Government of Puerto Rico Department of the Treasury

PUBLICATION 23-03

DEVELOPER GUIDE INFORMATIVE RETURNS

ELECTRONIC FILING REQUIREMENTSFOR TAX YEAR 2023

Analysis and Programming Division Rev. November 16, 2023



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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:

MODIFIED	Form 480.6A	Informative Return – Other Income Not Subject to Withholding	Exhibit A
MODIFIED	Form 480.6B	Informative Return – Other Income Subject to Withholding	Exhibit B
	Form 480.6C	Informative Return – Payments to Nonresidents or for Services from Sources Outside of Puerto Rico	Exhibit C
MODIFIED	Form 480.6D	Informative Return – Exempt and Excluded Income and Exempt Income Subject to Alternate Basic Tax	Exhibit D
	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
MODIFIED	Form 480.7D	Informative Return – Automobile Lease Payments	Exhibit I
MODIFIED	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
	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



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

The payer will generate and assign control numbers for the Informative Returns forms. Control numbers must be 9 digits and must be unique for the payer, form type, and tax year.

Note: Please refer to Filing Reminders Section, Part II for more information.

Provide to the Payee, Borrower, Beneficiary, Contributor, or Payer You are responsible for providing a copy of the form within the next 7 calendar days, counted from the due date established by the Puerto Rico Internal Revenue Code of 2011, as amended ("Code"), for its filing with the Department, or electronically, if the <u>payer</u> complies with the requirements established in Internal Revenue Circular Letter No. 16-11.

You Must Keep

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

Rejected Submissions

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

File Early

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

Penalties will Apply

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

File Processing Timeframe

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



Confirmation Number

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



WHAT IS NEW?

I. Modified Forms

1. Form 480.6A (Exhibit A)

A. Additions – Payee's Information

 The box for "Check here if the account belongs to more than one holder" (Multiple Holder Account) field (location 1040-1040) was added.

B. Modifications

• The "Filler" (location 1041-2352) - Fill with spaces (**Required**).

C. Deletions

No deletions were made to this form.

2. Form 480.6B (Exhibit B)

A. Additions - Payee's Information

• The box for "Check here if the account belongs to more than one holder" (Multiple Holder Account) field (location 931-931) was added.

B. Modifications

- The "Filler" (location 927-930) Fill with spaces (**Required**).
- The "Filler" (location 932-2362) Fill with spaces (**Required**).

C. Deletions

No deletions were made to this form.

3. Form 480.6D (Exhibit D)

A. Additions – Type of Income



- The "Compensation for Injuries or Sickness under Section 1031.01(b)(3)" indicator box for "Disability Pension" field (location 967-967) was added.
- The "Compensation for Injuries or Sickness under Section 1031.01(b)(3)" amount line for "Disability Pension" field (location 968-979) was added.

B. Modifications

- The "Filler" (location 955-966) Fill with zeros (**Required**).
- The "Filler" (location 980-2363) Fill with spaces (**Required**).

C. Deletions

 The box for "Debt Cancellation and Subsidies Receipt under Article 5(i) of Act 57-2020" was deleted.

4. Form 480.7C (Exhibit H)

A. Additions

- The "Exempt income" for "Christmas Bonus, Summer Bonus and Medicine Bonus" field (location 1044-1055) was added.
- The "Exempt income" for "Exempt income paid to retired members of the Puerto Rico Police Bureau" field (location 1056-1067) was added.
- The "Exempt income" for "Other Income" field (location 1068-1079) was added.

B. Modifications

• The valid codes for "Distribution Code": "A. Retirement, B. Separation from Service, C. Death, D. Disability, E. Plan Termination, F. Hardship, G. 59½ years or more (In-Service), H. Sale of Substantially All the Assets, I. Subsidiary Sale, J. Excess Deferrals, K. Act No. 80, L. Other, M. Annuity, N. Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico" changed to "A. Retirement, B. Separation from Service, C. Death, D. "Reserved" (code "D" not allowed), E. Plan



Termination, F. Hardship, G. 59½ years or more (In-Service), H. Sale of Substantially All the Assets, I. Subsidiary Sale, J. Excess Deferrals, K. Act No. 80, L. Other, M. Annuity, N. Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico" field (location 527-527).

- The valid codes for "Distribution Code Other": "A. Retirement, B. Separation from Service, C. Death, D. Disability, E. Plan Termination, F. Hardship, G. 59½ years or more (In-Service), H. Sale of Substantially All the Assets, I. Subsidiary Sale, J. Excess Deferrals, K. Act No. 80, L. Other, M. Annuity, N. Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico" changed to "A. Retirement, B. Separation from Service, C. Death, D. "Reserved" (code "D" not allowed), E. Plan Termination, F. Hardship, G. 59½ years or more (In-Service), H. Sale of Substantially All the Assets, I. Subsidiary Sale, J. Excess Deferrals, K. Act No. 80, L. Other, M. Annuity, N. Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico" field (location 600-600).
- The "Amount Distributed Exempt Income" **changed to** "Total Amount Distributed Exempt Income" field (location 1017-1028).
- The "Filler" (location 1080-2330) Fill with spaces (Required).

C. Deletions

No deletions were made to this form.

5. Form 480.7D (Exhibit I)

A. Additions – Payer's Information; Type

No additions were made to this form.

B. Modifications

• The box for "Pass-Through Entity" field (location 176-176) **changed to** (Required).



C. Deletions

No deletions were made to this form.

6. Form 480.6SP (Exhibit J)

A. Additions

No additions were made to this form.

B. Modifications

- The "Payments for Services Rendered by Corporations and Partnerships Not Subject to Withholding" changed to "Payments for Services Rendered by Corporations and Pass-Through Entities Not Subject to Withholding" field (location 333-344).
- The "Payments for Services Rendered by Corporations and Partnerships Subject to Withholding" changed to "Payments for Services Rendered by Corporations and Pass-Through Entities Subject to Withholding" field (location 367-378).
- The "Tax Withheld for Payments for Services Rendered by Corporations and Partnerships Subject to Withholding" changed to "Tax Withheld for Payments for Services Rendered by Corporations and Pass-Through Entities Subject to Withholding" field (location 379-388).
- The box for "Health Professionals" "If Payment for Services Rendered by Corporations and Partnerships includes Services Under Physicians ACT 14-2017, as amended enter "1", otherwise fill with blank" changed to "If Payment for Services Rendered by Corporations and Pass-Through Entities includes Services Under Physicians ACT 14-2017, as amended enter "1", otherwise fill with blank" field (location 428-428).

C. Deletions

No deletions were made to this form.

7. Form 480.5 (Exhibit O)

A. Additions - Type of Taxpayer



No additions were made to this form.

B. Modifications

• The box for "Partnership" **changed to** "Pass-Through Entity" field (location 199-199) **(Required)**.

C. Deletions

No deletions were made to this form.

8. Form 480.6SP.2 (Exhibit U)

A. Additions

No additions were made to this form.

B. Modifications

- The "Payments for Services Rendered by Corporations and Partnerships Not Subject to Withholding" changed to "Payments for Services Rendered by Corporations and Pass-Through Entities Not Subject to Withholding" field (location 394-408).
- The "Payments for Services Rendered by Corporations and Partnerships Subject to Withholding" changed to "Payments for Services Rendered by Corporations and Pass-Through Entities Subject to Withholding" field (location 439-453).
- The "Tax Withheld for Payments for Services Rendered by Corporations and Partnerships Subject to Withholding" changed to "Tax Withheld for Payments for Services Rendered by Corporations and Pass-Through Entities Subject to Withholding" field (location 454-468).

C. Deletions

• No deletions were made to this form.



II. Other Changes

 Additional changes were made to the "Instructions of the Forms". For more information, refer to the instructions of each form available at www.hacienda.pr.gov in the "Patronos y Agentes Retenedores" section, "Planillas, Formularios y Anejos" subsection.



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 Form Rev. 07.23	Departamento de DECLARACIÓN INFORMATIVA INFORMATIVE RETURN - OT	TO RICO - GOVERNMENT OF PUERTO RICO Hacienda - Department of the Treasury A-OTROS INGRESOS NO SUJETOS A RETENCIÓN THER INCOME NOT SUBJECT TO WITHHOLDING	Número de Confir	mación de Radicación Electrónica
AÑO CONTRIBUTIVO: 2023 TAXABLE YEAR:	Enmendad	o - Amended: (_DD_/_MM_/AAYYY)		Filing Confirmation Number
INFORMACIÓN DEL F	PAGADOR - PAYER'S INFORMATION	Clase de Ingreso		Cantidad Pagada
Número de Identificación Patronal -	Employer Identification Number	Type of Income		Amount Paid
Nombre - Name		1. Rentas Rents		
Dirección - Address		Intereses bajo la Sección 1023.04 (excepto IRA y Cuenta de Aporta Interests under Section 1023.04 (except IRA and Educational Contribut		
		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)		
INFORMACIÓN DE QUIEN R	ECIBE EL PAGO - PAYEE'S INFORMATION	5. Dividendos (Vea instrucciones) Dividends (See instructions)		
Número de Seguro Social o Identific Identification Number	ación Patronal - Social Security or Employer	6. Dividendos de Ganancia de Capital bajo la Sección 1112.01(c)(3) (Capital Gain Distributions under Section 1112.01(c)(3) (See instructions)		
Nombre - Name		7. Condonación de Deuda Debt Discharge		
Dirección - Address		Regalías (Vea instrucciones) Royalties (See instructions)		
	Código Postal - Zip Code	Pagos por Herramientas Virtuales y Tecnológicas y Otras Suscript Payments for Virtual and Technology Tools and Other Subscriptions	ciones	
Número de Cuenta Bancaria Bank Account Number	outoness a més de un tituler	Cuotas de Colegiación y Membresías de Asociaciones Profesion Professional Associations Fees and Dues	ales	
	ertenece a más de un titular. elongs to more than one holder. ns for the Change	11. Cuotas de Mantenimiento Pagadas a Asociaciones de Residentes Homeowners Association Fees Paid	s o Condómines	
Número Control - Control Number	Número Control Informativa Original	12. Otros Pagos Other Payments		
Numero Control - Control Number	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 copia a qui Send to Department of the Treasury electronically. Deliver copy to payee. Keep cop		onserve copia para sus récords.



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, excluding text file submissions.

III. Substitute Forms

Authorization is required to reproduce substitute forms of the Informative Returns. Authorization must be requested from the Forms and Publications Division no later than **January 2, 2024**. You may contact the Forms and Publications Division sending an email to <u>Forms@hacienda.pr.gov</u>.

IV. Filing Deadline

When is my file due?

Form	Due Date
480.7A, 480.7D and 480.5	January 31, 2024
480.6A, 480.6B, 480.6B.1, 480.6D, 480.6G, 480.6SP, 480.6SP.2, 480.7F, 480.7G and 480.5	February 28, 2024
480.6C, 480.30, and 480.5	April 15, 2024
480.7, 480.7B, 480.7C, 480.7B.1, 480.7C.1, and 480.5 (See instructions of the Forms)	February 28, 2024 or December 2, 2024
480.7E and 480.5	No later than the due date to file the return, including any extension of time

All informative returns must be submitted by the applicable deadline. An extension to file cannot be requested since the Code does not provide for such extension.



V. Representative

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

VI. Filing for Previous Years

Filings for tax years 2014 to 2022 must be made in SURI using the appropriate filing requirements for the specific tax year of the submission. Publications for each tax year are available on Hacienda's website (www.hacienda.pr.gov) in the "Patronos y Agentes Retenedores" section. Control numbers for previous year submissions must be assigned by the payer. Control numbers should consist of nine (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 one week</u> before the due date to allow time to make corrections if necessary. <u>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.</u>
You must complete the submission and it must be processed before the forms with a confirmation number will be available for printing and distribution.
Be sure to enter the correct taxable year, form type and document type.
Make sure to enter the name and complete address of the payee.
Remember to enter the Employer Identification Number (EIN), Social Security Number (SSN) or Identification Number of the Payer .
Verify that the following fields are completed and correct: o Control Number o Record Type o Document Type
All money fields must be numeric. No decimal punctuation or positive signs are allowed in these fields. Remember that money fields must contain zeros if no other amount is applicable.
Do not create a file that contains any data other than what is specified in this Publication.
Payers are limited to one (1) original submission for each informative type and filing period. Any submissions after the original must be "Adding" or "Amending".
The same design of printed Informative Returns will be used for all purposes: to deliver a copy to the Payee, Borrower, Beneficiary, Contributor or Payer as applicable, and to keep a copy for your records.
Verify that Form 480.7C – Distribution Codes include these specifications:

- o Include the code(s) corresponding to the concept for which the distribution is made.
- $\circ \quad \text{Valid distribution codes are: A, B, C, E, F, G, H, I, J, K, L, M or N.} \\$
- o You can report a maximum of two codes.



- o If you are reporting two codes, one of them must be N.
- o You are not allowed to report two of the same code (Example: AA, NN).
- □ Verify that in the field (location 1952-1963) of Form 480.6B.1 and in the field (location 1838-1849) of Form 480.30 Amount to be paid equals the "Total tax withheld after the credit for tax on Deemed Dividends" amount minus the "Credit for tax on Deemed Dividends (Section 1062.13).



FREQUENTLY ASKED QUESTIONS

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

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

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

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

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

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

4. How can I obtain the 2023 layout of the Informative Returns?

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

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

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

6. What if I file late?

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

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

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

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

Starting tax year 2022, the *W2/Informative Error Codes List* ("List") is available in SURI's homepage https://suri.hacienda.pr.gov under the "Templates and Error Codes List" 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 the List for tax year 2023 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. DO NOT modify any data when deleting documents.



FILE SPECIFICATIONS

Definitions

Payee : Person or organization receiving payments from the reporting

entity or for whom the informative return must be filed.

Payer or

Withholding Agent : Person or organization making payments.

File Data Requirements

What are the media requirements?

- Data must be recorded in American Standard Code for Information Interchange-1 (ASCII-1) format.
- You must use the File Name indicated in each Exhibit of the Form being submitted. The File Name must be in the root directory. Example: a:\F4806BY23
- The record format must be fixed.



FILE DESCRIPTION

All the following records are required:

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

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

2. Forms 480.6B:

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

3. Forms 480.6C:

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

4. Forms 480.7:

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



5. Forms 480.7B:

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

6. Forms 480.7C:

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

7. Forms 480.6SP:

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



Rules

What rules do you have for money fields?

- Numeric only.
- No punctuation (decimal points or commas).
- No signed amounts (no dollar signs).
- Last two positions are for cents (example: \$59.60 = 00000005960).
- **Do not** round to the nearest dollar (example: \$5,500.99 = 00000550099).
- Right justified and zero fill to the left.
- Any money field that has no amount to be reported must be filled with zeros, not blanks.
- Example for money fields:
 - o If the format field is 9(9)v99 and the amount is \$1,500.50, fill the eleven positions with 00000150050.
 - o If the format field is 9(10)v99 and the amount is \$1,225.50-, fill the twelve positions with -00000122550.
 - o If the format field is 9(10) and the amount is 25, fill the ten positions with 0000000025.

What rules do you have for alpha/numeric fields?

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

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

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

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

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



May not be blanks or zeros.

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

- ITIN's will only be accepted in the Payee ID field or in the alternate payee identification field in the **480.6C**, **480.7**, **480.7C**, **480.7G** (Student's ID), and/or **480.5** informative return.
- Only numeric characters.
- Omit hyphens, prefixes, and suffixes.
- Must begin with a 9.
- May not be blanks or zeros.
- Middle digits (4th and 5th) must be in one of these ranges: 50 65, 70 88, 90 92, or 94 99.

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

- IDN or CIDN will only be accepted in the Payee ID field or in the alternate payee identification field in the 480.6C, 480.7, 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 filelayoutw2info@hacienda.pr.gov.

Tax Related Questions

For general tax questions you may contact the Department at (787) 622-0123, Monday through Friday from 8:00 a.m. to 4:30 p.m. Otherwise, you should contact your independent tax advisor.



APPENDIX A: POSTAL ABBREVIATIONS AND NUMERIC CODES

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

*Use on Code RS State Wage Record only

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



APPENDIX B: COUNTRY CODES

Country	Code
Afghanistan	AF
Akrotiri Sovereign Base Area	AX
Albania	AL
Algeria	AG
Andorra	AN
Angola	AO
Anguilla	AV
Antigua and Barbuda	AC
Argentina	AR
Armenia	AM
Aruba	AA
Ashmore and Cartier Islands	AT
Australia	AS
Austria	AU
Azerbaijan	AJ
Bahamas, The	BF
Bahrain	BA
Baker Island	FQ
Bangladesh	BG
Barbados	BB
Bassas da India	BS
Belarus	ВО
Belgium	BE
Belize	BH
Benin	BN
Bermuda	BD
Bhutan	BT
Bolivia	BL
Bosnia-Herzegovina	BK
Botswana	BC
Bouvet Island	BV
Brazil	BR
British Indian Ocean Territory	Ю
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 CT
Central African Republic	CT
Chad	CD
Chile	CI
China, People's Republic of	CH
Christmas Island (Indian Ocean)	KT
Clipperton Island	ΙP
Cocos (Keeling) Islands	CK
Colombia	CO
Comoros	CN
Congo (Democratic Republic of)	CF
Congo (Republic of)	CF
Cook Islands	CW
Coral Sea Islands Territory	CR
Costa Rica	CS
Cote d'ivoire (Ivory Coast)	IV
Croatia	HR
Cuba	CU
Curacao	UC
Cyprus	CY
Czech Republic	EZ
Denmark	DA
Dhekelia Sovereign Base Area	DX
Djibouti	DJ
Dominica	DO
Dominican Republic	DR
Ecuador	EC
Egypt	EG
El Salvador	ES
England	UK
Equatorial Guinea	EK
Eritrea	ER
Estonia	EN
Ethiopia	ET
Europa Island	EU
Falkland Islands (Islas Malvinas)	FK
Faroe Islands	FO
Fiji	FJ



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	НМ
Honduras	НО
Hong Kong	HK
Howland Island	HQ
Hungary	HU
Iceland	IC
India	IN
Indonesia	ID
Iran	IR
Iraq	ΙZ
Ireland	EI
Israel	IS
Italy	IT
Jamaica	JM
Jan Mayan	JN
Japan	JA
Jarvis Island	DQ

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	TB
St Helena	SH
St Kitts and Nevis	SC

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



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
Venezuela	VE
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



DATE: OCTOBER 2023

FILE NAME: F4806AY23

RECORD TYPE: FORM

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

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 THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6A. RIGHT JUSTIFIED.	*
3. TYPE ID PAYEE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN, "3" = MERCHANT NUMBER	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "2" TO INDICATE FORM 480.6A.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYER'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	C	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN. IF ID TYPE = "3" FILL WITH BLANK	*
22. BANK ACCOUNT NUMBER	X(20)	С	20	176-195	REQUIRED ONLY WHEN REPORTING INTEREST INCOME (LOCATION 369-380) OR DIVIDENDS INCOME (LOC. 393-404).	

^{*} REQUIRED FIELDS

DATE: OCTOBER 2023

FILE NAME: F4806AY23

RECORD TYPE: FORM

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

RECORD LENGTH: 2500

P=PACKED, B=BINARY, C=CHARACTER

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		
26. TOWN	X(13)	C	13	296-308		*
27. STATE	X(2)	C	2	309-310		
28. ZIP-CODE	9(5)	C	5	311-315	GEROG TENOT ANAMARIA	*
29. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	*
30. FILLER 31. FILLER	X(1) 9(24)	C	1 24	320-320 321-344	SPACES. ZEROS.	*
31. FILLER 32. FILLER	9(24) 9(10) V99	C	12	345-356	ZEROS.	*
32. FILLER	9(10) 199	C	12	343-330	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)	C	309	453-761	SPACES.	*
42. 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.	*
43. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
44. PAYEE'S LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
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 EH LED	V(2)		2	044.045	GDA CEG	
47. FILLER	X(2)	C	2	844-845	SPACES.	1
48. INTERESTS UNDER SECTION1023.05(b) 49. FILLER	9(10)V99 9(86)	C	12 86	846-857 858-943	SEE FORM 480.6A, ITEM 3. ZEROS.	-
50. ROYALTIES	9(86) 9(10)V99	C	12	944-955	SEE FORM 480.6A, ITEM 8.	1
51. FILLER	9(10) (12)	C	12	956-967	ZEROS.	*
52. FILLER	9(12)	C	12	968-979	ZEROS.	*
PROFESSIONAL ASSOCIATIONS FEES						
53. AND DUES	9(10)V99	C	12	980-991 992-1003	SEE FORM 480.6A, ITEM 10.	*
54. FILLER	9(12)	С	12	992-1003	ZEROS.	٣

^{*} REQUIRED FIELDS



EXHIBIT A

FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4806AY23 RECORD TYPE: FORM

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

RECORD LENGTH:

2500

P=PACKED, B=BINARY, C=CHARACTER			
		FILE	

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	FICTURE		DITES	LOCATION	COMMENTS	KE
HOMEOWNERS ASSOCIATION FEES						
55. PAID	9(10)V99	C	12	1004-1015	SEE FORM 480.6A, ITEM 11.	
56. OTHER INTERESTS	9(10)V99	C	12	1016-1027	SEE FORM 480.6A, ITEM 4.	
PAYMENTS FOR VIRTUAL AND						
TECHNOLOGY TOOLS AND OTHER						
57. SUBSCRIPTIONS	9(10)V99	C	12	1028-1039	SEE FORM 480.6A, ITEM 9.	
58. MULTIPLE OWNERS ACCOUNT	X(1)	C	1	1040-1040	"1" IS "TRUE", "0" OR SPACE IS "FALSE"	
59. FILLER	X(1312)	С	1312	1041-2352	SPACES.	*
3). TILLER	A(1312)	C	1312	1041-2332	ENTER: "1" = FEIN, "2" = SSN, "3" =	
60. PAYEE ID TYPE ORIGINAL	X(1)	C	1	2353-2353	MERCHANT NUMBER	
	(-)				IF PAYEE ID TYPE ORIGINAL = "1".	
					ENTER PAYEE'S FEIN. IF ID TYPE	
					ORIGINAL = "2" ENTER PAYEE'S SSN.	
					IF ID TYPE ORIGINAL = "3" MERCHANT	
					NUMBER ALIGN TO THE RIGHT AND	
61. PAYEE ID ORIGINAL	X(11)	С	11	2354-2364	FILL WITH SPACES TO THE LEFT	
62. PAYEE MERCHANT NUMBER	X(11)	C	11	2365-2375	IF ID TYPE = "3" MERCHANT NUMBER	
63. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*
03. PATER E-MAIL	A(30)	C	30	2570-2425	E-MAIL FOR PATER.	
64. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER FOR PAYER.	*
CONTROL NUMBER ORIGINAL	` ′				THIS FILED MUST BE COMPLETED	
65. INFORMATIVE RETURN	9(9)	C	9	2446-2454	WHEN FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE	
					FORM. LEFT JUSTIFIED AND FILL WITH	
66. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	BLANKS.	
CZ EH LED	0(6)	C		2405 2500	ZEDOS	*
67. FILLER	9(6)	U	6	2495-2500	ZEROS.	~

EXHIBIT A

AÑO CONTRIBUTIVO: 2023 TAXABLE YEAR:	TURN-OTHER INCOME NOT SUBJECT TO WITHHOLDING Immendado - Amended: (Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number
INFORMACIÓN DEL PAGADOR - PAYERS INFORMATION	Clase de Ingreso	Cantidad Pagada
Número de Identificación Patronal - Employer Identification Number	Type of Income 1. Rentas	Amount Paid
Nombre - Name	Rents	
Dirección - Address	Intereses bajo la Sección 1923.04 (excepto IRA y Cuenta de Aporta- Interesta under Section 1923.04 (except IRA and Educational Contribution)	ción Educativa) on Account)
INFO	3. Intereses bajo la Sección 1023.05(b) Interests under Section 1023.05(b)	U3
Código Postal - Zip Code Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail	Otros Intereses (Vea instrucciones) Other Interests (See instructions)	
INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEES INFORMATIO	Dividendos (Vea instrucciones) Dividendo (See instructions)	
Número de Seguro Social o Identificación Patronal - Social Security or Employ Identification Number		
Nombre - Name	7. Condonación de Deuda Debl Discharge	
Dirección - Address	Regalias (Vea instrucciones) Royaltes (See instruccions)	ZA
Código Postal - Zip Code	Pagos por Herramientas Virtuales y Tecnológicas y Otras Suscripc Payments for Virtual and Technology Tools and Other Subscriptions	iones
Número de Cuenta Bancaria Bank Account Number Marque agui si la cuenta pertenece a más de un titular.	Cuotas de Colegiación y Membresias de Asociaciones Profesiona Professional Associations Fees and Dues	sies
Check here if the account belongs to more than one owner. Razones para el Cambio - Reasons for the Change	11. Cuotas de Mantenimiento Pagadas a Asociaciones de Residentes Homeowners Association Fees Paid	o Condómines
	12. Otros Pagos	
Número Control - Control Number Número Control Informativa Original		1

EXHIBIT B

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806BY23 RECORD TYPE: FORM

RECORD NAME: OTHER INCOME SUBJECT TO WITHHOLDING – FORM TYPE

480.6B

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
111111	1101010		21125	200111011	CONTINUE	
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)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "3" TO INDICATE FORM 480.6B.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES. ENTER THE TAX YEAR FOR THIS REPORT	*
9. TAXABLE YEAR 10. FILLER	9(4) X(9)	C	9	18-21 22-30	WHICH MUST BE 2023. SPACES.	*
WITHHOLDING AGENT'S INFORMATION	, ,					
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER "1" = FEIN, "2" = SSN.	*
	11(1)			0101	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. BANK ACCOUNT NUMBER	X(20)	C	20	176-195	REQUIRED ONLY WHEN REPORTING DIVIDENDS INCOME (LOCATION 387-398) OR INTEREST INCOME (LOC. 431-442 OR LOC. 497-508).	
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		

^{*} REQUIRED FIELDS



RECORD TYPE: FORM FILE NAME: F4806BY23

RECORD NAME: OTHER INCOME SUBJECT TO WITHHOLDING – FORM TYPE

RECORD LENGTH: 2500 480.6B

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
		1			0.000	
	•					
as movey	77/40	_	4.0	205 200		*
26. TOWN	X(13)	C	13	296-308		*
27. STATE 28. ZIP-CODE	X(2) 9(5)	C	5	309-310		*
28. ZIP-CODE 29. ZIP-CODE EXTENSION	9(3)	C	4	311-315 316-319	ZEROS, IF NOT AVAILABLE.	**
30. FILLER	X(1)	C	1	320-320	SPACES.	*
31. FILLER	9(44)	C	44	321-364	ZEROS.	*
AMOUNT PAID	9(44)		44	321-304	ZEROS.	
32. JUDICIAL - EXTRAJUDICIAL	9(10)V99	C	12	365-376	SEE FORM 480.6B, ITEM 1.	
AMOUNT WITHHELD)(10) (7)			202 270	SEET OTHER FOODS, TEET	
33. JUDICIAL - EXTRAJUDICIAL	9(8)V99	C	10	377-386	SEE FORM 480.6B, ITEM 1.	
34. FILLER	9(44)	С	44	387-430	ZEROS.	*
AMOUNT PAID						
35. INTEREST UNDER SECTION 1023.04	9(10)V99	C	12	431-442	SEE FORM 480.6B, ITEM 5.	
AMOUNT WITHHELD						
36. INTEREST UNDER SECTION 1023.04	9(8)V99	C	10	443-452	SEE FORM 480.6B, ITEM 5.	
AMOUNT PAID						
37. DIVIDENDS SUBJECT TO 15%	9(10)V99	C	12	453-464	SEE FORM 480.6B, ITEM 2.	
AMOUNT WITHHELD	0.(0).1.100		10	465 454	GEE FORM 1006 B. WEEN 2	
38. DIVIDENDS SUBJECT 15%	9(8)V99	C	10	465-474	SEE FORM 4806.B, ITEM 2.	-
AMOUNT PAID 39. DIVIDENDS IND. DEV. (ACT 8 1/24/87)	9(10)V99	C	12	475-486	SEE FORM 480.6B, ITEM 7.	
AMOUNT WITHHELD	9(10) ¥ 99	C	12	473-400	SEE FORM 460.0B, ITEM 7.	
40. DIVIDENDS IND.DEV. (ACT 8 1/24/87)	9(8)V99	С	10	487-496	SEE FORM 480.6B, ITEM 7.	
AMOUNT PAID	7(0) 177		10	407-470	SELTORIA 400.0B, ITEM 7.	
41. INTEREST UNDER SECTION 1023.05(b)	9(10)V99	C	12	497-508	SEE FORM 480.6B, ITEM 6.	
AMOUNT WITHHELD	2(24).22				, , , , , , , , , , , , , , , , , , , ,	
42. INTEREST UNDER SECTION 1023.05(b)	9(8)V99	С	10	509-518	SEE FORM 480.6B, ITEM 6.	
AMOUNT PAID						
43. OTHER PAYMENTS	9(10)V99	C	12	519-530	SEE FORM 480.6B, ITEM 9.	
AMOUNT WITHHELD						
44. OTHER PAYMENTS	9(8)V99	С	10	531-540	SEE FORM 480.6B, ITEM 9.	
AMOUNT PAID						
45. COMPENSATION PAID BY SPORT'S TEAMS	9(10)V99	C	12	541-552	SEE FORM 480.6B, ITEM 4.	
AMOUNT WITHHELD	0(0)7700		10	552.562	GEE FORM 400 CD FEEM 4	
46. COMPENSATION PAID BY SPORT'S TEAMS	9(8)V99	C	10 199	553-562	SEE FORM 480.6B, ITEM 4.	*
47. FILLER	X(199)	C	199	563-761	SPACES. ENTER THE FIRST NAME OF THE PAYEE'S.	*
					LEFT JUSTIFIED AND FILL WITH BLANKS.	
48. PAYEE'S FIRST NAME	X(15)	С	15	762-776	REOUIRED ONLY FOR INDIVIDUALS.	*
10. THEE STREET WILL	71(13)		15	702 770	ENTER THE MIDDLE NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
49. PAYEE'S MIDDLE NAME	X(15)	C	15	777-791	BLANKS.	
					ENTER THE LAST NAME OF THE PAYEE'S.	
	1				LEFT JUSTIFIED AND FILL WITH BLANKS.	
50. PAYEE'S LAST NAME	X(20)	C	20	792-811	REQUIRED ONLY FOR INDIVIDUALS.	*
					ENTER THE SECOND LAST NAME OF THE	
	1				PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
51. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	C	20	812-831	BLANKS.	1
AMOUNT PAID	1					
DIVIDENDS SUBJECT TO PREFERENTIAL	0(10)3700		10	022 042	CEE EODM 490 6D TTEM 2	
52. RATE UNDER SPECIAL ACT %	9(10)V99	C	12	832-843	SEE FORM 480.6B, ITEM 3.	-
AMOUNT WITHHELD DIVIDENDS SUBJECT TO PREFERENTIAL	1					
53. RATE UNDER SPECIAL ACT %	9(8)V99	C	10	844-853	SEE FORM 480.6B, ITEM 3.	
PERCENT OF DIVIDENDS SUBJECT TO	7(0) 177	<u> </u>	10	0-1-033	SEET OWN TOUGH, ITEM 5.	
54. PREFERENTIAL RATE UNDER SPECIAL ACT	9(3)	C	3	854-856	SEE FORM 480.6B, ITEM 3.	
	. \-/					

^{*} REQUIRED FIELDS



EXHIBIT B

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806BY23 RECORD TYPE: FORM

RECORD NAME: OTHER INCOME SUBJECT TO WITHHOLDING – FORM TYPE

480.6B

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
55. FILLER	9(24)	С	24	857-880	ZEROS.	*
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	ZEROS.	*
59. FILLER	X(4)	C	4	927-930	SPACES	*
60. MULTIPLE OWNERS ACCOUNT	X(1)	C	1	931-931	"1" IS "TRUE", "0" OR SPACE IS "FALSE"	
61. FILLER	X(1431)	С	1431	932-2362	SPACES.	*
INDEMNIFICATION PAYMENT 62. CORRESPONDS TO A CAPITAL ASSET	X(1)	С	1	2363-2363	"1" IS "TRUE", "0" OR SPACE IS "FALSE"	
63. PAYEE ID TYPE ORIGINAL	X(1)	С	1	2364-2364	ENTER: "1" = FEIN, "2" = SSN	
64. 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	
64. PAYEE ID ORIGINAL	X(11)	C	11	2303-2373	AND FILL WITH SPACES TO THE LEFT	
65. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*
66. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER FOR PAYER.	*
CONTROL NUMBER ORIGINAL 67. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
68. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
69. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



EXHIBIT B

Form Rev. 07.23 AÑO CONTRIBUTIVO: 2022	INFORMATIVE RETURN-0	A-OTROS INGRESOS SUJETOS A RETENCIÓN THER INCOMESUBJECT TO WITHHOLDING	Número de Confirmación	de Radicación Electrónica
TAXABLE YEAR: 2023	Enmendado	- Amended: ()	Electronic Filing C	Confirmation Number
INFORMACIÓN DEL AGENTE RETENEDOR -		Clase de Ingreso - Type of Income	Cantidad Pagada - Amount Paid	Cantidad Retenida - Amount Withhe
Número de Identificación Patronal - Employer I del Nombre - Name	b/carion Number	Pagos por Indemnización Judicial o Extrajudicial Paymers for Judicial or Extrajudicial Marque adul si el pago por indemnización corresponde a un activo de capital. Check here if the indemnification payment corresponds to a capital asset.	15	
Dirección - Address	JFOF	Dividendos Sujetos al 15% Dividendos Subject (b. 15%	10 S	
Núm. de Teléfono - Telephone No. Correo Electró	Código Postal - Zp Code nico - E-mail	Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Dividends Subject to Preferential Rate under Special Act		
INFORMACIÓN DE QUIEN RECIBE EL Número de Seguro Social o Identificación Patronal		Remuneración Panada por Equipos de Deportes de Asociaciones o Paderaciones Internacionales Compensation Paid by International Associations or Federacion di Sport Teams	. NC	
Nombre - Name				1
Dirección - Address	12211	Intereses 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 - Zp Code	Intereses bajo la Sección 1023.05(b) Interests under Section 1023.05(b)	KA	
Número de Cuenta Bancaria - Bank Account Numb		Dividendos de lingresos de Foimento Industrial (Ley 8 de 24 de enero de 1987) - Dividends from Industrial Development		
Marque aqui si la cuenta pertenece a más Check here if the account belongs to more th		24 de enero de 1987) - Di Adands from Industrial Development Income (Act. 8 of January 24, 1987)		
Razones para el Cambio - Reasons for the Chang		Dividendos Elegibles bajo Decreto de Médico Cualificado Eligible Dividends under Decree as Qualified Physician		
	úmero Control Informativa Original ontrol No. Original Informative Return	9. Otros Pagos - Other Payments		
FECHA DE RADICACIÓN: 28 DE FEBRERO, VEA	NSTRUCCIONES	Envie electronicamente al Departamento de Hacienda. En	freque conia a quien recibe el na	no Conserve conia nara sus

EXHIBIT C

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806CY23 RECORD TYPE: FORM

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

RECORD LENGTH: 2500

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
1. FILLER	X(1)	X	1	1-1	SPACES.	*
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.	*
					ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION	
3. PAYEE ID TYPE 4. FILLER	X(1) X(1)	C	1	11-11 12-12	NUMBER). SPACES.	*
5. FORM TYPE	X(1) X(1)	C	1	13-13	ENTER "5" TO INDICATE FORM 480.6C.	*
6. RECORD TYPE	9(1)	C	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
0 EH LED	V(2)		2	16.17	CDACEC	*
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 2023.	*
10. FILLER	X(9)	C	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)	C	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN. IF ID TYPE = "3" 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)	С	20	176-195	REQUIRED ONLY WHEN REPORTING DIVIDENDS INCOME (LOCATION 387-398) OR INTEREST INCOME (LOC. 431-442).	

