22-26	SPACES.		*
	V (1)	C	1	27.27	ENTED. "1" EE	NI "?" CONI	*
11. PAYER ID TYPE	X(1)	C	1	27-27	ENTER: "1" = FEI	10, 2 = 5510.	
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	C	20	28-47	IF PAYER ID TYP	, ,	
						NUMBER FEIN. ENTER IDENTIFICATION	
13. IDENTIFICATION NUMBER	9(09)	С	9	48-56	NUMBER SSN.		*
14. WITHHOLDING AGENT'S NAME	X(30)	C	30	57-86			*
15. TELEPHONE	9(10)	С	10	87-96	TELEPHONE NUM	ABER 1.	*
16. POSTAL ADDRESS 1	X(35)	С	35	97-131	POSTAL ADDRES	SS 1.	*
17. POSTAL ADDRESS 2	X(35)	С	35	132-166	POSTAL ADDRES	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	VAILABLE.	*
21. ZIP-CODE EXTENSION	9(4)	С	4	187-190	ZEROS, IF NOT A	VAILABLE.	
22. FILLER	X(2)	С	2	191-192	SPACES.		*
23. PHYSICAL ADDRESS 1	X(35)	С	35	193-227	PHYSICAL ADDR	ESS 1.	*
24. PHYSICAL ADDRESS 2	X(35)	С	35	228-262	PHYSICAL ADDR	ESS 2.	
25. TOWN	X(13)	С	13	263-275			*
26. STATE	X(2)	С	2	276-277			*

* REQUIRED FIELDS



FILE DESCRIPTION	DATE: OCTOBER 2022						
FILE NAME: F48030Y22	RECORD TYPE: RETURN						
RECORD NAME: NONRESIDENT ANNU	JAL RETUR	RN F	OR INCC			RECORD LENGTH:	2500
SOURCE - FORM TYPE 480.30							
P=PACKED, B=BINARY, C=CHARACTER							
	↓ FILE						
FIELD NAME	PICTURE		BYTES	LOCATIO	ON (COMMENTS	RF
27. ZIP-CODE	9(5)	С	5	278-282	ZEROS, IF NOT A	VAILABLE.	*
28. ZIP-CODE EXTENSION	9(4)	С	4	283-286			
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	S.	
SALARIES, WAGES OR COMPENSATION							
31. AMOUNT PAID	9(10)V99	С	12	338-349	SEE FORM 480.30), ITEM 1, COLUMN 1.	
32. TAX WITHHELD	9(10)V99	С	12	350-361	SEE FORM 480.30), ITEM 1, COLUMN 2.	
33. FILLER	9(60)	С	60	362-421	ZEROS.		
PAYMENTS FOR SERVICES RENDERED BY INDEPENDENT CONTRACTORS							
34. AMOUNT PAID	9(10)V99	С	12	422-433	SEE FORM 480.30), ITEM 2, COLUMN 1.	
35. TAX WITHHELD	9(10)V99	С	12	434-445	SEE FORM 480.30), ITEM 2, COLUMN 2.	
36. FILLER	9(60)	С	60	446-505	ZEROS.		
SALE OF PROPERTY							
37. AMOUNT PAID	9(10)V99	С	12	506-517	SEE FORM 480.30), ITEM 4, COLUMN 1.	
38. TAX WITHHELD	9(10)V99	С	12	518-529	SEE FORM 480.30), ITEM 4, COLUMN 2.	
39. FILLER	9(60)	С	60	530-589	ZEROS.		
DIVIDENDS SUBJECT TO PREFERENTIAL RATE UNDER SPECIAL ACT %							
40. AMOUNT PAID	9(10)V99	С	12	590-601	SEE FORM 480.30), ITEM 7, COLUMN 1.	
41. TAX WITHHELD	9(10)V99	С	12	602-613	SEE FORM 480.30), ITEM 7, COLUMN 2.	
42. FILLER	9(60)	С	60	614-673	ZEROS.		
ROYALTIES							
43. AMOUNT PAID	9(10)V99	С	12	674-685	SEE FORM 480.30), ITEM 8, COLUMN 1.	
44. TAX WITHHELD	9(10)V99	С	12	686-697	SEE FORM 480.30), ITEM 8, COLUMN 2.	
45. FILLER	9(60)	С	60	698-757	ZEROS.		
INTERESTS							
46. AMOUNT PAID	9(10)V99	С	12	758-769	SEE FORM 480.30), ITEM 10, COLUMN 1.	
47. TAX WITHHELD	9(10)V99	С	12	770-781	SEE FORM 480.30), ITEM 10, COLUMN 2.	

* REQUIRED FIELDS



FILE DESCRIPTION	DATE: OCTOBER 2022								
FILE NAME: F48030Y22					RECORD TYPE: RETURN				
RECORD NAME: NONRESIDENT ANNU SOURCE - FORM TYPE 480.30	AL RETUR	RN F	OR INCC	OME TAX	WI	THHELD AT	RECORD LENGTH:	2500	
P=PACKED, B=BINARY, C=CHARACTER									
FIELD NAME	PICTURE		BYTES	FILE LOCATIO			COMMENTS	RE	
Γ	T				<u> </u>				
48. FILLER	9(60)	С	60	782-841	l	ZEROS.			
RENTS									
49. AMOUNT PAID	9(10)V99	С	12	842-853	3	SEE FORM 480.30), ITEM 11, COLUMN 1.		
50. TAX WITHHELD	9(10)V99	С	12	854-865	5	SEE FORM 480.30), ITEM 11, COLUMN 2.		
51. FILLER	9(60)	С	60	866-925	5	ZEROS.			
COMPENSATION PAID BY SPORT'S TEAMS									
52. AMOUNT PAID	9(10)V99	С	12	926-937	7	SEE FORM 480.30), ITEM 3, COLUMN 1.		
53. TAX WITHHELD	9(10)V99	С	12	938-949)	SEE FORM 480.30), ITEM 3, COLUMN 2.		
54. FILLER	9(60)	С	60	950-100	9	ZEROS.			
PUBLIC SHOWS									
55. AMOUNT PAID	9(10)V99	С	12	1010-102	21	SEE FORM 480.30), ITEM 12, COLUMN 1.		
56. TAX WITHHELD	9(10)V99	С	12	1022-103	33	SEE FORM 480.30), ITEM 12, COLUMN 2.		
57. FILLER	9(60)	С	60	1034-109	93	ZEROS.			
OTHER PAYMENTS SUBJECT TO WITHHOLDING									
58. AMOUNT PAID	9(10)V99	С	12	1094-110)5	SEE FORM 480.30), ITEM 13, COLUMN 1.		
59. TAX WITHHELD	9(10)V99	С	12	1106-111	17	SEE FORM 480.30), ITEM 13, COLUMN 2.		
60. FILLER	9(60)	С	60	1118-117	17	ZEROS.			
TOTAL									
61. AMOUNT PAID	9(10)V99	С	12	1178-118	39	SEE FORM 480.30), TOTAL COLUMN 1.		
62. TAX WITHHELD 63. FILLER	9(10)V99 9(12)	C C	12 12	1190-120 1202-121		SEE FORM 480.30 ZEROS.), TOTAL COLUMN 2.		
DEPOSITS AND TAX WITHHELD RELATION JANUARY	9(12)			1202-121		LERO3.			
	0(10)3/00	C	10	1014 100	5				
64. AMOUNT PAID	9(10)V99	C	12	1214-122					
65. TAX WITHHELD 66. FILLER	9(10)V99 9(24)	C C	12 24	1226-123 1238-126		ZEROS.			
FEBRUARY									
67. AMOUNT PAID	9(10)V99	С	12	1262-127	73				
68. TAX WITHHELD	9(10)V99	С	12	1274-128		700.00			
69. FILLER MARCH	9(24)	С	24	1286-130	19	ZEROS.			

* REQUIRED FIELDS





FILE DESCRIPTION	DATE: OCTOBER 2022							
FILE NAME: F48030Y22		RECORD TYPE: RETURN						
FILE NAME: F48050 Y22 RECORD NAME: NONRESIDENT AND	NILAI DETUR		OR INCO	MF TAX			RECORD LENG	2 TH· 2500
SOURCE - FORM TYPE 480.30	NUAL NEI UP	II I			. **1	ΙΠΠΕΊΟΑΙ	AECOND LENG	J I II. <i>4</i> JUU
	 ¬							
P=PACKED, B=BINARY, C=CHARACTER								
	<u> </u>			FILE				
FIELD NAME	PICTURE		BYTES	LOCATIO	ON		COMMENTS	RE
	I	1	1	1		T		
70. AMOUNT PAID	9(10)V99	С	12	1310-132	21			
71. TAX WITHHELD	9(10)V99	С	12	1322-133	~~ ~			
71. TAX WITHHELD 72. FILLER	9(10) 999	C	12 24	1322-133		ZEROS.		
APRIL								
73. AMOUNT PAID	9(10)V99	С	12	1358-136	59			
74. TAX WITHHELD 75. FILLER	9(10)V99 9(24)	C C	12 24	1370-138 1382-140		ZEROS.		
MAY)(24)	C	24	1302-140	55	ZEROS.		
	9(10)V99	С	12	1406 141	17			
76. AMOUNT PAID	9(10) V99		12	1406-141	1/			
77. TAX WITHHELD	9(10)V99	C	12	1418-142		75D00		
78. FILLER JUNE	9(24)	С	24	1430-145	53	ZEROS.		
79. AMOUNT PAID	9(10)V99	С	12	1454-146	55			
80. TAX WITHHELD	9(10)V99	С	12	1466-147	77			
81. FILLER JULY	9(24)	С	24	1478-150)1	ZEROS.		
JULY								
82. AMOUNT PAID	9(10)V99	С	12	1502-151	13			
83. TAX WITHHELD	9(10)V99	С	12	1514-152	25			
84. FILLER	9(24)	С	24	1526-154		ZEROS.		
AUGUST								
85. AMOUNT PAID	9(10)V99	С	12	1550-156	51			
86. TAX WITHHELD	9(10)V99	С	12	1562-157	73			
87. FILLER	9(24)	C	24	1574-159		ZEROS.		
SEPTEMBER								
88. AMOUNT PAID	9(10)V99	С	12	1598-160)9			
	0/10\100	6	10	1610 160	N 1			
89. TAX WITHHELD 90. FILLER	9(10)V99 9(24)	C C	12 24	1610-162 1622-164		ZEROS.		
OCTOBER								
91. AMOUNT PAID	9(10)V99	С	12	1646-165	57			
92. TAX WITHHELD 93. FILLER	9(10)V99 9(24)	C C	12 24	1658-166 1670-169		ZEROS.		
NOVEMBER)(24)	C	27	10/0 102	/5	EEROS.		
94. AMOUNT PAID	9(10)V99	С	12	1694-170	15			
74. AWOUNI FAID	3(10) 199		12	1094-170	,,			
95. TAX WITHHELD	9(10)V99	C	12	1706-171		ZEDOC		
96. FILLER DECEMBER	9(24)	С	24	1718-174	+1	ZEROS.		
97. AMOUNT PAID 98. TAX WITHHELD	9(10)V99 9(10)V99	C C	12 12	1742-175 1754-176				
70. IAA WIIIIIIEED	7(10) \$ 33		14	1/34-1/0	J.J	I		

