

Liquidator:	Reviewer:	<b>20</b> _____	GOVERNMENT OF PUERTORICO DEPARTMENT OF THE TREASURY	<b>20</b> _____	Serial Number
Field Audited by:		<b>Income Tax Return for Exempt Businesses under the Puerto Rico Incentives Programs Green Energy</b>			<b>AMENDED RETURN</b> <input type="checkbox"/>
Date: ____/____/____		TAXABLE YEAR BEGINNING ON _____ AND ENDING ON _____			TAXABLE YEAR: 1 <input type="checkbox"/> CALENDAR 2 <input type="checkbox"/> FISCAL 3 <input type="checkbox"/> 52-53 WEEKS
R M N		Taxpayer's Name			Employer Identification Number
		Postal Address			Department of State Registry No.
		Zip Code			Industrial Code    Municipal Code
		Location of Principal Industry or Business - Number, Street and Country			Merchant's Registration Number
		Type of Principal Industry or Business			Telephone Number - Extension (    ) -
		Change of Address: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Incorporated Day ____/Month ____/Year ____
		Extension of Time: <input type="checkbox"/> Yes <input type="checkbox"/> No			Place Incorporated
E-mail Address of the Contact Person		Contrats with Governmental Entity: <input type="checkbox"/> Yes <input type="checkbox"/> No			Receipt No. _____ Amount: _____
Exempt business under Act 83-2010 (Schedule Y Incentives) Case No. : _____					Type of Entity  Indicate if you are a member of a group of related entities <input type="checkbox"/> Yes <input type="checkbox"/> No Group number

<b>Part I</b>	1. Tax liability:	a) Schedule Y Incentives, Part II, line 11 .....	(1a)	00	
		b) Schedule P Incentives, Part II, line 19 (See instructions) .....	(1b)	00	
		c) Total (Add lines 1(a) and 1(b)) .....	(1c)		00
	2. Less:	a) Tax withheld at source .....	(2a)	00	
		b) Current year estimated tax payments .....	(2b)	00	
		c) Excess from previous years not included on line 2(b) .....	(2c)	00	
		d) Tax withheld on partners distributable share from partnerships or special partnerships (Form 480.60 EC) .....	(2d)	00	
		e) Amount paid with automatic extension of time or with original return .....	(2e)	00	
		f) Tax withheld for professional services (Form 480.6B) .....	(2f)	00	
		g) Tax withheld at sources on eligible interest .....	(2g)	00	
	h) Total payments (Add lines 2(a) through 2(g)) .....	(2h)		00	
	3. Balance of tax due (If line 1(c) is more than line 2(h), enter the difference here, otherwise, on line 5) .....	(a) Tax .....	(3a)	00	
		(b) Interest .....	(3b)	00	
		(c) Surcharges .....	(3c)	00	
		(d) Total (Add lines 3(a) through 3(c)) .....	(3d)		00
	4. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Incentives, Part II, line 21) .....	(4)		00	
	5. Excess of tax withheld or paid (See instructions) .....	(5)		00	
	6. Amount paid with the return (Add lines 3(d) and 4 less line 5) .....	(6)		00	
	7. Amount overpaid to be credited to estimated tax for 2018 .....	(7)		00	
	8. Contribution to the San Juan Bay Estuary Special Fund .....	(8)		00	
	9. Contribution to the Special Fund for the University of Puerto Rico .....	(9)		00	
	10. Amount to be refunded .....	(10)		00	

**OATH**

We, the undersigned, president (or vice president or other principal officer) and treasurer (or assistant treasurer) or agent of the exempt business for which this income tax return is made, each for himself, declare under penalty of perjury, that this return (including the schedules and statements attached) has been examined by us and, to the best of our knowledge and belief, is a true, correct, and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 2011, as amended, and the Regulations thereunder.