EXHIBIT C

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806CY23 RECORD TYPE: FORM

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

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		
26. TOWN	X(13)	С	13	296-308		*
27. STATE	X(2)	С	2	309-310		*
28. ZIP-CODE	9(5)	С	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	С	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER AMOUNT PAID	X(1)	С	1	320-320	SPACES.	*
31. SALARIES, WAGES OR COMPENSATIONS	9(10)V99	С	12	321-332	SEE FORM 480.6C, ITEM 1.	
AMOUNT WITHHELD 32. SALARIES, WAGES OR COMPENSATIONS	9(8)V99	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	C	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)	C	22	475-496	SPACES.	*
44. AMOUNT PAID PUBLIC SHOWS	9(10)V99	С	12	497-508	SEE FORM 480.6C, ITEM 12.	
45. AMOUNT WITHHELD PUBLIC SHOWS	9(8)V99	С	10	509-518	SEE FORM 480.6C, ITEM 12.	
AMOUNT PAID OTHERS PAYMENTS 46. SUBJECT TO WITHHOLDING	9(10)V99	С	12	519-530	SEE FORM 480.6C, ITEM 13.	
AMOUNT WITHHELD OTHERS PAYMENTS 47. SUBJECT TO WITHHOLDING	9(8)V99	С	10	531-540	SEE FORM 480.6C, ITEM 13.	



FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4806CY23

RECORD TYPE: FORM

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

RECORD LENGTH: 2500

				EHE	Г	1
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		1			0.000	
					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	
48. PAYEE'S IDENTIFICATION	X(12)	C	12	541-552	OTHER THAN FEIN, SSN, OR ITIN.	*
49. FILLER AMOUNT PAID	X(88)	C	88	553-640	SPACES.	*
ROYALTIES SUBJ. TO SPECIAL RATE 50. UNDER INCENTIVES ACTS %.	9(10)V99	С	12	641-652	SEE FORM 480.6C, ITEM 9.	
AMOUNT WITHHELD ROYALTIES SUBJ. TO SPECIAL RATE						
51. UNDER INCENTIVES ACTS %.	9(8)V99	С	10	653-662	SEE FORM 480.6C, ITEM 9.	
AMOUNT PAID	. (0)					
52. COMPENSATION PAID BY SPORT'S TEAMS	9(10)V99	C	12	663-674	SEE FORM 480.6C, ITEM 3.	
AMOUNT WITHHELD 53. COMPENSATION PAID BY SPORT'S TEAMS	9(8)V99	С	10	675-684	SEE EODM 480 CC TEEM 2	
AMOUNT PAID AMOUNT PAID	9(8) 999	C	10	073-084	SEE FORM 480.6C, ITEM 3.	
DIVIDENDS SUBJECT 10% UNDER SECTION 54. 1062.11	9(10)V99	С	12	685-696	SEE FORM 480.6C, ITEM 5.	
AMOUNT WITHHELD DIVIDENDS SUBJECT 10% UNDER SECTION 55. 1062.11	9(8)V99	С	10	697-706	SEE FORM 480.6C, ITEM 5.	
AMOUNT PAID DIVIDENDS SUBJECT 15% UNDER SECTION 56. 1062.08	9(10)V99	С	12	707-718	SEE FORM 480.6C, ITEM 6.	
AMOUNT WITHHELD DIVIDENDS SUBJECT 15% UNDER SECTION 57. 1062.08	9(8)V99	С	10	719-728	SEE FORM 480.6C, ITEM 6.	
					,	
58. FILLER	X(33)	С	33	729-761	SPACES. ENTER THE FIRST NAME OF THE PAYEE'S.	*
59. PAYEE'S FIRST NAME	X(15)	С	15	762-776	LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
60. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
61. PAYEE'S LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
62. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
AMOUNT PAID SERVICES RENDERED BY INDEPENDENT 63. CONTRACTORS		С	12	832-843	SEE FORM 480.6C, ITEM 2.	
AMOUNT WITHHELD	9(10)V99	C	12	032-843	SEE PORIVI 400.0C, 11 EM 2.	
SERVICES RENDERED BY INDEPENDENT						
64. CONTRACTORS	9(8)V99	С	10	844-853	SEE FORM 480.6C, ITEM 2.	
AMOUNT PAID DIVIDENDS SUBJECTS TO PREFERENTIAL 65. RATE UNDER SPECIAL ACT%	9(10)V99	С	12	854-865	SEE FORM 480.6C, ITEM 7.	
AMOUNT WITHHELD DIVIDENDS SUBJECTS TO PREFERENTIAL 66. RATE UNDER SPECIAL ACT%	9(8)V99	С	10	866-875	SEE FORM 480.6C, ITEM 7.	

^{*} REQUIRED FIELDS



EXHIBIT C

FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4806CY23 RECORD TYPE: FORM

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

RECORD LENGTH: 2500

P=PACKED, B=BINARY, C=CHARACTER

FILE

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
	1		T			
PERCENT OF DIVIDENDS SUBJECT	0.00			0.50.50	OFF FORM (100 CF TFF) (5	
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	C	12	882-893		
PAYMENTS FOR SERVICES RENDERED						
70. OUTSIDE OF PUERTO RICO	9(10)V99	C	12	894-905	SEE FORM 480.6C, ITEM 14.	
71. FILLER	X(1)	C	1	906-906	SPACES	*
72. PAYEE IS ALIEN	X(1)	C	1	907-907	IF IT'S TRUE, A FILL WITH "1".	
OTHER PAYMENTS NOT SUBJECT TO						
73. WITHHOLDING	9(10)V99	C	12	908-919	SEE FORM 480.6C, ITEM 15.	
74. FILLER	X(1444)	C	1444	920-2373	SPACES.	*
					ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN,	
					"4" = IDN (OTHER INDIVIDUAL	
					IDENTIFICATION NUMBER), "5" = CIDN	
					(OTHER CORPORATE IDENTIFICATION	
75. PAYEE ID TYPE ORIGINAL	X(1)	C	1	2364-2364	NUMBER).	
					IF PAYEE ID TYPE ORIGINAL = "1", ENTER	
					PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2"	
					ENTER PAYEE'S SSN ALIGN TO THE RIGHT	
76. PAYEE ID ORIGINAL	X(11)	C	11	2365-2375	AND FILL WITH SPACES TO THE LEFT	
77. PAYER E-MAIL	X(50)	C	50	2376-2425	E-MAIL FOR PAYER.	*
50 044750 044045 444 6550	77/20		20	2425 2445		
78. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER FOR PAYER.	*
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED WHEN	
79. INFORMATIVE RETURN	9(9)	С	9	2446-2454	FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE FORM.	
80. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
81. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



EXHIBIT C

Form Rev. 07 23		SIDENTES O POR SERVICIOS DE FUENTES FUERA DE PUERTO RICO DENTS OR FOR SERVICES FROM SQUAÇES OUTSIDE OF PUERTO RICO		
AÑO CONTRIBUTIVO: 2023	Enmendado	- Amended: (I)	Número de Confirmación de Electronic Filing Conf	
INFORMACIÓN DEL AGENTE RETE	NEDOR-WITHHOLDING AGENT'S INFORMATION	Clase de Ingreso	Cantidad Pagada	Cantidad Retenida
Número de Identificación Patronal - Empl	oyer Identification Number	Type of Income	Amount Paid	Amount Withheld
Nombre - Name		Salarios, Jornales o Compensaciones (Vea instrucciones) Salaries, Wages or Compensations (See instructions)		
Dirección - Address	NIEGI	Pagos por Servicios Prestados por Contratistas Independentes Payments for Services Rendered by Independent Contractors	00	
	NFOF	Remuneración Pagada por Equipos de Deportes de Asociaciones o Federaciones Internacionales - Compensation Paid by International Associations or Federations of Sports Feams	05	
Núm. de Teléfono - Telephone No. Corr	Código Postal - Zip Code eo Electrónico - E-mail	Venta de Propiedad - Sale of Property		
INFORMACIÓN DE QUIEN RE	CIBE EL PAGO - PAYEE'S INFORMATION	Dividendos Sujetos al 10% bajo la Sección 1862.11 Dividendos Subject to 10% under Section 1062.11	NO	
Número de Identificación - Identification I	Aumber Extranjer	Dividendos Sújetos al 15% bajo la Sección 1062.08 Dividendos Súbject to 15% under Section 1062.08	140	
Nombre - Name	1.15511.1	Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Dividendos Subject to Preferential Rate under Special Act %	Α. σ	
Dirección - Addresa	UIIL	8. Regalias - Royaltes	KA	
	Código Postal - Zip Code	Regalias Sujetas a Tasa Especial bajo Leyes de Incentivos Royalties Subject to Special Rate under Incentives Acts%		
Aportación Especial por Servicios Profes Special Contribution for Professional and Ad	cionales y Consultivos bajo la Ley 48-2013 tvisory Services under Act 48-2013	50. Intereses + Interests		
Número de Cuenta Bancaria Bank Account Number		11. Rentas - Rents		
Razones para el Cambio - Reasons for the	Change	12. Espectáculos Públicos - Public Shows		
		Otros Pagos Sujetos a Retención Other Payments Subject to Withholding		
Número Control - Control Number	Número Control Informativa Original Control No. Original Informative Return	Pagos por Servicios Prestados Fuera de Puerto Rico Payments for Services Rendered Outside of Puerto Rico		
		15. Otros Pagos No Sujetos a Retención Other Payments Not Subject to Withholding		

EXHIBIT D

FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4806DY23 RECORD TYPE: FORM

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

RECORD LENGTH: 2500

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
					ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6D.	
2. CONTROL NUMBER	9(9)	С	9	2-10	RIGHT JUSTIFIED.	*
3. PAYEE ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	C	1	13-13	ENTER "X" TO INDICATE FORM 480.6D.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYER'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. BANK ACCOUNT NUMBER	X(20)	С	20	176-195		*
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	C	35	226-260		*

^{*} REQUIRED FIELDS



FILE NAME: F4806DY23 RECORD TYPE: FORM

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

RECORD LENGTH: 2500

		\				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	ı	1	ı	1		•
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 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 480.6D, ITEM 2.	
COMPENSATION FOR INJURIES OR 33. SICKNESS UNDER SECTION 1031.01(b)(3) DISTRIBUTIONS FROM NON DEDUCTI-	9(10)V99	С	12	345-356	SEE FORM 480.6D, ITEM 3.	
BLE INDIVIDUAL RETIREMENT 34. ACCOUNTS	9(10)V99	С	12	357-368	SEE FORM 480.6D, ITEM 4.	
35. FILLER	X(24)	C	24	369-392	SPACES.	*
36. FILLER 37. FILLER	9(12)	C	12 44	393-404 405-448	ZEROS. SPACES.	*
RENT FROM RESIDENTIAL PROPERTY	X(44)		44	403-446	SPACES.	*
38. UNDER ACT. 132-2010, AS AMENDED	9(10)V99	C	12	449-460	SEE FORM 480.6D, ITEM 5.	
39. FILLER	X(12)	C	12	461-472	SPACES.	*
OTHER PAYMENTS SUBJECT TO ALTER- 40. NATE BASIC TAX TOTAL AMOUNT PAID	9(10)V99	С	12	473-484	SEE FORM 480.6D, ITEM 22, COLUMN A.	
OTHER PAYMENTS SUBJECT TO ALTER- 41. NATE BASIC TAX	9(10)V99	С	12	485-496	SEE FORM 480.6D, ITEM 22, COLUMN B.	
INTERESTS UPON OBLIGATIONS FROM 42. THE UNITED STATES GOVERNMENT	9(10)V99	С	12	497-508	SEE FORM 480.6D, ITEM 6.	
INTERESTS UPON OBLIGATIONS FROM THE GOVERNMENT OF PUERTO						
43. RICO	9(10)V99 9(10)V99	C	12	509-520	SEE FORM 480.6D, ITEM 7. SEE FORM 480.6D, ITEM 8.	
44. INTERESTS UPON CERTAIN MORTGAGES OTHER INTERESTS SUBJECT TO ALTER-	9(10) 199	С	12	521-532	SEE FORM 480.0D, 11 EM 8.	
45. NATE BASIC TAX	9(10)V99	C	12	533-544	SEE FORM 480.6D, ITEM 10.	
46. FILLER	9(12)	C	12	545-556	ZEROS.	*
DIVIDENDS FROM COOPERATIVE 47. ASSOCIATIONS	9(10)V99	С	12	557-568	SEE FORM 480.6D, ITEM 12.	
DIVIDENDS FROM AN INTERNATIONAL INSURER OR HOLDING COMPANY OF	9(10)V99		12	560 590	SEE FORM 490 AD TITEM 12	
48. THE INTERNATIONAL INSURER 49. FILLER	9(10) v 99	C	12 12	569-580 581-592	SEE FORM 480.6D, ITEM 13. ZEROS.	*
50. DEBT DISCHARGE	9(12) 9(10)V99	C	12	593-604	SEE FORM 480.6D, ITEM 19.	
51. FILLER	X(157)	C	157	605-761	SPACES.	*
52. 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.	*
53. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	

^{*} REQUIRED FIELDS



EXHIBIT D

FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4806DY23 RECORD TYPE: FORM

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

RECORD LENGTH: 2500

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
	•					
	_		ı			1
					ENTER THE LAST NAME OF THE PAYEE'S.	
54 PANEELS ASSESSED	****		20	502 044	LEFT JUSTIFIED AND FILL WITH BLANKS.	*
54. PAYEE'S LAST NAME	X(20)	С	20	792-811	REQUIRED ONLY FOR INDIVIDUALS.	*
					ENTER THE SECOND LAST NAME OF THE	
55 DAVEE'S MOTHER'S MAIDEN LAST NAME	7/(20)		20	010 021	PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
55. PAYEE'S MOTHER'S MAIDEN LAST NAME OTHER INTEREST NOT SUBJECT TO ALTER-	X(20)	С	20	812-831	BLANKS.	
56. NATE BASIC TAX.	9(10)V99	C	12	832-843	SEE FORM 480.6D, ITEM 11.	
DIVIDENDS FROM EXEMPT BUSINESSES	9(10) ¥ 99	C	12	032-043	SEE FORM 480.0D, ITEM 11.	
57. NOT SUBJECT TO ALTERNATE BASIC TAX	9(10)V99	С	12	844-855	SEE FORM 480.6D, ITEM 14.	
OTHER DIVIDENDS SUBJECT TO)(10) 177		12	044-033	SELTORWI 400.0D, ITEW 14.	
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-	2(20)177	Ť		020 007	2 0201 10002,11201 17, COLONI 17.	1
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		Ť	_		,,	
60. ALTERNATE BASIC TAX	9(10)V99	C	12	880-891	SEE FORM 480.6D, ITEM 18.	
OTHER PAYMENT NOT SUBJECT TO						
61. ALTERNATE BASIC TAX	9(10)V99	C	12	892-903	SEE FORM 480.6D, ITEM 23.	
62. EXEMPTION CODE	X(3)	C	3	904-906	SEE FORM 480.6D, ITEM 19.	
ELIGIBLE DIVIDENDS UNDER DECREE AS						
63. QUALIFIED PHYSICIAN	9(10)V99	C	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	C	12	919-930	SEE FORM 480.6D, ITEM 9.	
DIVIDENDS FROM EXEMPT BUSINESS	0/10/1700		10	021 042	GET FORM 100 CD MEDIA 1 C	
65. UNDER SECTION 6070.56(E) OF ACT 60-2019	9(10)V99	С	12	931-942	SEE FORM 480.6D, ITEM 16.	
QUALIFIED DISASTER AID PAYMENTS	0/10/1700		10	0.42.054	GET FORM 400 CD FEEM 20	
66. UNDER SECTION 1031.01(B)(16)	9(10)V99 9(10)V99	C	12	943-954	SEE FORM 480.6D, ITEM 20.	*
67. FILLER	. (. /	C	12	955-966	ZEROS.	*
68. FLAG DISABILITY PENSION 69. DISABILITY PENSION AMOUNT	X(1) X(12)	C	1 12	967-967	"1" IS "TRUE", "0" OR SPACE IS "FALSE" SEE FORM 480.6D, ITEM 3.	-
70. FILLER	X(12) X(1384)	C	1384	968-979 980-2363	SPACES.	*
71. PAYEE ID TYPE ORIGINAL	X(1)	C	1364	2364-2364	ENTER: "1" = FEIN, "2" = SSN, "3"	-
71. PATEE ID TTPE ORIGINAL	Λ(1)	C	1	2304-2304	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)	С	11	2365-2375	AND FILL WITH SPACES TO THE LEFT	
72. TATLE ID ORIGINAL	21(11)		11	2303 2313	AND THE WITH STREES TO THE EET	
73. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*
	(/	Ť				1
74. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER FOR PAYER.	*
CONTROL NUMBER ORIGINAL	` ′			_	THIS FILED MUST BE COMPLETED WHEN	
75. INFORMATIVE RETURN	9(9)	С	9	2446-2454	FILING AMENDED FORM	
	` ′				ENTER THE REASON FOR CHANGE FORM.	
76. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
77. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



EXHIBIT D

DECLARACIÓN INFORM	mento de Hacienda - Department of the MATIVA - INGRESOS EXENTOS Y EXCLUIDO: BUJETOS A CONTRIBUCIÓN BÁSICA ALTER!	S E INGRESOS EXENTOS		
INFORMATIVE RETURN - EXEMPT AN	D EXCLUDED INCOME AND EXEMPT INCOM			de Conferencias de Redissolás Electricies
NO CONTRIBUTIVO: 2023 Enmendado - Ame	nded: ()			de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number
INFORMACIÓN DEL PAGADOR - PAYER iúm, de Identificación Patronal - Employer Identification Number	'S INFORMATION	INFORMACIÓ Núm. de Seguro Social o Identificac		EL PAGO - PAYEE'S INFORMATION
		Hain, de degaro social o nacional.	KIN PARVING - SOCIA SE	carry or chiptoyer operations in the
iombre - Name		Nombre - Name		
Brección - Address		Dirección - Address		
lúm. de Teléfono - Telephone No. Correo Electróni	Código Postal - Zip Code	-		
	AL AL SE	(A)		Código Postal - Zip Code
Clase de Ingreso Type of Income		Total Cartidad F Total Amount I		Cantidad Sujeta a Contribución Básica Alter Amount Subject to Alternate Basic Tax
Ganancia Acumulada en Opciones No Cualificadas Accumulated Gain on Nonqualified Options				
 Distribuciones de Cantidades Previamente Notificadas ci bajo las Secciones 1023.04(j) y 1023.25(b) Distributions of Amounts Previously Notified as Deemed Eligible 1021.29(b) 	omo Distribuciones Elegibles Implicitas Distributions under Sections 1023.06(j) and			
Compensación por Lesiones o Enfermedad bajo la Secti Compensation for injuries or Sicturess under Section 1031 01(b) Pensión por Incanacidad (Vea instrucciones)	on 1831.01(b)(3)	7511	US	
Pensión por Incapacidad (Vea instrucciones) Disability Pension (See instructions) 5 Distribuciones de Cuentas de Retiro Individual No Deduc	Man			
Distributions from Non Deductible Individual Retrement Account		A T-13	10	
 Renta de Propiedad Residencial bayo la Ley 132-2010, seg Rent from Residential Properly under Act 132-2010, as amended 			$V \cup$	
Intereses sobre Obligaciones del Gobierno de los Estado Interest upon Obligations from the United States Government		/ /		
 Intereses sobre Obligaciones del Gobierno de Puerto Ric Interests upon Obligations from the Government of Puerto Rico 				
Intereses sobre Clertas Hipotecas Interests upon Certain Mortgages	$\Delta N L$			
 Intereses sobre bonos, pagarés u otras obligaciones bajo interests on bonds, notes or other obligations under Section 607 	la Sección 6070,56(h) de la Ley 60-2019 0.56(h) of Act 60-2019		- 1 .	
Otros Intereses Sujetos a Contribución Básica Alterna Other Interests Subject to Alternate Basic Tax				
 Otros Intereses No Sujetos a Contribución Básica Alterni Other Interests Not Subject to Alternate Basic Tax 				
Dividendos de Asociaciones Cooperativas Dividends from Cooperative Associations				4
 Dividendos de un Asegurador Internacional o Compañía Dividends from an International Insurer or Holding Company of t 	Tenedora del Asegurador Internacional ne International Insurer			
 Dividendos de Negocios Exentos No Sujetos a Contribuc Dividendos from Exempt Businesses Not Subject to Alternate B 	ion Básica Alterna (Vea instrucciones) asic Tax (See instructions)	DID		
 Dividendos Elegibles bajo Decreto de Médico Cualific Eligible Dividends under Decree as Qualified Physician 	ado -	IIIIK		
Dividendos de negocio exento bajo la Sección 6070.56(e) Dividends from exempt business under Section 6070.56(e) of A	de la Ley 60-2019			
 Otros Dividendos Sujetos a Contribución Básica Alterna Other Dividendos Subject to Alternate Basic Tax 				
Otros Dividendos No Sujetos a Contribución Básica Alte Other Dividends Not Subject to Alternate Basic Tax	rna			
9. Condonación de Deudas (Vea instrucciones) Debt Discharge (See instructions)				
Pagos Cualificados por Concepto de Ayuda para Sobrelleva Qualified Disaster Aid Payments under Section 1031 D1(b)(16)	r Desastres bajo la Sección 1031.01(b)(16)			
1. Otros Pagos Sujetos a Contribución Básica Alterna				
Other Payments Subject to Alternate Basic Tax 2. Otros Pagos No Sujetos a Contribución Básica Alterna				
Other Payments Not Subject to Alternate Basic Tax Razones para el Cambio Reasons for the Change		l		
Número de Cuenta Bancaria	Número de Control	1	Número de Control de	Informativa Original
Bank Account Number	Control Number		Control No. Original Info	
FECHA DE RADICA	ICIÓN: 28 DE FEBRERO, VEA INSTRUCC	CIONES - FILING DATE: FEBRUAR	RY 28, SEE INSTRUC	CTIONS

FILE NAME: F4807Y23 RECORD TYPE: FORM

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE	
1. FILLER	X(1)	С	1	1-1	SPACES.	*	
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7. RIGHT JUSTIFIED.	*	
					ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION	*	
3. PAYEE ID TYPE	X(1)	C	1	11-11	NUMBER). ENTER: "1" = RESIDENT,		
4. PAYEE RESIDENT TYPE	X(1)	С	1	12-12	"2" = NONRESIDENT, "3" = ALIEN.	*	
5. FORM TYPE	X(1)	С	1	13-13	ENTER "4" TO INDICATE FORM 480.7.	*	
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*	
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*	
8. FILLER	X(2)	С	2	16-17	SPACES.	*	
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*	
10. FILLER	X(9)	С	9	22-30	SPACES.	*	
WITHHOLDING AGENT'S INFORMATION							
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*	
					IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION		
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	NUMBER SSN.	*	
13. NAME	X(30)	C	30	41-70		*	
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*	
15. ADDRESS LINE NUMBER 2	X(35)	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					THE DAVIDE IN THE PROPERTY OF		
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*	
22. IRA ACCOUNT NUMBER	X(20)	С	20	176-195		*	
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*	
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*	

^{*} REQUIRED FIELDS

FILE NAME: F4807Y23 RECORD TYPE: FORM

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

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

^{*} REQUIRED FIELDS



FILE NAME: F4807Y23 RECORD TYPE: FORM

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

		•					
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE	
	<u> </u>					_	
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. ENTER THE FIRST NAME OF THE PAYEE'S.	*	
58. PAYEE'S FIRST NAME	X(15)	С	15	762-776	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.		
60. PAYEE'S LAST NAME	X(20)	С	20	792-811	LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*	
61. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.		
INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 62. OF PUERTO RICO (10% LINE12K1)	9(10)V99	С	12	832-843	SEE FORM 480.7, ITEM 10.		
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 63. OF PUERTO RICO TAXABLE	9(10)V99	С	12	844-855	SEE FORM 480.7, ITEM K.1.		
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 64. OF PUERTO RICO EXEMPT	9(10)V99	С	12	856-867	SEE FORM 480.7, ITEM K.2.		
EXEMPT INTERESTS AND AMOUNT OVER 65. WHICH A PREPAYMENT WAS MADE	9(10)V99	С	12	868-879	SEE FORM 480.7, ITEM K.3.		
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 66. OF PUERTO RICO TOTAL	9(10)V99	С	12	880-891	SEE FORM 480.7, ITEM K.4.		
67. TYPE OF FINANCIAL	X(1)	С	1	892-892	ENTER: "C" = CONTRIBUTION, "D" = DISTRIBUTION, "B" = BOTH.	*	
					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. ENTER: "1" = ACQUISITION PRINCIPAL		
69. ACQUISITION PRINCIPAL RESIDENCE	X(1)	С	1	913-913	RESIDENCE.		
70. FILLER 71. PAYEE ID TYPE ORIGINAL	X(1438) X(1)	C	1438	914-2351	SPACES. ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN, "4" = IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), "5" = CIDN (OTHER CORPORATE IDENTIFICATION NUMBER).	*	
71. TATEE ID TITE ORIGINAL	$\Lambda(1)$		1	4334 - 4334	NOMBER).	1	

^{*} REQUIRED FIELDS



EXHIBIT E

FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4807Y23 RECORD TYPE: FORM

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
72. PAYEE ID ORIGINAL	X(11)	С	11	2353-2363	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	
73. WITHHOLDING AGENT E-MAIL	X(50)	С	50	2364-2413	E-MAIL FOR WITHHOLDING AGENT.	*
74. WITHHOLDING AGENT PHONE NUMBER	X(20)	С	20	2414-2433	PHONE NUMBER WITHHOLDING AGENT.	*
75. J- PREPAID (8%) UNDER SECTION 1023.23	9(10)V99	С	12	2434-2445	SEE FORM 480.7, ITEM 12 J.	
CONTROL NUMBER ORIGINAL 76. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
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.	*



EXHIBIT E

Form Of 23 Same DECL	ERNO DE PUERTO RICO - GOVERNMENT epartamento de Hacienda - Departament o ARACIÓN INFORMATIVA - CUENTA DE RI RIMATIVE RETURN - INDIVIDUAL, RETIRE	of the Treasury ETIRO INDIVIDUAL	Número de Confirmación de Radicación Electrónica Electronic Fling Confirmation Number
AÑO CONTRIBUTIVO 2023 TAXABLE YEAR:	Enmendado - Amended: ()	Aportaciones Distribuciones Contributors Distributions Both
INFORMACIÓN DEL AGENTE RETENEDOR - WITH-ICLDIN	IG ACENTS INFORMATION	INFORS	MADÓN DE QUEN REGIBE EL PAGO - PAYEES INFORMATION
lúm. de Identificación Patronal - Employer Identification Number		Núm. de Identificación - identif	fication No.
iombre - Name		Nombre - Name	
Dirección - Address		Dirección - Address	
		The state of the s	
	Postal - Zip Code	Seleccione un encasillado - S	Código Postal - Zip Code
lúm, de Teléfono - Telephone No. Correo Electrónico - S	-mail	Residente	No Residente Ciudadano de E.U. No Residente Extranjero konresident U.S. Citizen Nonresident Allen
Descripción - Description	Cantidad - Amount	Resident	Distributions - Distributions
Balance Total de la Cuenta a Principio de Año Total Balance of the Account at the Beginning of the Year		Adquisición o Construe	uida - Breakdown of Amount Dishibuted cción - Primera Residencia Principal con - First Principal Residence
To an area of the control of the con		A. Aportaciones - Contributo	m
Aportaciones para el Año Contributivo	SODC	B. Aportaciones Voluntarias	s - Voluntary Contributions
Contributions for the Taxable Year	1011	C. Intereses Exentos - Exem	pt Interests
Aportaciones Via Transferencia		Intereses de Institucione Interests from Eligible Fina	
Rollover Contributions	ADM	E. Ingresos de Fuentes Der Income from Sources With	ntro de Puerto Rico
	UNIV	E. Otros Ingresos - Other In	DOTE 100 TO
Retiros Via Transferencia Rollover Withdrawals		G. Pensionados del Gobier 1. Aportaciones	no - Government Pensioners
Reembolso de Aportaciones en Exceso Refund of Excess Contributions	AME	2. Intereses Elegibles Eligible Interests 3. Otros Ingresos Otros Ingresos	E . N d
Penalidad Retenida		4. Total (Sume lineas G1 a Total (Add lines G1 throu	
Penalty Withheld		H. Pagado por Adelantado (1) Prepad (10%)under Section	
Contribución Retenida sobre Intereses (18% linea 120) (Vea in Tax Withheld from interests (10% line 120) (See Inst.)		L Pagado por Adelanta Prepaid (5%) under Section 10	do (5%) bajo la Sección 1881.06 261.06
		J. Pagado por Adelantado (8 Prepaid (8%) under Section	
I. Contribución Reterida sobre Ingreso de Fuentes Dentro de Puerto (10% linea 12E) - income Tax Withheld from Sources Within Puerto Rico line (12E)		K Distribuciones por Razi	n de un Desastre Declarado por el los - Distributors for Reason d'a Disaster
Contribución Retenida sobre Ingreso de Pensionados del Gob	iemo	Cantidad Tributable	
(19% lineas 12G2 y 12G3) - Income Tax Withheld from Govern Pensioners (10% lines 12G2 and 12G3)	ment	Taxable Amount 2. Cantidad Exenta	
Contribución Retenida en el Origen sobre Distribucione: Razón de un Desastre Declarado por el Gobernador de P Rico (19% lines 12X1) - honor las Withheld al Source on Distrib	uerto	Exempt Amount 3. Intereses Exentos y sobre la cual se P Adelantado - Exempt and Amount over	agó por Interests
for Reason of a Disaster Declared by the Governor of Puerto Rico line (2K1)		Prepayment was Mad	
Contribución Retenida a No Residentes (Vea instrucciones Withhold of Source to Monadores (Coa authorities)	i i	Total (Add lines K1 thro	ough KII)
Tax Withhheld at Source to Nonnesidents (See instructions)		Total (Add lines 12A through	EX.
Razones para el Cambio Reasons for the Change			
Número de Cuenta IRA RA Account Number	Número de Control Control Number		Número de Control de la Declaración Informativa Original Control Number of the Original Informative Return
			PLIQUE. VEA INSTRUCCIONES
	ATE: FEBRUARY 28 OR NOVEMB RTAMENTO DE HACIENDA, ENTREGU		SEE INSTRUCTIONS PAGO, CONSERVE COPIA PARA SUS RÉCORDS.





FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807AY23 RECORD TYPE: FORM

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

▼									
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE			
1. FILLER	X(1)	С	1	1-1	SPACES.	*			
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7A. RIGHT JUSTIFIED.	*			
3. BORROWER ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*			
4. JOINT BORROWER ID TYPE	X(1)	С	1	12-12	ENTER: "1" = FEIN, "2" = SSN.	*			
5. FORM TYPE	X(1)	С	1	13-13	ENTER "6" TO INDICATE FORM 480.7A.	*			
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*			
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*			
8. FILLER	X(2)	C	2	16-17	SPACES.	*			
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*			
10. FILLER	X(9)	С	9	22-30	SPACES.	*			
RECIPIENT'S INFORMATION									
11 DAVED ID TVDE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*			
11. PAYER ID TYPE 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	11(2)			100 100	511025				
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		*			
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^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807AY23 RECORD TYPE: FORM

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
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						
29. JOINT BORROWER'S ID	9(9)	С	9	300-308	IF JOINT BORROWER ID TYPE = "1", ENTER JOINT BORROWER'S FEIN. IF ID TYPE = "2" ENTER JOINT BORROWER'S SSN.	
30. NAME	X(30)	С	30	309-338		
31. FILLER	X(1)	С	1	339-339	SPACES.	*
32. INTERESTS PAID BY BORROWER	9(10)V99	С	12	340-351	SEE FORM 480.7A, ITEM 1.	*
LOAN ORIGINATION FEES(POINTS) PAID 33. DIRECTLY BY BORROWER	9(10)V99	С	12	352-363	SEE FORM 480.7A, ITEM 2.	*
LOAN ORIGINATION FEES PAID OR 34. FINANCED	X(1)	С	1	364-364	ENTER: "P" = PAID "F" = FINANCED.	*
LOAN DISCOUNT (POINTS) PAID 35. DIRECTLY BY BORROWER	9(10) V99	С	12	365-376	SEE FORM 480.7A, ITEM 3.	*
36. LOAN DISCOUNT PAID OR FINANCED	X(1)	С	1	377-377	ENTER: "P" = PAID "F" = FINANCED.	*
37. REFUND OF INTERESTS	9(10) V99	С	12	378-389	SEE FORM 480.7A, ITEM 4.	*
38. PROPERTY TAXES	9(10) V99	С	12	390-401	SEE FORM 480.7A, ITEM 5.	*
39. ORIGINAL LOAN AMOUNT	9(10) V99	С	12	402-413	SEE FORM 480.7A, ITEM 6.	*
40. FILLER	X(1)	С	1	414-414	SPACES.	*
41. LOAN ACCOUNT NUMBER	X(25)	С	25	415-439		*
42. LOAN TERM	9(3)	С	3	440-442	ENTER THE NUMBER OF MONTHS.	*
43. FILLER	X(319)	С	319	443-761	SPACES.	*
					ENTER THE FIRST NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	
44. BORROWER'S FIRST NAME	X(15)	С	15	762-776	INDIVIDUALS. ENTER THE MIDDLE NAME OF THE	*
45. BORROWER'S MIDDLE NAME	X(15)	С	15	777-791	BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
46. BORROWER'S LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
BORROWER'S MOTHER'S MAIDEN 47. LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
48. JOINT BORROWER'S FIRST NAME	X(15)	C	15	832-846	ENTER THE FIRST NAME OF THE JOINT BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
I I I I I I I I I I I I I I I I I I	12(10)		1 20	002 010		

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807AY23 RECORD TYPE: FORM

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
49. JOINT BORROWER'S MIDDLE NAME	X(15)	С	15	847-861	ENTER THE MIDDLE NAME OF THE JOINT BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
50. JOINT BORROWER'S LAST NAME	X(20)	С	20	862-881	ENTER THE LAST NAME OF THE JOINT BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
JOINT BORROWER'S MOTHER'S MAIDEN 51. LAST NAME	X(20)	С	20	882-901	ENTER THE SECOND LAST NAME OF THE JOINT BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
52. PROPERTY ADDRESS LINE NUMBER 1	X(35)	С	35	902-936		*
53. PROPERTY ADDRESS LINE NUMBER 2	X(35)	С	35	937-971		*
54. PROPERTY TOWN	X(13)	С	13	972-984		*
55. PROPERTY STATE	X(2)	С	2	985-986		*
56. PROPERTY ZIP-CODE	9(5)	С	5	987-991		*
57. PROPERTY ZIP-CODE EXTENSION	9(4)	С	4	992-995	ZEROS, IF NOT AVAILABLE.	*
58. FILLER	X(1368)	С	1368	996-2363	SPACES.	*
59. BORROWER ID TYPE ORIGINAL 60. BORROWER ID ORIGINAL	X(1) X(11)	C	11	2364-2364	ENTER: "1" = FEIN, "2" = SSN. 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 SPACES TO THE LEFT	
61. RECIPIENT E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR RECIPIENT.	*
62. RECIPIENT PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER RECIPIENT.	*
CONTROL NUMBER ORIGINAL 63. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
64. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
65. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



INF	CIÓN INFORMATIVA - INTERESES HIPOTECARIOS FORMATIVE RETURN - MORTGAGE INTERESTS	
AÑO CONTRIBUTIVO: 2023 Enmend	dado - Amended: (I)	Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number
INFORMACIÓN DEL RECEPTOR - RECIPIENTS INFORMATION	Descripción - Description	Cantidad - Amount
Número de Identificación Patronal - Employer Identification Number	Intereses Pagados por el Deuder. Interests Pad by Borrower)S
Nombre - Name	Honorarios de Origen del Préstamo (Puntos) Pagados Directam Loan Origination Fees (Points) Paid Cirectly by Borrower	ı
Dirección - Address	1 Pagados - Paid 2 Financiados - Financed	
Cédico Postal - 70 Ccci	Descuentos del Préstamo (Puntos) Pagados Directamente por a Los Discounts (Points) Paid Directly by Borrower Pagados - Paid 2 Financiados - Financial	
Núm. de Teléfono - Telephone No. Correo Electrónico - E-mal	Reembolsos de Intereses Refund of Interests	
INFORMACIÓN DEL DEUDOR - BORROWER'S INFORMATION	5. Contribuciones sobre la Propiedad	
Número de Seguro Social - Social Security Number	Properly Taxes	. NU
Nombre - Name	Cantidad Original del Préstamo Original Losn Amount	
Dirección - Address	Dirección Física de la Propiedad Sujeta al Prestamo - Physical Add	dress of the Property Subject to Loan Código Postal - Zip Code
Código Postal - Zip Code	Número de Cuenta del Préstamo - Loan Account Number	Término del Préstamo (en meses) - Loan Term (in months)
INFORMACIÓN DEL CODEUDOR - JOINT BORROWER'S INFORMATION		
Número de Seguro Social - Social Security Number	Número Control - Control Number	Número Control Informativa Original Control No. Original Informative Return
Nombre - Name	Razones para el Cambio - Reasons for the Change	1
ECHA DE RADICACIÓN: 31 DE ENERO, VEA INSTRUCCIONES ILING DATE: JANUARY 31. SEE INSTRUCTIONS	Envie electronicamente al Departamento de Hacienda. Entregue o Send to Department of the Treasury electronically. Deliver copy to b	

FILE NAME: F4807BY23 RECORD TYPE: FORM

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

•									
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE			
1. FILLER	X(1)	С	1	1-1	SPACES.	*			
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7B. RIGHT JUSTIFIED.	*			
3. BENEFICIARY ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*			
4. CONTRIBUTOR ID TYPE	X(1)	С	1	12-12	ENTER: "1" = FEIN, "2" = SSN.	*			
5. FORM TYPE	X(1)	С	1	13-13	ENTER "7" TO INDICATE FORM 480.7B.	*			
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*			
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*			
8. FILLER	X(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 2023.	*			
WITHHOLDING AGENT'S INFORMATION									
10. PAYER ID TYPE	X(1)	С	1	22-22	ENTER: "1" = FEIN, "2" = SSN.	*			
11. IDENTIFICATION NUMBER	9(9)	С	9	23-31	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*			
12. NAME	X(30)	С	30	32-61		*			
13. ADDRESS LINE NUMBER 1	X(35)	С	35	62-96	ADDRESS LINE NUMBER 1.	*			
14. ADDRESS LINE NUMBER 2	X(35)	С	35	97-131	ADDRESS LINE NUMBER 2.				
15. TOWN	X(13)	С	13	132-144		*			
16. STATE	X(2)	С	2	145-146		*			
17. ZIP-CODE	9(5)	С	5	147-151		*			
18. FILLER	X(1)	С	1	152-152	SPACES.	*			
BENEFICIARY'S INFORMATION									
21. BENEFICIARY'S ID	9(9)	С	9	153-161	IF BENEFICIARY ID TYPE = "1", ENTER BENEFICIARY'S FEIN. IF ID TYPE = "2" ENTER BENEFICIARY'S SSN.	*			
20. BIRTH YEAR	X(4)	С	4	162-165					
21. BIRTH MONTH	X(2)	С	2	166-167					
22. BIRTH DAY	X(2)	С	2	168-169					
23. NAME	X(30)	С	30	170-199	REQUIRED ONLY FOR CORPORATIONS.	*			
24. ADDRESS LINE NUMBER 1	X(35)	С	35	200-234		*			
25. ADDRESS LINE NUMBER 2	X(35)	С	35	235-269					

^{*} REQUIRED FIELDS



FILE NAME: F4807BY23 RECORD TYPE: FORM

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

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

^{*} REQUIRED FIELDS



DATE: OCTOBER 2023

FILE NAME: F4807BY23

RECORD TYPE: FORM

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

	1					
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	TICTORE		DITES	LOCATION	COMMENTS	KE
53. FILLER	X(214)	C	214	548-761	SPACES.	*
					ENTER THE FIRST NAME OF THE	
					BENEFICIARY'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	
54. BENEFICIARY'S FIRST NAME	X(15)	С	15	762-776	INDIVIDUALS.	*
51. BENEFICIARY STREET WILL	11(13)		15	702 770	ENTER THE MIDDLE NAME OF THE	
					BENEFICIARY'S. LEFT JUSTIFIED AND FILL	
55. BENEFICIARY'S MIDDLE NAME	X(15)	C	15	777-791	WITH BLANKS.	
					ENTER THE LAST NAME OF THE	
					BENEFICIARY'S. LEFT JUSTIFIED AND FILL	
56 DENEELGLADAYG LAGENIAME	W(20)		20	700 011	WITH BLANKS. REQUIRED ONLY FOR	*
56. BENEFICIARY'S LAST NAME	X(20)	C	20	792-811	INDIVIDUALS.	
					ENTER THE SECOND LAST NAME OF THE	
BENEFICIARY'S MOTHER'S MAIDEN					BENEFICIARY'S. LEFT JUSTIFIED AND FILL	
57. LAST NAME	X(20)	С	20	812-831	WITH BLANKS.	
					ENTER THE FIRST NAME OF THE	
					CONTRIBUTOR'S. LEFT JUSTIFIED AND	
					FILL WITH BLANKS. REQUIRED ONLY FOR	
58. CONTRIBUTOR'S FIRST NAME	X(15)	C	15	832-846	INDIVIDUALS.	*
					ENTER THE MIDDLE NAME OF THE	
50 CONTRIBUTOR'S MIDDLE NAME	X(15)	С	15	847-861	CONTRIBUTOR'S. LEFT JUSTIFIED AND	
59. CONTRIBUTOR'S MIDDLE NAME	X(15)	C	15	847-801	FILL WITH BLANKS. ENTER THE LAST NAME OF THE	
					CONTRIBUTOR'S. LEFT JUSTIFIED AND	
					FILL WITH BLANKS. REQUIRED ONLY FOR	
60. CONTRIBUTOR'S LAST NAME	X(20)	C	20	862-881	INDIVIDUALS.	*
					ENTER THE SECOND LAST NAME OF THE	
CONTRIBUTOR'S MOTHER'S MAIDEN					CONTRIBUTOR'S. LEFT JUSTIFIED AND	
61. LAST NAME	X(20)	C	20	882-901	FILL WITH BLANKS.	
					ENTED, "C" - CONTRIBUTION	
62. TYPE OF FINANCIAL	X(1)	С	1	902-902	ENTER: "C" = CONTRIBUTION, "D" = DISTRIBUTION, "B" = BOTH.	*
02. THE OFTINANCIAL	A(1)		1	902-902	D - DISTRIBUTION, B - BOTTI.	
63. FILLER	X(1461)	С	1461	903-2363	SPACES.	*
64. BENEFICIARY ID TYPE ORIGINAL	X(1)	С	1	2364-2364	ENTER: "1" = FEIN, "2" = SSN.	
					IF BENEFICIARY ID TYPE ORIGINAL = "1",	
					ENTER BENEFICIARY FEIN. IF ID TYPE	
					ORIGINAL = "2" ENTER BORROWER SSN	
65 DENIEEICIADV ID ODICINAL	V(11)		11	2265 2275	ALIGN TO THE RIGHT AND FILL WITH	
65. BENEFICIARY ID ORIGINAL	X(11)	С	11	2365-2375	SPACES TO THE LEFT	+
66. WITHHOLDING AGENT E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR WITHHOLDING AGENT.	*
O	11(30)	1	50	2370 2 123	Z MAZ I OK WITHIODDING HOLIVI.	
67. WITHHOLDING AGENT PHONE NUMBER	X(20)	C	20	2426-2445	PHONE NUMBER WITHHOLDING AGENT.	*
CONTROL NUMBER ORIGINAL	, ,				THIS FILED MUST BE COMPLETED WHEN	
68. INFORMATIVE RETURN	9(9)	C	9	2446-2454	FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE FORM.	
69. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
70 EH LED	0(6)			2405 2500	ZEDOS	*
70. FILLER	9(6)	C	6	2495-2500	ZEROS.	**



EXHIBIT G

AÑO CONTRIBUTIVO: 2023 Enmendado - A	Amended: (/	Ind	Ique propósito - Indicate purpose Aportaciones Distribuciones Ambo Both
INFORMACIÓN DEL AGENTE RETENEDOR - WITHHOLDING AGENT'S INFORMATION	Descripción - Description	Cantidad - Amount	Distribuciones - Distributions
Núm. de Identificación Patronal - Employer Identification Number	Balance Total de la Cuenta a Principio de Año - Total Balance of	T	Desglose de Cantidad Distribuída Breakdown of Arrount Distributed
Nombre - Name	the Account at the Beginning of the Year		A. Aportaciones Contributions
Dirección - Address	Aportaciones Durante el Año Contributivo - Contributions During the Taxable Year		B. Incremento Increase
Código Postal - Zip Code Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail	Aportaciones Via Transferencia Rollover Contributions	IV	(1) Intereses Tributables Taxable Interests
INFORMACIÓN DEL BENEFICIARIO - BENEFICIARY'S INFORMATION Num. de Seguro Social - Social Security No. Fecha de Nac Date of Birth	4. Retiros Via Transferencia		(2) Intereses Exentos
Nombre - Name Dirección - Address	S. Reemboliso de Aportaciones en Exceso Reland of Excess Contributions	E.	Exempt Interests (3) Ingreson de Fuentes Dentro de Puerto Rico Income trom Soutoes Within Puerto Rico
Código Postal - Zp Code Número de Cuenta Bancaria - Bank Account Number	6. Contribución Retenida sobre Intereses (10%)	A F	(4) Ingresos de Fuentes Fuera de Puerto Rico
INFORMACIÓN DE QUIEN APORTA - CONTRIBUTOR'S INFORMATION	Tax Withheld from Interests (10%)	Δ \vdash	Income from Sources Without Puesto Rico
Núm. de Seguro Social - Social Security No. Parentésico - Relationship	Contribución Retenida sobre Distribuciones que Consistan de Ingresos de Fuentes	// 1	C: Pagado por Adelantado (8%) bajo la Sección 1023.24 Prepad (8%) under Section 1023.24
Nombre - Name	Dentro de Puerto Rico (10%) Tax Withheld from Distributions of locome from Sources Within Puerto Rico (10%)	5	D. Total (Sume lineas 8A a la 8C) Total (Add lines 8A through 8C)
Dirección - Address	Número Control Informativa Original Control No. Original Informative Return	Razones para el Cami	bio - Reasons for the Change
Código Postal - Zip Code Número Control Control Number	1		



FILE NAME: F4807CY23 RECORD TYPE: FORM

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

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7C. RIGHT JUSTIFIED.	*
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).	*
3. TATLE ID TITE					ENTER: "1" = RESIDENT,	
4. PAYEE RESIDENT TYPE	X(1)	С	1	12-12	"2" = NONRESIDENT, "3" = ALIEN.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "Y" TO INDICATE FORM 480.7C.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TVD	V(1)		1	15.15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "Y" DELETE	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	"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 2023.	*
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 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.	*
	, ,				3311.	*
22. ACCOUNT NUMBER	X(20)	C C	20	176-195	DECLIBED ONLY FOR CORPORATIONS	*
23. NAME	X(30)	L	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	

^{*} REQUIRED FIELD



FILE NAME: F4807CY23 RECORD TYPE: FORM

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

		▼				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
44 455556645554	77(05)	<u> </u>	2.5	22 (250		*
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.	*
	, ,				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, "V"= VARIABLE ANNUITY,	
32. PLAN OR ANNUITY TYPE	X(1)	С	1	322-322	"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	9(10)V99	С	12	347-358	SEE FORM 480.7C, ITEM 3.	
TAX WITHHELD FROM LUMP SUM	9(10)V99	С	12	359-370	SEE FORM 490 7C ITEM 6	
36. DISTRIBUTIONS (20%) TAX WITHHELD FROM LUMP SUM	9(10) ¥ 99	C	12	339-370	SEE FORM 480.7C, ITEM 6.	
37. DISTRIBUTIONS (10%)	9(10)V99	С	12	371-382	SEE FORM 480.7C, ITEM 7.	
TAX WITHHELD FROM DIST. RETIREMENT	0/10/1700		10	202 204	GET FORM 400 TO VETN 42	
38. SAVINGS ACCOUNT PROGRAM (10%) TAX WITHHELD ROLLOVER RETIREMENT	9(10)V99	С	12	383-394	SEE FORM 480.7C, ITEM 12.	
39. SAV. ACCT.PROG. TO A NON DED. IRA (10%)	9(10)V99	C	12	395-406	SEE FORM 480.7C, ITEM 13.	
TAX WITHHELD FROM NONRESIDENT'S	0/40/4400		4.0	107 110	GET TODAY 100 TG TTTAY 1	
40. DISTRIBUTIONS	9(10)V99	С	12	407-418	SEE FORM 480.7C, ITEM 14.	
41. AMOUNT DISTRIBUTED	9(10)V99	C	12	419-430	SEE FORM 480.7C, ITEM 16.	
AMOUNT OVER WHICH A PREPAYMENT						
WAS MADE UNDER SECTION 1023.21, 42. 1081.01(b)(9) OR 1012D(b)(5)	9(10)V99	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 17.	
44. FILLER	X(24)	C	24	455-478	SPACES.	*
45. FILLER	X(12)	C	12	479-490	SPACES.	
46. AFTER-TAX CONTRIBUTIONS	9(10)V99	С	12	491-502	SEE FORM 480.7C, ITEM 19.	
47. FILLER	X(24)	С	24	503-526	SPACES.	
40 Promprovensor	77/4)				VALID CODES ="A", "B", "C", "E", "F", "G",	
48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A	X(1)	С	1	527-527	"H", "I", "J", "K", "L", "M", "N".	*
QUALIFIED PLAN TO NON DEDUCTIBLE						
49. IRA	9(10)V99	С	12	528-539	SEE FORM 480.7C, ITEM 11.	
TAX WITHHELD FROM OTHER						
50. DISTRIBUTIONS	9(10)V99	C	12	540-551	SEE FORM 480.7C, ITEM 15.	ļ
51. FILLER	X(12)	С	12	552-563	SPACES.	ļ
TAX WITHHELD FROM OTHER						
DISTRIBUTIONS OF QUALIFIED PLANS 52. (10%)	9(10)V99	С	12	564-575	SEE FORM 480.7C, ITEM 9.	
		С			ZEROS	*
53. FILLER	9(24)	U	24	576-599	ZEROS.	T

^{*} REQUIRED FIELD



FILE NAME: F4807CY23 RECORD TYPE: FORM

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
54. DISTRIBUTION CODE OTHER	X(1)	С	1	600-600	VALID CODES ="A", "B", "C", "E", "F", "G", "H", "I", "J", "K", "L", "M", "N".	*
55. FILLER	X(161)	С	161	601-761	SPACES. ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH	*
56. PAYEE'S FIRST NAME	X(15)	С	15	762-776	BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE MIDDLE NAME OF THE	*
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)	С	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
59. 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.	
TAX WITHHELD FROM DISTRIBUTIONS OF 60. NON QUALIFIED PLANS	9(10)V99	С	12	832-843	SEE FORM 480.7C, ITEM 8.	
61. TAX WITHHELD FROM ANNUITIES 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. ENTER THE PLAN SPONSOR'S NAME.	
64. PLAN SPONSOR'S NAME DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR OF PUERTO RICO	X(40)	С	40	905-944	LEFT JUSTIFIED AND FILL WITH BLANKS.	
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) INCOME TAX WITHHELD ON DISTRIBUTIONS FOR REASON OF A	9(10)V99	С	12	993-1004	SEE FORM 480.7C, ITEM 21E.	
DISASTER DECLARED BY THE GOVERNOR 70. OF PUERTO RICO	9(10)V99	С	12	1005-1016	SEE FORM 480.7C, ITEM 22.	
71. TOTAL AMOUNT DISTRIBUTED EXEMPT INCOME	9(10)V99	С	12	1017-1028	SEE FORM 480.7C, ITEM 20D.	
72. PAYEE'S IDENTIFICATION	X(13)	C	13	1029-1041	IF PAYEE ID TYPE = "4" ENTER PAYEE'S IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), IF PAYEE ID TYPE = "5" EANTER PAYEE'S CIDN (OTHER CORPORATE IDENTIFICATION NUMBER). USE ONLY WHEN THE PAYEE DOES NOT HAVE AN SSN, ITIN OR FEIN. IDN AND CIDN CAN BE ANY TYPE OF ALPHANUMERIC IDENTIFICATION OTHER THAN FEIN, SSN, OR ITIN.	

^{*} REQUIRED FIELD



EXHIBIT H

FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4807CY23 RECORD TYPE: FORM

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

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
					ENTER: "C" = CONTRIBUTION,	
73. TYPE OF FINANCIAL	X(1)	С	1	1042-1042	"D" = DISTRIBUTION, "B" = BOTH.	*
					2 2 3	
74. KEOGH PLAN	X(1)	C	1	1043-1043	ENTER: "1"= IF IT ID A KEOGH PLAN	
75. EXEMPT CHRISTMAS BONUS,	X(12)	С	12	1044-1055		*
SUMMER BONUS AND MEDICINE BONUS	A(12)		12	1044-1033	SEE FORM 480.7C, ITEM 20A.	
76. EXEMPT INCOME PAID TO RETIRED	X(12)	С	12	1056-1067	SEET ORDIT 100.7 C, TIENT 2011.	
MEMBERS OF THE PUERTO RICO						
POLICE BUREAU					SEE FORM 480.7C, ITEM 20B.	
77. OTHER EXEMPT INCOME	X(12)	C	12	1068-1079	SEE FORM 480.7C, ITEM 20C.	*
78. FILLER	X(1251)	С	1251	1080-2330	SPACES. ENTER: "1" = FEIN, "2" = SSN, "3" = ITIN,	*
					"4" = IDN (OTHER INDIVIDUAL	
					IDENTIFICATION NUMBER), "5" = CIDN	
					(OTHER CORPORATE IDENTIFICATION	
79. PAYEE ID TYPE ORIGINAL	X(1)	C	1	2331-2331	NUMBER).	
					IF PAYEE ID TYPE ORIGINAL = "1", ENTER	
					PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYEE'S SSN ALIGN TO THE	
					RIGHT AND FILL WITH SPACES TO THE	
80. PAYEE ID ORIGINAL	X(11)	C	11	2332-2342	LEFT	
01 DAVEDE MAH	V(50)	C	50	2242 2202	E MAIL EOR RAVER	*
81. PAYER E-MAIL	X(50)	C	30	2343-2392	E-MAIL FOR PAYER.	*
82. PAYER PHONE NUMBER	X(20)	С	20	2393-2412	PHONE NUMBER PAYER.	*
83. REPORT DISTRIBUTIONS	X(1)	С	1	2413-2413	"1" IF REPORT DISTRIBUTIONS	*
					SEE FORM 480.7C ITEM 4. THIS FIELD	
					APPLIES FOR PUERTO RICO	
84. GOVERNMENTAL RETIREMENT FUND	9(10)V99	C	12	2414-2425	GOVERNMENTAL AGENCIES ONLY.	
TAX WITHHELD FROM PERIODIC PAYMENTS OF QUALIFIED OR						
85. GOVERNMENTAL PLANS	9(10)V99	С	12	2426-2437	SEE FORM 480.7C, ITEM 5.	
DATE ON WHICH YOU STARTED TO	7(23)177			2.20 2107	ENTER THE MONTH, DAY AND 4 DIGIT	
86. RECEIVE THE PENSION	X(8)	C	8	2438-2445	YEARS, (MMDDYYYY).	
CONTROL NUMBER ORIGINAL		1			THIS FILED MUST BE COMPLETED WHEN	
87. INFORMATIVE RETURN	9(9)	С	9	2446-2454	FILING AMENDED FORM.	
88. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
00. REASON FOR THE CHANGE	A(40)	L	40	2433-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
89. FILLER	9(6)	С	6	2495-2500	ZEROS.	*
	\ - /					



EXHIBIT H

Form Departam Rev. 07 23 DECLARACIÓN	DE PUERTO RICO - GOVERNMENT OF PUER sento de Macienda - Department of the Tre LINFORMATIVA - PLANES DE RETIRO Y ANU VE RETURN - RETIREMENT PLANS AND ANN	ALIDADES	Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number Indique propósito - indicate purpose
	endado - Amended: (J)	Aportaciones Distribuciones Ambos
INFORMACIÓN DEL PAGADOR - PAYER'S INFORMATION	INFORMACIÓN DE QUIEN RECIBE EL PAGO -		INFORMACIÓN DEL PLAN - PLAN'S INFORMATION
lúm, de Identificación Patronal - Employer Identification No.	Residente No Residente Ciudadano de E.U. Resident Nonesident U.S. Cilizan	one box No Residenta Extranjero Nonesident Alien	lúm. de Identificación Patronal - Employer Identification No
ombre - Name	Núm. de Identificación - Identification	No.	lombre del Plan - Name of Plan
Nirección - Address	Nombre - Name	N	lombre de quien auspicia el plan - Plan sponsor's nam
	Dirección - Address	1	Marque aqui si es un plan cualificado en beneficio o
Código Postal - Zip Code		F	un individuo ("Keogh") - Check here il it is a Keogh pli fecha en que comenzó a recibir la pensión:
tim. de Teléfono - Telephone No. Correo Electrónico - E-mail			Date on which you started to receive the pension:
		The state of the s	Dia/Day Mes/Month Año/Year
	farque el encasillado correspondiente: - Che		2
Forma de Distribución: - Form of Distribution:			- Plan or Annuity Type:
Total Parcial Pagos Periódicos Lump Sum Partial Periodic Payments	Governmental Privado Cal	ficado No Califica Vivate Non Qualif	
Descripción - Description	Cantidad - Amount		tribuciones - Distributions
- Aportación Via Transferencia	16. Cant	dad Distribuida	
Rollover Contribution		nt Distributed	36
. Distribución Via Transferencia		dad Tributable le Amount	
Rollover Distribution	18. Cant	dad sobre la cual	se Pagó por Adelantado
Costo de la Pensión o Anualidad Cost of Pension or Annuity	Amo		1081.01(b)(9) o 1012D(b)(5) - bayment was Made under 9) or 1012D(b)(5)
Fondo de Retiro Gubernamental Governmental Retirement Fund	19. Apor	aciones Voluntarias Tax Contributions	Me
 Contribución Retenida sobre Pagos Periódicos de Plane Calificados o Gubernamentales - Tax Withheld from Periodi 	Exem	sos Exentos it income	700
Payments of Qualified or Governmental Plans Contribución Retenida sobre una Distribución Total (20% Tax Withheld from Lump Sum Distributions (20%)	V.	uinaldo de Navidad rano y Bono de Med ristmas Bonus, Summe	licamentos-
Contribución Retenida sobre una Distribución Total (10% Tax Withheld from Lump Sum Distributions (10%)	B. In	dicine Bonos gresos exentos p embros retirados del	
Contribución Retenida sobre Distribuciones de Plane No Calificados - Tax Withheld from Distributions of No Qualified Plans	s di	la Policia de Puerto R ome paid to retired me ento Rico Police Bureau	ico - Exempt mbers of the
Contribución Retenida sobre Otras Distribuciones d	C. 0	ros Ingresos - Other I	Income
Planes Calificados (10%) - Tax Withheld from Othe Distributions of Qualified Plans (10%)	D. To	tal (Sume lineas 20/ tal (Add lines 20/4 throu	A a la 20C)
Contribución Retenida sobre Anualidades			de un Desastre Declarado
Tax Withheld from Annuities			rto Rico - Distributions for d by the Governor of Puerto
1. Contribución Retenida sobre Transferencia de u	n A.E	entas	
Plan Calificado a una Cuenta de Retiro Individual N Deducible - Tax Withheld from Rollover of a Qualifie Plan to a Non Deductible Individual Retirement Accou	B. T)	kempt ibutables	
	C. C		se Pagó por Adelantado
2. Contribución Retenida sobre Distribuciones de Programa de Cuentas de Ahorro para el Retiro (10%	A A	mount over which a Pre- portaciones Voluntari	epayment was Made
Tax Withheld from Distributions of the Retirement Saving Account Program (10%)	s A	ter-Tax Contributions	
3. Contribución Retenida sobre Transferencia de	, To	tal (Sume lineas 21A tal (Add lines 21A throu	gh 21D)
Programs de Cuentas de Ahorro para el Retiro a Cuent de Retiro Individual No Deducible (10%) - Tax Wilhhel from Rollover of the Retirement Savings Account Progran to a Non Deducible Individual Retirement Account (10%)	Raz de l for	on de un Desastre De Juerto Rico - Income T Reason of a Disaster D	cobre Distribuciones por clarado por el Gobernador ax Withheld on Distributions lectared by the Governor of
4. Contribución Retenida sobre Distribuciones a N		to Rico go de Distribución	
Residentes - Tax Withheld from Nonresident's Distribution	s Distr	bution Code para el Cambio	
5. Contribución Retenida sobre Otras Distribucione Tax Withheld from Other Distributions	Passons	for the Change	
	nero de Control trol Number		ero de Control de la Declaración Informativa Original rol Number of Original Informative Return
FECHA DE RADICACIÓN: 28 DE FEBRERO O 30 DE NOVIEMBRE, ENVÍE ELECTRÓNICAMENTE AL DEPARTAMI		UIEN RECIBE EL PAGO.	CONSERVE COPIA PARA SUS RÉCORDS.





FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807DY23 RECORD TYPE: RETURN

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

		▼				
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 480.7D.	
2. CONTROL NUMBER	9(9)	C	9	2-10	RIGHT JUSTIFIED.	*
3. PAYER ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "Z" TO INDICATE FORM 480.7D.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	C	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
o ented	V(2)	С	2	16 17	SPACES.	*
8. FILLER	X(2)		2	16-17	ENTER THE TAX YEAR FOR THIS	-
9. TAXABLE YEAR	9(4)	С	4	18-21	REPORT WHICH MUST BE 2023.	*
10. FILLER	X(9)	C	9	22-30	SPACES.	*
PAYEE'S INFORMATION						
11. PAYEE ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYEE ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70	REQUIRED ONLY FOR CORPORATIONS.	*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	C	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	C	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYER'S INFORMATION						
21. PAYER'S ID	9(9)	С	9	167-175	IF PAYER ID TYPE = "1", ENTER PAYER'S FEIN. IF ID TYPE = "2" ENTER PAYER'S SSN.	*
22. PAYER'S TYPE	X(1)	С	1	176-176	ENTER: "I" = INDIVIDUAL, "P" = PASSTHROUGH, "C" = CORPORATION, "O" = OTHER.	*
23. CUSTOMER NUMBER	X(20)	С	20	177-196		
24. NAME	X(30)	С	30	197-226	REQUIRED ONLY FOR CORPORATIONS.	*





FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807DY23 RECORD TYPE: RETURN

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

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





FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807DY23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	_					
54. TOTAL PAYMENT RECEIVED - 8	9(10)V99	С	12	650-661	SEE FORM 480.7D, ITEM 8.	
55. PAYMENT THAT CONSTITUTES INTERESTS- 8	9(10)V99	С	12	662-673	SEE FORM 480.7D, ITEM 8.	
56. ACCOUNT NUMBER - 9	X(20)	С	20	674-693	SEE FORM 480.7D, ITEM 9.	
57. TOTAL PAYMENT RECEIVED - 9	9(10)V99	С	12	694-705	SEE FORM 480.7D, ITEM 9.	
58. PAYMENT THAT CONSTITUTES INTERESTS- 9	9(10)V99	С	12	706-717	SEE FORM 480.7D, ITEM 9.	
59. ACCOUNT NUMBER - 10	X(20)	С	20	718-737	SEE FORM 480.7D, ITEM 10.	
60. TOTAL PAYMENT RECEIVED - 10	9(10)V99	С	12	738-749	SEE FORM 480.7D, ITEM 10.	
PAYMENT THAT CONSTITUTES 61. INTERESTS - 10	9(10)V99	С	12	750-761	SEE FORM 480.7D, ITEM 10.	
62. PAYER FIRST NAME	X(15)	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.	*
65. PAYER MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYER. LEFT JUSTIFIED AND FILL WITH BLANKS.	
66. FILLER	X(1532)	С	1532	832-2363	SPACES.	
67. PAYER ID TYPE ORIGINAL 68. PAYER ID ORIGINAL	X(1) X(11)	C	1 11	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. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH	
72. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	BLANKS.	
73. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



ÑO CONTRIBUTIVO:	174	FORMATIVE RETURN - AUTOMOBIL	CELTON IN MERIO		
AXABLE YEAR: 2023	□ E	nmendado - Amended: (/			ción de Radicación Electrónica ng Confirmation Number
			EL PAGO - PAYEE'S INFORMATION		1127-2407-4111-02-A18
lúmero de Identificación Patronal -	Employer Identification Number	Nombre - Name	CIT	00	
Dirección - Address	FR	Código Postal - Zip Code	Núm. de Teléfono - Telephone	e No. Correo Electróni	ico • E-mail
		INFORMACIÓN DEL PAGADO	OR - PAYER'S INFORMATION		
úmero de Seguro Social o Identific	ación Patronal - Social Security or E	imployer Identification Number 1	ipo - Type 1 Individuo - Indiv	ridual Bridad Co	onducto - Pass-Through Entity
			2 Corporación – C	Corporation 4 Otro - Othe	K
ombre - Name					9
			1.407. 100. 101. 101		
irección - Address					Código Postal - Zio Code
irección - Address					Código Postal - Zip Code
		A B 4 E	NITE	- 114	Código Postal - Zp Code
úmero de Cliente		pero Control	Número Control Ini	formativa Original	Código Postal - Zip Code
úmero de Cliente ustomer Number	Cont	eero Control	Número Control Inf Control No. Original	formativa Original Informative Return	Código Postal - Zip Code
úmero de Cliente ustomer Number	Cont	rál Number	Número Control Info Control No. Original	formativa Original Informative Return	Código Postal - Zip Code
Dirección - Address lúmero de Cliente ustomer Number azones para el Cambio - Reasons t Número de Cuenta Account Number	Cont		Número Control Inf Control No. Orignal Número de Cuenta Account Númber	Informative Original Informative Return Pago Total Recibido Total Payment Received	Código Postal - Zip Code Cantidad del Pago que Constituy Intereses - Amount of Payment tha
úmero de Cliente ustomer Number azones para el Cambio - Reasons f Número de Cuenta	or the Change Pago Total Recibido	Cantidad del Pago que Constituye	Control No. Original Número de Cuenta	Pago Total Recibido	Cantidad del Pago que Constitu Intereses - Amount of Payment th
úmero de Cliente ustomer Number azones para el Cambio - Reasons f Número de Cuenta	or the Change Pago Total Recibido	Cantidad del Pago que Constituye	Control No. Original Número de Cuenta	Pago Total Recibido	Cantidad del Pago que Constitu Intereses - Amount of Payment th
úmero de Cliente ustomer Number szones para el Cambio - Reasons f	or the Change Pago Total Recibido	Cantidad del Pago que Constituye	Control No. Original Número de Cuenta	Pago Total Recibido	Cantidad del Pago que Constitu Intereses - Amount of Payment th
úmero de Cliente ustomer Number azones para el Cambio - Reasons f Número de Cuenta	or the Change Pago Total Recibido	Cantidad del Pago que Constituye	Control No. Original Número de Cuenta	Pago Total Recibido	Cantidad del Pago que Constitu Intereses - Amount of Payment th
úmero de Cliente ustomer Number azones para el Cambio - Reasons f Número de Cuenta	or the Change Pago Total Recibido	Cantidad del Pago que Constituye	Control No. Original Número de Cuenta	Pago Total Recibido	Cantidad del Pago que Constitu Intereses - Amount of Payment th
úmero de Cliente ustomer Number azones para el Cambio - Reasons f Número de Cuenta	or the Change Pago Total Recibido	Cantidad del Pago que Constituye	Control No. Original Número de Cuenta	Pago Total Recibido	Cantidad del Pago que Constituy Intereses - Amount of Payment th
úmero de Cliente ustomer Number azones para el Cambio - Reasons f Número de Cuenta	or the Change Pago Total Recibido	Cantidad del Pago que Constituye	Control No. Original Número de Cuenta	Pago Total Recibido	Cantidad del Pago que Constitu Intereses - Amount of Payment th
úmero de Cliente ustomer Number azones para el Cambio - Reasons f Número de Cuenta	or the Change Pago Total Recibido	Cantidad del Pago que Constituye	Control No. Original Número de Cuenta	Pago Total Recibido	Cantidad del Pago que Constitu Intereses - Amount of Payment th

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806SPY23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6SP. RIGHT JUSTIFIED.	*
3. TYPE ID PAYEE	X(1)	С	1	11-11	ENTER: "1" = FEIN, 2" = SSN.	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "H" TO INDICATE FORM 480.6SP.	*
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 2023.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYER'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70	TOTAL SOLUTION AND AND AND AND AND AND AND AND AND AN	*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. FILLER	X(20)	С	20	176-195	SPACES.	*
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*





FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806SPY23 RECORD TYPE: RETURN

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

		•					
	FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
24.	ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
25.	ADDRESS LINE NUMBER 2	X(35)	C	35	261-295		
	TOWN	X(13)	С	13	296-308		*
27.	STATE	X(2)	С	2	309-310		
_	ZIP-CODE	9(5)	C	5	311-315		*
_	ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	
_	FILLER	X(1)	C	1	320-320	SPACES.	*
	PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS NOT SUBJECT TO WITHHOLDING	9(10)V99	С	12	321-332	SEE FORM 480.6SP, ITEM 1.	
32.	PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PASS-THROUGH ENTITIES NOT SUBJECT TO WITHHOLDING	9(10)V99	C	12	333-344	SEE FORM 480.6SP, ITEM 2.	
33	PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO WITHHOLDING	9(10)V99	С	12	345-356	SEE FORM 480.6SP, ITEM 3.	
33.	WITHHOLDING WITHHELD FOR SERVICES RENDERED	J(10) V JJ	-	12	343-330	SEE PURIN 400.0SF, HEIM 3.	
34.	BY INDIVIDUALS SUBJECT TO WITHHOLDING	9(8)V99	С	10	357-366	SEE FORM 480.6SP, ITEM 3.	
35.	PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PASS-THROUGH ENTITIES SUBJECT TO WITHHOLDING	9(10)V99	C	12	367-378	SEE FORM 480.6SP, ITEM 4.	
	WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PASS-THROUGH ENTITIES SUBJECT TO WITHHOLDING	9(8)V99	С	10	379-388	SEE FORM 480.6SP, ITEM 4.	
30.	WITHIOLDING	,		10		ENTER: "A", "B", "C", "D", "E", "F", "G",	
37.	EXEMPTION CODE INDIVIDUAL	X(1)	C	1	389-389	"H", "I", "J", "K".	
38.	EXEMPTION CODE CORPORATION	X(1)	С	1	390-390	ENTER: "A", "B", "C", "D", "E", "F", "G", "H", "I", "J", "K".	
	SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY						
	SERVICES UNDER ACT 48-2013	9(10)V99	C	12	391-402		
40.	REIMBURSED EXPENSES	9(10)V99	C	12	403-414		
41.	RESPONSIBILITY OF PAYMENT TO HEALTH PROVIDERS	9(10)V99	C	12	415-426		
42.	HEALTH SERVICES RENDERED BY INDICATOR	X(1)	С	1	427-427	IF PAYMENT FOR SERVICES RENDERED BY INDIVIDUALS INCLUDES HEALTH SERVICES ENTER "1", OTHERWISE FILL WITH BLANK.	
	SERVICES RENDERED BY UNDER PHYSICIANS ACT 14-2017, AS					IF PAYMENT FOR SERVICES RENDERED BY CORPORATIONS AND PASS-THROUGH ENTITIES INCLUDES SERVICES UNDER PHYSICIANS ACT 14- 2017, AS AMENDED ENTER "1",	
	AMENDED, INDICATOR RECEIVED THE WAIVER CERTIFICATE FROM THE SERVICE PROVIDER CHOOSING THE OPTIONAL TAX	X(1)	С	1	428-428	OTHERWISE FILL WITH BLANK. IF YOU RECEIVED THE WAIVER CERTIFICATE FROM THE SERVICE PROVIDER CHOOSING THE OPTIONAL TAX ENTER "1", OTHERWISE FILL	
44.	INDICATOR	X(1)	C	1	429-429	WITH BLANK.	





FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806SPY23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
111111	11010112		21125	200:1110:1	, community	
PAYMENTS REPORTED CORRESPOND TO OUTSOURCED SERVICES					IF THE PAYMENTS REPORTED CORRESPOND TO OUTSOURCED SERVICES TAX ENTER "1", OTHERWISE	
45. INDICATOR	X(1)	С	1	430-430	FILL WITH BLANK.	
PAYMENTS REPORTED CORRESPOND TO SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES UNDER ACT 48-2013 46. INDICATOR	X(1)	С	1	431-431	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	, ,				IF THE PAYMENTS REPORTED CORRESPOND TO REIMBURSED EXPENSES ENTER "1", OTHERWISE	
47. INDICATOR 48. WAIVER TYPE	X(1)	C	1	432-432 433-433	FILL WITH BLANK. ENTER: "P" = PARTIAL, "T" = TOTAL.	
48. WAIVER TYPE 49. NO. WAIVER CERTIFICATE	X(1) X(20)	C	20	433-433	WAIVER FROM WITHHOLDING.	
50. HEALTH PROFESSIONALS INDICATOR	X(1)	С	1	454-454	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	455-761	SPACES.	*
52. 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.	*
53. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
54. PAYEE'S LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
PAYEE'S MOTHER'S MAIDEN LAST 55. NAME	X(20)	C	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
56. FILLER	X(1532)	C	1532	832-2363	SPACES.	*
57. PAYEE ID TYPE ORIGINAL 58. PAYEE ID ORIGINAL	X(1) X(11)	C	1 11	2364-2364	ENTER: "1" = FEIN, "2" = SSN. 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	
		С				*
59. PAYER E-MAIL 60. PAYER PHONE NUMBER	X(50) X(20)	С	20	2376-2425 2426-2445	E-MAIL FOR PAYER. PHONE NUMBER PAYER.	*
CONTROL NUMBER ORIGINAL 61. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE	
62. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	de
63. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



	RMATIVA-SERVICIOS PRESTADOS ETURN - SERVICES RENDERED Amended: (/)	Número de Confirmación de Electronic Filing Con	
INFORMACIÓN DEL AGENTE RETENEDOR - WITHHOLDING AGENT'S INFORMATION	Descripción	Cantidad Pagada	Cantidad Retenida
Número de Identificación Patronal - Employer Identification Number	Description 1. Pagos por Servicios Prestados por Individuos No Sujetos	Amount Paid	Amount Withheld
Nombre - Name	a Referción (Ves instrucciónes) Payments for Services Rendered by Individuals Not Subject to Withholding (See instructions)		
Dirección - Address	Código - Code	00	
Código Póstal - Zp Code Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail	Pagos por Servicios Prestados por Corporaciones y Entidades Conducto 80 Sujetos a Retarción (Vea instrucciones) Payments for Services Rendered by Corporations and Pass- Through Entities Not Subject to Withholding (See instructions)	03	
INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION			
Número de Seguro Social o Identificación Patronal - Social Security or Employer Identification Number	Código - Code:	NI/O	
Nombre - Name	Pagos per Servicios Prestados por Individuos Sujetos a Retención Payments for Services Rendered by Individual's Subject to Withholding	NU)
Dirección - Address	Pagos por Servicios Prestados por Corporaciones y Entidades Conducto Sujetos a Retención	3 4	
Código Postal - Zip Code Aportación Especial por Servicios Profesionales y Consultivos bajo la Ley 45-2013. Special Contribution for Professional and Advisory Services under Act 48-2013	Payments for Services Rendered by Corporations and Pass Trough Entres Subject to Withfolding Razones pars et Cambio - Reasons for the Change	KA_	
Sastos Reembolsados (Vea Instrucciones) Reimbursed Expenses (See ristructions)			
desiron sed expenses (see a disortional)	NDIR		
Responsabilidad de Pago a Proveedores de Salud (Vea Instrucciones) Responsibility of Payment to Health Providers (See Instructions)	HUIN.		
lümero de Certificado de Relevo Vaiver Certificate Number			
Servicios de Salud - Health Services			
Decreto Médico Cualificado - Decree Qualified Physician			
Profesionales de la Salud (Vea instrucciones) Health Professionals (See instructions)	Número Control - Control Number	Número Control Informativa Or Control No. Original Informative F	
Marque aqui si recibió el Certificado de Relevo del proveedor de servicios eligiendo la contribución opcionas (Vea instrucciones) - Check here il you received the Waiver Certificate from the service provider choosing the optional tax (See instructions)			
Marque aquí si los pagos reportados corresponden a servicios subcontratados - Check here if the payments reported correspond to outsourced services	11		



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806GY23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		1 1				
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	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "G" TO INDICATE FORM 480.6G.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" =AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
		С			ENTER THE TAX YEAR FOR THIS	*
9. TAXABLE YEAR	9(4)	С	9	18-21	REPORT WHICH MUST BE 2023.	*
10. FILLER PAYMENTS PROCESSING ENTITY'S INFORMATION	X(9)	C	9	22-30	SPACES.	
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.	*
PARTICIPANT MERCHANT'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
	1 11/1		-		~ ~ ~ ~	





FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4806GY23 RECORD TYPE: RETURN

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

22. NAME	FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
23, PAYEE'S FIRST NAME X(15) C 15 206-220 NDIVEDUALS PAYEE'S LISTIFIER AND FILL							
23. PAYEE'S FIRST NAME	22. NAME	X(30)	С	30	176-205	REQUIRED ONLY FOR CORPORATIONS.	*
24, PAYEE'S MIDDLE NAME				15	206-220	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	*
25. PAYEE'S LAST NAME	24. PAYEE'S MIDDLE NAME	X(15)	С	15	221-235	PAYEE'S. LEFT JUSTIFIED AND FILL	
PAYEE'S MOTHER'S MAIDEN LAST 26. NAME 27. ADDRESS LINE NUMBER 1 28. ADDRESS LINE NUMBER 2 29. TOWN 20. STATE 20. C 20. 256-275 21. WITH BLANKS. * * 28. ADDRESS LINE NUMBER 2 29. TOWN 20. STATE 20. C 20. 359-360 21. ZIP-CODE 20. STATE 20. C 20. 359-360 21. ZIP-CODE 20. STATE 20. C 20. 359-360 21. ZIP-CODE 21. ZIP-CODE 22. ZIP-CODE EXTENSION 23. L'ALL 24. STATE 25. ZIP-CODE EXTENSION 26. ACCOUNT ADDRESS LINE NUMBER 26. ACCOUNT NUMBER 27. ADDRESS LINE NUMBER 28. ADDRESS LINE NUMBER 2 28. ADDRESS LINE NUMBER 2 29. TOWN 20. L'ALL 20. C 20. 359-360 21. ZIP-CODE 20. STATE 20. C 20. 370-419 21. ZIP-CODE 21. ZIP-CODE 22. ZIP-CODE EXTENSION 23. L'ALL 24. MERCHANT CATEGORY CODE 25. ADDRESS ACCOUNT INDICATOR 26. ACCOUNT NUMBER 26. ACCOUNT NUMBER 27. ADDRESS ACCOUNT INDICATOR 27. ADDRESS ACCOUNT INDICATOR 28. NUMBER OF PAYMENT TRANSACTION 29. PAYMENTS PROCESSING FEE 29. (13)V99 20. C 20. 425-444 29. ADDRESS ACCOUNT INDICATOR 29. PAYMENTS PROCESSED AND 20. C 20. MERCHANT CATEGORY CODE 20. ADDRESS ACCOUNT INDICATOR 20. ADDRESS ACCOUNT NUMBER 20. A	25 DAVEE'S LAST NAME	V(20)	C	20	224 255	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	*
26. NAME	23. FATEE 3 LAST NAME	A(20)	C	20	230-233		<u> </u>
28. ADDRESS LINE NUMBER 2 X(35) C 35 311-345 29. TOWN X(13) C 13 346-358 ** 30. STATE X(2) C 2 359-360 ** 31. ZIP-CODE		X(20)	С	20	256-275		
29. TOWN	27. ADDRESS LINE NUMBER 1	X(35)	С	35	276-310		*
29. TOWN	28. ADDRESS LINE NUMBER 2	X(35)	С	35	311-345		
31. ZIP-CODE 9(5) C 5 361-365 *							*
32. ZIP-CODE EXTENSION	30. STATE		С		359-360		
33. E-MAIL X(50) C 50 370-419	31. ZIP-CODE	9(5)	С	5	361-365		*
34. MERCHANT CATEGORY CODE	32. ZIP-CODE EXTENSION	9(4)	С	4	366-369	ZEROS, IF NOT AVAILABLE.	
35. BUSINESS ACCOUNT INDICATOR X(1) C 1 424-424 ENTER "P", PERSONAL, "B" BUSSINESS	33. E-MAIL	X(50)	С	50	370-419		
36. ACCOUNT NUMBER X(20)	34. MERCHANT CATEGORY CODE	X(4)	С	4	420-423		*
37. PAYMENTS PROCESSING FEE 9(13)V99 C 15 445-459 .	35. BUSINESS ACCOUNT INDICATOR	X(1)	С	1	424-424	ENTER "P", PERSONAL, "B" BUSSINESS	*
38. NUMBER OF PAYMENT TRANSACTION O(10) C 10 460-469	36. ACCOUNT NUMBER	X(20)	С	20	425-444		
39. PAYMENTS CREDIT DEBIT JAN 9(13)V99 C 15 470-484 SEE FORM 480.6G, ITEM 1, COLUMN 1.	37. PAYMENTS PROCESSING FEE	9(13)V99	С	15	445-459		
OREDITED	38. NUMBER OF PAYMENT TRANSACTION	9(10)	С	10	460-469		*
39. PAYMENTS CREDIT DEBIT JAN 9(13)V99 C 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 APR 9(13)V99 C 15 515-529 SEE FORM 480.6G, ITEM 4, COLUMN 1. 43. PAYMENTS CREDIT DEBIT MAY 9(13)V99 C 15 530-544 SEE FORM 480.6G, ITEM 5, COLUMN 1. 44. PAYMENTS CREDIT DEBIT JUN 9(13)V99 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 C 15 575-589 SEE FORM 480.6G, ITEM 8, COLUMN 1. 47. PAYMENTS CREDIT DEBIT SEP 9(13)V99 C 15 590-604 SEE FORM 480.6G, ITEM 9, COLUMN 1. 48. PAYMENTS CREDIT DEBIT OCT 9(13)V99 C 15 605-619 SEE FORM 480.6G, ITEM 10, COLUMN 1. 49. PAYMENTS CREDIT DEBIT NOV 9(13)V99 C 15 605-619 SEE FORM 480.6G, ITEM 11, COLUMN 1. 50. PAYMENTS CREDIT DEBIT DEC 9(13)V99 C 15 635-649 SEE FORM 480.6G, ITEM 11, COLUMN 1. 51. TOTAL PAYMENTS CREDIT DEBIT 9(13)V99 C 15 635-649 SEE FORM 480.6G, ITEM 11, COLUMN 1. 52. PAYMENTS CREDIT DEBIT 9(13)V99 C 15 650-664 SEE FORM 480.6G, ITEM 11, COLUMN 1. 53. PAYMENTS OTHER JAN 9(13)V99 C 15 680-694 SEE FORM 480.6G, ITEM 11, COLUMN 1. 54. PAYMENTS OTHER JAN 9(13)V99 C 15 680-694 SEE FORM 480.6G, ITEM 11, COLUMN 1. 55. PAYMENTS OTHER FEB 9(13)V99 C 15 680-694 SEE FORM 480.6G, ITEM 12, COLUMN 2. 56. PAYMENTS OTHER FEB 9(13)V99 C 15 680-694 SEE FORM 480.6G, ITEM 2, COLUMN 2. 57. PAYMENTS OTHER MAR 9(13)V99 C 15 695-709 SEE FORM 480.6G, ITEM 3, COLUMN 2. 58. PAYMENTS OTHER MAY 9(13)V99 C 15 725-739 SEE FORM 480.6G, ITEM 4, COLUMN 2. 59. PAYMENTS OTHER MAY 9(13)V99 C 15 725-739 SEE FORM 480.6G, ITEM 5, COLUMN 2. 59. PAYMENTS OTHER MAY 9(13)V99 C 15 725-739 SEE FORM 480.6G, ITEM 6, COLUMN 2. 59. PAYMENTS OTHER JUN 9(13)V99 C 15 757-769 SEE FORM 480.6G, ITEM 6, COLUMN 2. 59. PAYMENTS OTHER SEP 9(13)V99 C 15 755-769 SEE FORM 480.6G, ITEM 9, COLUMN 2. 59. PAYMENTS OTHER SEP							
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 APR 9(13)V99 C 15 515-529 SEE FORM 480.6G, ITEM 4, COLUMN 1. 43. PAYMENTS CREDIT DEBIT MAY 9(13)V99 C 15 530-544 SEE FORM 480.6G, ITEM 5, COLUMN 1. 44. PAYMENTS CREDIT DEBIT JUN 9(13)V99 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 SUL 9(13)V99 C 15 575-589 SEE FORM 480.6G, ITEM 7, COLUMN 1. 47. PAYMENTS CREDIT DEBIT SEP 9(13)V99 C 15 590-604 SEE FORM 480.6G, ITEM 9, COLUMN 1. 48. PAYMENTS CREDIT DEBIT OCT 9(13)V99 C 15 605-619 SEE FORM 480.6G, ITEM 10, COLUMN 1. 49. PAYMENTS CREDIT DEBIT DEC 9(13)V99 C 15 620-634 SEE FORM 480.		0/40/7700			450 404	GET FORM (OR OF WELL)	
41. PAYMENTS CREDIT DEBIT MAR 9(13)V99 C 15 500-514 SEE FORM 480.6G, ITEM 3, COLUMN 1. 42. PAYMENTS CREDIT DEBIT APR 9(13)V99 C 15 515-529 SEE FORM 480.6G, ITEM 4, COLUMN 1. 43. PAYMENTS CREDIT DEBIT MAY 9(13)V99 C 15 530-544 SEE FORM 480.6G, ITEM 5, COLUMN 1. 44. PAYMENTS CREDIT DEBIT JUN 9(13)V99 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 C 15 575-589 SEE FORM 480.6G, ITEM 8, COLUMN 1. 47. PAYMENTS CREDIT DEBIT SEP 9(13)V99 C 15 590-604 SEE FORM 480.6G, ITEM 9, COLUMN 1. 48. PAYMENTS CREDIT DEBIT OCT 9(13)V99 C 15 605-619 SEE FORM 480.6G, ITEM 10, COLUMN 1. 49. PAYMENTS CREDIT DEBIT DEC 9(13)V99 C 15 635-649 SEE FORM 480.6G, ITEM 11, COLUMN 1. 50. PAYMENTS OTHER JAN 9(13)V99 C 15 650-664 SEE FORM 480.6G, IT		/	_				
42. PAYMENTS CREDIT DEBIT APR 9(13)V99 C 15 515-529 SEE FORM 480.6G, ITEM 4, COLUMN 1. 43. PAYMENTS CREDIT DEBIT MAY 9(13)V99 C 15 530-544 SEE FORM 480.6G, ITEM 5, COLUMN 1. 44. PAYMENTS CREDIT DEBIT JUN 9(13)V99 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 C 15 575-589 SEE FORM 480.6G, ITEM 8, COLUMN 1. 47. PAYMENTS CREDIT DEBIT SEP 9(13)V99 C 15 590-604 SEE FORM 480.6G, ITEM 9, COLUMN 1. 48. PAYMENTS CREDIT DEBIT OCT 9(13)V99 C 15 605-619 SEE FORM 480.6G, ITEM 10, COLUMN 1. 49. PAYMENTS CREDIT DEBIT DEC 9(13)V99 C 15 635-649 SEE FORM 480.6G, ITEM 11, COLUMN 1. 50. PAYMENTS CREDIT DEBIT DEC 9(13)V99 C 15 635-649 SEE FORM 480.6G, ITEM 12, COLUMN 1. 52. PAYMENTS OTHER JAN 9(13)V99 C 15 650-664 SEE FORM 480.6G, I		` /	+				
43. PAYMENTS CREDIT DEBIT MAY 44. PAYMENTS CREDIT DEBIT JUN 45. PAYMENTS CREDIT DEBIT JUN 46. PAYMENTS CREDIT DEBIT JUL 47. PAYMENTS CREDIT DEBIT AUG 48. PAYMENTS CREDIT DEBIT AUG 49. PAYMENTS CREDIT DEBIT AUG 49. PAYMENTS CREDIT DEBIT SEP 40. PAYMENTS CREDIT DEBIT OCT 40. PAYMENTS CREDIT DEBIT NOV 40. PAYMENTS CREDIT DEBIT NOV 40. PAYMENTS CREDIT DEBIT OCT 40. PAYMENTS CREDIT DEBIT OCC 40. PAYMENTS OTHER JAN 40. PAYMENTS OTHER FEB 40. PAYMENTS OTHER FEB 40. PAYMENTS OTHER FEB 40. PAYMENTS OTHER PAR 40. PAYMENTS OTHER PA		/	_				
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 C 15 575-589 SEE FORM 480.6G, ITEM 8, COLUMN 1. 47. PAYMENTS CREDIT DEBIT SEP 9(13)V99 C 15 590-604 SEE FORM 480.6G, ITEM 9, COLUMN 1. 48. PAYMENTS CREDIT DEBIT OCT 9(13)V99 C 15 605-619 SEE FORM 480.6G, ITEM 10, COLUMN 1. 49. PAYMENTS CREDIT DEBIT DOV 9(13)V99 C 15 620-634 SEE FORM 480.6G, ITEM 11, COLUMN 1. 50. PAYMENTS CREDIT DEBIT DEC 9(13)V99 C 15 635-649 SEE FORM 480.6G, ITEM 12, COLUMN 1. 51. TOTAL PAYMENTS CREDIT DEBIT 9(13)V99 C 15 650-664 SEE FORM 480.6G, ITEM 13, COLUMN 1. 52. PAYMENTS OTHER JAN 9(13)V99 C 15 665-679 SEE FORM 480.6G, ITEM 2, COLUMN 2. 53. PAYMENTS OTHER MAR 9(13)V99 C 15 680-694 SEE FORM 480.6G, ITEM		` /	_				
45. PAYMENTS CREDIT DEBIT JUL 9(13)V99 C 15 560-574 SEE FORM 480.6G, ITEM 7, COLUMN 1. 46. PAYMENTS CREDIT DEBIT AUG 9(13)V99 C 15 575-589 SEE FORM 480.6G, ITEM 8, COLUMN 1. 47. PAYMENTS CREDIT DEBIT SEP 9(13)V99 C 15 590-604 SEE FORM 480.6G, ITEM 9, COLUMN 1. 48. PAYMENTS CREDIT DEBIT OCT 9(13)V99 C 15 605-619 SEE FORM 480.6G, ITEM 10, COLUMN 1. 49. PAYMENTS CREDIT DEBIT NOV 9(13)V99 C 15 620-634 SEE FORM 480.6G, ITEM 11, COLUMN 1. 50. PAYMENTS CREDIT DEBIT DEC 9(13)V99 C 15 635-649 SEE FORM 480.6G, ITEM 12, COLUMN 1. 51. TOTAL PAYMENTS CREDIT DEBIT 9(13)V99 C 15 650-664 SEE FORM 480.6G, ITEM 13, COLUMN 1. 52. PAYMENTS OTHER JAN 9(13)V99 C 15 665-679 SEE FORM 480.6G, ITEM 13, COLUMN 2. 53. PAYMENTS OTHER FEB 9(13)V99 C 15 680-694 SEE FORM 480.6G, ITEM 2, 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 C 15 710-724 SEE FORM 480.6G, ITEM 3, COLUMN 2. 56. PAYMENTS OTHER MAY 9(13)V99 C 15 725-739 SEE FORM 480.6G, ITEM 4, COLUMN 2. 57. PAYMENTS OTHER MAY 9(13)V99 C 15 725-739 SEE FORM 480.6G, ITEM 6, COLUMN 2. 58. PAYMENTS OTHER JUL 9(13)V99 C 15 755-769 SEE FORM 480.6G, ITEM 6, COLUMN 2. 59. PAYMENTS OTHER AUG 9(13)V99 C 15 770-784 SEE FORM 480.6G, ITEM 7, COLUMN 2. 59. PAYMENTS OTHER SEP 9(13)V99 C 15 770-784 SEE FORM 480.6G, ITEM 8, COLUMN 2.		/					
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			_			, , ,	
	61. PAYMENTS OTHER OCT	9(13)V99 9(13)V99	C	15	800-814	SEE FORM 480.6G, ITEM 10, COLUMN 2.	





FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4806GY23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	PICTURE		BYIES	LOCATION	COMMENTS	KE
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	C	15	830-844	SEE FORM 480.6G, ITEM 12, COLUMN 2.	
64. TOTAL PAYMENTS OTHER	9(13)V99	C	15	845-859	SEE FORM 480.6G, ITEM 13, COLUMN 2.	
65. FILLER	X(1504)	C	1504	860-2363	SPACES.	*
66. PAYEE ID TYPE ORIGINAL	X(1)	C	1	2364-2364	ENTER: "1" = FEIN, "2" = SSN.	
					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	
67. PAYEE ID ORIGINAL	X(11)	C	11	2365-2375	SPACES TO THE LEFT	
68. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*
69. PAYER PHONE NUMBER	X(20)	С	20	2426-2445	PHONE NUMBER PAYER.	*
CONTROL NUMBER ORIGINAL 70. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
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.	*



AÑO CONTRIBUTIVO: 2023	Enmendado -	Amended: (/)	Número de Confirmación de Electronic Filing Con	
INFORMACIÓN DE LA ENTIDAD PROCES PAYMENTS PROCESSING ENTITY'S INFO		Mes	Total de Pagos Procei Total Payments Proc	sados y Acreditados essed and Credited
Número de Identificación Patronal - Emplo		Month	Tarjetas de Crédito o Débito Credit or Debit Cards	Otras Transacciones Other Transactions
Nombre - Name		1. Enero		
Dirección - Address	Código Postal - Zp Code	2. Febrera February	OS	
Núm. de Teléfono - Teléphone No. Correo I INFORMACIÓN DEL COMERCIANTE PAR	Electrónico - E-mail	3. Marzo March		
PARTICIPANT MERCHANT'S INFORMATIO Nombre - Name	ULAI	4. Abril April	NO	
Dirección Postal - Postal Address		5. Mayo May		
Correo Electrónico - E-mail	Código Postal - Zp Code	6. Junio DA F	RA.	
Número de Identificación (Vea instruccion	es) - Identification Number (See instructions)	J. July		
Número de Cuenta del Receptor - Receiver	Account Number	8. Agosto		
Código de Categoria de Comerciante - Men	chant Category Code	9. Septiembre September		
Cuenta Comercial - Business Account	Cuenta Personal - Personal Account		1	
Cargos de Procesamiento de Pagos - Payr	ents Processing Fee	10. Octubre October		
Número de Transacciones de Pago - Numbr	er of Payment Transactions	11. Noviembre		
Razones para el Cambio - Reasons for the	Change	November		
		12, Diciembre December		
Número Control - Control Number	Número Control Informativa Original Control No. Original Informative Return	13. Total (Vea instrucciones) (See instructions)		
FECHA DE RADICACIÓN: 28 DE FEBRE	RO, VEA INSTRUCCIONES	Envie electrónicamente al Departamento de Hacienda. Entregue copia	al comerciante participante. Conserve	copia para sus récords Seni

EXHIBIT L

FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4807EY23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	C	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 480.7E. RIGHT JUSTIFIED.	*
3. TYPE ID PAYEE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN, "3" = MERCHANT NUMBER	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "K" TO INDICATE FORM 480.7E.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
					ENTER: "O" = ORIGINAL, "A" = AMENDED,	
7. DOCUMENT TYPE	X(1)	C	1	15-15	"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 2023.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYMENTS PROCESSING ENTITY'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
					IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	
12. IDENTIFICATION NUMBER	9(9)	C	9	32-40	NUMBER SSN.	*
13. NAME	X(30)	C	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PARTICIPANT MERCHANT'S INFORMATION						
21 DAVEE'S ID	0(0)		0	1/7 175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN. IF ID TYPE = "3" FILL	*
21. PAYEE'S ID	9(9)	C	9	167-175	WITH BLANK	7

^{*}REQUIRED FIELDS



EXHIBIT L

FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4807EY23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
22. PAYEE'S NAME	X(30)	С	30	176-205	REQUIRED ONLY FOR CORPORATIONS.	*
23. ADDRESS LINE NUMBER 1	X(35)	C	35	206-240		*
24. ADDRESS LINE NUMBER 2	X(35)	C	35	241-275		
25. TOWN	X(13)	C	13	276-288		*
26. STATE	X(2)	C	2	289-290		
27. ZIP-CODE	9(5)	C	5	291-295		*
28. ZIP-CODE EXTENSION 29. PAYEE'S FIRST NAME	9(4) X(15)	C	15	296-299 300-314	ZEROS, IF NOT AVAILABLE. ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
30. PAYEE'S MIDDLE NAME	X(15)	С	15	315-329	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
31. PAYEE'S LAST NAME	X(20)	С	20	330-349	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
PAYEE'S MOTHER'S MAIDEN LAST 32. NAME	X(20)	С	20	350-369	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
PAYMENT INSURANCE PREMIUMS (EXCEPT CONTRIBUTIONS TO 33. HEALTH OR ACCIDENT PLANS)	9(13)V99	С	15	370-384	SEE FORM 480.7E, ITEM 1.	
34. FILLER	X(15)	С	15	385-399	ZEROS.	*
PAYMENT TELECOMMUNICATION 35. SERVICES	9(13)V99	С	15	400-414	SEE FORM 480.7E, ITEM 2.	
36. PAYMENT ADVERTISING	9(13)V99	C	15	415-429	SEE FORM 480.7E, ITEM 3.	
PAYMENT INTERNET AND CABLE OR 37. SATELLITE TELEVISION SERVICES	9(13)V99	С	15	430-444	SEE FORM 480.7E, ITEM 4.	
38. OTHER RELATED PAYMENTS	9(13)V99	C	15	445-459	SEE FORM 480.7E, ITEM 6.	
39. PAYMENT BUNDLES	9(13)V99	C	15	460-474	SEE FORM 480.7E, ITEM 5.	
40. FILLER	X(1858)	C	1858	475-2332	SPACES. ENTER: "1" = FEIN, "2" = SSN, "3" =	*
41. PAYEE ID TYPE ORIGINAL 42. PAYEE ID ORIGINAL	X(1) X(11)	C	11	2333-2333	MERCHANT NUMBER IF PAYEE ID TYPE ORIGINAL = "1", ENTER PAYEE'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYEE'S SSN. IF ID TYPE ORIGINAL = "3" MERCHANT NUMBER ALIGN TO THE RIGHT AND FILL WITH SPACES TO THE LEFT	
43. PAYEE MERCHANT NUMBER	X(11)	C	11	2345-2355	IF ID TYPE = "3" MERCHANT NUMBER	
44. PAYER ACCOUNT NUMBER.	X(20)	С	20	2356-2375	PAYER ACCOUNT NUMBER.	
45. PAYER E-MAIL	X(50)	С	50	2376-2425	E-MAIL FOR PAYER.	*
46. PAYER PHONE NUMBER CONTROL NUMBER ORIGINAL	X(20)	С	20	2426-2445	PHONE NUMBER PAYER. THIS FILED MUST BE COMPLETED	*
47. INFORMATIVE RETURN	9(9) Y (40)	С	9	2446-2454	WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH	
48. REASON FOR THE CHANGE 47. FILLER	X(40) 9(6)	C	40 6	2455-2494 2495-2500	BLANKS. ZEROS.	*





EXHIBIT L

AÑO CONTRIBUTIVO: 2023 INTERNETACCESSANI		irmación de Radicación Electrónic c Filing Confirmation Number
INFORMACIÓN DEL PAGADOR - PAYERS INFORMATION	Clase de Pago	Cantidad Pagada
Número de Seguro Social o Identificación Patronal - Social Security of Employer Identification Number	Type of Payment	Amount Paid
Nombre - Name	Primas de Seguro (excepto aportaciones a planes de salud o accidentes) (Vea inst. Insurance Premiums (except contributions to health or accident plans) (See inst.)	
Dirección - Address Código Postal - Zo Code	2. Servicios de Telecomunicaciones Telecomunicacion Services	5
Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail	Telecommunication Services	
Número de Cuenta - Account Number	3. Anuncios	
INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION Número de Identificación Patronal - Employer Identification Number.	Adversing	
Nombre - Name	Servicios de Internet y Televisión por Cable o Satélite Internet and Cable or Satellite Television Services	
Dirección - Address	5. Servicios Combinados	
Código Postal - Zip Code	Bundes	
Razones para el Cambio - Reasons for the Change	L	
Número Control - Control Number Número Control Informativa Original Control No. Original Informative Return	6. Otros Pagos Relacionados Other Related Payments	



FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4807FY23

RECORD TYPE: RETURN

RECORD NAME: RECEIVED FOR ADVERTISING - FORM TYPE 480.7F

RECORD LENGTH: 2500

P=PACKED, B=BINARY, C=CHARACTER

		\				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	C	1	1-1	SPACES.	*
	(-)		-		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, "A" = AMENDED,	
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	*
7. FILLER	X(2)	С	2	16-17	SPACES.	*
8. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*
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.	*
IV. TATLE SID TITE	71(1)		1	31 31	IF PAYEE'S ID TYPE = "1", ENTER	
					IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	
11. PAYEE'S ID	9(9)	С	9	32-40	NUMBER SSN.	*
12. PAYEE'S NAME	X(30)	С	30	41-70		*
13. PAYEE'S ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
14. PAYEE'S ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
15. PAYEE'S TOWN	X(13)	С	13	141-153		*
	, ,		-			*
16. PAYEE'S STATE	X(2)	С	2	154-155		
17. PAYEE'S ZIP-CODE	9(5)	С	5	156-160		*
18. PAYEE'S ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
19. PAYEE'S E-MAIL	X(50)	С	50	165-214	E-MAIL FOR PAYEE.	*
20. PAYEE'S PHONE NUMBER	X(20)	С	20	215-234	PHONE NUMBER PAYEE.	*
21. FILLER	X(2)	С	2	235-236	SPACES.	*
PAYER'S INFORMATION RECEIVED	(-/	2	-			
22. PAYER ID TYPE CODE	X(1)	С	1	237-237	ENTER: "1" = FEIN, "2" = SSN, "3" = MERCHANT NUMBER	*

DATE: OCTOBER 2023

FILE NAME: F4807FY23

RECORD TYPE: RETURN

RECORD NAME: RECEIVED FOR ADVERTISING - FORM TYPE 480.7F

RECORD LENGTH: 2500

P=PACKED, B=BINARY, C=CHARACTER

	_	\forall				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
					IF PAYER ID TYPE = "1", ENTER PAYER'S FEIN. IF ID TYPE = "2" ENTER PAYER'S SSN. IF ID TYPE = "3" MERCHANT NUMBER ALIGN TO THE RIGHT AND FILL WITH ZEROES TO THE	
23. PAYEE'S ID	9(11)	C	11	238-248	LEFT	*
24. PAYER'S NAME	X(30)	С	30	249-278	REQUIRED ONLY FOR CORPORATIONS.	*
25. PAYER FIRST NAME	X(15)	С	15	279-293	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
26. PAYER MIDDLE NAME	X(15)	С	15	294-308	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
27. PAYER LAST NAME	X(20)	С	20	309-328	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
PAYER MOTHER'S MAIDEN LAST 28. NAME	X(20)	С	20	329-348	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
29. ADDRESS LINE NUMBER 1	X(35)	С	35	349-383		*
30. ADDRESS LINE NUMBER 2	X(35)	C	35	384-418		
31. TOWN	X(13)	C	13	419-431		*
32. STATE	X(2)	C	2	432-433		*
33. ZIP-CODE 34. ZIP-CODE EXTENSION	9(5) 9(4)	C	5 4	434-438 439-442	ZEROS, IF NOT AVAILABLE.	٠
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	445-464	T IS TRUE, C OR STRUE IS THESE	
38. FILLER	X(10)	С	10	465-474	SPACES.	*
39. FLAG INTERMEDIARY	X(1)	С	1	475-475	"1" IS TRUE, "0" OR SPACE IS "FALSE"	*
40. FINAL RECIPIENT ID TYPE	X(1)	С	1	476-476	ENTER: "1" = FEIN, "2" = SSN.	*
41. FINAL RECIPIENT ID	9(9)	С	9	477-485	IF FINAL RECIPIENT ID TYPE = "1", ENTER RECIPIENT FEIN. IF ID TYPE = "2" ENTER RECIPIENT SSN.	*
42. FINAL RECIPIENT NAME	X(50)	С	50	486-535		*
43. FILLER	X(30) X(10)	C	50 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"	
PAYMENT CONTRIBUTIONS TO	` ′				,	
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)	С	1	577-577	"1" IS TRUE, "0" OR SPACE IS "FALSE"	
PAYMENT TELECOMMUNICATION 48. SERVICES	9(13)V99	С	15	578-592	SEE FORM 480.7F, ITEM 3.	
49. PAYMENT ADVERTISING	9(13)V99	С	15	593-607	SEE FORM 480.7F, ITEM 4.	
PAYMENT INTERNET AND CABLE OR						
50. SATELLITE TELEVISION SERVICES	9(13)V99	C	15	608-622	SEE FORM 480.7F, ITEM 5.	
51. PAYMENT BUNDLES	9(13)V99	C	15	623-637	SEE FORM 480.7F, ITEM 6.	
52. OTHER PAYMENTS	9(13)V99	C	15	638-652	SEE FORM 480.7F, ITEM 7.	
53. FLAG FINANCED	X(1)	С	1	653-653	"1" IS TRUE, "0" OR SPACE IS "FALSE"	
54. FILLER	X(1780)	С	1780	654-2433	SPACES. ENTER: "1" = FEIN, "2" = SSN, "3" =	*

55. PAYER ID TYPE ORIGINAL



EXHIBIT M

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807FY23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE	BYTES	FILE LOCATION	COMMENTS	RE

					IF PAYER ID TYPE ORIGINAL = "1", ENTER PAYER'S FEIN. IF ID TYPE ORIGINAL = "2" ENTER PAYER'S SSN. IF ID TYPE ORIGINAL = "3" MERCHANT	
56. PAYER ID ORIGINAL	X(11)	C	11	2435-2445	NUMBER ALIGN TO THE RIGHT AND FILL WITH SPACES TO THE LEFT	
CONTROL NUMBER ORIGINAL 57. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
58. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
59. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



EXHIBIT M

Form Rev. 07 23 DECLARACIÓN ANUAL DE PAGOS DE TELECOMUNICACIONES, A	de Hacienda - Department of the Treasury RECIBIDOS POR ANUNCIOS, PRIMAS DE SEGUROS, SERVICIOS CCESO A INTERNET Y TELEVISIÓN POR CABLE O SATÉLITE D FOR ADVERTISNO, INSURANCE PREMIUMS, TELECOMMUNIC		
AND CONTRIBUTION. 2023	ND CABLE OR SATELLITE TELEVISION SERVICES		ción de Radicación Electrónica ng Confirmation Number
INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION	Clase de Pago		Cantidad Pagada
Número de Identificación Patronal - Employer Identification Number	Type of Payment 1. Primas de Seguro (excepto aportaciones a planes de sal	ud o accidentes) (Vea inst.)	Amount Paid
Nombre - Name	Insurance Premiums (except contributions to health or accided Marque aqui si el pago corresponde a una pól Check here if the payment corresponds to a group	liza grupal (Vea inst.)	
Dirección - Address Código Postal - Zo Code	Aportaciones a Planes de Salud o Accidentes (Vea instru Contributions to Health or Accident Plane (See instructions) Marque aqui el et pago corresponde a una poli Check here if the playment cotresponds to a group	liza grupal (Vea inst.)	
Núm. de Teléfono - Telephone No. Correo Electrónico - E-mail	Servicios de Telecomunicaciones Telecommunication Services		
INFORMACIÓN DEL PAGADOR - PAYERS INFORMATION			
Número de Seguro Social o Identificación Patronal - Social Security or Employer Identification Number	4. Anuncios Adventising	. 14)
Nombre - Name	Servicios de Internet y Televisión por Cable o Satélite lotemet and Cable or Satélite Television Services		
Dirección - Address Código Postal - Zo Code	6. Serviciós Combinados Bundies	KA	
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 instructions)	Marque aquí si el pago reportado fue financiado (Vea Check here if the reported payment was financed (See in		
Marque aqui si es un Intermediario (Vea instrucciones) Check here if you are an Intermediary (See instructions)	Razones para el Cambio - Reasons for the Change		
Indique el nombre y número de identificación patronal o seguro social (EIN/SSN) di destinatario final del pago: - Indicate the name and employer identification or soci security number (EIN/SSN) of the final reopient of the payment.	el al Número Control - Control Number	Número Control Informativa Ori Control No. Original Informative R	
Nombre - Name EIN/SSN			



EXHIBIT N

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807GY23 RECORD TYPE: RETURN

RECORD NAME: TUITION STATEMENT FOR THE AMERICAN OPPORTUNITY
TAX CREDIT – FORM TYPE 480.7G

RECORD LENGTH: 2500

			1		T	
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		1			,	•
1. FILLER	X(1)	С	1	1-1	SPACES.	*
	0.00	G		2.10	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 "N" TO INDICATE FORM 480.7F.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
	, ,					*
7. FILLER 8. TAXABLE YEAR	X(2) 9(4)	C C	4	16-17 18-21	SPACES. ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*
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	IF PAYEE'S ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
12. INSTITUTION'S NAME	X(30)	С	30	41-70		*
INSTITUTION'S ADDRESS LINE 13. NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
INSTITUTION'S ADDRESS LINE 14. NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
15. INSTITUTION'S TOWN	X(13)	С	13	141-153		*
16. INSTITUTION'S STATE	X(2)	С	2	154-155		*
17. INSTITUTION'S ZIP-CODE	9(5)	С	5	156-160		*
18. INSTITUTION'S ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
19. INSTITUTION'S E-MAIL	X(50)	С	50	165-214	E-MAIL FOR INSTITUTION'S.	*
20. INSTITUTION'S PHONE NUMBER	X(20)	С	20	215-234	PHONE NUMBER INSTITUTION'S.	*
21. FILLER	X(2)	С	2	235-236	SPACES.	*



FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4807GY23

RECORD TYPE: RETURN

RECORD NAME: TUITION STATEMENT FOR THE AMERICAN OPPORTUNITY TAX CREDIT - FORM TYPE 480.7G

RECORD LENGTH: 2500

P=PACKED, B=BINARY, C=CHARACTER

▼										
FIELD NAME	PICTURE		BYTES	FILE LOCATION	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	IF STUDENT'S ID TYPE = "2", ENTER STUDENT'S SSN. IF ID TYPE = "4" ENTER STUDENT'S ITIN. ALIGN TO THE RIGHT AND FILL WITH ZEROES TO THE LEFT.	*				
24. STUDENT'S NAME	X(30)	C	30	249-278	REQUIRED ONLY FOR CORPORATIONS.	*				
25. STUDENT'S FIRST NAME	X(15)	С	15	279-293	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS. ENTER THE MIDDLE NAME OF THE	*				
26. STUDENT'S MIDDLE NAME	X(15)	C	15	294-308	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.					
27. STUDENT'S LAST NAME	X(20)	С	20	309-328	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*				
STUDENT'S MOTHER'S MAIDEN LAST 28. NAME	X(20)	С	20	329-348	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.					
29. ADDRESS LINE NUMBER 1	X(35)	C	35	349-383		*				
30. ADDRESS LINE NUMBER 2	X(35)	С	35	384-418						
31. TOWN	X(13)	C	13	419-431		*				
32. STATE	X(2)	C	2	432-433						
33. ZIP-CODE	9(5)	C	5	434-438		*				
34. ZIP-CODE EXTENSION	9(4)	C	4	439-442	ZEROS, IF NOT AVAILABLE.					
CONCEPTS										
35. STUDENT RECEIVE FINANCIAL	X(1)	С	1	443-443	"1" IS "YES", "0" OR SPACE IS "NO"	*				
36. TYPE OF FINANCIAL	X(1)	С	1	444-444	A - Scholarships B - Grants C - Awards D - Other					
					IF YOU SELECT TYPE OF FINANCIAL OTHERS, YOU MUST FILL IN THE					
37. OTHER TYPE OF FINANCIAL	X(20)	C	20	445-464	DESCRIPTION					
THE STUDENT WAS COMPLETING AT 38. LEAST HALF	X(1)	С	1	465-465	"1" IS "TRUE", "0" OR SPACE IS "FALSE"					
TOTAL AMOUNT PAID DURING THE 39. YEAR FOR TUITION.	9(13)V99	С	15	466-480	SEE FORM 480.7G, ITEM 4.					
TOTAL AMOUNT OF FINANCIAL AID 40. RECEIVED	9(13)V99	С	15	481-495	SEE FORM 480.7G, ITEM 5.					
COST OF STUDIES COVERED BY 41. FINANCIAL	9(13)V99	C	15	496-510	SEE FORM 480.7G, ITEM 6.					
PROGRAM LEADING TO THE STUDENT'S DEGREE OR 42. CERTIFICATION	X(50)	С	50	511-560		*				
		C			SDACES	*				
43. FILLER	X(1873)	C	1873	561-2433	SPACES.	T				



EXHIBIT N

FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4807GY23 RECORD TYPE: RETURN

RECORD NAME: TUITION STATEMENT FOR THE AMERICAN OPPORTUNITY
TAX CREDIT – FORM TYPE 480.7G

RECORD LENGTH: 2500

			FILE		
FIELD NAME	PICTURE	BYTES	LOCATION	COMMENTS	RE

A GENERAL PROPERTY OF THE STATE	77(4)			2424.2424	ENTER: "2" = SSN, "4" = ITIN.	
44. STUDENT'S ID TYPE ORIGINAL	X(1)	C	1	2434-2434		
					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)	C	11	2435-2445		
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED	
46. INFORMATIVE RETURN	9(9)	C	9	2446-2454	WHEN FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE	
					FORM. LEFT JUSTIFIED AND FILL WITH	
47. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	BLANKS.	
48. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



EXHIBIT N

AÑO CONTRIBUTIVO: 2023 TAXABLE YEAR: INFORMATIVE RETURN-TUITION ST	DE LA OPORTUNIDAD AMERICANA (ATEMENT FOR THE AMERICAN OPPORTUNITY TAX CREDIT do - Amended: (/)	Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number
INFORMACIÓN DE LA INSTITUCIÓN - INSTITUTIONS INFORMATION	Conceptos - Concepts	Información - Information
Número de Identificación Patronal - Employer Identification Number	Recibió el estudiante asistencia económica o reemboleos exentos subvenciones o concesiones durante el año? Did he student recense financial aid or exempt reimbursementa, including se awards during the year?	Deliver Dive
Nombre - Name Dirección - Address	Tipo de asistencia económica recibida por el estudiante Type of francial aid received by the student	A - Becas - Scholarship B - Subvenciones - Grant C - Concesiones - Award D - Otro - Other
Código Postal - Zo Code	Marque aqui si el estudiante estaba completando por lo menos la mil a tiempo completo del grado o certificación indicado en el Encas conducente a grado o certificación de estudiante Check here if the student was completing at least hall of the full-time degree or certificación de tacade in tipe Program esoln so the student's dep	illado de Programa requirements for the
Núm. de Teléfono - Telephone No. Corree Electrónico - E-mail	Pago - Payment	Cantidad - Amount
INFORMACIÓN DEL ESTUDIANTE - STUDENTS INFORMATION . Número de Seguro Social - Social Security Number	Cantidad total pagada durante el año por concepto de matricula, cur relacionados Total amount paid during the year for tution, fees and other related expe	
Nombre - Name	Cantidad total de asistencia económica recibida por el esfudiant Total amount of financiat aid received by the student during the year.	e durante el aho
Dirección - Address	Costo de estudio cubierto por la asistencia económica indicada en Cost of studies covered by financial aid indicated in Box 5	el Encasillado 5
Código Postal - Zp Code	Programa conducente a grado o certificación del estudiante - Progra	im leading to the student's degree or certification
Número Control - Control Number	Razones para el Cambio - Reasons for the Change	
Número Control Informativa Original - Control No. Original Informative Return	-	



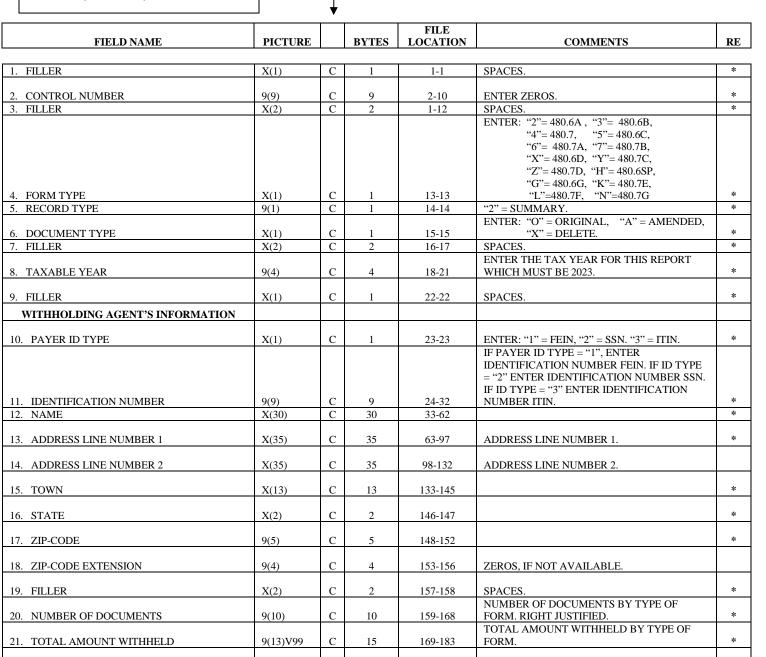
EXHIBIT O

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4805Y23 RECORD TYPE: SUMMARY

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

P=PACKED, B=BINARY, C=CHARACTER





22. TOTAL AMOUNT PAID

23. TYPE OF TAXPAYER

24. PENALTY WITHHELD

SPECIALIST'S INFORMATION



*

*

*

15

15

C

C

184-198

199-199

200-214

TOTAL PAID BY TYPE OF FORM.

"P" = PASS-THROUGH ENTITIES, "C" =

COMPLETE ONLY IF FORM TYPE = "4" WITH TOTAL PENALTY WITHHELD FROM ALL 480.7 FORMS. FOR ALL OTHER FORMS FILL

ENTER: "I" = INDIVIDUAL.

"T" = TRUST, "O"= OTHERS

CORPORATION,

WITH ZEROS.

9(13)V99

9(13)V99

X(1)

EXHIBIT O

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4805Y23 RECORD TYPE: SUMMARY

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

P=PACKED, B=BINARY, C=CHARACTER

		▼				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
25. SPECIALIST PAID FOR PREPARATION	9(1)	С	1	215-215	'1' IF TRUE	*
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.	

2495-2500

ZEROS.



42. FILLER

EXHIBIT O

ario 480.5	Departamento de Hacienda - Department RESUMEN DE LAS DECLARACIONES IN SUMMARY OF THE INFORMATIVE R	NFORMATIVAS		
TRIBUTIVO: 2023	Enmendado - Amended:	J. MM. JAA?YY)	Núm. Confirmación de Radio Electronic Filing Confir	
Identificación Patronal - Employer Identification	Number Clase de Contribuyente Individuo Individual	e - Type of Taxpayer Entidad Conducto Pass-Through Entity	Corporación Sucesión Corporation Estate or Tr	o Otros
l Pagador - Payer's Name				
- Address	CODM	ATI	Código	Postal - Zip Code
otal de Formularios - Total Forms	Cantidad Retenida - Amount Withheld	Cantidad Total Pagada - Total Amou	unt Paid Penalidad Retenida - F	Penalty Withheld
lo un encasillado 480.6A one box 480.7	480.6B 480.6C 480.7B	480.6D 480.6 480.7C 480.6] 480.7F] 480.7G
	JURAMENTO			
	oficial autorizado, bajo penalidad de perjurio que he exa e or authorized official, under penallies of perjury that I have			
Fecha - Date	Firma - Signature	Título - 1	Title	
IF THE REAL PROPERTY OF THE	PARA USO DEL ESPECIALISTA SOLA			End- Di-
el Especialista (Letra de Molde) - Specialist's	Nombre de la Firma o Negocio -	Name of Firm or Business Número	de Registro - Registration Number	Fecha - Date
i es empleado por cuenta propia Direcci elf-employed		Código Postal - Zip Code	Firma del Especialista - Speci	ialist's Signature
e si hizo nagos nor la preparaci		Si contestó "Sí", exija la fi	rma y el número de registro the Specialist's signature and r	
e si hizo nagos nor la prenaraci	ón de este formulario: Sí No. S	Si contestó "Sí", exija la fi		



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806B1Y23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER 3. FILLER	9(9) X(2)	C	9 2	2-10 11-12	ENTER ZEROS. SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "8" TO INDICATE FORM 480.6B.1.	*
5 DECORD TYPE	0(1)			14.14	"1" DETAIL DECORD	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD. ENTER: "O" = ORIGINAL,	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	"A" = AMENDED, "X" = DELETE.	*
7. FILLER	X(1)	С	1	16-16	SPACES.	*
8. FILLER	X(1)	С	1	17-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION	11(3)			22 20	SI NELS.	
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47		
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
14. BUSINESS NAME	X(30)	С	30	57-86		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
23. FILLER	X(2)	С	2	221-222	SPACES.	*
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
26. TOWN	X(13)	С	13	293-305		*
27. STATE	X(2)	С	2	306-307		*
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*

^{*} REQUIRED FIELDS



FILE DESCRIPTION

DATE: OCTOBER 2023

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

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FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
53. FILLER	9(60)	С	60	1232-1291	ZEROS.	
TOTAL						
54. AMOUNT PAID	9(10)V99	С	12	1292-1303	SEE FORM 480.6B.1, TOTAL COLUMN 1.	
55. TAX WITHHELD	9(10)V99	С	12	1304-1315	SEE FORM 480.6B.1, TOTAL COLUMN 2.	
56. FILLER	9(12)	C	12	1316-1327	ZEROS.	
DEPOSITS AND TAX WITHHELD RELATION JANUARY						
57. AMOUNT PAID	9(10)V99	С	12	1328-1339		
58. TAX WITHHELD	9(10)V99	С	12	1340-1351		
59. FILLER	9(24)	Č	24	1352-1375	ZEROS.	
FEBRUARY						
60. AMOUNT PAID	9(10)V99	С	12	1376-1387		
61. TAX WITHHELD	9(10)V99	С	12	1388-1399		
62. FILLER MARCH	9(24)	С	24	1400-1423	ZEROS.	
MARCII						
63. AMOUNT PAID	9(10)V99	С	12	1424-1435		
64. TAX WITHHELD	9(10)V99	С	12	1436-1447		
65. FILLER APRIL	9(24)	С	24	1448-1471	ZEROS.	
66. AMOUNT PAID	9(10)V99	С	12	1472-1483		
67. TAX WITHHELD	9(10)V99	C	12	1484-1495		
68. FILLER MAY	9(24)	С	24	1496-1519	ZEROS.	
69. AMOUNT PAID	9(10)V99	С	12	1520-1531		
70. TAX WITHHELD	9(10)V99	C	12	1532-1543		
71. FILLER JUNE	9(24)	С	24	1544-1567	ZEROS.	
	0/10/3700	C	10	1500 1570		
72. AMOUNT PAID	9(10)V99	С	12	1568-1579		
73. TAX WITHHELD	9(10)V99	C	12	1580-1591	ZEROS	-
74. FILLER JULY	9(24)	С	24	1592-1615	ZEROS.	
75. AMOUNT PAID	9(10)V99	С	12	1616-1627		
76. TAX WITHHELD	9(10)V99	С	12	1628-1639		
77. FILLER	9(24)	С	24	1640-1663	ZEROS.	
AUGUST						
78. AMOUNT PAID	9(10)V99	C	12	1664-1675		

^{*} REQUIRED FIELDS



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FILE NAME: F4806B1Y23 RECORD TYPE: RETURN

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

RECORD LENGTH: 2500

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
79. TAX WITHHELD	9(10)V99	C	12	1676-1687	ZEROS	
80. FILLER SEPTEMBER	9(24)	С	24	1688-1711	ZEROS.	
SEI TENDER						
81. AMOUNT PAID	9(10)V99	C	12	1712-1723		
	0/10/1/00		10	1704 1705		
82. TAX WITHHELD 83. FILLER	9(10)V99 9(24)	C	12 24	1724-1735 1736-1759	ZEROS.	
OCTOBER)(24)		2-7	1750 1757	ZEROS.	
84. AMOUNT PAID	9(10)V99	C	12	1760-1771		
85. TAX WITHHELD	9(10)V99	С	12	1772-1783		
86. FILLER	9(24)	C	24	1784-1807	ZEROS.	
NOVEMBER					2.00	
	0(10)	~	4.5	1000 ::::		
87. AMOUNT PAID	9(10)V99	С	12	1808-1819		
88. TAX WITHHELD	9(10)V99	С	12	1820-1831		
89. FILLER	9(24)	C	24	1832-1855	ZEROS.	
DECEMBER						
90. AMOUNT PAID	9(10)V99	С	12	1856-1867		
91. TAX WITHHELD	9(10)V99	C	12	1868-1879		
92. FILLER	9(24)	C	24	1880-1903	ZEROS.	
TOTALS	0(10)		10	10011015	arnog.	
93. FILLER	9(12)	C	12	1904-1915	ZEROS.	
94. TAX WITHHELD	9(10)V99	С	12	1916-1927	SEE FORM 480.B1, ITEM 1, Part II.	
95. FILLER	9(12)	C	12	1928-1939	ZEROS.	
		~				
96. FILLER TOTAL TAX WITHHELD AFTER THE	X(12)	С	12	1940-1951	SPACES.	*
97. CREDIT FOR TAX ON DEEMED DIVIDENDS	9(10)V99	С	12	1952-1963	SEE FORM 480.B1, ITEM 3, Part II.	
98. FILLER	9(12)	C	12	1964-1975	ZEROS.	
CREDIT FOR TAX ON DEEMED DIVIDENDS						
99. (SECTION 1062.13)	9(10)V99	C	12	1976-1987	SEE FORM 480.B1, ITEM 2, Part II.	
DIVIDENDS SUBJECT TO PREFERENTIAL RATE UNDER SPECIAL Act %						
100. AMOUNT PAID	9(10)V99	C	12	1988-1999	SEE FORM 480.6B.1, ITEM 3, COLUMN 1.	
101. TAX WITHHELD	9(10)V99	С	12	2000-2011	SEE FORM 480.6B.1, ITEM 3, COLUMN 2.	
102. FILLER	9(84)	С	84	2012-2095	ZEROS.	
ELIGIBLE DIVIDENDS UNDER DECREE AS QUALIFIED PHYSICIAN						
103. AMOUNT PAID	9(10)V99	С	12	2096-2107	SEE FORM 480.6B.1, ITEM 8, COLUMN 1.	
104. TAX WITHHELD	9(10)V99	С	12	2108-2119	SEE FORM 480.6B.1, ITEM 8, COLUMN 2.	
105. FILLER	9(84)	C	84	2120-2203	ZEROS.	

^{*} REQUIRED FIELDS



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FILE NAME: F4806B1Y23 RECORD TYPE: RETURN

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

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			FILE.	

FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
106. TOTAL FORMS 480.6B	9(10)	C	10	2204-2213		
SPECIALIST'S INFORMATION						
107. SPECIALIST PAID FOR PREPARATION	9(1)	С	1	2214-2214	'1' IF 'Yes' OR '0' IF 'No'	*
107. SPECIALIST FAID FOR FREFARATION	9(1)		1	2214-2214	1 II. 168 OK 0 II. NO	
108. SPECIALIST SELF EMPLOYED	9(1)	С	1	2215-2215	'1' IF 'Yes' OR '0' IF 'No'	*
109. REGISTRATION NUMBER	9(7)	С	7	2216-2222		*
1010. NAME OF FIRM OR BUSINESS	X(30)	С	30	2223-2252		*
TOTO. TVINE OF THAT OR BOSINESS	11(50)		30	2223 2232	ENTER THE FIRST NAME OF THE	
					SPECIALIST 'S. LEFT JUSTIFIED AND FILL	
					WITH BLANKS. REQUIRED ONLY FOR	*
111. SPECIALIST 'S FIRST NAME	X(20)	С	20	2253-2272	INDIVIDUALS.	
					ENTER THE MIDDLE NAME OF THE	
112. SPECIALIST 'S MIDDLE NAME	X(1)	С	1	2273-2273	SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
112. SPECIALIST S MIDDLE NAME	Λ(1)	C	1	2213-2213	ENTER THE LAST NAME OF THE	
					SPECIALIST 'S. LEFT JUSTIFIED AND FILL	*
					WITH BLANKS. REQUIRED ONLY FOR	
113. SPECIALIST 'S LAST NAME	X(30)	C	30	2274-2303	INDIVIDUALS.	
					ENTER THE SECOND LAST NAME OF THE	
SPECIALIST 'S MOTHER'S MAIDEN LAST	***(20)		20	2201 2222	SPECIALIST 'S. LEFT JUSTIFIED AND FILL	
114. NAME	X(20)	С	20	2304-2323	WITH BLANKS.	
115. SPECIALIST STREET 1	X(35)	С	35	2324-2358	SPECIALIST ADDRESS LINE NUMBER 1.	*
113. STECHEST STREET	11(33)		33	2321 2330	STEERING TIDDRESS ENVE TVENIBER 1.	
116. SPECIALIST STREET 2	X(35)	C	35	2359-2393	SPECIALIST ADDRESS LINE NUMBER 2.	
117. SPECIALIST TOWN	X(14)	С	14	2394-2407		*
118. SPECIALIST STATE	X(2)	С	2	2408-2409		*
116. SPECIALIST STATE	Λ(2)			2406-2409		•
119. SPECIALIST ZIP-CODE	9(5)	С	5	2410-2414		*
120. SPECIALIST ZIP-CODE EXTENSION	9(4)	С	4	2415-2418	ZEROS, IF NOT AVAILABLE.	
121 FH LED	**/222)		27	2410 2445	GD A GDG	*
121. FILLER	X(232)	С	27	2419-2445	SPACES.	*
122. FILLER	9(9)	С	9	2446-2454	ZEROS.	*
	1///	Ŭ		22.01	ENTER THE REASON FOR CHANGE FORM.	
123. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
		_	_			1 . 7
124. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



Formulario 480.6B.1	20		Sovernment of Puerto Ri Department of the Treas	20		firmación de Radicación Electróni nic Filing Confirmation Number
Rev 07 23		SUJETOS A R	ANUAL DE OTROS II RETENCIÓN Ither Income Subject to			ENMENDADO - AMENCED
Número de Identificación Pa Employer Identification Num		dustria o Negocio lustry or Business	Cambio de Dirección Change of Address Si - Yes No	Total Forms 480.6		Sello de Recibido
Nombre del Agente Retenedor - Wi	thholding Agent's Name					
Dirección Postal - Postal Address		Dirección Física	- Physical Address			
	digo Postal - Zp Code Imen de los Formularios	480 6B por Class	a da Ingraea - Suma	and of Forme 480	68 per Tune of In	^^**
Parte I - Part Kesu	Clase de Ingreso - 1		e de ingreso - Sumir		d Pagada - Amount Paid	
1 Dance nor Indometración	Judicial o Extrajudicial - Payme	-	and the lease of called	Carico	regeos - Amount rans	Contribucion Revenius - Sax Visition
2. Dividendos Sujetos al 15%		ens for Joseph Great	aguirus moenimosum			
	referencial bajo Ley Especial - Divi	clands School in Draham	ntal Rate under Spaniel Act	4		
	Equipos de Deportes de Asoc					
Compensation Paid by Intern	ational Associations or Federatio	ns of Sport's Teams	11			
 Intereses bajo la Sección 10 Interests under Section 1023. 	023.04 (excepto IRA y Cuenta d 04 (except IRA and Educational	e Aportación Educative Commission Account)	nc		20	
7. Dividendos de Ingresos de	023.05(b) - Interests under Sealo Fomento Industrial (Ley 8 de 24 elopment Income (Act 8 of Janua	de enero de 1987]	UU			
	Decreto de Médico Cualificado		ter Darrae as Ounified Ph	minima.	,	
9. Otros Pagos - Other Paymen	-	- Ergue once of a			//	
TOTAL		$\rightarrow \cup$	IN/II //N		<i>//</i>) '	
	and the state of the state of	to Data da Ma	a district the second	Town Market and On	Contract 1	
	enciliación de Contribuc					
Mes -	Month	Cant	dad Pagada - Amount Pa	d	Contribució	on Retenida - Tax Withheld
Enero - January						
Febrero - February		75 IN /I				
Marzo - March		-VIVI				
Abril - April						
Mayo - May						
Junio - June	A RESIDENCE	B B at		45		
Julio - July			-		$D\Lambda$	
Agosto - August	-U			///		
Septiembre - September						
Octubre - October						
Noviembre - November			B. H. IPPS			
Diciembre - December			RIII			
1. Total				3		
2. Crédito por contribució	n sobre Dividendos Implie	itos (Sección 106)	2.13)			
	Dividends (Section 1062.13)					
	retenida luego del crédit e credit for tax on Deemed D		n sobre Dividendos	Implicitos		
 Total de contribución Total tax withheid after the 		-11	JRAMENTO - OATH			
		J	SKAMENTO - UNIT			
Total tax withheld after the Declaro como agente reter	edor, representante legal	u oficial autorizado	o, bajo penalidad de p	erjurio que este	Estado de Reconci	liación Anual ha sido examinad
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo	or información y creencia es	u oficial autorizado cierto, correcto y	o, bajo penalidad de p completo I declare as	withholding agent.	legal representative	or authorized official, under penaltic
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo	or información y creencia es	u oficial autorizado cierto, correcto y	o, bajo penalidad de p completo I declare as	withholding agent.	legal representative	or authorized official, under penaltic
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo	or información y creencia es conciliation Statement has be	u oficial autorizado s cierto, correcto y en examined by me	o, bajo penalidad de p completo I declare as and to the best of my kr	withholding agent, nowledge and belief	legal representative	or authorized official, under penaltie
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo	or información y creencia es conciliation Statement has be	u oficial autorizado o cierto, correcto y en examined by me	o, bajo penalidad de p completo I declare as and to the best of my ke presentante u Oficial	withholding agent, nowledge and belief	legal representative in it is true, correct an	or authorized official, under penaltie
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo of perjury that this Annual Re	or información y creencia es conciliation Statement has be Firma del Ag Signature of	u oficial autorizado cierto, correcto y en examined by me gente Retenedor, Re Withholding Agent, R	o, bajo penalidad de completo I declare as and to the best of my ku representante u Oficial / representative or Authorizative or Authorizative.	withholding agent, nowledge and belief Autorizado ted Official	legal representative it is true, correct an	or authorized official, under penaltic d complete.
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo of perjury that this Annual Re-Fecha - Date	or informàción y creencià et conciliation Statement has be Firma del Ag Signature of PARA USO	u oficial autorizado cierto, correcto y en examined by me gente Retenedor, Re Withholding Agent, R	o, bajo penalidad de p completo I declare as and to the best of my ke presentante u Oficial	withholding agent, nowledge and belief Autorizado ted Official SPECIALISTS	legal representative is true, correct an	Fitulo - Title
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo of perjury that this Annual Re-Fecha - Date Nombre del Especialista (Letra de la Marque si es empleado por cuenti.	or información y creencia es conciliation Statement has be Firma del Ag Signeture of PARA USO Molde) - Specialist's Name (Print)	u oficial autorizado cierto, correcto y en examined by me gente Retenedor, Re Withholding Agent, R	o, bajo penalidad de completo I declare as and to the best of my ku spresentante u Oficial A epresentative or Authoriz STA SOLAMENTE -	withholding agent, nowledge and belief Autorizado ted Official SPECIALISTS	legal representative it is true, correct an IIII III III III III III III III III	or authorized official, under penaltic d complete.
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo of perjury that this Annual Re	or información y creencia es conciliation Statement has be Firma del Ag Signeture of PARA USO Molde) - Specialist's Name (Print)	u oficial autorizado cierto, correcto y en examined by me gente Retenedor, Re Withholding Agent, R	b, bajo penalidad de scompleto I declare as and to the best of my ke presentante u Oficial i epresentative or Authoris STA SOLAMENTE o Negocio - Name of Firm or and the second of Firm or Negocio - Name of Firm or Negocio - Negocio - Name of Firm or Negocio - Negoc	withholding agent, nowledge and belief Autorizado ced Official SPECIALISTS Número de	legal representative it is true, correct an IIII III III III III III III III III	or authorized official, under penalts d complete. Fitulo - Title Fecha - Date
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo of perjury that this Annual Re-Fecha - Date Nombre del Especialista (Letra de la Marque si es empleado por cuenti.	or información y creencia es conciliation Statement has be Firma del Ag Signeture of PARA USO Molde) - Specialist's Name (Print)	u oficial autorizado cierto, correcto y en examined by me ente Retenedor, Re Withholding Agent, R DEL ESPECIAL Nombre de la Firma	o, bajo penalidad de s completo I declare as and to the best of my ki epresentante u Oficial i epresentante u Oficial i epresentative or Authoris STA SOLAMENTE • 1 o Negocio - Name of Firm of Código Postal -	withholding agent, nowledge and belief according to the control of	legal representative it is true, correct an IIII III III III III III III III III	or authorized official, under penaltic d complete. Fitulo - Title Fecha - Date
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo of perjury that this Annual Re Fecha - Date Nombre del Especialista (Letra de 1 Marque si es empleado por cuento Check d'sef employed	r información y creencia es conciliation Statement has be Firma del Ag Signeture of PARA USO Molde) - Specialist's Name (Print) a propia Dirección - Address	u oficial autorizado cierto, correcto y en examined by me ente Retenedor, Re Withholding Agent, R DEL ESPECIAL! Nombre de la Firma	o, bajo penalidad de prompleto I declare as and to the best of my ke presentante u Oficial i epresentante u Oficial i epresentante u Oficial i epresentative or Authoris STA SOLAMENTE • o Negocio - Name of Firm of Código Postal - ETENEDOR • NOTE TO WITH	withholding agent, nowledge and belief Autorizado ted Official SPECIALIST'S Business Número de Lip Code HOLDING AGENT	legal representative it is true, correct an USE ONLY Registro-Registration N. Firma del Especial	or authorized official, under penaltic d complete. Fitulo - Title Fecha - Date Fecha - Specialist's Signature
Total tax withheld after the Declaro como agente reter por mi y que según mi mejo of perjury that this Annual Re Fecha - Date Nombre del Especialista (Letra de la Marque si es empleado por cuento Check if sef employed	or información y creencia es conciliation Statement has be Firma del Ag Signeture of PARA USO Molde) - Specialist's Name (Print)	u oficial autorizado cierto, correcto y en examined by me enterente enterent	p, bajo penalidad de p completo I declare as and to the best of my ke ppresentante u Oficial i epresentante u Oficial	withholding agent, nowledge and belief Autorizado ted Official SPECIALISTS Business Número de tip Code HOLDING AGENT to "Si", exija la f	legal representative it is true, correct an USE ONLY Registro-Registration Nu Firma del Especial	or authorized official, under penaltic d complete. Fitulo - Title Fecha - Date





FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F48030Y23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		1	ı			
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	С	2	11-12	SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "9" TO INDICATE FORM 480.30.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
7. FILLER	X(1)	С	1	16-16	SPACES.	*
8. FILLER	X(1)	С	1	17-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*
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" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47		
13. IDENTIFICATION NUMBER	9(09)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
14. WITHHOLDING AGENT'S NAME	X(30)	С	30	57-86		*
15. TELEPHONE	9(10)	С	10	87-96	TELEPHONE NUMBER 1.	*
16. POSTAL ADDRESS 1	X(35)	С	35	97-131	POSTAL ADDRESS 1.	*
17. POSTAL ADDRESS 2	X(35)	С	35	132-166	POSTAL ADDRESS 2.	
18. TOWN	X(13)	С	13	167-179		*
19. STATE	X(2)	С	2	180-181		*
20. ZIP-CODE	9(5)	С	5	182-186	ZEROS, IF NOT AVAILABLE.	*
21. ZIP-CODE EXTENSION	9(4)	С	4	187-190	ZEROS, IF NOT AVAILABLE.	
22. FILLER	X(2)	С	2	191-192	SPACES.	*
23. PHYSICAL ADDRESS 1	X(35)	С	35	193-227	PHYSICAL ADDRESS 1.	*
24. PHYSICAL ADDRESS 2	X(35)	С	35	228-262	PHYSICAL ADDRESS 2.	
25. TOWN	X(13)	С	13	263-275		*
26. STATE	X(2)	С	2	276-277		*





FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F48030Y23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
7 110.10	11010111	1	21125	200.1110.1	- COMMAND	<u></u>
27. ZIP-CODE	9(5)	С	5	278-282	ZEROS, IF NOT AVAILABLE.	*
28. ZIP-CODE EXTENSION	9(4)	С	4	283-286	ZEROS, IF NOT AVAILABLE.	
29. CHANGE OF ADDRESS	X(1)	С	1	287-287	BLANK "N" = NO, "Y" = YES.	
30. E-MAIL	X(50)	С	50	288-337	E-MAIL ADDRESS.	
SALARIES, WAGES OR COMPENSATION						
31. AMOUNT PAID	9(10)V99	С	12	338-349	SEE FORM 480.30, ITEM 1, COLUMN 1.	
32. TAX WITHHELD	9(10)V99	С	12	350-361	SEE FORM 480.30, ITEM 1, COLUMN 2.	
33. FILLER	9(60)	С	60	362-421	ZEROS.	
PAYMENTS FOR SERVICES RENDERED BY INDEPENDENT CONTRACTORS						
34. AMOUNT PAID	9(10)V99	С	12	422-433	SEE FORM 480.30, ITEM 2, COLUMN 1.	
35. TAX WITHHELD	9(10)V99	С	12	434-445	SEE FORM 480.30, ITEM 2, COLUMN 2.	
36. FILLER	9(60)	С	60	446-505	ZEROS.	
SALE OF PROPERTY						
37. AMOUNT PAID	9(10)V99	С	12	506-517	SEE FORM 480.30, ITEM 4, COLUMN 1.	
38. TAX WITHHELD	9(10)V99	С	12	518-529	SEE FORM 480.30, ITEM 4, COLUMN 2.	
39. FILLER	9(60)	С	60	530-589	ZEROS.	
DIVIDENDS SUBJECT TO PREFERENTIAL RATE UNDER SPECIAL ACT %						
40. AMOUNT PAID	9(10)V99	С	12	590-601	SEE FORM 480.30, ITEM 7, COLUMN 1.	
41. TAX WITHHELD	9(10)V99	С	12	602-613	SEE FORM 480.30, ITEM 7, COLUMN 2.	
42. FILLER	9(60)	С	60	614-673	ZEROS.	
ROYALTIES						
43. AMOUNT PAID	9(10)V99	С	12	674-685	SEE FORM 480.30, ITEM 8, COLUMN 1.	
44. TAX WITHHELD	9(10)V99	С	12	686-697	SEE FORM 480.30, ITEM 8, COLUMN 2.	
45. FILLER	9(60)	С	60	698-757	ZEROS.	
INTERESTS						
46. AMOUNT PAID	9(10)V99	С	12	758-769	SEE FORM 480.30, ITEM 10, COLUMN 1.	
47. TAX WITHHELD	9(10)V99	C	12	770-781	SEE FORM 480.30, ITEM 10, COLUMN 2.	

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F48030Y23 RECORD TYPE: RETURN

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

SOURCE - FORM TYPE 480.30

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

^{*} REQUIRED FIELDS



FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F48030Y23

RECORD TYPE: RETURN

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

RECORD LENGTH: 2500

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FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE		
70. AMOUNT PAID	9(10)V99	С	12	1310-1321				
70. AMOUNT FAID	9(10) (99		12	1310-1321				
71. TAX WITHHELD	9(10)V99	C	12	1322-1333				
72. FILLER APRIL	9(24)	С	24	1334-1357	ZEROS.			
MAL								
73. AMOUNT PAID	9(10)V99	С	12	1358-1369				
74. TAX WITHHELD	9(10)V99	С	12	1370-1381				
75. FILLER	9(24)	C	24	1382-1405	ZEROS.			
MAY								
76. AMOUNT PAID	9(10)V99	С	12	1406-1417				
77. TAX WITHHELD	9(10)V99	С	12	1418-1429				
78. FILLER	9(24)	Č	24	1430-1453	ZEROS.			
JUNE								
79. AMOUNT PAID	9(10)V99	С	12	1454-1465				
OO TAY WITHIELD	0(10)1/00	C	10	1466 1477				
80. TAX WITHHELD 81. FILLER	9(10)V99 9(24)	C	12 24	1466-1477 1478-1501	ZEROS.			
JULY	7(2.)			1170 1001	Barres			
82. AMOUNT PAID	9(10)V99	С	12	1502-1513				
62. AMOUNT FAID	9(10) (99	C	12	1302-1313				
83. TAX WITHHELD	9(10)V99	C	12	1514-1525				
84. FILLER AUGUST	9(24)	С	24	1526-1549	ZEROS.			
Access								
85. AMOUNT PAID	9(10)V99	С	12	1550-1561				
86. TAX WITHHELD	9(10)V99	С	12	1562-1573				
87. FILLER	9(24)	Č	24	1574-1597	ZEROS.			
SEPTEMBER								
88. AMOUNT PAID	9(10)V99	С	12	1598-1609				
	0/10/1/00		10	1610 1621				
89. TAX WITHHELD 90. FILLER	9(10)V99 9(24)	C	12 24	1610-1621 1622-1645	ZEROS.			
OCTOBER)(21)		21	1022 1013	EEROS.			
91. AMOUNT PAID	9(10)V99	С	12	1646-1657				
91. AMOUNT FAID	9(10) (99		12	1040-1037				
92. TAX WITHHELD	9(10)V99	C	12	1658-1669	grpos.			
93. FILLER NOVEMBER	9(24)	С	24	1670-1693	ZEROS.			
94. AMOUNT PAID	9(10)V99	С	12	1694-1705				
95. TAX WITHHELD	9(10)V99	С	12	1706-1717				
96. FILLER	9(24)	С	24	1718-1741	ZEROS.			
DECEMBER								
97. AMOUNT PAID	9(10)V99	С	12	1742-1753				
98. TAX WITHHELD	9(10)V99	C	12	1754-1765				

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F48030Y23 RECORD TYPE: RETURN

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

SOURCE - FORM TYPE 480.30

		\downarrow				
				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
	T		1	ı	T	1
99. FILLER	9(24)	C	24	1766-1789	ZEROS.	
TOTALS 100. TOTAL AMOUNT PAID MONTHLY	9(12)	С	12	1790-1801	PATRT II.	
101. TAX WITHHELD	9(12) 9(10)V99	C	12	1802-1813	SEE PATRT II, ITEM 1.	
102. FILLER	9(12)	C	12	1814-1825	ZEROS.	
103. FILLER	X(12)	C	12	1826-1837	SPACES.	*
TOTAL TAX WITHHELD AFTER THE						
104. CREDIT FOR TAX ON DEEMED DIVIDENDS	9(10)V99	C	12	1838-1849	SEE PATRT II, ITEM 3.	
105. FILLER	9(12)	C	12	1850-1861	ZEROS.	
DIVIDENDS 10%	1	-				
106. AMOUNT PAID	9(10)V99	C	12	1862-1873	SEE FORM 480.30, ITEM 5, COLUMN 1.	
107. TAX WITHHELD	9(10)V99	C	12	1874-1885	SEE FORM 480.30, ITEM 5, COLUMN 2.	ļ
					ADD THIS FIELD WITH THE CREDIT FOR TAX ON DEEMED DIVIDENDS (SECTION	
					1062.08) FIELD 112 FOR PART II ITEM 2	
CREDIT FOR TAX ON DEEMED DIVIDENDS					CREDIT FOR TAX ON DEEMED DIVIDENDS	
108. (SECTION 1062.11)	9(10)V99	C	12	1886-1897	(SECTION 1062.13).	
109. FILLER	9(60)	C	60	1898-1957	ZEROS.	
DIVIDENDS 15%						
110. AMOUNT PAID	9(10)V99	С	12	1958-1969	SEE FORM 480.30, ITEM 6, COLUMN 1.	
111. TAX WITHHELD	9(10)V99	C	12	1970-1981	SEE FORM 480.30, ITEM 6, COLUMN 2.	
CREDIT FOR TAX ON DEEMED DIVIDENDS 112. (SECTION 1062.08)	9(10)V99	С	12	1982-1993	ADD THIS FIELD WITH THE CREDIT FOR TAX ON DEEMED DIVIDENDS (SECTION 1062.11) FIELD 108 FOR PART II ITEM 2 CREDIT FOR TAX ON DEEMED DIVIDENDS (SECTION 1062.13).	
113. FILLER	9(60)	C	60	1994-2053	ZEROS.	
SPECIALIST'S INFORMATION	7(00)	-	00	1774-2033	ZEROS.	
STEGRIBIOT STATE ORGANIZATION						
114. SPECIALIST PAID FOR PREPARATION	9(1)	С	1	2054-2054	'1' IF 'Yes' OR '0' IF 'No'	*
115. SPECIALIST SELF EMPLOYED	9(1)	С	1	2055-2055	'1' IF 'Yes' OR '0' IF 'No'	*
116. REGISTRATION NUMBER	9(9)	С	9	2056-2062		*
117. NAME OF FIRM OR BUSINESS	V(20)	С	30	2063-2092		*
117. NAME OF FIRM OR BUSINESS	X(30)		30	2003-2092	ENTER THE FIRST NAME OF THE	<u> </u>
118. SPECIALIST'S FIRST NAME	X(20)	С	20	2093-2112	SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
119. SPECIALIST'S MIDDLE NAME	X(1)	С	1	2113-2113	ENTER THE MIDDLE NAME OF THE SPECIALIST'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
120 CDECIALICTS LACTNAME	V(20)		20	2114 2142	ENTER THE LAST NAME OF THE SPECIALIST'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	*
120. SPECIALIST'S LAST NAME	X(30)	C	30	2114-2143	INDIVIDUALS.	-
SPECIALIST'S MOTHER'S MAIDEN LAST 121. NAME	X(20)	С	20	2144-2163	ENTER THE SECOND LAST NAME OF THE SPECIALIST'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
122. FILLER	X(34)	С	34	2164-2197	SPACES.	*
	1()					





FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F48030Y23 RECORD TYPE: RETURN

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

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	TICTURE	I .	DITES	LOCATION	COMMENTS	KE
ROYALTIES SUBJ. TO SPECIAL RATE UNDER INCENTIVE ACT %						
123. AMOUNT PAID	9(10)V99	С	12	2198-2209	SEE FORM 480.30, ITEM 9, COLUMN 1.	
124. TAX WITHHELD	9(10)V99	С	12	2210-2221	SEE FORM 480.30, ITEM 9, COLUMN 2.	
125. FILLER	9(60)	C	60	2222-2281	SPACES.	*
SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES 126. UNDER ACT 48 -2013	9(10)V99	С	12	2282-2293		*
127. TOTAL FORMS	9(10)	C	10	2294-2303		
PAYMENTS FOR SERVICES RENDERED 128. OUTSIDE OF PUERTO RICO	9(10)V99	С	12	2304-2315	SEE FORM 480.30, ITEM 14, COLUMN 1.	
OTHER PAYMENTS NOT SUBJECT TO 129. WITHHOLDING	9(10)V99	С	12	2316-2327	SEE FORM 480.30, ITEM 15, COLUMN 1.	
SPECIALIST'S ADRESS						
130. SPECIALIST STREET 1	X(35)	С	35	2328-2362	SPECIALIST ADDRESS LINE NUMBER 1.	*
131. SPECIALIST STREET 2	X(35)	С	35	2363-2397	SPECIALIST ADDRESS LINE NUMBER 2.	
132. SPECIALIST TOWN	X(13)	С	13	2398-2410		*
133. SPECIALIST STATE	X(2)	С	2	2411-2412		*
134. SPECIALIST ZIP-CODE	9(5)	С	5	2413-2417		*
135. SPECIALIST ZIP-CODE EXTENSION	9(4)	С	4	2418-2421	ZEROS, IF NOT AVAILABLE.	
136. FILLER	X(24)	C	24	2422-2445	SPACES.	
137. FILLER	9(9)	C	9	2446-2454	ZEROS.	*
138. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
139. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Formulario 480.30 Form Rev. 07.23	20 Gobierno de Puerto Rico - Government of Puerto Rico Departamento de Hacienda - Department of the Treasury PLANILLA ANUAL DE CONTRIBUCIÓN SOBRE INGRESOS RETENIDA EN EL ORIGEN - NO RESIDENTES NONRESIDENT ANNUAL RETURN FOR INCOME TAX WITHHELD AT SOURCE PLANILLA ENMENDADA - AMENDED RETURN Sello de Recibido								
Número de Identificación Pa Employer Identification Number		Clase de Indus Type of Indush		Cambio de Direc Change of Addre Si - Yes		mularios 480.6C Forms 480.6C		veno de necivido	
Nombre del Agente Retene	for - Withholding Agent's 1	lame							
Dirección Postal - Postal Ado	ress Código Postal - Zp C	nde	Dirección Física	- Physical Address					
Aportación Especial por Se	rvicios Profesionales y	Consultivos bajo la Le					Act 48-2013:		
Parte I - Part I	Resumen de los Formo	se de Ingreso - Type o	The second name of the second	Summary of Forms 4	0.6C per Type o		sada - Amount Paid	Contribución Retenida - Tax Withhe	
1. Salarios, Jornales o Co	mpensaciones - Salaries,				4	Contract to	Page 14 Count III	Continuous Passing - Pak 1918110	
The same of the sa	stados por Contratistas Ir			The same of the sa	Cottractors				
 Remuneración Pagada Compensation Paid by Ir 	por Equipos de Depor ternational Associations o	Federations of Sport's	o receraciones I Teams	mernacionales					
4. Venta de Propiedad - S			~ =	-	-		_		
	0% bajo la Sección 1062.1 5% bajo la Sección 1062.0						16		
CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON NAM	asa Preferencial bajo Le	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, wh	The second little was a little		Act &		10		
Regalias - Royalties									
	a Especial bajo Leyes de	Incentivos - Royalties	Subject to Special	Rate under Incentives A	cts%				
. Intereses - Interests . Rentas - Rents	10.1			RA A		1 1	1	A	
. Espectáculos Públicos	- Public Shows		11	IVI /	A	I W			
	Retención - Other Paym				W 11		~		
 Pagos por Servicios Pr Otros Pagos No Sujeto 	restados Fuera de Puerto			Outside of Puerto Rico					
TOTAL	s a Recenction - Other Pa	yments Not Subject to	wirriolong				B. 1		
Parte II - Part II	Reconciliación de Con	tribución Retenida				The same of	T/A		
Enero - January	Mes - Month		Cant	idad Pagada - Amou	nt Paid		Contribució	n Retenida - Tax Withheld	
Febrero - February									
Marzo - March									
Abril - April			-12						
Mayo - May					and a	// 14 -	$< \Delta$		
Junio - June									
Julio - July Agosto - August									
Septiembre - Septemb	er	_							
Octubre - October			7 -	PA II		2			
Noviembre - Novembe	br.								
Diciembre - December	Ü	-	~ ===			* *			
Total Crédito por contrib	ución sobre Divide	dos Implicitos (C	ección 1062 11	6					
Credit for tax on Dec	emed Dividends (Secti	on 1062.13)		7. 					
 Total de contribu Total tax withheld al 	ción retenida lueg ter the credit for tax	on Deemed Divide	or contribució	n sobre Dividen	dos Implicito) S			
				JURAMENTO-CATH				u dua la minación de la contra	
se hizo de acuerdo con e under penaltes of perjury.	Código de Rentas Inte hat this return is true, co	mas de Puerto Rico rrect and complete, a	de 2011, seguin ond that the 15x wi	enmendado, y sus reg shholding was made po	lamentos I sa rsuant to the Pu	ear (or affirm) as erto Ricco interna	withholding agent. Revenue Code of	y que la retención de la contribución legal representative or authorized oficial. 2011, as amended, and its regulations.	
	tenedor, Representante ng Agent, Representativ	e or Authorized Officia	nl .		itulo - Title	OF ONLY		Fecha - Date	
Firma del Agente Re Signature of Withhold		PAR		o Negocio - Name of F			ro - Registration Nur	riber Fecha - Dote	
Firma del Agente Re Signature of Withholds fombre del Especialista (Let	ra de Molde) - Specialisfs	Name (Print) N							
Signature of Withhold		N. S. S. S. S. S.					Firma del Especialis	sta - Specialist's Signature	
Signature of Withholds iombre del Especialista (Let		N. S. S. S. S. S.					Firma del Especialis	sta - Specialist's Signature	
Signature of Withholds iombre del Especialista (Lei farque si es empleado por		on - Address			stal - Zip Code		Firma del Especialis	sta - Specialist's Signature	
Signature of Withhold tombre del Especialista (Lel larque si es empleado por check if self-employed		on - Address	TA AL AGENTE R	No. Si co	WITHHOLDING A	IGENT exija la firma	y el número d	eta - Specialist's Signature e registro del Especialista. nature and registration number.	

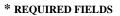




EXHIBIT R

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807B1Y23 FOR 480.7 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE					
		ı		_		_					
1. FILLER	X(1)	С	1	1-1	SPACES.	*					
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER ZEROS.	*					
3. FILLER	X(2)	C	2	11-12	SPACES.	*					
4. FORM TYPE	9(1)	С	1	13-13	ENTER "A" TO INDICATE FORM 480.7.1.	*					
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*					
					ENTER: "O" = ORIGINAL, "A" = AMENDED,						
6. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	*					
7. FILLER	X(1)	С	1	16-16	SPACES.	*					
8. FILLER	X(1)	С	1	17-17	SPACES.	*					
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*					
10. FILLER	X(5)	С	5	22-26	SPACES.	*					
WITHHOLDING AGENT'S INFORMATION											
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*					
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47							
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*					
14. BUSINESS NAME	X(30)	С	30	57-86		*					
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*					
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*					
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*					
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.						
19. TOWN	X(13)	С	13	197-209		*					
20. STATE	X(2)	С	2	210-211		*					
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*					
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.						
23. FILLER	X(2)	С	2	221-222	SPACES.	*					
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*					
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.						
26. TOWN	X(13)	С	13	293-305		*					

^{*} REQUIRED FIELDS



EXHIBIT R

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807B1Y23 FOR 480.7 RECORD TYPE: RETURN

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

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EIELD MAME	DICTUDE		DAZEEC	FILE	COMMENTED	DE
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
		l			T	
27. STATE	X(2)	С	2	306-307		*
) /					
28. ZIP-CODE	9(5)	C	5	308-312	ZEROS, IF NOT AVAILABLE.	*
20 ZID CODE EVTENCIONI	0(4)	С	4	212 216	ZEROC JENOT AVAILABLE	
29. ZIP-CODE EXTENSION	9(4)	C	4	313-316	ZEROS, IF NOT AVAILABLE. BLANK "N" = NO,	
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	"Y" = YES.	
) /					
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.	
TAX WITHHELD						
TAX WITHIELD						
32. INTERESTS (10%)	9(10)V99	C	12	368-379	SEE FORM 480.7B.1, PART I, ITEM 1, COLUMN 1.	
	0/10/	_		200		
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						
34. (10%)	9(10)V99	С	12	392-403	SEE FORM 480.7B.1, PART I, ITEM 3, COLUMN 1.	
INCOME TAX WITHHELD AT SOURCE ON						
DISTRIBUTIONS FOR REASON OF A						
DISASTER DECLARED BY THE GOVERNOR	0(10)3/00	С	12	404 415	CEE FORM 400 7D 1 DARTH ITEM 4 COLUMN 1	
35. OF PUERTO RICO (10%)	9(10)V99	C	12	404-415	SEE FORM 480.7B.1, PART I, ITEM 4, COLUMN 1.	
36. NONRESIDENTS	9(10)V99	С	12	416-427	SEE FORM 480.7B.1, PART I, ITEM 5, COLUMN 1.	
					, , ,	
37. PENALTY WITHHELD	9(10)V99	C	12	428-439	SEE FORM 480.7B.1, PART I, ITEM 6, COLUMN 1.	
CLIDEOTAL TAN WITHING DEDOM						
SUBTOTAL TAX WITHHELD FROM INDIVIDUAL RETIREMENT ACCOUNTS						
38. (FORMS 480.7)	9(10)V99	С	12	440-451	SEE FORM 480.7B.1, PART I, ITEM 7, COLUMN 1.	
39. TOTAL FORMS	9(10)	C	10	452-461	, , , , , , , , , , , , , , , , , , , ,	
TAX WITHHELD RELATION						
TAX WITHHELD - FORM 480.7 40. TAX WITHHELD JANUARY	9(10)V99	С	12	462-473	SEE FORM 480.7B.1, PART III, ITEM 1, COLUMN 1.	
41. TAX WITHHELD FEBRUARY	9(10)V99	C	12	474-485	SEE FORM 480.7B.1, PART III, ITEM 1, COLUMN 1.	
42. TAX WITHHELD MARCH	9(10)V99	C	12	486-497	SEE FORM 480.7B.1, PART III, ITEM 3, COLUMN 1.	
43. TAX WITHHELD APRIL	9(10)V99	C	12	498-509	SEE FORM 480.7B.1, PART III, ITEM 4, COLUMN 1.	
44. TAX WITHHELD MAY	9(10)V99	С	12	510-521	SEE FORM 480.7B.1, PART III, ITEM 5, COLUMN 1.	
45. TAX WITHHELD JUNE	9(10)V99	С	12	522-533	SEE FORM 480.7B.1, PART III, ITEM 6, COLUMN 1.	
46. TAX WITHHELD JULY	9(10)V99	С	12	534-545	SEE FORM 480.7B.1, PART III, ITEM 7, COLUMN 1.	
47. TAX WITHHELD AUGUST	9(10)V99	С	12	546-557	SEE FORM 480.7B.1, PART III, ITEM 8, COLUMN 1.	
48. TAX WITHHELD SEPTEMBER	9(10)V99	С	12	558-569	SEE FORM 480.7B.1, PART III, ITEM 9, COLUMN 1.	
49. TAX WITHHELD OCTOBER	9(10)V99	C	12	570-581	SEE FORM 480.7B.1, PART III, ITEM 10, COLUMN 1.	
50. TAX WITHHELD NOVEMBER	9(10)V99	С	12	582-593	SEE FORM 480.7B.1, PART III, ITEM 11, COLUMN 1.	
51. TAX WITHHELD DECEMBER	9(10)V99	C	12	594-605	SEE FORM 480.7B.1, PART III, ITEM 12, COLUMN 1.	
) (SEE FORM 480.7B.1, PART III, ITEM TOTAL,	
52. TOTAL TAX WITHHELD 480.7	9(10)V99	C	12	606-617	COLUMN 1.	
SPECIALIST'S INFORMATION		<u> </u>				ļ
52 ODECLALICE DAID EOD DDED AD ACTION	0(1)			(10 (10	(1) IE (V) OD (0) IE (N.)	*
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'	*
C. Schadt desi emilectes	/(-/	1	1	017 017	1 100 010 11 110	
55. REGISTRATION NUMBER	9(7)	C	7	620-626		*
56. NAME OF FIRM OR BUSINESS	X(30)	С	30	627-656		*

