Government of Puerto Rico Department of the Treasury

PUBLICATION 19-03

DEVELOPER GUIDE INFORMATIVE RETURNS

ELECTRONIC FILING REQUIREMENTSFOR TAX YEAR 2019

Analysis and Programming Division Rev. November 8, 2019



Table of Contents

Department of the Treasury Tax System: SURI	4
mportant Information	5
What is New?	8
Filing Reminders	. 16
Avoid Common Mistakes Checklist	. 19
Frequently Asked Questions	. 21
File Specifications	. 24
File Description	. 25
Assistance	. 30
Appendix A - Postal Abbreviations and Numeric Codes	. 31
Appendix B - Country Codes	. 32
Exhibit A – Form 480.6A (Informative Return - Other Income Not Subject to Withholding)	. 36
Exhibit B – Form 480.6B (Informative Return - Other Income Subject to Withholding)	. 40
Exhibit C – Form 480.6C (Informative Return – Payments to Nonresdients or for Services from Sources Outside of Puerto Rico)	. 44
Exhibit D – Form 480.6D (Informative Return - Exempt and Excluded Income and Exempt Income Subject to Alternate Basic Tax)	
Exhibit E – Form 480.7 (Informative Return - Individual Retirement Account)	. 53
Exhibit F – Form 480.7A (Informative Return - Mortgage Interest)	. 57
Exhibit G – Form 480.7B (Informative Return - Educational Contribution Account)	61
Exhibit H – Form 480.7C (Informative Return - Retirement Plans and Annuities)	. 65
Exhibit I – Form 480.7D (Informative Return - Automobile Lease Payments)	. 70
Exhibit J – Form 480.6SP (Informative Return – Services Rendered)	. 74
Exhibit K – Form 480.6G (Informative Return – Transactions Made by Electronic Means)	. 78
Exhibit L – Form 480.7E (Informative Return – Advertising, Insurance Premiums, Telecoummuniction, Internet Access and Cable or Satellite Television Services)	. 82
Exhibit M – Form 480.5 (Summary of the Informative Returns)	. 85
Exhibit N – Form 480.6B.1 (Annual Reconciliation Statement of Other Income Subjeto Withholding)	
Exhibit O – Form 480.30 (Nonresident Annual Return for Income Tax Withheld at Source)	. 94



Exhibits P and Q – Form 480.7B.1 (Annual Reconciliation Statement of Tax Withhe from Individual Retirement Accounts and Educational Contribution Accounts)	
Exhibit R – Form 480.7C.1 (Annual Reconciliation Statement of Tax Withheld from Retirement Plans and Annuities)	106
Exhibit S – Form 480.6SP.2 (Annual Reconciliation Statement of Services Rendered)	109
Exhibit T – Form 480.PA - Employer Information Record	112
Exhibit U – Form 480.SU - Submitter Information Record	114



Department of the Treasury Tax System: SURI

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

SURI is the online portal for the Department of Treasury's ("Department") new integrated tax program. Once fully implemented, the software will incorporate all taxes administered by the Department into a single system.

The implementation of this system has been divided into three (3) phases. The schedule for each of the SURI implementation phases is as follows:

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



IMPORTANT INFORMATION

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

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



MODIFIED	Form 480.7C.1	Annual Reconciliation Statement of Tax Withheld from Retirement Plans and Annuities	Exhibit R
NFW	Form 480.6SP.2	Annual Reconciliation Statement of Services Rendered	Exhibit S



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.

NEW 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: Place refer to Filing Perioders Section Part II for

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

new information.

Provide to the Payee, Borrower, Beneficiary, Contributor or Payer You are responsible for providing two (2) paper copies of the form, or electronically, if the <u>payer</u> complies with the requirements established in Internal Revenue Circular Letter No. 16-11 (CC RI 16-11).

You Must Keep

You must keep one (1) paper copy 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 will be applied if you fail to file by the due date.

File Processing Timeframe

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

complete.

Confirmation Number

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



WHAT IS NEW?