_____ President or vice-president's name	_____ President or vice-president's signature	_____ Date
_____ Treasurer or assistant treasurer's name	_____ Treasurer or assistant treasurer's signature	_____ Date
_____ Agent's name	_____ Agent's signature	_____ Date

**SPECIALIST'S USE ONLY**

I declare under penalty of perjury that this return (including the schedules and statements attached) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return. The declaration of the person who prepares this return is with respect to the information received, and this information may be verified.

Specialist's name (Print)	Registration number	Date
Firm's name	Self-employed specialist <input type="checkbox"/>	
Specialist's signature	Address	Zip code

**NOTE TO TAXPAYER**

Indicate if you made payments for the preparation of your return:  Yes  No. If you answered "Yes", require the Specialist's signature and registration number.

Retention period: Ten (10) years

**Exempt Business - Comparative Balance Sheet**

Assets	Beginning of the year			Ending of the year		
		Total			Total	
1. Cash on hand and banks ..... (1)		00	(1)		00	(1)
2. Accounts receivable ..... (2)	00		(2)	00		(2)
3. Less: Reserve for bad debts ..... (3)	( 00)	00	(3)	( 00)	00	(3)
4. Inventories ..... (4)		00	(4)		00	(4)
5. Other current assets ..... (5)		00	(5)		00	(5)
6. Notes receivable ..... (6)		00	(6)		00	(6)
7. Investments ..... (7)		00	(7)		00	(7)
8. Depreciable assets ..... (8)	00		(8)	00		(8)
9. Less: Reserve for depreciation ..... (9)	( 00)	00	(9)	( 00)	00	(9)
10. Loans receivable of stockholders or related entities (10)		00	(10)		00	(10)
11. Land ..... (11)		00	(11)		00	(11)
12. Other long-term assets ..... (12)		00	(12)		00	(12)
13. <b>Total Assets</b> ..... (13)		00	(13)		00	(13)
<b>Liabilities and Net Worth</b>						
<b>Liabilities</b>						
14. Accounts payable ..... (14)	00		(14)	00		(14)
15. Accrued expenses not paid ..... (15)	00		(15)	00		(15)
16. Other current liabilities ..... (16)	00		(16)	00		(16)
17. Long-term notes payable ..... (17)	00		(17)	00		(17)
18. Notes payable to stockholders or related entities (18)	00		(18)	00		(18)
19. Other long-term liabilities ..... (19)	00		(19)	00		(19)
20. <b>Total Liabilities</b> ..... (20)		00	(20)		00	(20)
<b>Net Worth</b>						
21. Capital stock						
(a) Preferred stock ..... (21a)	00		(21a)	00		(21a)
(b) Common stock ..... (21b)	00		(21b)	00		(21b)
22. Additional paid in capital ..... (22)	00		(22)	00		(22)
23. Retained earnings ..... (23)	00		(23)	00		(23)
24. Reserve ..... (24)	00		(24)	00		(24)
25. <b>Total Net Worth</b> ..... (25)		00	(25)		00	(25)
26. <b>Total Liabilities and Net Worth</b> ..... (26)		00	(26)		00	(26)