 $^{* \} REQUIRED \ FIELDS$



EXHIBIT R

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807B1Y23 FOR 480.7 RECORD TYPE: RETURN

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

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	KE
57. SPECIALIST 'S FIRST NAME	X(20)	С	20	657-676	ENTER THE FIRST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
58. SPECIALIST 'S MIDDLE NAME	X(1)	С	1	677-677	ENTER THE MIDDLE NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
59. SPECIALIST 'S LAST NAME	X(30)	С	30	678-707	ENTER THE LAST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
SPECIALIST 'S MOTHER'S MAIDEN LAST 60. NAME	X(20)	С	20	708-727	ENTER THE SECOND LAST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
61. SPECIALIST STREET 1	X(35)	С	35	728-762	SPECIALIST ADDRESS LINE NUMBER 1.	*
62. SPECIALIST STREET 2	X(35)	С	35	763-797	SPECIALIST ADDRESS LINE NUMBER 2.	
63. SPECIALIST TOWN	X(14)	С	14	798-811		*
64. SPECIALIST STATE	X(2)	С	2	812-813		*
65. SPECIALIST ZIP-CODE	9(5)	С	5	814-818		*
66. SPECIALIST ZIP-CODE EXTENSION	9(4)	С	4	819-822	ZEROS, IF NOT AVAILABLE.	
67. FILLER	X(1632)	С	1632	823-2454	SPACES.	
68. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
69. FILLER	9(6)	С	6	2495-2500	ZEROS.	*

EXHIBIT R

ESTADO DE RECONCILACIÓN ANUAL DE CONTRIBUCIÓN REDUCATIVA DE RETINA	Formulario 480.7B.1		ierno de Puerto Rico - Government of Puerto Rico tamento de Hacienda - Department of the Treasury	20	Número de Confirmación de Radicación Electrón Electronic Filing Confirmation Number
Annual Reconciliation Statement of Tax Withheld from Individual Retirement Accounts and Educational Contribution Accounts Contribution Retenida sobre Interests Sello de Recibido Contribution Retenida sobre Interests Contribution Retenida C	Form Rev 07.23	ESTADO DE RECONCI	LIACIÓN ANUAL DE CONTRIBUCIÓN RETENIDA D	E CUENTAS DE	Economic and commonant amount
Contribución Pastal - Postal Address Contribución Pastal - Postal Address Dirección Change of Address Dirección Pastal - Postal Address Codigo Pastal - 2p Cole	(a			1000000	ENMENDADO - AMENDED
Dirección Postal - Postal Address Codigo Postal - Zo Cone Clase de Industria e Repoiso Si - Yes Notal Si - Yes Notal Si - Yes Notal Si - Yes Notal Coestribución Retenida sobre Inderesas (19%) - Tax Withheld from Inderesas (19%) Coestribución Retenida sobre Ingreso de Fuentes Destro Re Puerto Rico (19%) - Incore Tax Withheld from Sources Within Puerto Rico (19%) Coestribución Retenida sobre Ingreso de Fuentes Destro de Puerto Rico (19%) - Incore Tax Withheld from Sources Within Puerto Rico (19%) Coestribución Retenida sobre Ingreso de Fuentesio Destro de Puerto Rico (19%) - Incore Tax Withheld from Sources Within Puerto Rico (19%) Coestribución Retenida sobre Ingreso de Fuentesio Destro Rico (19%) - Incore Tax Withheld from Sources Within Puerto Rico (19%) Coestribución Retenida sobre Ingreso de Pennicados del Gobelmen (19%) - Incore Tax Withheld from Sources Within Puerto Rico (19%) Coestribución Retenida sobre Ingreso de Pennicados del Gobelmen (19%) - Incore Tax Withheld from Sources Within Puerto Rico (19%) Coestribución Retenida sobre Ingreso de Pennicados del Gobelmen (19%) - Incore Tax Withheld from Sources Within Puerto Rico (19%) Coestribución Retenida sobre Ingreso de Pennicados del Gobelmen (19%) - Incore Tax Withheld from Sources Within Puerto Rico (19%) Coestribución Retenida sobre Ingreso de Pennicados del Destrema Puerto Rico (19%) Coestribución Retenida sobre Indreses a Retenida e Destrema Puerto Rico (19%) Soutcata Retenida sobre Indreses de Retero Indrivada (Formulario 480.7) - Subtost Tax Withheld from Indrida (Forma 480.7) Parte III - Part III Cuenta de Aportación Educativa (Forma 480.7) - Subtost Tax Withheld from Indrida (Forma 480.7) Coestribución Retenida sobre Intereses (19%) - Tax Withheld from Indrida (Forma 480.7) Tipo de Coentribución Retenida sobre Intereses (19%) - Tax Withheld from Indrida (Forma 480.7) Coestribución Retenida sobre Distribución Retenida (Forma 480.7) Soutca de Contribución Retenida sobre Intereses (19%) - Tax Withheld from Soutca (Forma 480.	P. W. Waley	73 FIGUR NOON CHARGET CHAR		nis and Coscasonal	Sello de Recibido
Codigo Postal - Zg. Code Class de Industria o Regorio Type of Industry or Business Bil Nes	iombre del Agente Retenedor	Withholding Agent's Name	Número de Identificación Patronal - Employer ló	entification Number	
Code Postal - Ze Code Class de Industria e Negocio Type of Industry of Business Si Nes No 482.7					
Clase de Industrir la Negocia Type of Industry or Business Si - Yes Si - Nos Si - Yes Si - Yes Si - Nos Si - Yes Si - Yes Si - Nos Si - Yes Si - Yes Si - Nos Si - Yes Si - Yes Si - Yes Si - Yes Si - Nos Si - Yes Si - Yes Si - Yes Si - Yes Si - Nos Si - Yes Si - Yes Si - Nos Si - Yes Si - Nos Si - Yes Si - Yes Si - Yes Si - Yes Si - Nos Si - Yes Si - Ye	Nirección Postal - Postal Address		Dirección Física - Physical Address		
Parte I - Part I Cuenta de Retiro Individual (Formulario 480.7) - Individual Retirement Account (Form 480.7) Tipo de Contribución Retenida » Type di Tax Withheld (Formulario 480.7) - Individual Retirement Account (Form 480.7) 1. Contribución Retenida sobre Intereses (16%) - Tax Withheld from Interests (10%) 2. Contribución Retenida sobre Ingreso de Fuents Dentro de Puento Rico (16%) (interes Tax Withheld from Sources Within Puento Rico (10%) 3. Contribución Retenida sobre Ingreso de Puents Contribución Retenida en el Origen sobre Distribuciones por Razón de un Desastre Declarado por el Gobernador de Puento Rico (10%) 4. Contribución Retenida en el Origen sobre Distribuciones por Razón de un Desastre Declarado por el Gobernador de Puento Rico (10%) 5. Contribución Retenida en Retenida en Puento de Source to Nomeriador Declarado Puento Rico (10%) 6. Penalidad Retenida - Nomeriador de Retenida de Retenida en Penalidad (10%) 7. Subtotal de Contribución Retenida de Outras de Retiro Individual (Formulario 480.7) - Subtotal Tax Withheld (10%) 8. Contribución Retenida sobre Interessa (10%) - Tax Withheld som Individual Retirement Accounts (Form 480.7) 7. Subtotal de Contribución Retenida sobre Interessa (10%) - Tax Withheld som Individual Retirement Accounts (Form 480.7) Parte III - Part III Cuenta de Aportación Educativa (Formulario 480.7) - Subtotal Tax Withheld (10%) 8. Contribución Retenida sobre Interessa (10%) - Tax Withheld (10%) 9. Subtotal de Contribución Retenida sobre Interessa (10%) - Tax Withheld (10%) 10. Subtotal de Contribución Retenida sobre Interessa (10%) - Tax Withheld (10%) 10. Subtotal de Contribución Retenida de Outre Retenida (10%) 10. Subtotal de Contribución Retenida (10%) - Tax Withheld (10%) 10. Subtotal de Contribución Retenida (10%) - Tax Withheld (10%) 10. Subtotal de Contribución Retenida (10%) - Tax Withheld (10%) 10. Subtotal de Contribución Retenida (10%) - Tax Withheld (10%) 10. Subtotal de Contribución Retenida (10%) - Tax Withheld (10%) 10. Subtotal de Contribu		Código Postal - Zp Code			
Parte I - Part I Cuenta de Retiro Individual (Formulario 480.7) - Individual Retirement Account (Form 480.7) Tipo de Contribución Retenida sobre Intereses (10%) - Income Tax Withheld Sources Within Puerto Rico (10%) Contribución Retenida sobre Ingreso de Fuentes Dentro de Puerto Rico (10%) - Income Tax Withheld from Individual Retirement Puerto Rico (10%) Contribución Retenida sobre Ingreso de Fuentes Dentro de Puerto Rico (10%) - Income Tax Withheld from Rourement Puerto Rico (10%) Contribución Retenida sobre Ingreso de Puentes Dentro de Puerto Rico (10%) - Income Tax Withheld from Government Puento Rico (10%) Contribución Retenida sobre Ingreso de Puentes Dentro de Puerto Rico (10%) - Income Tax Withheld at Source to Destructiones por Razardo de un Desastre Dectarido por el Gobernador de Puerto Rico (10%) Contribución Retenida a No Residentes - Tax Withheld all Source to Nomesidentes Penalidad Retenida - Poerta Withheld Peral II - Part II - Cuenta de Aportación Educativa (Formulario 480.7) - Subtotal de Contribución Retenida e Tax Withheld Contribución Retenida sobre Interessa (10%) - Tax Withheld from Interessa (10%) Contribución Retenida sobre Interessa (10%) - Tax Withheld from Interessa (10%) Contribución Retenida sobre Interessa (10%) - Tax Withheld from Interessa (10%) Contribución Retenida sobre Interessa (10%) - Tax Withheld from Interessa (10%) Contribución Retenida sobre Interessa (10%) - Tax Withheld from Interessa (10%) Contribución Retenida sobre Interessa (10%) - Tax Withheld from Interessa (10%) - Tax Withheld (Interessa (Interessa (Interessa (Interessa (Interessa (Interes			Change of Address Total de Declaraciones Informativas	fotal Informative Returns	
Tipo de Contribución Retenida sobre Intereses (19%) - Tax Withheld from Interests (19%) 2. Contribución Retenida sobre Ingreso de Fuentes Dentro de Puento Rico (19%) - Income Tax Withheld from Government Pensioners (10%) 3. Contribución Retenida sobre Ingreso de Puentes Dentro de Puento Rico (19%) - Income Tax Withheld from Government Pensioners (10%) 4. Contribución Retenida so el Origen sobre Distribuciones por Razafo de un Desastre Declarado por el Gobernador de Puento Rico (19%) 5. Contribución Retenida en el Origen sobre Distribuciones por Razafo de un Desastre Declarado por el Gobernador de Puento Rico (19%) 6. Penalidad Retenida - Penalty Withheld 7. Subtotal de Contribución Retenida à No Residentes - Tax Withheld de Source to Nomerádants 6. Penalidad Retenida - Penalty Withheld 7. Subtotal de Contribución Retenida de Quertas de Retiro Individual (Formulario 480,78) - Educational Contribución Account (Form 480,78) 7. Subtotal de Contribución Retenida de Ouertas de Retiro Individual (Formulario 480,78) - Educational Contribución Account (Form 480,78) 7. Subtotal de Contribución Retenida sobre Intereses (19%) - Tax Withheld (Tax Wi			No 480.7	480.7B	
1. Contribución Retenida sobre Intereses (10%) - Tax Withheld from Interests (10%) - Tax Withheld from Sources (10%) - Contribución Retenida sobre Ingreso de Fuentes Dentro de Puerto Rico (10%) - Income Tax Withheld from Sources (10%) - Contribución Retenida sobre Ingreso de Pensionados del Gobierno (10%) - Income Tax Withheld from Government Persionars (10%) - Contribución Retenida en el Origen sobre Distribuciones por Razion de un Desastre Declarado per el Gobernador de Puerto Rico (10%) - Income Tax Withheld at Source on Distribuciones por Razion de un Desastre Declarado per el Gobernador de Puerto Rico (10%) - Income Tax Withheld at Source de Puerto Rico (10%) - Income Tax Withheld at Source de Puerto Rico (10%) - Income Tax Withheld at Source de Puerto Rico (10%) - Income Tax Withheld at Source de Puerto Rico (10%) - Income Tax Withheld at Puerto Rico (10%) - Income Tax Withheld Retenida - Pensity Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax Withheld Retenida - Pensity Income Tax Withheld (Income Tax	Parte I - Part I C			unt (Form 480.7)	
2. Contribución Retenida sobre Ingreso de Fuentes Dentro de Puerto Rico (10%) - income Tax Withheld from Sources Within Puerto Rico (10%) 3. Contribución Retenida sobre Ingreso de Pensionados del Gobierno (10%) - income Tax Withheld from Government Pensioners (10%) 4. Contribución Retenida en el Origen sobre Distribuciones por Razán de un Desastre Declarado por el Gobernador de Puerto Rico (10%) 5. Contribución Retenida a No Residentes - Tax Withheld al Source to Nonesidentia 6. Penalidad Retenida - Penalty Withheld 7. Subtotal de Contribución Retenida de Quentas de Retiro Individual (Formulario 480.7) - Subtotal Sax Withheld from Individual Retirement Accounts (Form 480.7) 7. Subtotal de Contribución Retenida de Quentas de Aportación Educativa (Formulario 480.78) - Educational Contribution Accounts (Form 480.78) 7. Tipo de Contribución Retenida sobre Intereses (10%) 8. Contribución Retenida sobre Intereses (10%) - Tax Withheld and Intereses (10%) 9. Contribución Retenida sobre Intereses (10%) - Tax Withheld (Intereses (10%) - Ta					Contribución Retenida - Tax Withhe
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Declaro como agente retenedor, representante legal u oficial autorizado, bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examina por mi y que según mi mejor información y creencia es cierto, correcto y completo I declare as withholding agent, legal representative or authorized official, under penali of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete.	Tax Withheld from Distribut 10. Subtotal de Contribución Re 11. Total de Contribución Re Mes - Enero - January Febrero - Februáry 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	tenida de Cuertas de Aportación tenida de Cuertas de Aportación tenida (Sume linea 7 de la Par econciliación de Contribi Month	Vithin Puento Rico (10%) Educativa Formulario 480.759 - Substat Tax Withheld from Educativa Formulario 480.759 - Substat Tax Withheld (Add line 7 ucifon Retenida Mensualmente - Monthly Tax Withheld Contribución Retenida - Formulario 480.7 - Tax Withheld Contribución Retenida - Formulario 480.7 - Tax Withheld Ingal u oficial autorizado, bajo penalidad de pera es cierto, correcto y completo I declare as wis been examined by me and to the best of my know to be a contribución de pera and to the best of my know to be a contribuci	orel Carabusan Accounts F of Part I and line 10 of P held Reconciliation Form 480.7 Contribucio unio que este Esta tholding agent, legal ledge and belief it is	art II) on Retenida - Formulario 480.7B - Tax Withheld - Form 480.
Declaro como agente retenedor, representante legal u oficial autorizado, bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examina por mi y que según mi mejor información y creencia es cierto, correcto y completo I declare as withholding agent, legal representative or authorized official, under penalti of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Facha - Date Firma del Agente Retenedor, Representante u Oficial Autorizado Titulo - Title	Tax Withheld from Distribut 10. Subtotal de Contribución Re 11. Total de Contribución Re Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Re Declaro como agente ret por mi y que segun mi mo of perjury that this Annual f	tenida de Cuertas de Aportación tenida (Sume linea 7 de la Par econciliación de Contribumento de Contribumen	Vithin Puento Rico (10%) Educativa Formulario 480.78) - Substat Tax Withheld from Educativa Formulario 480.79 - Total Tax Withheld (Add line 7 ucifon Retenida Mensualmente - Monthly Tax Withheld Contribución Retenida - Formulario 480.7 - Tax Withheld Tax Withheld Inc. Tax Withheld	orel Carabusan Acaburts F of Part I and line 10 of P held Reconciliation Farm 480.7 Contribucion Farm 480.7 Contribucion fundadore in transportation and transportation fundadore in transportation and tra	on Retenida - Formulario 480.7B - Tax Withheld - Form 480 To de Reconciliación Anual ha sido examina representative or authorized official, under penaltirue, correct and complete.
Declaro como agente retenedor, representante legal u oficial autorizado, bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examina por mi y que según mi mejor información y creencia es cierto, correcto y completo I declare as withholding agent, legal representative or authorized official, under penalti of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Firma del Agente Retenedor, Representante u Oficial Autorizado Signature of Withholding Agent, Representative or Authorized Official	Tax Withheld from Dishibut 10. Subtotal de Contribución Re 11. Total de Contribución Re Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Re Declaro como agente ret por mi y que segun mi mo of perjury that this Annual fe	tenida de Cuertas de Aportación tenida (Sume linea 7 de la Par econciliación de Contrib Month tetenida - Total Tax Withhek enedor, representante le ejor información y creenc Reconciliation Statement ha Firma de Signature	Vithin Puerto Rico (10%) Educativa Formulario 480.78) - Substat Tax Withheld (Add line 7 ucifon Retenida Mensualmente - Monthly Tax Withheld (Add line 7 ucifon Retenida Mensualmente - Monthly Tax Withheld Contribución Retenida - Formulario 480.7 - Tax Withheld Tax Withheld In the International Contribución Retenida - Formulario 480.7 - Tax Withheld International	orel Carabusan Acaburts F of Part I and line 10 of P held Reconciliation Form 480.7 Contribucio Tomos and the conciliation form 480.7 Contribucio Tomos and the conciliation line of the conciliation Tomos and the conciliatio	on Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480.78 - Tax Withheld - Form 480.78 of Retenida - Formulario 480
Declaro como agente retenedor, representante legal u oficial autorizado, bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examina por mi y que según mi mejor información y creencia es cierto, correcto y completo I declare as withholding agent, legal representative or authorized official, under penalti of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Facha - Date Firma del Agente Retenedor, Representante u Oficial Autorizado Titulo - Title	Tax Withheld from Dishibut 10. Subtotal de Contribución Re 11. Total de Contribución Re Mes - Enero - January Febrero - February Marzo - March Abrill - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Re Declaro como agente ret por mi y que según mi mol perjury that this Annual Fecha - Date	tenida de Cuertas de Aportación tenida (Sume linea 7 de la Par econciliación de Contrib Month tetenida - Total Tax Withheld enedor, representante le ejor információn y creenc Reconciliation Statement ha Firma de Signatur PARA	Vithin Puento Rico (10%) Educativa Formulario 480.75(- Substat Tax Withheld from Educativa Formulario 480.75(- Substat Tax Withheld (Add line 7 ucifon Retenida Mensualmente - Monthly Tax Withheld Contribución Retenida - Formulario 480.7 - Tax Withheld Contribución Retenida - Formulario 480.7 - Tax Withheld Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario - Tax Withheld Individual Contribución Retenida - Formulario - Fo	orel Carbbusan Accounts F of Part I and line 10 of P held Reconciliation Form 480.7 Contribucio Tram 480.7 Contrib	on Retenida - Formulario 480.7B - Tax Withheld - Form 480.7B of the Reconciliación Anual ha sido examina representative or authorized official, under penaltirue, correct and complete. Titulo - Title ONLY
Declaro como agente retenedor, representante legal u oficial autorizado, bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examina por mi y que según mi mejor información y creencia es cierto, correcto y completo I declare as withholding agent, legal representative or authorized official, under penalti of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Firma del Agente Retenedor, Representante u Oficial Autorizado Signature of Wiftholding Agent, Representative or Authorized Official PARA USO DEL ESPECIALISTA SOLAMENTE - SPECIALISTS USE ONLY Nombre del Especialista (Letra de Molde) - Spocialist's Name (Pirit) Nombre de la Firma o Negocio - Name of Firm or Business Número de Registro - Registration Number Fecha - Date	Tax Withheld from Distribut 10. Subtotal de Contribución Re 11. Total de Contribución Re 11. Total de Contribución Re Mes - Enero - January Febrero - Februáry Marzo - March Abrill - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Re Beclaro como agente ret por mi y que según mi mol perjury that this Annual Fecha - Date Nombre del Especialista (Letra de	tenida de Cuertas de Aportación tenida (Sume linea 7 de la Par econciliación de Contrib Month tetenida - Total Tax Withheld enedor, representante le ejor információn y creeno Reconciliation Statement ha Firma de Signatur PARA le Molde) - Specialist's Name (Pro	Supremental Roo (10%) Educativa Formulario 480.75) - Substat Tax Withheld (Add line 7 ución Retenida Mensualmente - Monthly Tax Withheld (Add line 7 ución Retenida Mensualmente - Monthly Tax Withheld Contribución Retenida - Formulario 480.7 - Tax Withheld Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Formulario 480.7 - Tax Withheld Individual Contribución Retenida - Tax Withheld Individual Indiv	urio que este Esta thholding agent, legal fedge and belief it is orizado Official PECIALISTS USE siness Número de Regist	on Retenida - Formulario 480.7B - Tax Withheld - Form 480.7B - Tax Withhel
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FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807B1Y23 RECORD TYPE: RETURN

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

	1		1	T		1 1
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
TIBES THE	11010111	I.	21120	20011101	COMMISSION OF THE PROPERTY OF	142
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	C	2	11-12	SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "B" TO INDICATE FORM 480.7B.1.	*
5. RECORD TYPE	9(1)	C	1	14-14	"1" = DETAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
7. FILLER	X(1)	С	1	16-16	SPACES.	*
8. FILLER	X(1)	С	1	17-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47		
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
	,		-		THE MANAGEMENT OF THE PARTY OF	
14. BUSINESS NAME	X(30)	С	30	57-86		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
23. FILLER	X(2)	С	2	221-222	SPACES.	*
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
26. TOWN	X(13)	С	13	293-305		*
27. STATE	X(2)	С	2	306-307		*

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807B1Y23 RECORD TYPE: RETURN

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

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*
	2 (2)					
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE.	
20 001110000000000000000000000000000000	****		_	215 215	BLANK "N" = NO,	
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	"Y" = YES.	
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.	
	, ,					
TAX WITHHELD						
32. INTERESTS (10%)	9(10)V99	С	12	368-379	SEE FORM 480.7B.1, PART II, ITEM 8, COLUMN 1.	
32. INTERESTS (10%)	9(10) ¥ 99	C	12	306-379	SEE FORM 480.7B.1, PART II, ITEM 8, COLUMN 1.	
DISTRIBUTIONS OF INCOME FROM						
33. SOURCES WITHIN P.R. (10%)	9(10)V99	C	12	380-391	SEE FORM 480.7B.1, PART II, ITEM 9, COLUMN 1.	
SUBTOTAL TAX WITHHELD FROM EDUCATIONAL CONTRIBUTION ACCOUNTS						
34. (FORM 480.7B)	9(10)V99	С	12	392-403	SEE FORM 480.7B.1, PART II, ITEM 10, COLUMN 1.	
35. TOTAL FORMS	9(10)	C	10	404-413	obbitonii tottai, marin, marin, eobetii m	
TAX WITHHELD - FORM 480.7B						
36. TAX WITHHELD JANUARY	9(10)V99	C	12	414-425	SEE FORM 480.7B.1, PART III, ITEM 1, COLUMN 2.	
37. TAX WITHHELD FEBRUARY	9(10)V99	C	12	426-437	SEE FORM 480.7B.1, PART III, ITEM 2, COLUMN 2.	
38. TAX WITHHELD MARCH	9(10)V99	C	12	438-449	SEE FORM 480.7B.1, PART III, ITEM 3, COLUMN 2.	
39. TAX WITHHELD APRIL	9(10)V99	C	12	450-461	SEE FORM 480.7B.1, PART III, ITEM 4, COLUMN 2.	
40. TAX WITHHELD MAY	9(10)V99	C	12	462-473	SEE FORM 480.7B.1, PART III, ITEM 5, COLUMN 2.	
41. TAX WITHHELD JUNE	9(10)V99	C	12	474-485	SEE FORM 480.7B.1, PART III, ITEM 6, COLUMN 2.	
42. TAX WITHHELD JULY	9(10)V99	C	12	486-497	SEE FORM 480.7B.1, PART III, ITEM 7, COLUMN 2.	
43. TAX WITHHELD AUGUST	9(10)V99	C	12	498-509	SEE FORM 480.7B.1, PART III, ITEM 8, COLUMN 2.	
44. TAX WITHHELD SEPTEMBER	9(10)V99	C	12	510-521	SEE FORM 480.7B.1, PART III, ITEM 9, COLUMN 2.	
45. TAX WITHHELD OCTOBER	9(10)V99	C	12	522-533	SEE FORM 480.7B.1, PART III, ITEM 10, COLUMN 2.	
46. TAX WITHHELD NOVEMBER	9(10)V99	C	12	534-545	SEE FORM 480.7B.1, PART III, ITEM 11, COLUMN 2.	
47. TAX WITHHELD DECEMBER	9(10)V99	С	12	546-557	SEE FORM 480.7B.1, PART III, ITEM 12, COLUMN 2.	
40 TOTAL TAX WITHIUT D 400 7D	0/10/1700		10	550,560	SEE FORM 480.7B.1, PART III, ITEM TOTAL,	
48. TOTAL TAX WITHHELD 480.7B SPECIALIST'S INFORMATION	9(10)V99	С	12	558-569	COLUMN 2.	
SPECIALIST S INFORMATION						
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		*
51. REGISTRATION NUMBER	9(7)	C	,	372-378		
52. NAME OF FIRM OR BUSINESS	X(30)	C	30	579-608		*
					ENTER THE FIRST NAME OF THE SPECIALIST 'S.	
					LEFT JUSTIFIED AND FILL WITH BLANKS.	
53. SPECIALIST 'S FIRST NAME	X(20)	C	20	609-628	REQUIRED ONLY FOR INDIVIDUALS.	*
	****			500 500	ENTER THE MIDDLE NAME OF THE SPECIALIST 'S.	
54. SPECIALIST 'S MIDDLE NAME	X(1)	С	1	629-629	LEFT JUSTIFIED AND FILL WITH BLANKS.	
					ENTER THE LAST NAME OF THE SPECIALIST 'S.	*
55. SPECIALIST 'S LAST NAME	X(30)	С	30	630-659	LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	
CO. C. DOMINION O LANGINGE	71(50)		30	030 037	ENTER THE SECOND LAST NAME OF THE	
SPECIALIST 'S MOTHER'S MAIDEN LAST					SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH	
56. NAME	X(20)	С	20	660-679	BLANKS.	
57 CDECIALIST CTDEET 1	V(25)	_	25	690 714	CDECIALICE ADDRESS LINE NUMBER 1	*
57. SPECIALIST STREET 1	X(35)	С	35	680-714	SPECIALIST ADDRESS LINE NUMBER 1.	•

^{*} REQUIRED FIELDS



FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4807B1Y23 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		1	,			
58. SPECIALIST STREET 2	X(35)	С	35	715-749	SPECIALIST ADDRESS 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 AVAILABLE.	
63. FILLER	X(1680)	C	1680	775-2454	SPACES.	
64. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
65. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Formulario 480.7B.1	Gobi	ierno de Puerto R	ico - Government of Pue	rto Rico	Núme	ro de Confirmación de Radicación Electrón
Form	20 Depart	tamento de Hacie	nda - Department of the	Treasury	20	Electronic Filing Confirmation Number
Rev. 07.23	ESTADO DE RECONCIL				IENTAS DE	
			NTAS DE APORTACIÓN			
1	Annual Reconciliation State			ent Accounts an	d Educational	ENMENDADO - AMENDED
1,000			bution Accounts			Sello de Recibido
iombre del Agente Retenedor	Withholding Agent's Name	Númer	o de Identificación Patronal -	Employer Identificat	ton Number	
Nirección Postal - Postal Address		Direcc	ión Física - Physical Address			
	Código Postal - Zo Code					
Class de ladustria e Massa		Channel of Laterney 1	Total de Declaraciones Info	constitute Victor to	compation Database	
Clase de Industria o Negoci Type of Industry or Business		Unange or Address	Total de Déclaraciones Imo	emativas - Iotal II	ornative Naturns	
	Si - Yes	No.	480.7	480	.7B	
Parte I - Part I C	uenta de Retiro Individua	al (Formulario 48	0.7) - Individual Retirem	ent Account (E	orm 480.7)	
raite in raiti		-		The second secon	0111400.7	Control of But of To Minh
			a Type of Tax Withhel	-		Contribución Retenida - Tax Withhe
	obre Intereses (10%) - Tax V		A In large			
2. Contribución Retenida so	bre Ingreso de Fuentes Dent	tro de Puerto Rico	(10%) - Income Tax Withhe	d from Sources	Within Puerto Rico (10%)	
3. Contribución Retenida so	obre Ingreso de Pensionado	s del Gobierno (10	%) - Income Tax Withheld	from Governmen	t Pensioners (10%)	
4. Contribución Retenida en	el Origen sobre Distribucione	es por Razón de un	Desastre Declarado por a	Gobernador de	Puerto Rico (16%)	+ +
Income Tax Withheld at Sou	rce on Distributions for Reason	of a Disaster Declar	ed by the Governor of Puer	to Rico (10%)		
5. Contribución Retenida a N	No Residentes - Tax Withhheid	at Source to Nonte:	idents			
6. Penalidad Retenida - Pen	alty Withheld			\cup	1 4	
		*4.45	MATE CALLET MATE	Ann bell 1 1 1 1		0.2
7. Subtotal de Contribución Re	etenida de Cuentas de Retiro In	dividual (Formulario	480.7) - Subtotal Tax Wehneld	from Individual Re	stement Accounts (Form 48	0.7)
Parte II - Part II C	uenta de Aportación Edu	cativa (Formula	rio 480,7B) - Education	al Contribution	Account (Form 480.78	
The state of the s	Tipo de Cont	ribución Retenid	a - Type of Tax Withhel	di	1 1 / / /	Contribución Retenida - Tax Withhe
8 Contribución Patanida es	obre Intereses (10%) - Tax Wi	-			1 4/4	4 8 7
	204 926 900 900	7000° 10	- And the last last last	/k II		
	obre Distribuciones que Cons tions of Income from Sources VI			to Rico (10%)		
10. Subtotal de Contribución Rel				Last automat Co	Administration of Comm. (19)	120
	- A - A - A - A - A - A - A - A - A - A	400		_		I/O
 Total de Contribución Rel 	tenida (Sume linea 7 de la Par	te I y linea 10 de la	Parte II) - Total Tax Withheld	(Add line 7 of Pa	t I and line 10 of Part II)	
Parte III - Part III	econciliación de Contribu	ución Retenida M	ensualmente - Monthly	Tax Withheld R	econciliation	
Mes -	Month	Contribución Retr	nida - Formulario 480.7 - Tr	x Withheld - Farm	480.7 Contribución Rete	nida - Formulario 480.7B - Tax Withheld - Form 480.7
Enero - January						
Febrero - February						A
Marzo - March						
Abril - April						
PROCES - PROCES						
Mayo - May						
Mayo - May Junio - June				N 11 P		
Mayo - May Junio - June Julio - July		DI		ME		
Mayo - May Junio - June Julio - July Agosto - August		RI	ENF) F	2_	
Mayo - May Junio - June Julio - July Agosto - August Septiembre - September		RI	ENE) F	2.	
Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October		RI	ENE	DIF	2.	
Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November		RI	ENE	DIF	2.	
Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December	letenida - Total Tax Withheld	RI	ENE	DIF		
Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December	Retenida - Total Tax Withheld	RI	JURAMENTO - 0	DIF		
Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución R			JURAMENTO - (orizado, bajo penalida		que este Estado de	Reconciliación Anual ha sido examina
Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución R Declaro como agente ret- por mi y que según mi me	enedor, representante le ejor información y creenci	gal u oficial aut	orizado, bajo penalida ecto y completo I dec	d de perjurio dare as withhold	que este Estado de ing agent, legal repres	Reconciliación Anual ha sido examina entative or authorized official, under penath
Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución R Declaro como agente ret- por mi y que según mi me	enedor, representante le ejor información y creenci	gal u oficial aut	orizado, bajo penalida ecto y completo I dec	d de perjurio dare as withhold	que este Estado de ing agent, legal repres and belief it is true, c	Reconciliación Anual ha sido examinad sentative or authorized official, under penati- correct and complete.
Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución R Declaro como agente ret- poor mi y que según mi mo of perjury that this Annual F	enedor, representante le ejor información y creenci Reconciliation Statement ha	egal u oficial aut la es cierto, corre la been examined	orizado, bajo penalida ecto y completo I dec by me and to the best of	d de perjurio lare as withhold I my knowledge	and belief it is true, o	orrect and complete.
Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución R Declaro como agente ret- por mi y que según mi me	enedor, representante le ejor información y creenci Reconciliation Statement ha Firma de	egal u oficial autilia es cierto, corre la es cierto, corre la been examined el Agente Retened	orizado, bajo penalida ecto y completo I dec	d de perjurio lare as withhold f my knowledge ficial Autoriza	and belief it is true, o	Reconciliación Anual ha sido examina sentative or authorized official, under penation correct and complete.
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Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución R Declaro como agente ret- por mi y que según mi mo of perjury that this Annual F Fecha - Date	enedor, representante le ejor información y creenci Reconciliation Statement ha Firma de Signature PARA U	egal u oficial autilia es cierto, correis been examined in a gente Retenere of Withholding Auson DEL ESPE	orizado, bajo penalida ecto y completo I dec by me and to the best of dor, Representante u O	d de perjurio dare as withhold f my knowledge ficial Autoriza Authorized Offici TE • SPEC	and belief it is true, of the state of the s	Titulo - Title
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Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución R Declaro como agente retipor mi y que según mi mod perjury that this Annual F Fecha - Date Nombre del Especialista (Letra de	enedor, representante le ejor información y creenci Reconciliation Statement ha Firma de Signature PARA U de Molde) - Specialists Name (Pire	gal u oficial auti a es cierto, corre is been examined i el Agente Retene e of Withholding A USO DEL ESPE noi Nombre de	orizado, bajo penalida scto y completo I dec by me and to the best of dor, Representante u O gent, Representative or 3 CIALISTA SOLAMEN la Firma o Negocio - Name o	d de perjurio dare as withhold my knowledge fficial Autoriza Juriorizad Offici ITE - SPEC of Firm or Business	and belief it is true, of the strue of the s	Titulo - Title Y pstration Number Fecha - Date
Mayo - May Junio - June Julio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución R Declaro como agente ret por mi y que según mi mo of perjury that this Annual F Fecha - Date Nombre del Especialista (Letra d Marque si es empleado por cue Check if self-employed	enedor, representante le ejor información y creenci- Reconciliation Statement ha Firma de Signature PARA L te Molde) - Specialist's Name (Printe anta propia Dirección - Addre	egal u oficial autoria es cierto, corres been examined le Agente Retener e of Withholding A USO DEL ESPE (I) Nombre de Nora AL AG e este formulario	orizado, bajo penalida coto y completo I dec by me and to the best of the b	d de perjurio dare as withhold if my knowledge ficial Autoriza Authorized Official Autoriza Authorized Official Firm or Business Postal - Zip Code TO WITHHOLDING contesto "Si",	and belief it is true, of do al including the including th	Titulo - Title Y pistration Number Fecha - Date el Especialista - Specialist's Signature número de registro del Especialista.
Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - November 12 Total de Contibución R Declaro como agente ret por mi y que según mi me of perjury that this Annual F Fecha - Date Nombre del Especialista (Letra d Marque si es empleado por cue Check if self-employed	enedor, representante le ejor información y creenci Reconciliation Statement ha Firma de Signature PARA Le Molde) - Specialist's Name (Pir enta propia Dirección - Addre	egal u oficial autoria es cierto, corres been examined le Agente Retener e of Withholding A USO DEL ESPERI Nombre de les este formularion of this form:	orizado, bajo penalida coto y completo I dec by me and to the best of the b	d de perjurio dare as withhold of my knowledge fficial Autoriza Authorized Offici ITE - SPEC of Firm or Business Postal - Zp Code of WITHOLDING contestó "S", ou answered "Y	and belief it is true, of do all including the including it is true, of all including its including including its including including its including including its includin	Titulo - Title Y pstration Number Fecha - Date el Especialista - Specialist's Signature