I. New Forms

- 1. Form 480.6SP "Services Rendered" (Exhibit J)
- 2. Form 480.6SP.2 "Annual Reconciliation Statement of Services Rendered" (Exhibit S)
- 3. Form 480.6G "Transactions Made by Electronic Means" (Exhibit K)
- 4. Form 480.7E "Advertising, Insurance Premiums, Telecommunication, Internet Access and Cable or Satellite Television Services" (Exhibit L)

II. Modified Forms

1. Form 480.6A (Exhibit A)

A. Additions

- The "Electric Power" field (location 956-967) was added.
- The "Water and Sewage" field (location 968-979) was added.
- The "Professional Associations Fees" field (location 980-991) was added.
- The "Continuing Education for Professions and Trades" field (location 992-1003) was added.
- The "Homeowners Association Fees Paid" field (location 1004-1015)
 was added.

B. Modifications

• Informative Return Name – "Income Not Subject to Withholding" changed to "Other Income Not Subject to Withholding".

C. Deletions

- The "Special Contribution for Professional and Advisory Services under Act 48-2013" field was deleted and moved to Form 480.6SP.
- The "Reimbursed Expenses" field was deleted and moved to Form 480.6SP.



- The "Responsibility of Payment to Health Providers" field was deleted and moved to Form 480.6SP.
- The "Payments for Services Rendered by Individuals" including box for "Code" field was deleted and moved to Form 480.6SP "Payments for Services Rendered by Individuals Not Subject to Withholding".
- The "Payments for Services Rendered by Corporations and Partnerships" including box for "Code" field was deleted and moved to Form 480.6SP "Payments for Services Rendered by Corporations and Partnerships Not Subject to Withholding".
- The "Insurance Premiums Paid" field was deleted and moved to Form 480.7E "Property, Contingency and Public Liability Insurance and Bonds".
- The "Telecommunication Services Paid" field was deleted and moved to Form 480.7E "Telecommunication Services".
- The "Advertising Paid" field was deleted and moved to Form 480.7E
 "Advertising".
- The "Payments for Internet and Cable or Satellite Television Services" field was deleted and moved to Form 480.7E "Internet and Cable or Satellite Television Services".

2. Form 480.6B (Exhibit B)

A. Additions

No additions were made to this form.

B. Modifications

• Informative Return Name – "Income Subject to Withholding" **changed to** "Other Income Subject to Withholding".

C. Deletions

- The "Special Contribution for Professional and Advisory Services under Act 48-2013" field was deleted and moved to Form 480.6SP.
- The "Reimbursed Expenses" field was deleted and moved to Form 480.6SP.
- The "Responsibility of Payment to Health Providers" field was deleted and moved to Form 480.6SP.
- The "No. Waiver Certificate from Withholding at Source on Payments for Services Rendered" field was deleted and moved to Form 480.6SP (not shown on form).



- The "Payments for Services Rendered by Individuals" field was deleted and moved to Form 480.6SP "Payments for Services Rendered by Individuals Subject to Withholding".
- The "Payments for Services Rendered by Corporations and Partnerships" field was deleted and moved to Form 480.6SP "Payments for Services Rendered by Corporations and Partnerships Subject to Withholding".

3. Form 480.6B.1 (Exhibit N)

A. Additions

No additions were made to this form.

B. Modifications

 Informative Return Name – "Annual Reconciliation Statement of Income Subject to Withholding" changed to "Annual Reconciliation Statement of Other Income Subject to Withholding".

C. Deletions

- The "Responsibility of Payment to Health Providers" field was deleted and moved to Form 480.6SP.2.
- The "Reimbursed Expenses" field was deleted and moved to Form 480.6SP.2.
- The "Special Contribution for Professional and Advisory Services under Act 48-2013" field was deleted and moved to Form 480.6SP.2.
- The "Services Rendered by Individuals" field was deleted and moved to Form 480.6SP.2 "Services Rendered by Individuals Subject to Withholding".
- The "Services Rendered by Corporations and Partnerships" field was deleted and moved to Form 480.6SP.2 "Services Rendered by Corporations and Partnerships Subject to Withholding".