* REQUIRED FIELDS



FILE DESCRIPTION	Ι	DATE: OCTOBER 2022					
FILE NAME: F48030Y22	F	RECORD TYPE: RETURN					
RECORD NAME: NONRESIDENT ANNU	AL RETUR	RN F	OR INCO			RECORD LENGTH: 2	2500
SOURCE - FORM TYPE 480.30							
P=PACKED, B=BINARY, C=CHARACTER							
1-FACKED, D-DIVART, C-CHARACTER		Ļ					
	▼ FILE						
FIELD NAME	PICTURE		BYTES	LOCATIO	N	COMMENTS	RE
99. FILLER	9(24)	С	24	1766-1789	ZEROS.		1
99. FILLER TOTALS	9(24)	C	24	1/00-1/89	ZERUS.		
100. TOTAL AMOUNT PAID MONTHLY	9(12)	С	12	1790-1801			
101. TAX WITHHELD	9(10)V99	С	12	1802-1813	,	EM 1.	
102. FILLER 103. FILLER	9(12) X(12)	C C	12 12	1814-1825 1826-1837			*
TOTAL TAX WITHHELD AFTER THE	A(12)	C	12	1820-1857	SPACES.		
104. CREDIT FOR TAX ON DEEMED DIVIDENDS	9(10)V99	С	12	1838-1849	SEE PATRT II, IT	EM 3.	
105. FILLER	9(12)	С	12	1850-1861	ZEROS.		
DIVIDENDS 10%							
106. AMOUNT PAID	9(10)V99	С	12	1862-1873	3 SEE FORM 480.3), ITEM 5, COLUMN 1.	
107. TAX WITHHELD	9(10)V99	С	12	1874-1885	5 SEE FORM 480 3), ITEM 5, COLUMN 2.	
)(10)(1)			10,11000		WITH THE CREDIT FOR	
						D DIVIDENDS (SECTION	
CREDIT FOR TAX ON DEEMED DIVIDENDS					,	12 FOR PART II ITEM 2 X ON DEEMED DIVIDENDS	
108. (SECTION 1062.11)	9(10)V99	С	12	1886-1897			
109. FILLER	9(60)	Č	60	1898-1957			
DIVIDENDS 15%							
110. AMOUNT PAID	9(10)V99	С	12	1958-1969	SEE FORM 480.3), ITEM 6, COLUMN 1.	
	9(10)V99	С	12	1970-1981	SEE EODM 490.2), ITEM 6, COLUMN 2.	
111. TAX WITHHELD	9(10) 999	C	12	1970-1981		WITH THE CREDIT FOR	
						D DIVIDENDS (SECTION	
					,	08 FOR PART II ITEM 2	
CREDIT FOR TAX ON DEEMED DIVIDENDS 112. (SECTION 1062.08)	9(10)V99	С	12	1982-1993		X ON DEEMED DIVIDENDS	
112. (SECTION 1002.08) 113. FILLER	9(10) V99	C	12 60	1982-1993		5).	
SPECIALIST'S INFORMATION	(00)	0	00	1)) 1 2000			
114. SPECIALIST PAID FOR PREPARATION	9(1)	С	1	2054-2054	4 '1' IF 'Yes' OR '0	' IF 'No'	*
115. SPECIALIST SELF EMPLOYED	9(1)	С	1	2055-2055	5 '1' IF 'Yes' OR '0	' IF 'No'	*
116. REGISTRATION NUMBER	9(9)	С	9	2056-2062	2		*
117 NAME OF FIRM OF BUSINESS	X(30)	С	30	2063-2092	,		*
117. NAME OF FIRM OR BUSINESS	A(30)		30	2003-2092		ST NAME OF THE	+ .
		1			SPECIALIST 'S. L	EFT JUSTIFIED AND FILL	
		~				REQUIRED ONLY FOR	*
118. SPECIALIST'S FIRST NAME	X(20)	С	20	2093-2112		DLE NAME OF THE	
119. SPECIALIST'S MIDDLE NAME	X(1)	с	1	0112 0112	SPECIALIST'S. L	EFT JUSTIFIED AND FILL	
117. SI ECIALISI S MIDDLE NAME	Δ(1)		1	2113-2113		T NAME OF THE	+
					SPECIALIST'S. L	EFT JUSTIFIED AND FILL REQUIRED ONLY FOR	*
120. SPECIALIST'S LAST NAME	X(30)	С	30	2114-2143		NEYOTKED UNET FOR	
					ENTER THE SEC	OND LAST NAME OF THE	
SPECIALIST'S MOTHER'S MAIDEN LAST 121. NAME	X(20)	С	20	2144-2163		EFT JUSTIFIED AND FILL	
122 EILLED	V (24)	С	24	2164 2107	7 SDACES		*
122. FILLER	X(34)	U	34	2164-2197	7 SPACES.		Ť

* REQUIRED FIELDS



RETUF		OR INCO	RE	TE: OCTOBER 2022 CORD TYPE: RETUR ITHHELD AT	RECORD LENGTH: 2	500
RETUR	RN FO	OR INCC				500
RETUR		OR INCO	OME TAX W	ITHHELD AT	RECORD LENGTH: 2	500
	_					
	•					
CTURE		BYTES	FILE LOCATION	C	COMMENTS	RF
0)V99	С	12	2198-2209	SEE FORM 480.30	, ITEM 9, COLUMN 1.	
0)V99	С	12	2210-2221		, ITEM 9, COLUMN 2.	
0) 0)V99	C	60	2222-2281	SPACES.		*
$\frac{0}{0}$	C	10	2294-2303			+
0)V99	С	12	2304-2315	SEE FORM 480.30	, ITEM 14, COLUMN 1.	
0)V99	С	12	2316-2327	SEE FORM 480.30	, ITEM 15, COLUMN 1.	
35)	С	35	2328-2362	SPECIALIST ADD	RESS LINE NUMBER 1.	*
35)	С	35	2363-2397	SPECIALIST ADD	RESS LINE NUMBER 2.	
13)	С	13	2398-2410			*
2)	С	2	2411-2412			*
)	С	5	2413-2417			*
)	C	4	2418-2421	,	VAILABLE.	
/						*
40)		9	2440-2454		SON FOR CHANGE FORM.	*
	С	40	2455-2494		AND FILL WITH BLANKS.	1
	0)V99 0)V99 35) 35) 33) 2)) 24))	0) C 0)V99 C 0)V99 C 35) C 30) C 20) C 1) C 24) C 1) C	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0) C 10 2294-2303 0)V99 C 12 2304-2315 SEE FORM 480.30 0)V99 C 12 2316-2327 SEE FORM 480.30 0)V99 C 12 2316-2327 SEE FORM 480.30 35) C 35 2328-2362 SPECIALIST ADD 35) C 35 2363-2397 SPECIALIST ADD 30) C 13 2398-2410 2411-2412 20) C 2 2411-2412 2413-2417 20) C 5 2413-2417 2413-2417 24) C 24 2422-2445 SPACES. 2) C 9 2446-2454 ZEROS.	0) C 10 2294-2303 0)V99 C 12 2304-2315 SEE FORM 480.30, ITEM 14, COLUMN 1. 0)V99 C 12 2316-2327 SEE FORM 480.30, ITEM 15, COLUMN 1. 35) C 35 2328-2362 SPECIALIST ADDRESS LINE NUMBER 1. 35) C 35 2363-2397 SPECIALIST ADDRESS LINE NUMBER 2. 33) C 13 2398-2410 2) C 2 2411-2412 2) C 2 2413-2417 2) C 4 2418-2421 ZEROS, IF NOT AVAILABLE. 24) C 24 2422-2445 SPACES. 3) C 9 2446-2454 ZEROS.



EXHIBIT Q

Formulario 480.30 Form Rex 08.22	- Departamento	de Hacienda - De	emment of Puerto Rico partment of the Treasury	20	Electro	onfirmación de Radicación Electrónic nic Filing Confirmation Number
(W) PLANEL			S RETENIDA EN EL ORIGEN - NO	RESIDENTE	PLAN	LLA ENMENDADA - AMENDED RETURN
Número de Identificación Patronal o Se		stria o Negocio		mularios 480.6	~	Sello de Recibido
Employer Identification Number or Social Sec		stry or Business		Forms 480.6C		
Nombre del Agente Retenedor - Withhol	iding Agent's Name				1	
Dirección Postal - Postal Address		Dirección Física -	Physical Address			
Código	Postal - Zip Code	28				
Aportación Especial por Servicios Prol	TAXABLE PROPERTY AND ADDRESS OF TAXABLE PROPERTY.				der Act 48-2013:	
Parte I - Part I Resumen o	De los Formularios 480.6C por Clase de Ingreso - Type		ummary of Forms 480.6C per Type o		agada - Amount Pe	d Contribución Retenida - Tax Withhe
1. Salarios, Jornales o Compensacion						
2. Pagos por Servicios Prestados por (
 Remuneración Pagada por Equip Compensation Paid by International A 			ernacionales			
4. Venta de Propiedad - Sele of Prope	άy					
5. Dividendos Sujetos al 10% bajo la Se	and the second	the second se	PARTY IN CONTRACTOR OF A DESCRIPTION OF			
 Dividendos Sujetos al 15% bajo la Se Dividendos Sujetos a Tasa Prefere 						
 Dividendos Sujetos a rasa Prefere Regalías - Royalties 	more palorey especial - owiden	a suger to Preserent	an nané analér apévidi Alét <u>1</u> 3			+ + +
9. Regalias Sujetas a Tasa Especial b	ajo Leyes de Incentivos - Royalt	es Subject to Special R	ale under Incentives Acts%			
0. Intereses - Interests						
1. Rentas - Rents						
2 Espectáculos Públicos - Public Sh		baldes.				
3. Otros Pagos Sujetos a Retención 4. Pagos por Servicios Prestados Fu			utside of Puerto Rico			
5. Otros Pagos No Sujetos a Retenci						
TOTAL Parte II - Part II Reconcilia Mes - Mont Enero - January			onthly Tax Withheld Reconciliation ad Pagada - Amount Paid		Contribuc	ion Retenida - Tax Withheld
Febrero - February	C					
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 sol	bra Dividandos Impliaitas i	Pannin 1053 131				
2. Credito por contribución sol	bre Dividendos implicitos (Seccion 1062.13)				
Credit for tax on Deemed Divid	Jenus (Sectori 1062.15)					
	enida luego del crédito p	oor contribución	sobre Dividendos Implicito	08		
 Total de contribución rete Total tax withheid añer the cre Juro (o ahmo) como agenta relener se hizo de acuerdo con el Codigo de under penates of penjury, that this retu 	enida luego del crédito edit for tax on Deemed Divid dor, representante legal u oho: Rentas Internas de Puerto Ro un is true, correct and complete,	lends al autorizado, bajo p o de 2011, seguiñ en and that the Cax with	UCATIONO CAN Indiada de perjuno, que esta plan mendado, y sus reglamentos I se noting was made pursuant to the Pu	***	correcta y comple as witholding aber nal Revenue Code	b. y que la relención de la contribución t, legal representative or authorized oficial of 2011, as amended, and its regulations. Fecha - Date
3. Total de contribución rete Total tax withheid after the cre	enida luego del crédito edition tax on Deemed Divid dor, representante legal u obcu- ministrue, correct and complete, enresentante u Oficial Autorizz répresentative or Autorizz Offi	ends al autorizado, bajo p o de 2011, seguit en and that the Cax with do cal	JURAFERITO-OATH Indindad de perjuno, que esta plan mendado, y sus reglamentos - 1 sa nocing was made púrsuant to the Pu Título - Títle	 ear (or affirm) erto Fuco Inter	correcta y comple ss withholding aber nai Revenue Cobe	b. y que la referición de la contribución t légal representative or authorized official of 2011, as amended, ano its regulations. Fecha - Date
3. Total de contribución rete Total tax withheid after the cri Juro (o atrimo) como agenta releme de acuerdo con el Codigo de under penates of penury, that trib ret. Firma del Agente Relenedor, R Signature of Witmolding Agent, F	enida luego del crédito edit for tax on Deemed Divis dor, representante legal u obox e Rienda Internas de Puerto Ro em is true, correct and complete epresentante u Oficial Autoriza Ripresentante or Authorizad Official PA	ends autorizado, bajo p o de 2011, seguh en and that the tax with do cal RAUSO DELLESPECIA	UCATIONO CAN Indiada de perjuno, que esta plan mendado, y sus reglamentos I se noting was made pursuant to the Pu	illa es cxerta, ear (or afirm) erlo Rico Intér SEONLY		Fecha - Dute
Total de contribución reta Total tax withheid after the cri Juro (o aftirmo) como agenta retemes entro de acuerdo com el Codigo de under penaites of perjury, that this retu- Pirma del Agente Retenedor, R Signature of Withholding Agent, R Nombre del Especialista (Letra de Molde Marque si es empleado por cuenta prop	enida luego del crédito edit for tax on Deemed Divic dor, representante legal u dos Rientas internas de Puerto Ro minis true, correct and complete, epresentante u Oficial Autorizz Nepresentative or Authonizad Off PA	ends autorizado, bajo p o de 2011, seguh en and that the tax with do cal RAUSO DELLESPECIA	JURAHIBITO-OATH Inalifaid de perjuno, que esta plan mendado, y sus reglamentos I sa noting was made pursuant to the Pu Título - Title LISTASO FAITENTE - SPECIALISTS U	illa es cxerta, ear (or afirm) erlo Rico Intér SEONLY	istro - Registration N	Fecha - Dute
Total de contribución rete Total tax withheid after the cri Juro (o atimo) como agenta releme se hizo de acuerdo con el Codeo de under penaites of perjury, that this retu Firma del Agente Relenedor, R Signature of Withholding Agent, F Nombre del Especialista (Letra de Molde	enida luego del crédito edit for tax on Deemed Divic dor, representante legal u dos Rientas internas de Puerto Ro minis true, correct and complete, epresentante u Oficial Autorizz Nepresentative or Authonizad Off PA	ends autorizado, bajo p o de 2011, seguh en and that the tax with do cal RAUSO DELLESPECIA	JURAHIBITO-OATH Inalifaid de perjuno, que esta plan mendado, y sus reglamentos I sa noting was made pursuant to the Pu Título - Title LISTASO FAITENTE - SPECIALISTS U	illa es cxerta, ear (or afirm) erlo Rico Intér SEONLY	istro - Registration N	Fecha - Date





FILE DESCRIPTION				D	ATE: OCTOBER 2022	
FILE NAME: F4807B1Y22 FOR 4	80.7			RI	ECORD TYPE: RETURN	
RECORD NAME: ANNUAL RECONCIL INDIVIDUAL RETIREMENT ACCOUNT	IATION STA				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.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2022.	*
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	
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	NUMBER SSN.	*
14. BUSINESS NAME	X(30)	С	30	57-86		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
23. FILLER	X(2)	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 2022 FORM 480.7B.1 (480.7)