Part II

**Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return**

1. Net income (or loss) per books ..... (1)	00	7. Income recorded on books this year not included on this return (Itemize, use schedule if necessary)	
2. Income tax per books ..... (2)	00	(a) Exempt interest \$ _____	
3. Excess of capital losses over capital gains ..... (3)	00	(b) _____ \$ _____	
4. Taxable income not recorded on books this year (Itemize, use schedule if necessary)		(c) _____ \$ _____	
(a) _____ \$ _____		(d) _____ \$ _____	
(b) _____ \$ _____		(e) _____ \$ _____	
(c) _____ \$ _____		(f) _____ \$ _____	
(d) _____ \$ _____		(g) _____ \$ _____	
(e) _____ \$ _____		Total ..... (7)	00
(f) _____ \$ _____		8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)	
Total ..... (4)	00	(a) Depreciation \$ _____	
5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)		(b) _____ \$ _____	
(a) Meal and entertainment (portion not claimed) \$ _____		(c) _____ \$ _____	
(b) Depreciation \$ _____		(d) _____ \$ _____	
(c) Vessels, aircrafts and property located outside of P.R. \$ _____		(e) _____ \$ _____	
(d) Expenses incurred or paid to stockholders, persons or related entities \$ _____		(f) _____ \$ _____	
(e) _____ \$ _____		(g) _____ \$ _____	
(f) _____ \$ _____		(h) _____ \$ _____	
(g) _____ \$ _____		(i) _____ \$ _____	
(h) _____ \$ _____		Total ..... (8)	00
(i) _____ \$ _____		9. Total (Add lines 7 and 8) ..... (9)	00
(j) _____ \$ _____		10. <b>Net taxable income (or loss) per return</b>	
Total ..... (5)	00	(Subtract line 9 from line 6) ..... (10)	00
6. Total (Add lines 1 through 5) ..... (6)	00		

Part III

Analysis of Unappropriated Retained Earnings per Books

Table with 4 columns: Description, Line Number, Amount, and Total. Rows include Balance at beginning of year, Net income per books, Other increases, Distributions (Cash, Property, Stocks), Other decreases, and Balance at end of year.

Questionnaire

Table with 4 columns: Question Number, YES, NO, N/A. Contains 24 questions regarding business operations, audits, dividends, partnerships, and tax exemptions.

Compensation to officers

Table with 5 columns: Name of officer, Social security number, Percentage of time devoted to business, Percentage of stocks owned (Common, Preferred), and Compensation. Includes a Total compensation to officers row.

Schedule Y Incentives

Rev. 06.18



INCOME TAX FOR EXEMPT BUSINESSES UNDER ACT 83-2010

To be filed with Form 480.30(II)EV

20\_\_

Taxable year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Form section containing Taxpayer's Name, Type of Business, Effective period for income, Type of Decree (New, Renegotiated, Converted), Employer Identification Number, and Case Number.

Part I Net Income Subject to Tax

Table with 5 rows for Net operating income/loss, green energy income, and investment special deduction, with columns for line number and amount.

Part II Tax Computation

Table with 12 rows for tax computation, including fixed tax rate, total tax, recapture of credit, tentative tax, less credits (a-g), net tentative tax, minimum tax rate, and total tax liability.

Retention Period: Ten (10) years

Part III		Gross Profit on Sales or Production and Other Income	
1.	Net sales of goods or products (See instructions) .....	(1)	00
	Less: Cost of goods sold or direct costs of production		
2.	Inventory at the beginning of the year 1 <input type="radio"/> "C" 2 <input type="radio"/> "C" o "MV" .....	(2)	00
3.	Purchase of materials or merchandise .....	(3)	00
4.	Direct wages .....	(4)	00
5.	Other direct costs (From Part V, line 13) .....	(5)	00
6.	Cost of goods available for sale (Add lines 2 through 5) .....	(6)	00
7.	Less: Inventory at the end of the year 1 <input type="radio"/> "C" 2 <input type="radio"/> "C" o "MV" .....	(7)	00
8.	Total cost of goods sold or direct costs of production (Subtract line 7 from line 6) .....	(8)	00
9.	Gross profit (or loss) on sale of goods or products (Subtract line 8 from line 1) .....	(9)	00
10.	Designated services income .....	(10)	00
11.	Rent .....	(11)	00
12.	Interests .....	(12)	00
13.	Royalties .....	(13)	00
14.	Other income (Submit detail) .....	(14)	00
15.	<b>Total income</b> (Add lines 9 through 14) .....	(15)	00