EXHIBIT T

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807C1Y23 RECORD TYPE: RETURN

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

EIELD NAME	DICTUDE		DVTEC	FILE	COMMENTS	DE
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	С	2	11-12	SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "R" TO INDICATE FORM 480.7C.1.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
7. FILLER	X(1)	С	1	16-16	SPACES.	*
8. FILLER	X(1)	С	1	17-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*
	Ì					*
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		
12 IDENTIFICATION NUMBER	0(0)			40.56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	*
13. IDENTIFICATION NUMBER 14. BUSINESS NAME	9(9) X(30)	C	30	48-56 57-86	NUMBER SSN.	*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
23. FILLER	X(2)	С	2	221-222	SPACES.	*
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
26. TOWN	X(13)	С	13	293-305		*
27. STATE	X(2)	С	2	306-307		*

^{*} REQUIRED FIELDS



FILE DESCRIPTION

DATE: OCTOBER 2023

FILE NAME: F4807C1Y23

RECORD TYPE: RETURN

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

RECORD LENGTH: 2500

FIELD NAME	PICTURE		DAMBEC	FILE		
			BYTES	LOCATION	COMMENTS	RE
ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*
ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE.	
CHANGE OF ADDRESS	X(1)	С	1	317-317	BLANK "N" = NO, "Y" = YES.	
E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.	
TAX WITHHELD						
PERIODIC PAYMENTS OF QUALIFIED OR						
GOVERNMENT PLANS	9(10)V99	C	12	368-379	SEE FORM 480.7C.1, ITEM 1.	
LUMP SUM DISTRIBUTIONS (20%)	9(10)V99	C	12	380-391	SEE FORM 480.7C.1, ITEM 2.	
LUMP SUM DISTRIBUTIONS (10%)	9(10)V99	C	12	392-403	SEE FORM 480.7C.1, ITEM 3.	
DISTRIBUTIONS OF NON QUALIFIED PLANS	9(10)V99	C	12	404-415	SEE FORM 480.7C.1, ITEM 4.	
OTHER DISTRIBUTIONS OF QUALIFIED						
PLANS (10%)	9(10)V99	C	12	416-427	SEE FORM 480.7C.1, ITEM 5.	
ANNUITIES	9(10)V99	C	12	428-439	SEE FORM 480.7C.1, ITEM 6.	
ROLLOVER OF A QUALIFIED PLAN TO NON						
DEDUCTIBLE IRA	9(10)V99	C	12	440-451	SEE FORM 480.7C.1, ITEM 7.	
DISTRIBUTIONS OF RETIREMENT SAVINGS						
ACCOUNT PROGRAM (10%)	9(10)V99	C	12	452-463	SEE FORM 480.7C.1, ITEM 8.	
ROLLOVER OF RETIREMENT SAVINGS						
ACCOUNT PROGRAM TO NON DEDUCTIBLE						
IRA (10%)	9(10)V99	C	12	464-475	SEE FORM 480.7C.1, ITEM 9.	
NONRESIDENT'S DISTRIBUTIONS	9(10)V99	С	12	476-487	SEE FORM 480.7C.1, ITEM 10.	
OTHER DISTRIBUTIONS	9(10)V99	С	12	488-499	SEE FORM 480.7C.1, ITEM 11.	
INCOME TAX WITHHELD ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR OF PUERTO RICO	9(10)V99	С	12	500-511	SEE FORM 480.7C.1, ITEM 12.	
TOTAL	9(10)V99	С	12	512-523	SEE FORM 480.7C.1, ITEM 13.	
TOTAL FORMS	9(10)	C	10	524-533		
TAX WITHHELD - FORM 480.7C						
TAX WITHHELD JANUARY	9(10)V99	C	12	534-545	SEE FORM 480.7C.1, PART II, ITEM 1, COLUMN 1.	
TAX WITHHELD FEBRUARY	9(10)V99	C	12	546-557	SEE FORM 480.7C.1, PART II, ITEM 2, COLUMN 1.	
TAX WITHHELD MARCH	9(10)V99	C	12	558-569	SEE FORM 480.7C.1, PART II, ITEM 3, COLUMN 1.	
TAX WITHHELD APRIL	9(10)V99	С	12	570-581	SEE FORM 480.7C.1, PART II, ITEM 4, COLUMN 1.	
TAX WITHHELD MAY	9(10)V99	С	12	582-593	SEE FORM 480.7C.1, PART II, ITEM 5, COLUMN 1.	
TAX WITHHELD JUNE	9(10)V99	С	12	594-605	SEE FORM 480.7C.1, PART II, ITEM 6, COLUMN 1.	
TAX WITHHELD JULY	9(10)V99	C	12	606-617	SEE FORM 480.7C.1, PART II, ITEM 7, COLUMN 1.	
TAX WITHHELD AUGUST	9(10)V99	C	12	618-629	SEE FORM 480.7C.1, PART II, ITEM 8, COLUMN 1.	1
TAX WITHHELD SEPTEMBER	9(10)V99	C	12	630-641	SEE FORM 480.7C.1, PART II, ITEM 9, COLUMN 1.	
TAX WITHHELD OCTOBER	9(10)V99	C	12	642-653	SEE FORM 480.7C.1, PART II, ITEM 10, COLUMN 1.	1
TAX WITHHELD NOVEMBER	9(10)V99	C	12	654-665	SEE FORM 480.7C.1, PART II, ITEM 11, COLUMN 1.	
TAX WITHHELD DECEMBER	9(10)V99	C	12	666-677	SEE FORM 480.7C.1, PART II, ITEM 12, COLUMN 1.	-
	9(10)V99 9(10)V99	С			SEE FORM 480.7C.1, PART II, ITEM 12, COLUMN 1. SEE FORM 480.7C.1, PART II, ITEM TOTAL, COLUMN 1.	
TOTAL TAX WITHHELD 480.7B SPECIALIST'S INFORMATION	7(10) V 99	+	12	678-689	COLUMIN 1.	+
SPECIALIST S INFURMATION	+	₩				1
apparent var per per per per per per per per per pe	9(1)	С	1	690-690	'1' IF 'Yes' OR '0' IF 'No'	*
SPECIALIST PAID FOR PREPARATION		1	Ī			1
SPECIALIST PAID FOR PREPARATION SPECIALIST SELF EMPLOYED	9(1)	C	1	691-691	'1' IF 'Yes' OR '0' IF 'No'	*
	9(1)	C C	7	691-691 692-698	'1' IF 'Yes' OR '0' IF 'No'	*

^{*} REQUIRED FIELDS



EXHIBIT T

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4807C1Y23 RECORD TYPE: RETURN

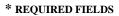
RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF TAX WITHHELD FROM RETIREMENT PLANS AND ANNUITIES - FORM TYPE 480.7C.1 RECORD LENGTH: 2500

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
61. SPECIALIST 'S FIRST NAME	X(20)	С	20	729-748	ENTER THE FIRST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
62. SPECIALIST 'S MIDDLE NAME	X(1)	С	1	749-749	ENTER THE MIDDLE NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
63. SPECIALIST 'S LAST NAME	X(30)	С	30	750-779	ENTER THE LAST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
SPECIALIST 'S MOTHER'S MAIDEN LAST 64. NAME	X(20)	С	20	780-799	ENTER THE SECOND LAST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH 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.	
67. SPECIALIST TOWN	X(14)	С	14	870-883		*
68. SPECIALIST STATE	X(2)	С	2	884-885		*
69. SPECIALIST ZIP-CODE	9(5)	С	5	886-890		*
70. SPECIALIST ZIP-CODE EXTENSION	9(4)	С	4	891-894	ZEROS, IF NOT AVAILABLE.	
73. FILLER	X(1560)	C	1560	895-2454	SPACES.	
74. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
75. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



EXHIBIT T

Formulario 480.7C.1	20			nment of Puerto Rico rtment of the Treasury	20		e Confirmación de Radicación Electro ctronic Filing Confirmation Number
Nev 07.23	ESTADO DE RE		NUAL DE CONTR	RIBUCIÓN RETENIDA	DE PLANES DE		
100	Annual Rec			rom Retirement Plans ar	vd Annuities		ENMENDADO - AMENDED
iombre del Agente Retenedor - V				ción Patronal - Employer idi		-	Sello de Recibido
Nirección Postal - Postal Address			Dirección Física - Pi	hysical Address			
	Código Postal - Zp	Code					
Clase de Industria o Type of Industry or B		Cambio de Direcció Si - Yes	n - Change of Address No	Total de Declaracione Total Informative		7	
Parte I - Part I	Planes de Retiro y	Anualidades (Fo	rmulario 480.7C	- Retirement Plans a	nd Annuities (Form	n 480.7C)	
	Tipo d	le Contribución R	etenida - Type of	Tax Withheld			Contribución Retenida - Tax Will
 Contribución Retenida s Tax Withheld from Period 	obre Pagos Periódi	cos de Planes Calif	ficados o Gubernar	mentales	N.		
2. Contribución Retenida s			-	o Sum Distributions (20)			
			-		-		
3. Contribución Retenida s							
4. Contribución Retenida s							
5. Contribución Retenida s	obre Otras Distribuc	iones de Planes Cal	lificados (10%) - Ta	withheld from Other Dis	stributions of Quairie	d Plans (10%)	
6. Contribución Retenida s	sobre Anualidades	Tax Withheld from J	Vinuties				h.
7. Contribución Retenida s	obre Transferencia	de un Plan Calificar	do a una Cuenta de	Retiro Individual No D	leducible		D.
Tax Withheld from Rollovi 8. Contribución Retenida s							
Tax Withheld from Distrib	utions of the Retirem	ent Savings Account	Program (10%)				
 Contribución Retenida so Tax Withheld from Rollover 	ore Transferencia del of the Retirement Sa	Programa de Cuenta vings Account Program	es de Ahorro para el m to a Non Deducità	Retiro a Cuenta de Reti e Individual Retrement Ad	ro Individual No Ded	lucible (10%)	
10. Contribución Retenida :	THE R. W. LEWIS CO., LANSING, MICH. 49, 102 11, 102	CONTRACTOR OF THE PARTY OF THE	STATE OF THE PARTY NAMED IN	AV 30 AV VO.	505 ES VO. 40		
	10 10 10 1	-	-				
11 Cantelburida Datanida e	John Otros Distribu	planes Tax Withha	old force Other Dietal	to direct			
12. Contribución Retenida s	sobre Distribuciones	s por Razón de un l	Desastre Declarado	por el Gobernador de	Puerto Rico		
12. Contribución Retenida s Income Tax Withheld on i	sobre Distribuciones Distributions for Reas	s por Razón de un l son of a Disastes Dec	Desastre Declarado	por el Gobernador de	Puerto Rico	-	10
Contribución Retenida s Income Tax Withheld on I Total de Contribución R	sobre Distribuciones Distributions for Reas letenida - Total Tax V	s por Razón de un I son of a Disaster Dec Nithheld	Desastre Declarado dared by the Govern	o por el Gobernador de cor el Puerto Rico	ΓE		10
Contribución Retenida s income Tax Withheld on i Total de Contribución R	sobre Distribuciones Distributions for Reas letenida - Total Tax V	s por Razón de un l son of a Disaster Dec Nithheid Contribución Res	Desastre Declarado dared by the Govern enida Mensualma	por el Gobernador de	ΓE	xa	10
Contribución Retenida : Income Tax Withheld on Income Tax Withh	sobre Distribuciones Distributions for Reas letenida - Total Tax V	s por Razón de un l son of a Disaster Dec Nithheid Contribución Res	Desastre Declarado dared by the Govern	o por el Gobernador de cor el Puerto Rico	ΓE	x .	Contribución Retenida - Ita Withheli
Contribución Retenida sincome Tax Withheld on- Tax Withheld on- Tax III	sobre Distribuciones Distributions for Reas letenida - Total Tax V	s por Razón de un l son of a Disaster Dec Nithheid Contribución Res	Desastre Declarado dared by the Govern enida Mensualma	o por el Gobernador de cor el Puerto Rico	ΓE	20	Contribución Retenida - Tax Withheld
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Contribución Retenida : income Tax Withheld on I Total de Contribución R Parte II - Part II Enero - January February Marzo - March	sobre Distribuciones Distributions for Reas letenida - Total Tax V	s por Razón de un l son of a Disaster Dec Nithheid Contribución Res	Desastre Declarado dared by the Govern enida Mensualma	o por el Gobernador de cor el Puerto Rico	ΓE	R	Contribución Retenida - Tax Withheld
12. Contribución Retenida sincome Tax Withheld on I 13. Total de Contribución R Parte II - Part II Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June	sobre Distribuciones Distributions for Reas letenida - Total Tax V	s por Razón de un l son of a Disaster Dec Nithheid Contribución Res	Desastre Declarado dared by the Govern enida Mensualma	o por el Gobernador de cor el Puerto Rico	ΓE	R	Contribución Retenida - Tax Withheld
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12. Contribución Retenida s Income Tax Withheld on- 13. Total de Contribución R Parte II - Part II Enero - January Febrero - February Marzo - March Abrill - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribución Declaro como agente reteoor mi y que según mi me of perjury that this Annual R	sobre Distribuciones Distributions for Reas leteralda - Total Tax W Reconciliación de Retenida - Total Tax de Reconciliación de Reconciliación de conciliación de Retenida - Total Tax de Reconciliación de Reconciliación de	s por Razón de un lican of a Disaster Decivitiveid Contribución Res Me Tax Withheld ante legal u oficioreencia es cierto ment has been exar	Desastre Declarado dared by the Govern enida Mensualme s - Month JURA al autorizado, ba al correctado, com mined by me and	MENTO - OATH ploton alided are since of the best of my known of my known of the best of my known of my known of my known of my	urio que este Et thholding agent, le ledge and belief it	R/	onciliación Anual ha sido examin tive or authorized official, under pena ct and complete.
12. Contribución Retenida s Income Tax Withheld on- 13. Total de Contribución R Parte II - Part II 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 Contribución	sobre Distribuciones Distributions for Reas lebenida - Total Tax W Reconciliación de Retenida - Total Tax enedor, representation información y reconciliation Staten	s por Razón de un livan of a Disaster Decivitive de Contribución Reti Me Tax Withheld	Desastre Declarado dared by the Govern enida Mensualme s - Month JURA al autorizado, ba correcto y com mined by me and letenedor, Repres	o por el Gobernador de cor el Puerto Rico.	urio que este Esthholding agent, ledge and belief it	R/	
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12. Contribución Retenida s Income Tax Withheld on- 13. Total de Contribución R Parte II - Part II 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 Contribución Declaro como agente reteor mi y que según mi me of perjury that this Annual R Fecha - Date	sobre Distribuciones Distributions for Reas letenida - Total Tax W Reconciliación de Retenida - Total Tax W Reconciliación de Retenida - Total Tax W Reconciliación de Figure 1 de la conciliación y Reconciliation Statem	s por Razón de un lion of a Disaster Dec Mitheid Contribución Ret Me Tax Withheid Tax Withheid ante legal u oficio creencia es cierto ment has been exar irma del Agente Rignature of Withhol PARA USO DEL	Desastre Declarado dared by the Govern enida Mensualme s - Month JURA al autorizado, ba correcto y com mined by me and tetenedor, Repres ding Agent, Repres	MENTO - OATH Jo penalidad de per Jo penalidad de	urio que este Establodario apent. le ledge and belief it orizado Official PECIALIST'S US	stado de Recigal representario frue, correci	onciliación Anual ha sido examin tive or authorized official, under pena ct and complete.
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13. Total de Contribución R Parte II - Part II Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribución Declaro como agente retepor mi y que según mi me of perjury that this Annual R	sobre Distribuciones Distributions for Reas letenida - Total Tax V Reconciliación de Retenida - Total Tax V Reconciliación de Retenida - Total Tax V Reconciliación de Financia - Total Tax V Reconciliación de Retenida - Total Tax V Reconciliación de	s por Razón de un lican of a Disaster Dec Mittheid Contribución Ret Me Tax Withheid Tax Withheid ante legal u oficio creencia es cierto ment has been exar irma del Agente Rignature of Withholi PARA USO DEL lame (Pret) Non	Desastre Declarado dared by the Govern enida Mensualme s - Month JURA al autorizado, ba correcto y com mined by me and tetenedor, Repres ding Agent, Repres	MENTO - OATH jo penal ideale as with the best of my know entante u Oficial Autsentative or Authorized SOLAMENTE - S	urio que este Establodario apent. le ledge and belief it orizado Official PECIALISTIS USERIES Número de Re	stado de Recigal represental is true, correci	onciliación Anual ha sido examin tive or authorized official, under pena ct and complete.
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FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806SP2Y23 RECORD TYPE: RETURN

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

FORM TYPE 480.6SP.2

PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
X(1)	С	1	1-1	SPACES.	*
9(9)	C	9	2-10	ENTER ZEROS.	*
X(2)	$\frac{C}{C}$	2	11-12	SPACES.	*
9(1)	C	1	13-13	ENTER "I" TO INDICATE FORM 480.6SP.2.	*
9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
X(1)	С	1	16-16	SPACES.	*
X(1)	С	1	17-17	SPACES.	*
9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2023.	*
X(5)	С	5	22-26	SPACES.	*
	<u> </u>				
X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
X(20)	С	20	28-47		
9(9)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
X(30)	C	30	57-86		*
X(30)	С	30	87-116		*
9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
X(35)	С	35	162-196	POSTAL ADDRESS 2.	
X(13)	С	13	197-209		*
X(2)	С	2	210-211		*
9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
X(2)	С	2	221-222	SPACES.	*
X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
X(13)	С	13	293-305		*
X(2)	С	2	306-307		*
9(5)	C	5	308-312	ZEROS, IF NOT AVAILABLE.	*
	X(1) 9(9) X(2) 9(1) 9(1) X(1) X(1) X(1) X(1) X(5) X(1) X(20) (30) (30) (30) (30) (35) (35) (35) (35) (35) (35) (35) (35) (35) (35) (37)	X(1) C 9(9) C X(2) C Y(1) C Y(2) C Y(30) C Y(30) C Y(35) C Y(35) C Y(35) C Y(2) C Y(35) Y(35) C Y(35) Y(35) C Y(35) Y(35	X(1) C 1 9(9) C 9 X(2) C 2 9(1) C 1 1 1 1 1 1 1 1 1	Name	No. No.

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806SP2Y23 RECORD TYPE: RETURN

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

FORM TYPE 480.6SP.2

	•				
PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
					•
9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE.	
X(1)	С	1	317-317	BLANK "N" = NO, "Y" = YES.	
X(6)	С	6	318-323	,	
9(10)	С	10	324-333		
9(13)V99	С	15	334-348		
9(13)V99	С	15	349-363		
9(13)V99	С	15	364-378		
0/12/1400		1.5	270 202	GEE FORM 100 COR A VEEN 1	
9(13)V99	С	15	3/9-393	SEE FORM 480.6SP.2, ITEM 1.	
9(13)V99	C	15	394-408	SEE FORM 480.6SP.2, ITEM 2.	
0/12/1/00		1.5	400 422	GEE FORM 400 CGD 2 JEEU 2	
9(13) V 99	C	15	409-423	SEE FORM 480.6SP.2, 11EM 3.	+
9(13)V99	С	15	424-438	SEE FORM 480.6SP.2, ITEM 3.	
9(13)V99	C	15	439-453	SEE FORM 480 6SP 2 ITEM 4	
9(13)V99	С	15	454-468	SEE FORM 480.6SP.2, ITEM 4.	
9(13)V99	С	15	469-483		
9(13)V99	С	15	484-498		
9(1)	С	1	499-499	'1' IF 'Yes' OR '0' IF 'No'	*
9(1)	С	1	500-500	'1' IF 'Yes' OR '0' IF 'No'	*
9(9)	С	7	501-507		*
V(20)	C	20	509 527		*
X(30)		30	308-337	ENTER THE FIRST NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	*
X(15)	C	20	538-557	INDIVIDUALS.	
V(5)	C	1	550 550	ENTER THE MIDDLE NAME OF THE SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH DI ANICS	
Λ(3)	L	1	336-338		+
*****				SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	*
X(50)	C	50	229-288		+
X(20)	C	20	589-608	SPECIALIST 'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
	X(6) 9(10) 9(13)V99 X(30) X(15) X(5)	9(4) C X(1) C X(6) C 9(10) C 9(13)V99 C 9(13)V99 C X(30) C X(15) C X(5) C	9(4)	PICTURE BYTES LOCATION 9(4) C 4 313-316 X(1) C 1 317-317 X(6) C 6 318-323 9(10) C 10 324-333 9(13)V99 C 15 334-348 9(13)V99 C 15 364-378 9(13)V99 C 15 394-408 9(13)V99 C 15 394-408 9(13)V99 C 15 409-423 9(13)V99 C 15 424-438 9(13)V99 C 15 439-453 9(13)V99 C 15 454-468 9(13)V99 C 15 469-483 9(13)V99 C 15 484-498 9(1) C 1 499-499 9(1) C 1 500-500 9(9) C 7 501-507 X(30) C 30 558-558 X(30	PICTURE BYTES LOCATION COMMENTS 9(4)

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F4806SP2Y23 RECORD TYPE: RETURN

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

EVEY D. MANGE	DICTURE		DAZENC	FILE	GOVO CENTRO	DE
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
52. SPECIALIST STREET 1	X(35)	С	35	609-643	SPECIALIST ADDRESS LINE NUMBER 1.	*
53. SPECIALIST STREET 2	X(35)	С	35	644-678	SPECIALIST ADDRESS 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 AVAILABLE.	
58. FILLER	X(1751)	C	1751	704-2454	SPACES.	*
					ENTER THE REASON FOR CHANGE FORM.	
59. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
60. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Formulario 480.6SP.2 Form Rev. 07.23		de Puerto Rico - Government of Puerto Rico tto de Hacienda - Department of the Treasury		irmación de Radicación Electrónica c Filing Confirmation Number		
Nev. 01.25		CILIACIÓN ANUAL DE SERVICIOS PRES prociliation Statement of Services Rendered	E	NMENDADO - AMENDED		
Número de Identificación Patronal Employer Identificación Number Clase de Industria o Negocio Type of Industry or Business Si. Ves No						
Nombre del Agente Retenedor - V	Nithholding Agent's Name					
Dirección Postal - Postal Address	ódigo Postal - Zip Code	Dirección Física - Physical Address				
Responsibility of Pa	ago a Proveedores de Salud ayment to Health Providers	Reimbursed Expenses	portación Especial por Servicios Profesio Special Contribution for Professional and			
Parte I - Part I Res	Descripción	80.6SP - Summary of Forms 480.6SP	Cantidad Pagada	Contribución Retenida		
Pagos por Servicios Prest	Description	Determine	Amount Paid	Tax Withheld		
	tados por Individuos No Sujetos a I dered by Individuals Not Subject to V		TOC			
Pagos por Servicios Presi Payments for Services Render	tados por Corporaciones y Entida ered by Corporations and Pass-Through	des Conducto No Sujetos a Retención Entites Not Subject to Withholding	103			
Pagos por Servicios Prest Payments for Services Reno	tados por Individuos Sujetos a Ret dered by Individuals Subject to Withh	ención olding				
Pagos por Servicios Pres Payments for Services Rendi	tados por Corporaciones y Entida ered by Corporations and Pass-Through	des Conducto Sujetos a Retención Entities Subject to Withholding				
TOTAL	1141					
Declaro como agente rete	enedor, representante legal u	JURAMENTO - OATH oficial autorizado, bajo penalidad de perjurio	n que este Estado de Reconcilia	ación Anual ha sido examinado		
por mí v que según mi me	ior información y creencia es c	erto, correcto y completo I declare as withhor examined by me and to the best of my knowledge	olding agent, legal representative or	authorized official, under penalties		
Fecha - Date	Signature of Wi	te Retenedor, Representante u Oficial Autoriz tholding Agent, Representative or Authorized Offi	icial	tulo - Title		
Nombre del Especialista (Letra de		EL ESPECIALISTA SOLAMENTE - SPE Nombre de la Firma o Negocio - Name of Firm or Busines		Pecha - Dale		
Marque si es empleado por cuen Check if self-employed		Código Postal - Zip Code	R _	ta - Specialist's Signature		
	s por la preparación de este syments for the preparation of this		", exija la firma y el número de 'Yes", require the Specialist's signa	e registro del Especialista. Iture and registration number.		

* REQUIRED FIELDS



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F480PAY23 RECORD TYPE: PA

RECORD NAME: Employer Information RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
RECORD IDENTIFIER	X(2)	С	2	1-2	CONSTANT "PA".	*
					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.	
					IF AGENT TYPE ID = "1", ENTER AGENT ID FEIN. IF ID TYPE = "2" ENTER AGENT	
4. AGENT ID	X(9)	C	9	8-16	ID SSN.	
					ENTER: "2"= 480.6A, "3"= 480.6B, "4"= 480.7, "5"= 480.6C, "6"= 480.7A, "7"= 480.7B, "X"= 480.6D, "Y"= 480.7C, "Z"= 480.7D, "H"= 480.6SP, "G"= 480.6G, "K"= 480.7E,	
5. TYPE OF FORM	X(1)	С	1	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	
6. ESTABLISHMENT NUMBER	X(4)	С	4	18-21	FILL WITH BLANKS.	
7. TYPE FILE	X(1)	C	1	22-22	ENTER: "O" = ORIGINAL, "E" = AMENDED, "A" = ADD.	*
						*
FILLER 9. EMPLOYER NAME	X(17) X(57)	C	57	23-39	SPACES. ENTER THE NAME ASSOCIATED WITH THE EIN ENTERED IN LOCATION (8-16) LEFT JUSTIFIED AND FILL WITH BLANKS.	*
10. LOCATION ADDRESS	X(22)	С	22	97-118	ENTER THE EMPLOYER'S LOCATION ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC.). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
11. DELIVERY ADDRESS	X(22)	С	22	119-140	ENTER THE EMPLOYER'S DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
12. CITY	X(22)	C	22	141-162	ENTER THE EMPLOYER'S CITY. LEFT JUSTIFIED AND FILL WITH BLANKS.	*
13. STATE ABBREVIATION	X(2)	С	2	163-164	ENTER THE EMPLOYER'S STATE. USE A POSTAL ABBREVIATION AS SHOWN IN APPENDIX A. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
14. ZIP CODE	X(5)	С	5	165-169	ENTER THE EMPLOYER'S ZIP CODE. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
15. ZIP CODE EXTENSION	X(4)	С	4	170-173	ENTER THE EMPLOYER'S FOUR-DIGIT EXTENSION OF THE ZIP CODE. IF NOT APPLICABLE, FILL WITH BLANKS.	
16. FILLER	X(5)	C	5	174-178	SPACES.	*

EXHIBIT V

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F480PAY23 RECORD TYPE: PA

RECORD NAME: Employer Information RECORD LENGTH: 2500

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



EXHIBIT X

FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F480SUY2023 RECORD TYPE: SU

RECORD NAME: SUBMITTER INFORMATION RECORD LENGTH: 2500

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FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. RECORD IDENTIFIER	X(2)	С	2	1-2	CONSTANT "SU".	*
2. SUBMITTER'S IDENTIFICATION NUMBER	X(9)	С	9	3-11	ENTER THE SUBMITTER'S IF SUBMITTER'S TYPE ID = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
3. RESUB INDICATOR	X(1)	C	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 BOOTH OF THE COMPANY'S FOREIGN BOOTH OF THE COMPANY	*
14. FOREIGN POSTAL CODE	X(15)	С	15	189-203	FOREIGN POSTAL CODE. LEFT JUSTIFIED AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS.	*
15. COUNTRY CODE	X(2)	C	2	204-205	ENTER THE APPLICABLE COUNTRY CODE (SEE APPENDIX B).	*



FILE DESCRIPTION DATE: OCTOBER 2023

FILE NAME: F480SUY2023 RECORD TYPE: SU

RECORD NAME: SUBMITTER INFORMATION RECORD LENGTH: 2500

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FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
16. SUBMITTER NAME	X(57)	С	57	206-262	ENTER THE NAME OF THE ORGANIZATION TO RECEIVE NOTIFICATION OF UNPROCESSABLE DATA. LEFT JUSTIFIED AND FILL WITH BLANKS.	*
17. LOCATION ADDRESS	X(22)	С	22	263-284	ENTER THE SUBMITTER'S LOCATION ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC.). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
18. DELIVERY ADDRESS	X(22)	С	22	285-306	ENTER THE SUBMITTER'S DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFIED AND FILL WITH BLANKS.	*
19. CITY	X(22)	С	22	307-328	ENTER THE SUBMITTER'S CITY. LEFT JUSTIFIED AND FILL WITH BLANKS.	*
20. STATE ABBREVIATION	X(2)	С	2	329-330	ENTER THE SUBMITTER'S STATE. USE A POSTAL ABBREVIATION AS SHOWN IN APPENDIX A. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
21. ZIP CODE	X(5)	С	5	331-335	ENTER THE SUBMITTER'S ZIP CODE. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
22. ZIP CODE EXTENSION	X(4)	С	4	336-339	ENTER THE SUBMITTER'S FOUR-DIGIT EXTENSION OF THE ZIP CODE. IF NOT APPLICABLE, FILL WITH BLANKS.	
23. FILLER	X(5)	C	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 DATE: OCTOBER 2023

FILE NAME: F480SUY2023 RECORD TYPE: SU

RECORD NAME: SUBMITTER INFORMATION RECORD LENGTH: 2500

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