FILE NAME: F4807B1Y22 FOR 480.7 RECORD NAME: ANUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM RECORD NAME: ANUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM INDIVIDUAL RETIREMENT ACCOUNTS - PORM TYPE 480.78.1 RECORD LENGTH: 2: RECORD LENGTH: 2: RECORD STATEMENT ACCOUNTS - PORM TYPE 480.78.1 P=PACKED B-BINARY, C-CHARACTER PIETOR BYTES IDCATION COMMENTS 22. STATE N2 C 2 306-307 COMMENTS 23. CLONE GENERATION 9(5) C 5 308.312 ZEROS, IF NOT AVAILABLE. 24. CODE 9(5) C 5 308.312 ZEROS, IF NOT AVAILABLE. 25. CHARGE OF ADDRESS X1) C 1 317.317 "N" = NO. 30. CHARGE OF ADDRESS X1) C 1 317.317 "N" = NO. 31. FOME FROM SOURCES WITHIN P.R. (10%) 9(10)V99 C 12 388.79 SEF FORM 480.76.1, PART I ITEM 1, COLUMN 1 33. INCOME FROM SOURCES WITHIN P.R. (10%) 9(10)V99 C 12 392-403 SET FORM 480.76.1, PART I ITEM 2, COLUMN 1 NORMERITIES 1.0001 Y00)V99 C 12 404-415 SEE FORM 480.76.1, PART I I	FILE DESCRIPTION					DATE: OCTOBER 2022		
RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM INDIVIDUAL RETIREMENT ACCOUNTS - FORM TYPE 480.7B.1 PERCED B-DINARY, C-CHARACTER P-PACKED, B-DINARY, C-CHARACTER FILE FILE COMMENTS FILE DNAME FICURE BYTES COLATION COMMENTS 27. STATE X(2) C 2 306-307 COMMENTS 28. ZP-CODE 9(5) C 5 398-312 ZEROS, IF NOT AVAILABLE. 29. ZP-CODE EXTENSION 9(4) C 4 313-30 ZEROS, IF NOT AVAILABLE. 20. CODE EXTENSION 9(4) C 4 313-316 ZEROS, IF NOT AVAILABLE. 30. CHANGE oF ADDRESS X(1) C 1 317-317 "Y" = YES. 31. E-MAIL X(50) C 50 318-367 E-MAIL ADDRESS. TAX WITHHELD 32. INTERESTS (10%) 9(10)V99 C 12 388-379 SEE FORM 480.7B L PART L ITEM L COLUMN L 33. INCOME FROM OURGES WITHIN P.R. (10%) 9(10)V99 C 12 380-391 SEE FORM 480.7B L	FILE NAME: F4807B1Y22 FOR 48	0.7]	RECORD TYPE: RETUI	RN	
P-PACKED, B-BINARY, C-CHARACTER FILE FILE DOCATION COMMENTS 21. STATE X(2) C 2 306-307 COMMENTS 23. ZIP-CODE 9(5) C 5 308-312 ZEROS, IF NOT AVAILABLE. 29. ZIP-CODE EXTENSION 9(4) C 4 313-316 ZEROS, IF NOT AVAILABLE. 20. CHANGE OF ADDRESS X(1) C 1 317-317 """ "YES." 31. EMAIL X(50) C 50 318-367 E-MAIL ADDRESS. 32. INTERESTS (0%) 9(10)V99 C 12 368-379 SEE FORM 507.BL PART LITEM 1. COLUMN 1. 33. INCOME FROM SOURCES WITHIN P.R. (0%) 9(10)V99 C 12 380-391 SEE FORM 507.BL PART LITEM 1. COLUMN 1. 100-DUE TAX WITHELD AT DESIGNET ON DUE TAY WITHELD AT DESIGNET ON DUE TAY WITHELD ADDRESS 9(10)V99 C 12 380-491 SEE FORM 507.BL PART LITEM 1. COLUMN 1. 100-DUE TAX WITHELD FROM SOURCES WITHIN P.R. (0%) 9(10)V99 C 12 404-415 SEE FORM 507.BL PART LITEM 1. COLUMN 1. 35. OF PUERTO RECO (0%) 9(10)V99 C <th></th> <th></th> <th>ATE</th> <th>MENT O</th> <th>F TAX WI</th> <th>THHELD FROM</th> <th>RECORD LENGTH:</th> <th>2500</th>			ATE	MENT O	F TAX WI	THHELD FROM	RECORD LENGTH:	2500
FIELD NAME PICTURE FILE BYTES FOR LOCATION COMMENTS 27. STATE X(2) C 2 306-307 Comments 28. ZIP-CODE 9(5) C 5 308-312 ZIEROS, IF NOT AVAILABLE. 29. ZIP-CODE 9(5) C 5 308-312 ZIEROS, IF NOT AVAILABLE. 29. ZIP-CODE STATE X(1) C 1 317-317 DLANN "N" = NO. 30. CHANGE OF ADDRESS X(1) C 1 317-317 DLANN "N" = NO. 31. E-MAIL X(50) C 50 318-367 F-MAIL ADDRESS. TAX WITHHELD 9(10)V99 C 12 368-379 SEE FORM 480-78.1, PART LITEM 1, COLUMN 1, 33. INCOME FROM GOVERNMENT PENSIONERS 31. INCOME FROM GOVERNMENT PENSIONERS 9(10)V99 C 12 392-403 SEE FORM 480-78.1, PART LITEM 1, COLUMN 1, NECOME TAX WITHHELD AT SOURCE ON DESTRUTIONS FOR ELASION OF A DESTRUTIONS FOR	INDIVIDUAL RETIREMENT ACCOUNT	S - FORM	ГҮРІ	E 480.7B.	1			
FILD NAME PICTURE BYTES LOCATION COMMENTS 27. STATE X(2) C 2 306-307	P-PACKED B-BINARY C-CHARACTER							
FIELD NAMEPICTUREBYTESLOCATIONCOMMENTS27. STATEX(2)C2306-307	I -I ACKED, B-DIIVAK I, C-CHAKACTEK							
27. STATE X(2) C 2 306-307 28. ZIP-CODE 9(5) C 5 308-312 ZEROS, IF NOT AVAILABLE. 29. ZIP-CODE 9(5) C 5 308-312 ZEROS, IF NOT AVAILABLE. 29. ZIP-CODE SEE FORM 480 7B J. PAOT AVAILABLE. BLANK "N" = NO, NO 30. CHANGE OF ADDRESS X(1) C 1 317-317 "Y" = YES. 31. E-MAIL X(50) C 50 318-367 E-MAIL ADDRESS. TAX WITHHELD 32. INTERESTS (10%) 9(10)V99 C 12 366-379 SEE FORM 480.7B.1, PART I, ITEM I, COLUMN I, I 33. INCOME FROM GOVERNMENT PENSIONERS 9(10)V99 C 12 306-301 SEE FORM 480.7B.1, PART I, ITEM I, COLUMN I, I 34. (10%) NICOME FROM GOVERNMENT PENSIONERS 9(10)V99 C 12 404-415 SEE FORM 480.7B.1, PART I, ITEM I, COLUMN I, I 35. OF PUERTO RICO (10%) 9(10)V99 C 12 404-415 SEE FORM 480.7B.1, PART I, ITEM I, COLUMN I, I 36. N								
28. ZIF-CODE 9(5) C 5 308-312 ZEROS, IF NOT AVAILABLE. 29. ZIF-CODE EXTENSION 9(4) C 4 313-316 ZEROS, IF NOT AVAILABLE. 30. CHANGE OF ADDRESS X(1) C 1 317-317 "N" = NO. 31. E-MAIL X(50) C 50 318-367 E-MAIL ADDRESS. TAX WITHHELD V C 12 368-379 SPE FORM 480.78.1, PART 1, ITEM 1, COLUMN 1, 33. INCOME FROM SOURCES WITHIN P. R. (10%) 9(10)V99 C 12 380-391 SPE FORM 480.78.1, PART 1, ITEM 2, COLUMN 1, INCOME FROM GOVERNMENT PENSIONERS 9(10)V99 C 12 392-403 SPE FORM 480.78.1, PART 1, ITEM 3, COLUMN 1, INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISA SOURCE ON PA OR REASON OF A DISA SOURCE ON ON PA CLARED BY THE GOVERNOR 9(10)V99 C 12 4404-415 SPE FORM 480.78.1, PART 1, ITEM 3, COLUMN 1, 36. NORRESIDENTS 9(10)V99 C 12 446-427 SPE FORM 480.78.1, PART 1, ITEM 4, COLUMN 1, 37. PFNALTY WITHHELD FRO	FIELD NAME	PICTURE		BYTES	LOCATIO	N (COMMENTS	RE
28. ZP-CODE 9(5) C 5 308-312 ZEROS, IF NOT AVAILABLE. 29. ZP-CODE EXTENSION 9(4) C 4 313-316 ZEROS, IF NOT AVAILABLE. 30. CHANGE OF ADDRESS X(1) C 1 317-317 "Y" = YES. 31. E-MAIL X(50) C 50 318-367 E-MAIL ADDRESS. TAX WITHHELD 0 - - - - - 32. INTERRESTS (10%) 9(10)V99 C 12 368-379 SEE FORM 480.78.1, PART 1, ITEM 1, COLUMN 1, INCOME FROM GOVERNMENT PENSIONERS 34. (10%) 9(10)V99 C 12 392-403 SEE FORM 480.78.1, PART 1, ITEM 3, COLUMN 1, INCOME FAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON 0F A DISANT WITHOR COLORARD SUBCIARCE DEV THE GOVERNOR 9(10)V99 C 12 404-415 SEE FORM 480.78.1, PART 1, ITEM 4, COLUMN 1, SET FORM 480.78.1, PART 1, ITEM 4, COLUMN 1, SUBTOTAL TAX WITHHELD FROM INDUDUAL RETREMENT ACCOUNTS 9(10)V99 C 12 446-427 SEE FORM 480.78.1, PART 1, ITEM 4, COLUMN 1, SUBTOTAL TAX WITHHELD 9(10)V99 C 12 446-415 SEE FORM								
29. ZP-CODE EXTENSION 9(4) C 4 313-316 ZEROS, IF NOT AVAILABLE. 30. CHANGE OF ADDRESS X(1) C 1 317-317 "Y" = YES. 31. E-MAIL X(50) C 50 318-367 E-MAIL ADDRESS. TAX WITHHELD C 50 318-367 E-MAIL ADDRESS. 32. INTERESTS (10%) 9(10)V99 C 12 368-379 SEE FORM 480.78.1, PART I, ITEM 1, COLUMN 1. 33. INCOME FROM SOURCES WITHIN P.R. (10%) 9(10)V99 C 12 380-391 SEE FORM 480.78.1, PART 1, ITEM 2, COLUMN 1. 1NCOME FROM OVERNMENT PENSIONERS 9(10)V99 C 12 392-403 SEE FORM 480.78.1, PART 1, ITEM 3, COLUMN 1. 1NCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISTRIBUTIONS FOR REASON	27. STATE	X(2)	С	2	306-307			*
30. CHANGE OF ADDRESS X(1) C 1 317-317 BLANK "N" = N0, "Y" = YES. 31. E-MAIL X(50) C 50 318-367 E-MAIL ADDRESS. TAX WITHHELD 32. INTERESTS (10%) 9(10)V99 C 12 368-379 SEE FORM 480.7B.1, PART 1, ITEM 1, COLUMN 1. 33. INCOME FROM SOURCES WITHIN P.R. (10%) 9(10)V99 C 12 380-391 SEE FORM 480.7B.1, PART 1, ITEM 2, COLUMN 1. INCOME FROM COVERNMENT PENSIONERS 9(10)V99 C 12 392-403 SEE FORM 480.7B.1, PART 1, ITEM 3, COLUMN 1. INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 9(10)V99 C 12 404-415 SEE FORM 480.7B.1, PART 1, ITEM 4, COLUMN 1. 36. NONRESIDENTS 9(10)V99 C 12 416-427 SEE FORM 480.7B.1, PART 1, ITEM 4, COLUMN 1. 37. PENALTY WITHHELD RELATION 9(10)V99 C 12 428-439 SEE FORM 480.7B.1, PART 1, ITEM 5, COLUMN 1. 38. (PORMS 480.7) 9(10)V99 C 12 440-451	28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT A	VAILABLE.	*
30. CHANGE OF ADDRESS X(1) C 1 317-317 "Y" = YES. 31. E-MAIL X(50) C 50 318-367 E-MAIL ADDRESS. TAX WITHHELD C 50 318-367 E-MAIL ADDRESS. 32. INTERESTS (10%) 9(10)V99 C 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 C 12 380-391 SEE FORM 480.7B.1, PART I, ITEM 2, COLUMN 1. INCOME FROM GOVERNMENT PENSIONERS 9(10)V99 C 12 392-403 SEE FORM 480.7B.1, PART 1, ITEM 3, COLUMN 1. INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISATE DECLARED BY THE GOVERNOR 9(10)V99 C 12 404-415 SEE FORM 480.7B.1, PART 1, ITEM 4, COLUMN 1. 36. NORRESIDENTS 9(10)V99 C 12 416-427 SEE FORM 480.7B.1, PART 1, ITEM 4, COLUMN 1. 37. PENALTY WITHHELD ACOUNTS 9(10)V99 C 12 440-451 SEE FORM 480.7B.1, PART 1, ITEM 4, COLUMN 1. 38. (FORMS 480.7) 9(10)V99 C 12 440-451 SEE FORM 480.7B.1, PART 1, ITEM 4, COLUMN 1.	29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT A	VAILABLE.	
31. E-MAIL X(50) C 50 318-367 E-MAIL ADDRESS. TAX WITHHELD		V (1)	C	1	217 217			
TAX WITHHELD C 12 368-379 SEE FORM 480.7B.I, PART I, ITEM 1, COLUMN I. 32. INTERESTS (10%) 9(10)V99 C 12 368-379 SEE FORM 480.7B.I, PART I, ITEM 2, COLUMN I. 33. INCOME FROM GOURNMENT PENSIONERS 9(10)V99 C 12 380-391 SEE FORM 480.7B.I, PART I, ITEM 2, COLUMN I. INCOME FROM GOVERNMENT PENSIONERS 9(10)V99 C 12 392-403 SEE FORM 480.7B.I, PART I, ITEM 3, COLUMN I. INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 9(10)V99 C 12 404-415 SEE FORM 480.7B.I, PART I, ITEM 4, COLUMN I. 36. OPPUERTO RICO (10%) 9(10)V99 C 12 416-427 SEE FORM 480.7B.I, PART I, ITEM 6, COLUMN I. 37. PENALTY WITHHELD 9(10)V99 C 12 428-439 SEE FORM 480.7B.I, PART I, ITEM 6, COLUMN I. 38. (FORMS 480.7) 9(10)V99 C 12 440-451 SEE FORM 480.7B.I, PART I, ITEM 7, COLUMN I. 39. TOTAL FORMS 9(10) C 10 452-461 10 40. TAX WITHHELD RELATION T 12 440-451 SEE FORM 480.7B	30. CHANGE OF ADDRESS	X(1)	C	1	317-317	$\mathbf{Y} = \mathbf{Y}$	ES.	
32. INTERESTS (10%) 9(10)V99 C 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 C 12 380-391 SEE FORM 480.7B.1, PART I, ITEM 1, COLUMN 1. INCOME FROM GOVERNMENT PENSIONERS 9(10)V99 C 12 392-403 SEE FORM 480.7B.1, PART I, ITEM 3, COLUMN 1. INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISTRET DECLARED BY THE GOVERNOR 9(10)V99 C 12 404-415 SEE FORM 480.7B.1, PART I, ITEM 3, COLUMN 1. 36. NORRESIDENTS 9(10)V99 C 12 416-427 SEE FORM 480.7B.1, PART I, ITEM 4, COLUMN 1. 37. PENALTY WITHHELD 9(10)V99 C 12 428-439 SEE FORM 480.7B.1, PART I, ITEM 6, COLUMN 1. 38. (FORMS 480.7) 9(10)V99 C 12 440-451 SEE FORM 480.7B.1, PART I, ITEM 7, COLUMN 1. 39. TOTAL FORMS 9(10)V99 C 12 440-451 SEE FORM 480.7B.1, PART II, ITEM 7, COLUMN 1. 41. TAX WITHHELD ARUARY 9(10)V99 C 12 440-451 SEE	31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRES	SS.	
33. INCOME FROM SOURCES WITHIN P.R. (10%) 9(10)V99 C 12 380-391 SEE FORM 480.7B.1, PART I, ITEM 2, COLUMN I. INCOME FROM GOVERNMENT PENSIONERS 9(10)V99 C 12 392-403 SEE FORM 480.7B.1, PART I, ITEM 2, COLUMN I. INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 9(10)V99 C 12 404-415 SEE FORM 480.7B.1, PART I, ITEM 4, COLUMN I. 36. OPUERTO RICO (10%) 9(10)V99 C 12 416-427 SEE FORM 480.7B.1, PART I, ITEM 4, COLUMN I. 37. PENALTY WITHHELD 9(10)V99 C 12 428-439 SEE FORM 480.7B.1, PART I, ITEM 5, COLUMN I. 38. (FORMS 480.7) 9(10) C 10 4428-439 SEE FORM 480.7B.1, PART I, ITEM 5, COLUMN I. 39. TOTAL FORMS 9(10) C 10 4428-439 SEE FORM 480.7B.1, PART I, ITEM 7, COLUMN I. 40. TAX WITHHELD FROM INDUVAL RETREMENT ACCOUNTS 9(10) C 10 442-473 SEE FORM 480.7B.1, PART II, ITEM 7, COLUMN I. 41. TAX WITHHELD ARDARY 9(10)V99 C 12	TAX WITHHELD							
33. INCOME FROM SOURCES WITHIN P.R. (10%) 9(10)V99 C 12 380-391 SEE FORM 480.78.1, PART I, ITEM 2, COLUMN I. INCOME FROM GOVERNMENT PENSIONERS 9(10)V99 C 12 392-403 SEE FORM 480.78.1, PART I, ITEM 2, COLUMN I. INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 9(10)V99 C 12 404-415 SEE FORM 480.78.1, PART I, ITEM 4, COLUMN I. 36. OP UERTO RICO (10%) 9(10)V99 C 12 416-427 SEE FORM 480.78.1, PART I, ITEM 4, COLUMN I. 37. PENALTY WITHHELD 9(10)V99 C 12 428-439 SEE FORM 480.78.1, PART I, ITEM 5, COLUMN I. SUBTOTAL TAX WITHHELD 9(10)V99 C 12 440-451 SEE FORM 480.78.1, PART I, ITEM 5, COLUMN I. 38. (FORMS 480.7) 9(10) C 10 445-451 SEE FORM 480.78.1, PART II, ITEM 7, COLUMN I. 40. TAX WITHHELD FROM 180.7 10 440-451 SEE FORM 480.78.1, PART III, ITEM 7, COLUMN I. 41. TAX WITHHELD ARDARY 9(10)V99 C 12 440-451 SEE FORM 480.78.1, PART III, ITEM 7, COLUMN I	32 INTERESTS (10%)	9(10)V99	C	12	368-379	SEE FORM 480 7B 1	PART LITEM 1 COLUMN 1	
INCOME FROM GOVERNMENT PENSIONERS 34. (10%) 9(10)V99 C 12 392-403 SEE FORM 480.7B.1, PART I, ITEM 3, COLUMN 1. INCOME TAX WITHHELD AT SOURCE ON DISTRUEUTIONS FOR REASON OF A DISTATED RECLARED BY THE GOVERNOR 9(10)V99 C 12 404-415 SEE FORM 480.7B.1, PART I, ITEM 3, COLUMN 1. 36. OF PUERTO RICO (10%) 9(10)V99 C 12 404-415 SEE FORM 480.7B.1, PART I, ITEM 4, COLUMN 1. 37. PENALTY WITHHELD 9(10)V99 C 12 416-427 SEE FORM 480.7B.1, PART I, ITEM 5, COLUMN 1. 38. (FORMS 480.7) 9(10)V99 C 12 440-451 SEE FORM 480.7B.1, PART I, ITEM 6, COLUMN 1. 39. TOTAL FORMS 9(10) C 10 445-451 SEE FORM 480.7B.1, PART I, ITEM 7, COLUMN 1. 39. TOTAL FORMS 9(10) C 10 445-461 10 14 40. TAX WITHHELD FEND MENT ACCOUNTS 9(10)/V99 C 12 462-473 SEE FORM 480.7B.1, PART II, ITEM 7, COLUMN 1. 41. TAX WITHHELD ARLATION 12 474-485 SEE FORM 480.7B.1, PART III, ITEM 7, COLUMN 1. 42. TAX WITHHELD ARCH 9(10)V99 C 12 <								
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51. TAX WITHHELD DECEMBER 9(10)V99 C 12 594-605 SEE FORM 480.7B.1, PART III, ITEM 12, COLUMN 1. 52. TOTAL TAX WITHHELD 480.7 9(10)V99 C 12 606-617 SEE FORM 480.7B.1, PART III, ITEM TOTAL, COLUMN 1. SPECIALIST'S INFORMATION 53. SPECIALIST PAID FOR PREPARATION 9(1) C 1 618-618 '1' IF 'Yes' OR '0' IF 'No'	49. TAX WITHHELD OCTOBER	9(10)V99		12	570-581	SEE FORM 480.7B.1	, PART III, ITEM 10, COLUMN 1.	
52. TOTAL TAX WITHHELD 480.7 9(10)V99 C 12 606-617 SEE FORM 480.7B.1, PART III, ITEM TOTAL, COLUMN 1. SPECIALIST'S INFORMATION 9(1) C 1 618-618 '1' IF 'Yes' OR '0' IF 'No'		· · ·						
52. TOTAL TAX WITHHELD 480.7 9(10)V99 C 12 606-617 COLUMN 1. SPECIALIST'S INFORMATION 9(1) C 1 618-618 '1' IF 'Yes' OR '0' IF 'No' 53. SPECIALIST PAID FOR PREPARATION 9(1) C 1 618-618 '1' IF 'Yes' OR '0' IF 'No'	51. TAX WITHHELD DECEMBER	9(10)V99	С	12	594-605			
53. SPECIALIST PAID FOR PREPARATION 9(1) C 1 618-618 '1' IF 'Yes' OR '0' IF 'No'	52. TOTAL TAX WITHHELD 480.7	9(10)V99	С	12	606-617		, PART III, ITEM TOTAL,	
54. SPECIALIST SELF EMPLOYED 9(1) C 1 619-619 '1' IF 'Yes' OR '0' IF 'No'	53. SPECIALIST PAID FOR PREPARATION	9(1)	С	1	618-618	'1' IF 'Yes' OR '0'	' IF 'No'	*
	54. SPECIALIST SELF EMPLOYED	9(1)	С	1	619-619	'1' IF 'Yes' OR '0	'IF 'No'	*
55. REGISTRATION NUMBER 9(7) C 7 620-626	55. REGISTRATION NUMBER	9(7)	С	7	620-626			*
56. NAME OF FIRM OR BUSINESS X(30) C 30 627-656								*