Part IV		Deductions and Net Operating Income	
16.	Compensation to officers (Complete Part VI of the return) .....	(16)	00
17.	Salaries, commissions and bonuses to employees .....	(17)	00
18.	Commissions to businesses .....	(18)	00
19.	Social security tax (FICA) .....	(19)	00
20.	Unemployment tax .....	(20)	00
21.	State Insurance Fund premiums .....	(21)	00
22.	Medical or hospitalization insurance .....	(22)	00
23.	Insurance .....	(23)	00
24.	Interests .....	(24)	00
25.	Rent .....	(25)	00
26.	Property tax: (a) Personal _____ (b) Real _____ .....	(26)	00
27.	Other taxes, patents and licenses (Submit detail) .....	(27)	00
28.	Losses from fire, hurricane, theft or other casualties .....	(28)	00
29.	Automobile expenses (Mileage _____) (See instructions) .....	(29)	00
30.	Other motor vehicle expenses (See instructions) .....	(30)	00
31.	Meal and entertainment expenses (Total _____) (See instructions) .....	(31)	00
32.	Travel expenses .....	(32)	00
33.	Professional services .....	(33)	00
34.	Contributions to pension or other qualified plans (See instructions. Submit Form AS 6042.1) .....	(34)	00
35.	Depreciation and amortization (See instructions. Submit Schedule E) .....	(35)	00
36.	Bad debts (See instructions. Submit detail) .....	(36)	00
37.	Charitable contributions .....	(37)	00
38.	Repairs .....	(38)	00
39.	Royalties .....	(39)	00
40.	Management fees .....	(40)	00
41.	Expenses incurred or paid for services received from persons not engaged in trade or business in Puerto Rico .....	(41)	00
42.	Expenses incurred or paid for qualified disaster assistance payments to employees (See instructions) .....	(42)	00
43.	Other deductions (See instructions. Submit detail) .....	(43)	00
44.	<b>Total deductions</b> (Add lines 16 through 43) .....	(44)	00
45.	<b>Net operating income (or loss) for the year</b> (Subtract line 44 from line 15. Enter here and in Part I, line 1) .....	(45)	00

Part V		Other Direct Costs	
1.	Salaries, wages and bonuses .....	(1)	00
2.	Social security tax (FICA) .....	(2)	00
3.	Unemployment tax .....	(3)	00
4.	State Insurance Fund premiums .....	(4)	00
5.	Medical or hospitalization insurance .....	(5)	00
6.	Other insurances .....	(6)	00
7.	Excise taxes / Use taxes .....	(7)	00
8.	Cost sharing allocation .....	(8)	00
9.	Repairs .....	(9)	00
10.	Utilities .....	(10)	00
11.	Depreciation (Submit Schedule E) .....	(11)	00
12.	Other expenses (Submit detail) .....	(12)	00
13.	<b>Total other direct costs</b> (Add lines 1 through 12. Transfer to Part III, line 5) .....	(13)	00

**Schedule Y1 Incentives**

Rev. 06.18



**COMPUTATION OF TAX CREDITS FOR EXEMPT BUSINESSES UNDER ACT 83-2010**

To be filed with Form 480.30(II)EV

**20**\_\_

Taxable year beginning on \_\_\_\_\_, \_\_\_\_\_ and ending on \_\_\_\_\_, \_\_\_\_\_

Taxpayer's Name

Employer Identification Number

**Part I Credit for Purchases of Products Manufactured in Puerto Rico**

Eligible purchases of products manufactured in Puerto Rico:

Manufacturing business from which the product is acquired (a)	Employer identification number (b)	Manufacturing business identification number (c)	Purchases value	
			Regular (d)	Recycled (e)
1. Total purchases value ..... (1)			00	00
2. Allowable purchases credit:				
a) Products manufactured in Puerto Rico (Multiply line 1, Column (d) x 25%) ..... (2a)			00	
b) Products made from recycled materials (Multiply line 1, Column (e) x 35%) ..... (2b)			00	
c) Total credit (Add lines 2(a) and 2(b)) ..... (2c)				00
3. Credit carried from previous years (Submit schedule) ..... (3)				00
4. Total available credit (Add lines 2(c) and 3) ..... (4)				00
5. Total tax (See instructions) ..... (5)				00
6. Credit to be claimed (Up to 50% of line 5. Transfer to Schedule Y Incentives, Part II, line 5(a)) ..... (6)				00
7. Carryforward credit to subsequent years (Subtract line 6 from line 4) ..... (7)				00