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.7B.1 (480.7)



			DA	TE: OCTOBER 2022		
80.7			REG	CORD TYPE: RETUR	N	
JATION STA	TE	MENT O	F TAX WITH	IHELD FROM	RECORD LENGTH: 2	500
rs - form 1	TYP	E 480.7B.1	1			
	•		FILE			
PICTURE		BYTES	LOCATION	С	OMMENTS	RE
						*
X(20)	С	20	657-676			
V (1)	C	1	677 677			
A(1)	C	1	0//-0//			
V (20)	C	20	(78 707	LEFT JUSTIFIED AN	D FILL WITH BLANKS.	*
A(30)	C		0/8-/0/			
X(20)	С	20	708-727		I JUSTIFIED AND FILL WITH	
X(35)	С	35	728-762	SPECIALIST ADDRE	SS LINE NUMBER 1.	*
X(35)	С	35	763-797	SPECIALIST ADDRE	SS LINE NUMBER 2.	
X(14)	C	14	798-811			*
	-	14				
X(2)	С	2	812-813			*
9(5)	С	5	814-818			*
9(4)	C	4	819-822	ZEROS IE NOT AVA	ILARIE	
2(4)		+	017-022	ZERUS, IF NUT AVA	ILADLE.	
X(1632)	С	1632	823-2454	SPACES.		
X(40)	С	40	2455-2494			
9(6)	С	6	2495-2500	ZEROS.		*
	X(20) X(1) X(30) X(20) X(1) X(30) X(20) X(1) X(20) X(1) X(20) X(1) X(20) X(14) X(2) 9(5) 9(4) X(1632) X(40)	IATION STATE: IS - FORM TYPI PICTURE X(20) C X(1) C X(30) C X(35) C X(14) C Y(14) C 9(5) C 9(4) C X(1632) C X(40) C	IATION STATEMENT OF TS - FORM TYPE 480.7B.: PICTURE BYTES X(20) C 20 X(1) C 1 X(30) C 30 X(20) C 20 X(1) C 1 X(30) C 30 X(20) C 20 X(35) C 35 X(35) C 35 X(14) C 14 X(2) C 2 9(5) C 5 9(4) C 4 X(1632) C 1632 X(40) C 40	REC REC IATION STATEMENT OF TAX WITH IS - FORM TYPE 480.7B.1 FILE PICTURE BYTES FILE V X(20) C 20 657-676 X(1) C 1 677-677 X(30) C 30 678-707 X(20) C 20 708-727 X(35) C 35 728-762 X(35) C 35 763-797 X(14) C 14 798-811 X(2) C 2 812-813 9(5) C 5 814-818 9(4) C 4 819-822 X(1632) C 1632 823-2454 X(40) C 40 2455-2494	IATION STATEMENT OF TAX WITHHELD FROM TS - FORM TYPE 480.7B.1 PICTURE BYTES FILE LOCATION C X(20) C 20 657-676 ENTER THE FIRST N LEFT JUSTIFIED AN REQUIRED ONLY FO LEFT JUSTIFIED AN REQUIRED ONLY FO LEFT JUSTIFIED AN REQUIRED ONLY FO LEFT JUSTIFIED AN REQUIRED ONLY FO SPECIALIST S. LEFT BLANKS. X(30) C 30 678-707 ENTER THE LAST N LEFT JUSTIFIED AN REQUIRED ONLY FO ENTER THE SECON SPECIALIST S. LEFT BLANKS. X(30) C 30 678-707 REQUIRED ONLY FO ENTER THE SECON SPECIALIST S. LEFT BLANKS. X(20) C 20 708-727 BLANKS. X(35) C 35 763-797 SPECIALIST ADDRE X(14) C 14 798-811 I X(20) C 2 812-813 I 9(5) C 5 814-818 I 9(4) C 4 819-822 ZEROS, IF NOT AVA X(40) C 40 2455-2494 LEFT JUSTIFIED A	DATE: OCTOBER 2022 RECORD TYPE: RETURN IATION STATEMENT OF TAX WITHHELD FROM IS - FORM TYPE 480.7B.1 RECORD LENGTH: 2 PICTURE BYTES COMMENTS FILE IOCATION COMMENTS V COMMENTS V COMMENTS V COMMENTS V COMMENTS V COMMENTS V COMMENTS X(20) C 20 657-676 ENTER THE FIRST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. X(1) C 1 X(30) C 20 7867-677 ENTER THE LAST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. X(30) C 20 708-707 REQUIRED ONLY FOR INDIVIDUALS. X(30) C 20 708-727 BLANKS. X(35) C



Formulario 480.7B.1		erno de Puerto Rico - Government of Puerto		o de Confirmación de Radicación Electrónic Electronic Filing Confirmation Number
Form		amento de Hacienda - Department of the Ti		Electronic Filing Continnation Number
Rex 08.22		JACIÓN ANUAL DE CONTRIBUCIÓN RETE DIVIDUAL Y CUENTAS DE APORTACIÓN E		
N		ment of Tax Withheld from Individual Retirement		ENMENDADO - AMENDED
- 18 M.		Contribution Accounts		Sello de Recibido
Nombre del Agente Retenedor-	Withholding Agent's Name	Número de Identificación Patronal - Em	ployer Identification Number	
Dirección Postal - Postal Address		Dirección Física - Physical Address		
	Código Postal - Zip Code			
Clase de Industria o Negoci		Change of Address Total de Declaraciones Inform	tivas - Total Informative Returns	
Type of Industry or Business	Si-Yes	No 480.7	480.78	
Parte I - Part I C		I (Formulario 480.7) - Individual Retiremen	t Account (Form 480.7)	
		ibución Retenida - Type of Tax Withheld		Contribución Retenida - Tax Withheld
1. Contribución Retenida se				
2. Contribución Retenida so	bre Ingreso de Fuentes Denti	ro de Puerto Rico (10%) - Income Tax Withheid (rom Sources Within Puerto Rico (10%)	
3. Contribución Retenida so	obre Ingreso de Pensionados	del Gobierno (10%) - Income Tax Withheld fro	n Government Pensioners (10%)	
		s por Razón de un Desastre Declarado por el G		
Income Tax Withheid at Sou 5. Contribución Retenida a N		of a Disaster Declared by the Governor of Puerto R at Source to Nonresidents	ico (10%)	+
		an over of the states of the		
6. Penalidad Retenida - Per	aity Withheid			
7. Subtotal de Contribución Re	elenida de Cuentas de Retiro In	dividual (Formulario 480.7) - Sublotal Tax Withheid Ho	m Individual Retirement Accounts (Form 480	17)
Parte II - Part II C	uenta de Aportación Edu	cativa (Formulario 480.7B) - Educational (Contribution Account (Form 480.7B)	
	Tipo de Contr	ibución Retenida - Type of Tax Withheld		Contribución Retenida - Tax Withheld
8. Contribución Retenida se	obre intereses (10%) - Tax Wit	hheid from interests (10%)		
		stan de Ingresos de Fuentes Dentro de Puerto	Dico (10K)	
	ions of Income from Sources W			
10. Subtotal de Contribución Re	tenida de Cuentas de Aportación I	Educativa (Formulario 480.78) - Sublotal Tax Withheid Hor	n Educational Contribution Accounts (Form 480)	78)
11. Total de Contribución Rel	lenida (Sume línea 7 de la Part	e I y línea 10 de la Parte II) - Total Tax Withheid (A	Id line 7 of Part I and line 10 of Part II)	
Parte III - Part III R	econciliación de Contribu	ición Retenida Mensualmente - Monthly Ta	x Withheld Reconciliation	
Mea -		· · · · · · · · · · · · · · · · · · ·		ida - Formulario 480.78 - Tax Withheid - Form 480.78
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 R	etenida - Total Tax Withheld			
Declaro como agente ret por mi y que según mi m of perjury that this Annual F Fecha - Date	Firma de	JURAMENTO - OA pai u oficial autorizado, bajo penalidad a es cierto, correcto y completo I decian been examined by me and to the best of m I Agente Retenedor, Representante u Ofic	le perjurio que este Estado de F as withholding agent, legal represe y knowledge and belief it is true, co al Autorizado	Reconciliación Anual ha sido examinad entative or authorized official, under penaltie rrect and complete. Título - Títle
		of Withholding Agent, Répresentative or Aut		
		SO DEL ESPECIALISTA SOLAMENTE Nombre de la Firma o Negocio - Name of F		strešon Number Fecha - Date
Nombre del Especialista (Letra d				
Nombre del Especialista (Letra d Marque si es empleado por cue		55	Firma de	Especialista - Specielol's Signeture
				l Especialista - Specialist's Signature
Marque si es empleado por cue			tal - Zip Code	l Especialista - Specialist's Signature

TAXABLE YEAR 2022 FORM 480.7B.1 (480.7)



FILE DESCRIPTION				Ι	DATE: OCTOBER 2022
FILE NAME: F4807B1Y22				F	RECORD TYPE: RETURN
RECORD NAME: ANNUAL RECONCIL					THHELD FROM RECORD LENGTH: 2500
EDUCATIONAL CONTRIBUTION ACC	OUNTS - FC	ORM	TYPE 48	60.7B.1	
P=PACKED, B=BINARY, C=CHARACTER					
	-1	•	r.	T	
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	N COMMENTS R
	-				
1. FILLER	X(1)	С	1	1-1	SPACES.
2. CONTROL NUMBER 3. FILLER	9(9) X(2)	C C	9 2	2-10 11-12	ENTER ZEROS. SPACES.
		с			
4. FORM TYPE	9(1)		1	13-13	
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 2022.
10. FILLER	X(5)	С	5	22-26	SPACES.
WITHHOLDING AGENT'S INFORMATION	11(0)	0		22 20	binelb.
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
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	
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)	C	35	223-257	
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 2022 FORM 480.7B.1 (480.7B)



FILE DESCRIPTION				Г	DATE: OCTOBER 2022		-
FILE NAME: F4807B1Y22					RECORD TYPE: RETU		
FILE NAME: F480/BIY22 RECORD NAME: ANNUAL RECONCILI	ATION ST	TE				RECORD LENGTH: 2	500
EDUCATIONAL CONTRIBUTION ACCO					II HHELD FROM	RECORD LENGTH: 2	500
P=PACKED, B=BINARY, C=CHARACTER							
r-racked, b-blvak I, C-Chakac IEK							
FIELD NAME	PICTURE		BYTES	FILE LOCATIO		COMMENTS	RE
FIELDNAME	TICTURE		BIILS	LOCAIR			KĽ
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT A	VAILABLE.	*
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316			
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	BLANK "N" = N "Y" = Y	- 7	
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRES	SS.	
TAX WITHHELD							
32. 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)	9(10)V99	С	12	392-403	SEE FORM 480.7B.1	, PART II, ITEM 10, COLUMN 1.	
35. TOTAL FORMS TAX WITHHELD - FORM 480.7B	9(10)	С	10	404-413	;		
36. TAX WITHHELD JANUARY	9(10)V99	С	12	414-425	SEE FORM 480.7B.1	, PART III, ITEM 1, COLUMN 2.	
37. TAX WITHHELD FEBRUARY	9(10)V99	Č	12	426-437		, PART III, ITEM 2, COLUMN 2.	
38. TAX WITHHELD MARCH	9(10)V99	С	12	438-449		, PART III, ITEM 3, COLUMN 2.	
39. TAX WITHHELD APRIL	9(10)V99	C	12	450-461		, PART III, ITEM 4, COLUMN 2.	<u> </u>
40. TAX WITHHELD MAY	9(10)V99	C	12	462-473		, PART III, ITEM 5, COLUMN 2.	
41. TAX WITHHELD JUNE	9(10)V99	C	12 12	474-485		, PART III, ITEM 6, COLUMN 2.	
42. TAX WITHHELD JULY	9(10)V99	C		486-497		, PART III, ITEM 7, COLUMN 2.	
43. TAX WITHHELD AUGUST	9(10)V99	C	12	498-509		, PART III, ITEM 8, COLUMN 2.	
44. TAX WITHHELD SEPTEMBER	9(10)V99	C	12	510-521		, PART III, ITEM 9, COLUMN 2.	
45. TAX WITHHELD OCTOBER	9(10)V99	С	12	522-533		, PART III, ITEM 10, COLUMN 2.	
46. TAX WITHHELD NOVEMBER	9(10)V99	С	12	534-545		, PART III, ITEM 11, COLUMN 2.	
47. TAX WITHHELD DECEMBER	9(10)V99	С	12	546-557		, PART III, ITEM 12, COLUMN 2. , PART III, ITEM TOTAL,	
48. TOTAL TAX WITHHELD 480.7B SPECIALIST'S INFORMATION	9(10)V99	С	12	558-569		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
49. SPECIALIST PAID FOR PREPARATION	9(1)	С	1	570-570) '1' IF 'Yes' OR '0	' IF 'No'	*
50. SPECIALIST SELF EMPLOYED	9(1)	С	1	571-571	'1' IF 'Yes' OR '0	'IF 'No'	*
51. REGISTRATION NUMBER	9(7)	С	7	572-578	3		*
52. NAME OF FIRM OR BUSINESS	X(30)	С	30	579-608	3		*
53. SPECIALIST 'S FIRST NAME	X(20)	С	20	609-628	LEFT JUSTIFIED AI REQUIRED ONLY F		*
54. SPECIALIST 'S MIDDLE NAME	X(1)	С	1	629-629		LE NAME OF THE SPECIALIST 'S. ND FILL WITH BLANKS.	
55. SPECIALIST 'S LAST NAME	X(30)	С	30	630-659	LEFT JUSTIFIED AI REQUIRED ONLY F	NAME OF THE SPECIALIST 'S. ND FILL WITH BLANKS. FOR INDIVIDUALS. ID LAST NAME OF THE	*
SPECIALIST 'S MOTHER'S MAIDEN LAST 56. NAME	X(20)	С	20	660-679	SPECIALIST 'S. LEF	T JUSTIFIED AND FILL WITH	
57. SPECIALIST STREET 1	X(35)	С	35	680-714	SPECIALIST ADDR	ESS LINE NUMBER 1.	*

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.7B.1 (480.7B)



FILE DESCRIPTION				DA	ATE: OCTOBER 2022		
FILE NAME: F4807B1Y22				RE	ECORD TYPE: RETUR	N	
RECORD NAME: ANNUAL RECONC EDUCATIONAL CONTRIBUTION AC					HHELD FROM	RECORD LENGTH:	2500
P=PACKED, B=BINARY, C=CHARACTER		_					
FIELD NAME	PICTURE		BYTES	FILE LOCATION	C	OMMENTS	RE
58. SPECIALIST STREET 2	X(35)	С	35	715-749	SPECIALIST ADDRE	ESS LINE NUMBER 2.	
59. SPECIALIST TOWN	X(14)	С	14	750-763			*
60. SPECIALIST STATE	X(2)	С	2	764-765			*
61. SPECIALIST ZIP-CODE	9(5)	С	5	766-770			*
62. SPECIALIST ZIP-CODE EXTENSION	9(4)	С	4	771-774	ZEROS, IF NOT AVA	NILABLE.	
63. FILLER	X(1680)	С	1680	775-2454	SPACES.		
64. REASON FOR THE CHANGE	X(40)	С	40	2455-2494		SON FOR CHANGE FORM. AND FILL WITH BLANKS.	
65. FILLER	9(6)	С	6	2495-2500	ZEROS.		*



TAXABLE YEAR 2022 FORM 480.7B.1 (480.7B)