**Part II Credit for Job Creation**

Did you include with the return the certification from the Executive Director of the Puerto Rico Industrial Development Company?  Yes  No

1. Jobs created during the first year of operations by industrial zone:				
a) Vieques and Culebra	x \$ 5,000	(1a)	00	
b) Low development	x \$ 2,500	(1b)	00	
c) Intermediate development	x \$ 1,000	(1c)	00	
d) High development	x \$ 0	(1d)	00	
2. Job creation credit (Add lines 1(a) through 1(c)) ..... (2)				00
3. Less: a) Other economic incentives received for job creation ..... (3a)			00	
b) Credit claimed in previous years:				
Year				
Amount		(3b)	00	
c) Total (Add lines 3(a) and 3(b)) ..... (3c)				00
4. Available credit (Subtract line 3(c) from line 2) ..... (4)				00
5. Credit to be claimed in the current year (Transfer to Schedule Y Incentives, Part II, line 5(b)) ..... (5)				00
6. Carryforward credit to subsequent years (Subtract line 5 from line 4) ..... (6)				00

**Part III Credit for Investment in Research and Development of Green Energy Sources**

Did you include with the return the certification from the Executive Director of the Puerto Rico Industrial Development Company?  Yes  No

1. Eligible special investment (Detail in Part V) ..... (1)				00
2. Allowable investment credit (Multiply line 1 x 50%) ..... (2)				00
3. Credit attributed against the tax liability for the current year (Up to 50% of line 2. See instructions) ..... (3)				00
4. Credit carried from previous years (Submit schedule) ..... (4)				00
5. Total available credit attributed to the tax liability for the current year (Add lines 3 and 4) ..... (5)				00
6. Total available credit (Add lines 2 and 4) ..... (6)				00
7. Less: a) Credit to be claimed against the tax liability for the current year (Not more than line 5. Transfer to Schedule Y Incentives, Part II, line 5(c)) ..... (7a)			00	
b) Credit transferred to another person ..... (7b)			00	
c) Total (Add lines 7(a) and 7(b)) ..... (7c)				00
8. Carryforward credit to subsequent years (Subtract line 7(c) from line 6) ..... (8)				00

**Part IV Credit for the Transfer of Intellectual Property**

1. Total royalty payments ..... (1)				00
2. Allowable royalty credit (Multiply line 1 x 12%) ..... (2)				00
3. Credit carried from previous years (Submit schedule) ..... (3)				00
4. Total available credit (Add lines 2 and 3) ..... (4)				00
5. Credit to be claimed (Transfer to Schedule Y Incentives, Part II, line 5(d)) ..... (5)				00
6. Carryforward credit to subsequent years (Subtract line 5 from line 4) ..... (6)				00

**Part V Detail of Expenses that Qualify as Special Eligible Investment**

Complete this part to detail the expenses of line 1, Part III of this Schedule.

		Expenses incurred during the taxable year for which this return is filed.	
1. Salaries, commissions and bonuses to employees .....	(1)		00
2. Payroll expenses .....	(2)		00
3. Professional services .....	(3)		00
4. Insurance .....	(4)		00
5. Property taxes .....	(5)		00
6. Other taxes, patents and licenses .....	(6)		00
7. Rent .....	(7)		00
8. Repairs and maintenance .....	(8)		00
9. Utilities .....	(9)		00
10. Materials and supplies .....	(10)		00
11. Other expenses (Submit detail) .....	(11)		00
12. <b>Total</b> (Transfer to line 1, Part III of this schedule) .....	(12)		00

Retention Period: Ten (10) years