Formulario 480.7B.1 Form Rex 08.22	20 Depart ESTADO DE RECONCIL	amento de Haciend IACIÓN ANUAL DE	Government of Puerto Rico Department of the Treasu CONTRIBUCIÓN RETENIDA S DE ADOPTACIÓN EDUC	DE CUENTAS DE	Número de Confirmación de Radicae Electronic Filing Confirmation	
(W)			AS DE APORTACIÓN EDUC rom Individual Retirement Acco		al ENMENDADO-AMENDED	
			on Accounts		Sello de Recibido	
Nombre del Agente Retenedor -	Withholding Agent's Name	Número de	Identificación Patronal - Employer	Identification Number		
Dirección Postal - Postal Address	1	Dirección	Física - Physical Address			
	Código Postal - Zip Code					
Clase de Industria o Negos		Change of Address Tot	al de Declaraciones Informativas	- Total Informative Retu	ims	
Type of Industry or Business	Si-Yes	No I	480.7	480.78		
Parte I - Part I C	uenta de Retiro Individua	al (Formulario 480.7) - Individual Retirement Acc	ount (Form 480.7)		
	Tipo de Cont	ribución Retenida -	Type of Tax Withheld		Contribución Retenida	- Tax Withheld
1. Contribución Retenida se	obre Intereses (10%) - Tax V	Vithheld from Interests	(10%)			
2. Contribución Retenida so	bre Ingreso de Fuentes Dent	ro de Puerto Rico (10	6) - Income Tax Withheld from S	ources Within Puerto	Rico (10%)	
3. Contribución Retenida so	obre Ingreso de Pensionados	a del Gobierno (10%)	- Income Tax Withheld from Go	ernment Pensioners	(10%)	
			astre Declarado por el Gobern y the Governor of Puerto Rico (1		(10%)	
	No Residentes - Tax Withhheld					
6. Penalidad Retenida - Per	naity Withheid					
	-	dividual (Formulario 490	7) - Sublotal Tax Withheid from Ind	vidual Refirement Acco	unts (Form 480.7)	
Parte II - Part II 0			480.7B) - Educational Contri	bution Account (Fo		The states are
8 Cashibusia Dahaida a			Type of Tax Withheld		Contribución Retenida	- Tax Withnes
	obre intereses (10%) - Tax Wit					
	obre Distribuciones que Cons tons of Income from Sources W		uentes Dentro de Puerto Rico (10%)		
10. Subtotal de Contribución Re	terricta de Cuentas de Aportación	Educativa (Formulario 480	78) - Sublocal Tax Withheid from Educ	ational Contribution Acco	unts (Form 480.78)	
11. Total de Contribución Re	tenida (Sume línea 7 de la Par	te I y línea 10 de la Parl	e II) - Total Tax Withheld (Add line	7 of Part I and line 10) of Part II)	
Parte III - Part III R	econciliación de Contribu	ución Retenida Men	sualmente - Monthly Tax Wit	hheld Reconciliatio	n	
	Month				ibución Relenida - Formulario 480.78 - Tax With	veid - Form 480.78
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 R	tetenida - Total Tax Withheld					
Declaro como agente ret por mi y que según mi m of perjury that this Annual F	enedor, representante le ejor información y creenci Reconcilíation Statement has	gal u oficial autoriz a ea cierto, correcto s been examined by r	JURAMENTIO - OATH ado, bajo penalidad de pe y completo I declare as ne and to the best of my kno	rjurio que este E withholding agent, i wiedge and belief	stado de Reconciliación Anual ha si egal representative or authorized official, it is true, correct and complete.	do examinado under penalte:
Fecha - Date			Representante u Oficial A t, Representative or Authorize		Título - Title	
			LISTA SOLAMENTE -		JSE ONLY	
Nombre del Especialista (Letra o	de Molde) - Specialist's Name (Prin	t) Nombre de la f	irma o Negocio - Name of Firm or	Dusiness Número de F	Registro - Registration Number Fecha - D	ole
Marque si es empleado por cue	enta propia Dirección - Addre	55		1	Firma del Especialista - Specielist's Signeture	
Check if self-employed			Cides Durch 7	Code		
	as por la preparación de ayments for the preparation	este formulario: of this form:		IOLDING AGENT • "Si", exija la fi ered "Yes", require	rma y el número de registro del Esp the Specialists signature and registration	





FILE DESCRIPTION				D	ATE: OCTOBER 2022		
FILE NAME: F4807C1Y22				R	ECORD TYPE: RETUR	RN	
RECORD NAME: ANNUAL RECONCIL				F TAX WIT	HHELD FROM	RECORD LENGTH:	2500
RETIREMENT PLANS AND ANNUITIE	S - FORM T	YPE	480.7C.1				
P=PACKED, B=BINARY, C=CHARACTER							
		₩					
FIELD NAME	PICTURE		BYTES	FILE LOCATION		COMMENTS	RE
FIELD NAME	TICTURE		DITES	LOCATION		OWIMENTS	KĽ
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 RE		*
					ENTER: " O " = O F " A " = A P	RIGINAL, MENDED,	
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DI	· · · · · · · · · · · · · · · · · · ·	*
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	*
	, í					. 2022.	*
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		
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56		ENTER IDENTIFICATION	*
14. BUSINESS NAME	(30)	C	30	48-30 57-86	NUMBER 55N.		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116			*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NU	MRED 1	*
							*
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.	
		с					*
23. FILLER	X(2)		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	ESS 2.	
26. TOWN	X(13)	С	13	293-305			*
27. STATE	X(2)	С	2	306-307			*

* REQUIRED FIELDS





FILE DESCRIPTION DATE: OCTOBER 2022 FILE NAME: F807C1Y22 RECORD TYPE: RETURN RECORD TYPE: RETURN RECORD TAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM RECORD TYPE: RETURN RETUREMENT PLANS AND ANNUITTES - FORM TYPE 480,7C.1 P-PACKED, B-BINARY, C=CHARACTER FILE NAME PICTURE BYTES FILE FILE NAME PICTURE BYTES COMMENT FILE OCATION COMMENT CODE EXTENSION 9(4) C 3 SETON AVAILABL 2" PCODE EXTENSION 9(4) C 1 3 3 CHARGE OF ADDRESS X(1) C 1 3 CHARLE X(50) C CHARLE X(50) C A 2" ADDRESS X(1) <td cols<="" th=""><th></th><th></th></td>	<th></th> <th></th>		
RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM RETIREMENT PLANS AND ANNUITIES - FORM TYPE 480.7C.1 RECO RETIREMENT PLANS AND ANNUITIES - FORM TYPE 480.7C.1 P=PACKED, B=BINARY, C=CHARACTER FIELD NAME COMMENT 28. ZIP-CODE 9(5) C 5 30. CANGE OF ADDRESS X(1) C 1 31. E-MAIL X(50) C 5 E FORM 480.7C.1, ITEM 1 TAX WITHHELD C 5 30.00000000000000000000000000000000000			
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(10)(7) C 12 010 02 SEE FORM 400.7C.1, FART II, II			
54. TAX WITHHELD SEPTEMBER 9(10)V99 C 12 630-641 SEE FORM 480.7C.1, PART II, II			
51. TAX WITHHELD OCTOBER 9(10)V99 C 12 660 of 1 562 form (60,70,71,10,10,10) 55. TAX WITHHELD OCTOBER 9(10)V99 C 12 642-653 SEE FORM 480.7C.1, PART II, II			
56. TAX WITHHELD NOVEMBER 9(10)V99 C 12 654-665 SEE FORM 480.7C.1, PART II, TI			
57. TAX WITHHELD DECEMBER 9(10)V99 C 12 666-677 SEE FORM 480.7C.1, PART II, IT	EM 12, COLUMN 1.		
58. TOTAL TAX WITHHELD 480.7B 9(10)V99 C 12 678-689 SEE FORM 480.7C.1, PART II, II	EM TOTAL,		
SPECIALIST'S INFORMATION			
59. SPECIALIST PAID FOR PREPARATION 9(1) C 1 690-690 '1' IF 'Yes' OR '0' IF 'No'		*	
60. SPECIALIST SELF EMPLOYED 9(1) C 1 691-691 '1' IF 'Yes' OR '0' IF 'No'		*	
59. REGISTRATION NUMBER 9(7) C 7 692-698		*	
53. REGISTRATION NUMBER 9(1) C 7 032-038 60. NAME OF FIRM OR BUSINESS X(30) C 30 699-728		*	

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.7C.1



FILE DESCRIPTION DATE: OCTOBER 2022 **FILE NAME: F4807C1Y22** RECORD TYPE: RETURN **RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM RECORD LENGTH: 2500 RETIREMENT PLANS AND ANNUITIES - FORM TYPE 480.7C.1** P=PACKED, B=BINARY, C=CHARACTER FILE FIELD NAME PICTURE BYTES LOCATION COMMENTS RE ENTER THE FIRST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. С 61. SPECIALIST 'S FIRST NAME X(20) 20 729-748 REQUIRED ONLY FOR INDIVIDUALS. * ENTER THE MIDDLE NAME OF THE SPECIALIST 'S. 62. SPECIALIST 'S MIDDLE NAME X(1) С 749-749 LEFT JUSTIFIED AND FILL WITH BLANKS. ENTER THE LAST NAME OF THE SPECIALIST 'S. * LEFT JUSTIFIED AND FILL WITH BLANKS. С SPECIALIST 'S LAST NAME X(30) 30 750-779 63. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE SECOND LAST NAME OF THE SPECIALIST 'S MOTHER'S MAIDEN LAST SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH X(20) С 20 780-799 64. NAME BLANKS. 65. SPECIALIST STREET 1 X(35) С 35 800-834 SPECIALIST ADDRESS LINE NUMBER 1. * 66. SPECIALIST STREET 2 X(35) С 35 835-869 SPECIALIST ADDRESS LINE NUMBER 2 X(14) С * 67. SPECIALIST TOWN 14 870-883 X(2) С * 68. SPECIALIST STATE 2 884-885 * С 69. SPECIALIST ZIP-CODE 9(5) 5 886-890 С 70. SPECIALIST ZIP-CODE EXTENSION 9(4) 4 891-894 ZEROS, IF NOT AVAILABLE. 73. FILLER X(1560) С 1560 895-2454 SPACES. ENTER THE REASON FOR CHANGE FORM. 74. REASON FOR THE CHANGE X(40) С 40 2455-2494 LEFT JUSTIFIED AND FILL WITH BLANKS.

9(6)

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2495-2500

ZEROS.

75. FILLER



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ex 08.22	ESTADO DE REC		ANUAL DE CONTRIBU RETIRO Y ANUALIDAD		PLANES DE		1	
1.	Annual Reco		ment of Tax Withheid from I		nuites		ENMENDADO - AMENDI	
ombre del Agente Retenedor	- Withholding Agent's Name	•	Número de Identificación	Patronal - Employer identif	ication Number		Sello de Recibio	io
irección Postal - Postal Addres	15		Dirección Física - Physic	al Address				
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Clase de Industria Type of Industry o		Cambio de Direc		fotal de Declaraciones Int Total Informative Ret				
Parte I - Part I			Formulario 480.7C) - R		Annuities (Form 48	0.7C)		
A subbuilt should			Retenida - Type of Tax			Co	ontribución Reteni	da - Tax Withr
 Contribucion Retenida Tax Withheld from Perio 	odic Payments of Qualifie	os de Planes C ed or Governmer	alificados o Gubernament Ital Plans	12163				
2. Contribución Retenida	sobre una Distribució	n Total (20%) -	Tax Withheid from Lump Su	im Distributions (20%)				
3. Contribución Retenida	sobre una Distribució	n Total (10%) -	Tax Withheld from Lump Su	um Distributions (10%)				
4. Contribución Retenida	sobre Distribuciones	de Planes No C	alificados - Tax Withheld #	rom Distributions of Non	Qualified Plans			
5. Contribución Retenida						ans (10%)		
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			cado a una Cuenta de Re	tiro Individual No Dade	ucible			
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10. Contribución Retenida	sobre Distribuciones	a No Residente	s - Tax Withheld from Non	resident's Distributions				
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11. Contribución Retenida	a sobre Otras Distribuc	iones - Tax With	held from Other Distributio	ns		1		I
11. Contribución Retenida 12. Contribución Retenida					erto Rico			
12. Contribución Retenida	a sobre Distribuciones	por Razón de u		r el Gobernador de Pu	erto Rico			
12. Contribución Retenida	a sobre Distribuciones n Distributions for Reaso	por Razón de u n of a Disaster (n Desastre Declarado po	r el Gobernador de Pu	erto Rico			
12. Contribución Ratenida Income Tax Withheid or	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wf	por Razón de u n of a Disaster (thheid	n Desastre Declarado po	r el Gobernador de Pu f Puerto Rico				
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12. Contribución Retenida income Tax Withheld or 13. Total de Contribución Parte II – Part II Enero - January Febrero - February Marzo - March Abril - April Mayo - March Junio - June Junio - June Julio - Juny Agosto - August Septiembre - September Octubre - October November	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wf	por Razón de u n of a Disaster (thheid Contribución R	n Desastre Declarado po Declared by the Governor o Netenida Mensualmente	r el Gobernador de Pu f Puerto Rico			Contribución Retenid	a - Tax Witned
12. Contribución Retenido income Tax Withheld or 13. Total de Contribución Parte II – Part II Enero - January Febrero - February Marzo - March Abril - April Mayo - March Julio - June Julio - June Julio - Juny Agosto - August Septiembre - September Octubre - October	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wf	por Razón de u n of a Disaster (thheid Contribución R	n Desastre Declarado po Declared by the Governor o Netenida Mensualmente	r el Gobernador de Pu f Puerto Rico			Contribución Retenid	a - Tox Withnet
Contribución Retenida Income Tax Withheld or Income Tax Withheld or Ital de Contribución Partel Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Junio - June Julio - Juny Agosto - August Septiembre - September Octubre - November Diciembre - December	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wi Reconciliación de C	por Razón de u n of a Disaster (tinheid Contribución R	n Desastré Declarado po Declared by the Governor o Netenida Mensualmente Mes - Month	r el Gobernador de Pu f Puerto Rico e - Monthly Tax Withhe			Contribución Retanid	B - Tax Withed
Contribución Retenida Income Tax Withheld or Tax Withheld or Tax Hitheld Tax Hitheld or Tax Hitheld o	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wi Reconciliación de C	por Razón de u n of a Disaster (thheid Contribución R	In Desastre Declarado po Declared by the Governor o Letenida Menaualmente Mes - Month	r el Gobernador de Pu f Puerto Rico e - Monthly Tax Withhe e - Monthly Tax Withhe	Id Reconciliation			
12. Contribución Retenida income Tax Withheld or 13. Total de Contribución Partell Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribució	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wi Reconciliación de C	por Razón de u n of a Disaster (thheid Contribución R	In Desastre Declarado po Declared by the Governor o Retenida Mensualmente Mes - Month	r el Gobernador de Pu f Puerto Rico e - Monthly Tax Withhe o - Monthly Tax Withhe NTO - OATH penalidad de perjuri	Id Reconciliation	o de Recond representative rule, correct a	iliacion Anual ha	sido examina
12. Contribución Retenida income Tax Withheld or 13. Total de Contribución Partell Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribució	a sobre Distribuciones In Distributions for Reaso Retenida - Total Tax Wi Reconciliación de O Son Retenida - Total Ta Venedor, representa nejor información y o Reconciliation Statemi Fir Sig	por Razón de u n of a Disaster (tinheid Contribución R ax Withheid	In Desastre Declarado po Declared by the Governor o Declared by the Governor o Retenida Mensualmente Mes - Month JURAME icial autorizado, baje icial autorizado, baje icto, correcto y complet xamined by me and to th P Retenedor, Represent holding Agent, Represent	r el Gobernador de Pu f Puerto Rico e - Monthly Tax Withhe e - Monthly Tax Withhe penalidad de perjuri b - I declare as withh le best of my knowled ante u Oficial Autoria	o que este Estad oiding agent, legal ge and belief it is t	representative rue, correct a	iliacion Anual ha	sido examina
12. Contribución Retenida income Tax Withheld or 13. Total de Contribución Parte II - Part II Enero - January Febrero - February Marzo - March Abril - April Mayo - March Abril - April Mayo - June Julio - June Julio - Juny Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribució Declaro como agente re ferjuly that this Annual Fecha - Date	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wi Reconciliación de C	por Razón de u n of a Disaster (thheid contribución R sontribución R sontribució	In Desastre Declarado po Declared by the Governor o Retenida Mensualmente Mes - Month URAME icial autorizado, bajo p rto, correcto y complet xamined by me and to th e Retenedor, Represent:	r el Gobernador de Pu f Puerto Rico a - Monthily Tax Withhe b - Monthily Tax Withhe a - Monthily Tax Withhe b - Mont	o que este Estad olding agent, legal ge and belief ins t zado Gualistr's USE	only	ciliación Anual ha or authorized offici na complete. Título - Title	sido examina al, under penal
12. Contribución Retenida income Tax Withheld or 13. Total de Contribución Parte II - Part II Enero - January Febro - February Marzo - March Abril - April Mayo - March Junio - June Junio - June Junio - June Junio - June Junio - Juny Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribució Declaro como agente ne or mi y que segun mi ne ferjuly that th5 Annual Fecha - Date kombre del Especialista (Letra	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wi Reconciliación de C son Retenida - Total Ta tenedor, representan ejor información y c Reconciliation Stateme Fin Sig 2 de Molde) - Specielofs Nar	por Razón de u n of a Disaster (thheid contribución R sa Withheid nte legal u of reencia es cie ent has been e ma del Agente NRA USO D a re (Pint) 1	In Desastre Declarado po Declared by the Governor o Retenida Mensualmente Mes - Month Internet Mes - Month Internet Messaria Messaria Internet Messaria Internet Messaria Messaria Internet Messaria Mess	r el Gobernador de Pu f Puerto Rico a - Monthily Tax Withhe b - Monthily Tax Withhe a - Monthily Tax Withhe b - Mont	o que este Estad oiding agent, legal ge and bellef it is t zado CIALISTIS USE ss Número de Regist	only o-Registration N	citiación Anual ha or authorized offici nd complete. Título - Title Number Fecha	sido examina al, under penat
12. Contribución Retenida income Tax Withheld or 13. Total de Contribución Parte II - Part II Enero - January Febrero - February Marzo - March Abril - April Mayo - March Abril - April Mayo - March Julio - June Julio - June Julio - Juny Septiembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribució Declaro como agente re ferjury that this Annual Fecha - Date	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wi Reconciliación de C son Retenida - Total Ta tenedor, representan ejor información y c Reconciliation Stateme Fin Sig 2 de Molde) - Specielofs Nar	por Razón de u n of a Disaster (thheid contribución R sa Withheid nte legal u of reencia es cie ent has been e ma del Agente NRA USO D a re (Pint) 1	In Desastre Declarado po Declared by the Governor o Retenida Mensualmente Mes - Month Internet Mes - Month Internet Messaria Messaria Internet Messaria Internet Messaria Messaria Internet Messaria Mess	r el Gobernador de Pu f Puerto Rico e - Monthly Tax Withhe b - Monthly Tax Withhe el Gobernation () - Monthly Tax Withhe () -	o que este Estad olding agent, legal ge and bellef it is t zado ficial CIALISTS USE 33 Número de Registr	only o-Registration N	ciliación Anual ha or authorized offici na complete. Título - Title	sido examina al, under penat
12. Contribución Retenida income Tax Withheld or 13. Total de Contribución Parte II - Part II Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Junio - June Junio - Juny Agosto - August Septiembre - September Octubre - October Noviembre - December 14. Total de Contribució Declaro como agente re or my que segun min ré perjury that the Annual Fecha - Date kombre del Especialista (Letra	a sobre Distribuciones n Distributions for Reaso Retenida - Total Tax Wi Reconciliación de C son Retenida - Total Ta tenedor, representan ejor información y c Reconciliation Stateme Fin Sig 2 de Molde) - Specielofs Nar	por Razón de u n of a Disaster (thheid contribución R sentribución R na del Agente ma del Agente ma del Agente (Pint) 1 Re (Pint) 1	In Desastre Declarado po Declared by the Governor o Retenida Mensualmente Mes - Month Internet Mes - Month Internet Messaria Messaria Internet Messaria Internet Messaria Messaria Internet Messaria Mess	r el Gobernador de Pu f Puerto Rico a - Monthily Tax Withhe b - Monthily Tax Withhe a - Monthily Tax Withhe b - Monthily Tax Withhe a - Monthily Tax Withhe b - Mont	o que este Estad olding agent, legal ge and belief it is t zado ficial CIALIST'S USE as Número de Registi	only o-Registration N	citiación Anual ha or authorized offici nd complete. Título - Title Number Fecha	sido examina al, under penat





FILE DESCRIPTION	D	DATE: OCTOBER 2022					
FILE NAME: F4806SP2Y22	R	RECORD TYPE: RETURN					
RECORD NAME: ANNUAL RECONCIL	ATION ST	TE	MENT O			RECORD LENGTH: 2	500
FORM TYPE 480.6SP.2				blittic			200
P=PACKED, B=BINARY, C=CHARACTER							
		•		FILE			
FIELD NAME	PICTURE		BYTES	LOCATION	CC	OMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.		*
2. CONTROL NUMBER	9(9)	C	9	2-10	ENTER ZEROS.		*
3. FILLER	X(2)	С	2	11-12	SPACES.		*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "I" TO IND	ICATE FORM 480.6SP.2.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECO		*
					ENTER: "O" = ORI "A" = AM	- , ,	
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DEL	· · · · · · · · · · · · · · · · · · ·	*
7. FILLER	X(1)	С	1	16-16	SPACES.		*
8. FILLER	X(1)	С	1	17-17	SPACES.		*
6. FILLER	A(1)	C	1	1/-1/		EAR FOR THIS REPORT	
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE 2	2022.	*
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			
	11(20)			20 11		= "1", ENTER NUMBER FEIN. IF ID TYPE FIFICATION 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			*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUM	BER 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 AV	AILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AV		
23. FILLER	X(2)	С	2	221-222	SPACES.		*
24. PHYSICAL ADDRESS 1	X(2) X(35)	c	35	223-257	PHYSICAL ADDRE	255 1	*
25. PHYSICAL ADDRESS 2	X(35)	C	35	258-292	PHYSICAL ADDRE	ക പ്രാം 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 AV	AILABLE.	*

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.6SP.2



EILE DESCRIPTION	r						
FILE DESCRIPTION	D	DATE: OCTOBER 2022					
FILE NAME: F4806SP2Y22	R	ECORD TYPE: RETUR	RN				
RECORD NAME: ANNUAL RECONCIL	ATION ST.	ATE	MENT O	F SERVICE	S RENDERED -	RECORD LENGTH:	2500
FORM TYPE 480.6SP.2							
P=PACKED, B=BINARY, C=CHARACTER							
F-FACKED, D-DIIVAR I, C-CHARACTER							
				FILE			
FIELD NAME	PICTURE		BYTES	LOCATION	N (COMMENTS	R
	0(4)			212 216			
29. ZIP-CODE EXTENSION 30. 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	BLANK IV = NO	, 1 - 125.	
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			_
PROFESSIONAL AND ADVISORY SERVICES							
35. UNDER ACT 48-2013	9(13)V99	С	15	364-378			
PAYMENTS FOR SERVICES							
RENDERED BY INDIVIDUALS NOT	0(12)100	С	15	270 202	SEE EODM 490 (6	ND 2 ITEM 1	
36. SUBJECT TO WITHHOLDING PAYMENTS FOR SERVICES RENDERED	9(13)V99	C	15	379-393	SEE FORM 480.65	SP.2, ITEM 1.	_
BY CORPORATIONS AND							
PARTNERSHIPS NOT SUBJECT TO							
37. WITHHOLDING	9(13)V99	С	15	394-408	SEE FORM 480.65	SP.2, ITEM 2.	_
PAYMENTS FOR SERVICES RENDERED							
BY INDIVIDUALS SUBJECT TO 38. WITHHOLDING	9(13)V99	С	15	409-423	SEE FORM 480.65	SP 2 ITEM 3	
WITHHELD FOR SERVICES RENDERED)(13)(15)	C	15	407 425	DEL I ORIVI 400.00	J.2, 11 Livi 5.	
BY INDIVIDUALS SUBJECT TO							
39. WITHHOLDING	9(13)V99	С	15	424-438	SEE FORM 480.65	SP.2, ITEM 3.	_
PAYMENTS FOR SERVICES RENDERED							
BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO							
40. WITHHOLDING	9(13)V99	С	15	439-453	SEE FORM 480.65	SP.2. ITEM 4.	
WITHHELD FOR SERVICES RENDERED	(10) ())	Ū	10	107 100			
BY CORPORATIONS AND							
PARTNERSHIPS SUBJECT TO	0(12)1/00	C	15	454 469			
41. WITHHOLDING 42. TOTAL PAYMENTS	9(13)V99 9(13)V99	C C	15 15	454-468 469-483	SEE FORM 480.65	SP.2, 11EM 4.	
43. TOTAL WITHHELD	9(13)V99	C	15	484-498			
SPECIALIST'S INFORMATION	(10) ())	Ū	10	101 190			
44. SPECIALIST PAID FOR PREPARATION	9(1)	С	1	499-499	'1' IF 'Yes' OR '0'	'IF 'No'	:
45. SPECIALIST SELF EMPLOYED	9(1)	С	1	500-500	'1' IF 'Yes' OR '0'	' IF 'No'	,
5. 51 DETALIST SLET LIVIT LOTED)(1)		1	500-500		11 110	_
46. REGISTRATION NUMBER	9(9)	С	7	501-507			:
	W(20)		20	500 505			
47. NAME OF FIRM OR BUSINESS	X(30)	С	30	508-537	ENTER THE FIRS		
						EFT JUSTIFIED AND FILL	
						REQUIRED ONLY FOR	
18. SPECIALIST 'S FIRST NAME	X(15)	С	20	538-557	INDIVIDUALS.	-	
						DLE NAME OF THE	
49. SPECIALIST 'S MIDDLE NAME	X (5)	С	1	550 550	SPECIALIST 'S. L. WITH BLANKS.	EFT JUSTIFIED AND FILL	
+7. 51 ECIALIST 5 WIDDLE NAME	X(5)		1	558-558	ENTER THE LAS'	T NAME OF THE	
						EFT JUSTIFIED AND FILL	
					WITH BLANKS. F	REQUIRED ONLY FOR	;
50. SPECIALIST 'S LAST NAME	X(30)	С	30	559-588	INDIVIDUALS.		_
SPECIALIST 'S MOTHER'S MAIDEN LAST	1					OND LAST NAME OF THE EFT JUSTIFIED AND FILL	
	1				I SPECIALIST'S 1		1

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.6SP.2



FILE DESCRIPTION	D	DATE: OCTOBER 2022					
FILE NAME: F4806SP2Y22	R	ECORD TYPE: RETUR	RN				
RECORD NAME: ANNUAL RECONC FORM TYPE 480.6SP.2	ILIATION ST	ATE	MENT O	F SERVICE	S RENDERED -	RECORD LENGTH: 2	2500
P=PACKED, B=BINARY, C=CHARACTER]						
FIELD NAME	PICTURE		BYTES	FILE LOCATION		COMMENTS	RE
		-	1	1			
52. SPECIALIST STREET 1	X(35)	С	35	609-643	SPECIALIST ADD	RESS LINE NUMBER 1.	*
53. SPECIALIST STREET 2	X(35)	С	35	644-678	SPECIALIST ADD	RESS LINE NUMBER 2.	
54. SPECIALIST TOWN	X(13)	С	14	679-692			*
55. SPECIALIST STATE	X(2)	С	2	693-694			*
56. SPECIALIST ZIP-CODE	9(5)	С	5	695-699			*
57. SPECIALIST ZIP-CODE EXTENSION	9(4)	С	4	700-703	ZEROS, IF NOT A	VAILABLE.	
58. FILLER	X(1751)	С	1751	704-2454	SPACES.		*
59. REASON FOR THE CHANGE	X(40)	С	40	2455-2494		SON FOR CHANGE FORM. AND FILL WITH BLANKS.	
60. FILLER	9(6)	С	6	2495-2500	ZEROS.		*





Formulario 480.6SP.2	20			vernment of Puerto Rico	20			icación Electrónica		
Form Rev. 08.22	20 0)epartament	to de Hacienda - De	epartment of the Treasury	20	Electronic	Filing Confirma	oon Number		
				AL DE SERVICIOS PR						
10 16 M 24	A	nual Recor	nciliation Stateme	nt of Services Rendere	-	ENMENDADO - AMENDED Sello de Recibido				
Número de Identificación P Employer Identification Nu	Patronal Cl mber	lase de Industr Type of Industry	ria o Negocio or Business	Cambio de Dirección To Change of Address	tal Formularios 480.6SP Total Forms 480.6SP	า ั		100		
				Si-Yes No						
Nombre del Agente Retenedor-V	Vithholding Agent's Name					1				
Dirección Postal - Postal Address			Dirección Física - P	Physical Address		1				
Responsabilidad de P	ódigo Postal - Zip Code ago a Proveedores de Si	alud		Reembolsados	Aportación Especial	por Servicios Profesion	ales y Consultivo	s bajo la Ley 48-2013		
Responsibility of Pa	syment to Health Providers		Reimbu	ursed Expenses	Special Contribut	tion for Professional and A	Idvisory Services un	nder Act 48-2013		
Parte I - Part I Res	umen de los Form	ularios (80	6SP - Summan	v of Forms 480.6SP						
		Descripción	ologe - owning	01101118-400.001	Cant	tidad Pagada	Contrib	ución Retenida		
		Description				mount Paid	Ta	withheld		
1. Pagos por Servicios Prest Payments for Services Ren	ados por Individuos No dered by Individuals Not	Sujetos a Re Subject to Wit	etención Ihholding							
2. Pagos por Servicios Pres Payments for Services Rende	tados por Corporacion ered by Corporations and I	es y Socieda Partnerships No	ides No Sujetos a R It Subject to Withhold	etención ing						
3. Pagos por Servicios Prest Payments for Services Ren	ados por Individuos Su dered by Individuals Sub	jetos a Reten jest to Withhol	nción Iding							
4. Pagos por Servicios Pres Payments for Services Rend				nción						
TOTAL										
TOTAL										
Declaro como agente rete	nador representant	e legal u of		AMENTO - OATH	urio que este Est	ado de Reconcilia	ción Anual ha	aido avaminado		
por mí y que según mi me	jor información y cre	encía es cie	rto, correcto y cor	mpleto I declare as wit	hholding agent, lega	al representative or	authorized offic	ial, under penalties		
of perjury that this Annual R	econciliation Statemen	t nas been e	examined by me and	a to the best of my knowl	ledge and belief it is	s true, correct and o	complete.			
Fecha - Date				esentante u Oficial Auto resentative or Authorized		Títu	ulo - Title			
				A Solamente - Si						
Nombre del Especialista (Letra de	• Molde) - Specialist's Name	e (Print)	Nombre de la Firma o	Negocio - Name of Firm or Bus	siness Número de Regi	istro - Registration Numb	er Fesh	a - Dete		
Marque si es empleado por cuer	ta propia Dirección - A	Address			I	Firma del Especialista	- Specialist's Sign	ature		
Check if self-employed										
				Código Postal - Zip C						
Indique si hizo pago	s por la preparación			No. Si contestó		a v el número de	registro del	Especialista.		
Indicate if you made pa			form: Yes	No. If you answere	d "Yes", require th	e Specialist's signat	ure and registr	ation number.		

Conservación: Diez (10) años - Retention: Ten (10) years

* REQUIRED FIELDS





EXHIBIT V

						V
FILE DESCRIPTION				DA	TE: OCTOBER 2022	
FILE NAME: F480PAY22		RE	RECORD TYPE: PA			
RECORD NAME: Employer I	information				RECORD LENGTH	2500
					I	
P=PACKED, B=BINARY, C=CHARA	ACTER	▼				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. RECORD IDENTIFIER	X(2)	С	2	1-2	CONSTANT "PA".	*
	11(2)	C		1 2	ENTER THE TAX YEAR FOR THIS REPORT. ENTER NUMERIC	
2. TAX YEAR	9(4)	С	4	3-6	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 ID SSN.	
					ENTER: "2"= 480.6A, "3"= 480.6B, "4"= 480.7, "5"= 480.6C, "6"= 480.7A, "7"= 480.7B, "X"= 480.6D, "Y"= 480.7C, "Z"= 480.7D, "H"= 480.6SP, "G"= 480.6G, "K"= 480.7E,	*
 TYPE OF FORM ESTABLISHMENT NUMBER 	X(1)	C	4	17	"L"= 480.7F, "N" = 480.7G. 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.	*
0. ESTABLISHMENT NUMBER	Δ(4)		4	10-21	ENTER: "O" = ORIGINAL,	
7. TYPE FILE	X(1)	С	1	22-22	"E" = AMENDED, $"A" = ADD.$	*
8. FILLER	X(17)	С	17	23-39	SPACES.	*
9. EMPLOYER NAME	X(57)	С	57	40-96	ENTER THE NAME ASSOCIATED WITH THE EIN ENTERED IN LOCATION (8-16) LEFT JUSTIFIED AND FILL WITH BLANKS. ENTER THE EMPLOYER'S LOCATION 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.	*
		С	22		ENTER THE EMPLOYER'S CITY. LEFT	*
12. CITY	X(22)			141-162	JUSTIFIED AND FILL WITH BLANKS. ENTER THE EMPLOYER'S STATE. USE A POSTAL ABBREVIATION AS SHOWN IN APPENDIX A. FOR A FOREIGN	
13. STATE ABBREVIATION	X(2)	С	2	163-164	ADDRESS, FILL WITH BLANKS. ENTER THE EMPLOYER'S ZIP CODE. FOR A FOREIGN ADDRESS, FILL WITH	*
14. ZIP CODE	X(5)	С	5	165-169	BLANKS. ENTER THE EMPLOYER'S FOUR-DIGIT	*
15. ZIP CODE EXTENSION	X(4)	С	4	170-173	EXTENSION OF THE ZIP CODE. IF NOT APPLICABLE, FILL WITH BLANKS.	
16. FILLER	X(5)	С	5	174-178	SPACES.	*

* REQUIRED FIELDS

TAXABLE YEAR 2022 FORM 480.PA



EXHIBIT V

						EYUIRII	V
FILE DESCRIPTION				Γ	DATE: OCTOBER 2022	:	
FILE NAME: F480PAY22				R	RECORD TYPE: PA		
RECORD NAME: Employer I	nformation					RECORD LENGTH:	2500
P=PACKED, B=BINARY, C=CHARA	CTER	_					
FIELD NAME	PICTURE		BYTES	FILE LOCATION			RE
17. FOREIGN STATE/PROVINCE	X(23)	С	23	179-201		OREIGN CE. LEFT JUSTIFIED I BLANKS. OTHERWISE,	*
18. FOREIGN POSTAL CODE	X(15)	С	15	202-216	LEFT JUSTIFIEI	E, ENTER THE OREIGN POSTAL CODE. D AND FILL WITH RWISE, FILL WITH	*
19. COUNTRY CODE	X(2)	С	2	217-218		PLOYER'S APPLICABLE DE (SEE APPENDIX B).	*
20. CONTACT E-MAIL	X(40)	С	40	219-258	MAIL/INTERNE JUSTIFIED AND	NTACT'S ELECTRONIC T ADDRESS. LEFT 9 FILL WITH BLANKS. LL WITH BLANKS.	*
21. AGENT TYPE ID	X(1)	С	1	259-259	ENTER: "1" = F	EIN, 2" = SSN.	
22. FILLER	X(2241)	С	2241	260-2500	SPACES.		*



EXHIBIT X

FILE DESCRIPTION	1	DATE: OCTOBER 2022				
FILE NAME: F480SUY2022]	RECORD TYPE: SU	
RECORD NAME: SUBMITTER INFORM	IATION				RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER		_				
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	ON COMMENTS	RE
1. RECORD IDENTIFIER	X(2)	С	2	1-2	CONSTANT "SU".	*
2. SUBMITTER'S IDENTIFICATION NUMBER	X(9)	C	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 AND FILL WITH BLANKS. OTHERWISE, FILL	*
14. FOREIGN POSTAL CODE	X(15)	С	15	189-203	AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*
15. COUNTRY CODE	X(2)	С	2	204-205	ENTER THE APPLICABLE COUNTRY CODE (SEE APPENDIX B).	*





EXHIBIT X

FILE DESCRIPTION	DATE: OCTOBER 2022								
FILE NAME: F480SUY2022				1	RECORD TYPE: SU				
RECORD NAME: SUBMITTER INFOR	MATION				RECORD LENGTH: 2500				
P=PACKED, B=BINARY, C=CHARACTER]	_							
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	ON COMMENTS	RE			
		1		1					
16. SUBMITTER NAME	X(57)	С	57	206-262	ENTER THE NAME OF THE ORGANIZATION TO RECEIVE NOTIFICATION OF UNPROCESSABLE DATA. LEFT JUSTIFIED AND FILL WITH BLANKS.	*			
17. LOCATION ADDRESS	X(22)	C	22	263-284	ENTER THE SUBMITTER'S LOCATION ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC.). LEFT JUSTIFIED AND FILL WITH BLANKS.	*			
18. DELIVERY ADDRESS	X(22)	С	22	285-306	ENTER THE SUBMITTER'S DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFIED AND FILL WITH BLANKS.	*			
19. CITY	X(22)	С	22	307-328	ENTER THE SUBMITTER'S CITY. LEFT JUSTIFIED AND FILL WITH BLANKS.	*			
20. STATE ABBREVIATION	X(2)	С	2	329-330	ENTER THE SUBMITTER'S STATE. USE A POSTAL ABBREVIATION AS SHOWN IN APPENDIX A. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*			
21. ZIP CODE	X(5)	С	5	331-335	ENTER THE SUBMITTER'S ZIP CODE. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*			
22. ZIP CODE EXTENSION	X(4)	С	4	336-339	ENTER THE SUBMITTER'S FOUR-DIGIT EXTENSION OF THE ZIP CODE. IF NOT APPLICABLE, FILL WITH BLANKS.				
23. FILLER	X(5)	С	5	340-344	SPACES.	*			
24. FOREIGN STATE/PROVINCE	X(23)	С	23	345-367	IF APPLICABLE, ENTER THE SUBMITTER'S FOREIGN STATE/PROVINCE. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*			
25. FOREIGN POSTAL CODE	X(15)	С	15	368-382	IF APPLICABLE, ENTER THE SUBMITTER'S FOREIGN POSTAL CODE. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*			
26. COUNTRY CODE	X(2)	С	2	383-384	ENTER THE APPLICABLE COUNTRY CODE (SEE APPENDIX B).	*			
27. CONTACT NAME	X(27)	С	27	385-411	ENTER THE NAME OF THE PERSON TO BE CONTACTED BY DEPARTMENT OF THE TREASURY CONCERNING PROCESSING PROBLEMS. LEFT JUSTIFIED AN FILL WITH BLANKS.	*			
28. CONTACT PHONE NUMBER	X(15)	С	15	412-426	ENTER THE CONTACT'S TELEPHONE NUMBER (INCLUDING THE AREA CODE). LEFT JUSTIFIED AND FILL WITH BLANKS.	*			
29. CONTACT PHONE EXTENSION	X(5)	С	5	427-431	ENTER THE CONTACT'S TELEPHONE EXTENSION. LEFT JUSTIFIED AND FILL WITH BLANKS.				
30. FILLER	X(3)	С	3	432-434	SPACES.	*			





* REQUIRED FIELDS

EXHIBIT X

FILE DESCRIPTION	Г	DATE: OCTOBER 2022				
FILE NAME: F480SUY2022				F	RECORD TYPE: SU	
RECORD NAME: SUBMITTER INFORM	IATION				RECORD LENGTH: 2500	
P=PACKED, B=BINARY, C=CHARACTER		_				
FIELD NAME	PICTURE		BYTES	FILE LOCATIO	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 PREFERRED METHOD OF PROBLEM	X(10)	С	10	478-487	ENTER THE CONTACT'S FAX NUMBER (INCLUDING AREA CODE). OTHERWISE, FILL WITH BLANKS.	
34. NOTIFICATION CODE 35. PREPARES CODES SUBMITTER'S IDENTIFICATION NUMBER	X(1) X(1)	C	1	488	ENTER "2" FOR U.S. POSTAL SERVICE. ENTER ONE OF FOLLOWING CODES TO INDICATE WHO PREPARED THIS FILE: "A" = ACCOUNTING FIRM "L" = SELF-PREPARED "S" = SERVICE BUREAU "P" = PARENT COMPANY "O" = OTHER NOTE: IF MORE THAN ONE CODE APPLIES, USE THE ONE THAT BEST DESCRIBES WHO PREPARED THIS FILE.	*
36. TYPE ID	X(1)	С	1	490-490	ENTER: "1" = FEIN, "2" = SSN.	
37. FILLER	X(2010)	С	2010	491-2500	SPACES.	*