4. Form 480.6C (Exhibit C)

A. Additions

• The "Payee's Identification Number" **indicator box** for "Alien" field (location 907) **was added.**



 The "Payments Not Subject to Withholding" field (location 894-905) was added, including indicator box for "Services Rendered Outside of Puerto Rico" field (location 906).

B. Modifications

- Informative Return Name "Income Subject to Withholding Nonresidents" changed to "Payments to Nonresidents or for Services from Sources Outside of Puerto Rico".
- The "Others" field name **changed to** "Other Payments Subject to Withholding".

C. Deletions

No deletions were made to this form.

5. Form 480.30 (Exhibit O)

A. Additions

The "Payments Not Subject to Withholding" field (location 2304-2315)
 was added.

B. Modifications

• The "Others" field name **changed to** "Other Payments Subject to Withholding".

C. Deletions

No deletions were made to this form.

6. Form 480.6D (Exhibit D)

A. Additions

- The "Interest on bonds, notes or other obligations under Section 6070.56(h) of Act 60-2019" field (location 919-930) was added.
- The "Dividends from exempt business under Act 60-2019 (Section 6070.56(e))" field (location 931-942) was added.



B. Modifications

No modifications were made to this form.

C. Deletions

No deletions were made to this form.

7. Form 480.7 (Exhibit E)

A. Additions

• The Type of Financial indicator "C" = Contribution, "D" = Distribution, and "B" = Both (location 892) was added (not shown on form).

B. Modifications

- The "Tax Withheld from Interest (17% line 12D)" field name changed to "Tax Withheld from Interest (10% line 12D)".
- The "Income Tax Withheld from Sources Within Puerto Rico (17% line 12E)" field name changed to "Income Tax Withheld from Sources Within Puerto Rico (10% line 12E)".
- The "Income Tax Withheld at Source on Eligible Distributions for Reason of Extreme Economic Emergency Due to Hurricane María (10% line 12K1)" field name **changed to** "Income Tax Withheld at Source on Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico (10% line12K1)".
- The "Eligible Distributions for Reason of Extreme Economic Emergency Due to Hurricane María" field name changed to "Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico".

C. Deletions

No deletions were made to this form.

8. Form 480.7B (Exhibit G)

A. Additions

• The Type of Financial indicator "C" = Contribution, "D" = Distribution, and "B" = Both (location 902) was added (not shown on form).



B. Modifications

- The "Tax Withheld from Interest (17%)" field name **changed to** "Tax Withheld from Interest (10%)".
- The "Tax Withheld from Distributions of Income from Sources Within Puerto Rico (17%)" field name changed to "Tax Withheld from Distributions of Income from Sources Within Puerto Rico (10%)".

C. Deletions

No deletions were made to this form.

9. Form 480.7B.1 (Exhibit Q)

A. Additions

 Part III - Monthly Tax Withheld Reconciliation (Form 480.7B.1) was added.

B. Modifications

Part I - Individual Retirement Account (Form 480.7)

- The "Tax Withheld from Interest (17%)" field name **changed to** "Tax Withheld from Interest (10%)".
- The "Income Tax Withheld from Sources Within Puerto Rico (17%)" field name **changed to** "Income Tax Withheld from Sources Within Puerto Rico (10%)".
- The "Income Tax Withheld at Source on Eligible Distributions for Reason of Extreme Economic Emergency Due to Hurricane María (10%)" field name changed to "Income Tax Withheld at Source on Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico (10%)".

Part II - Educational Contribution Account (Form 480.7B)

- The "Tax Withheld from Interest (17%)" field name changed to "Tax Withheld from Interest (10%).
- The "Tax Withheld from Distributions of Income from Sources Within Puerto Rico (17%)" field name changed to "Tax Withheld from Distributions of Income from Sources Within Puerto Rico (10%).



C. Deletions

No deletions were made to this form.

10. Form 480.7C (Exhibit H)

A. Additions

- The "Payee Resident Type" indicator boxes for: "1" = Resident, "2" = Nonresident U.S. Citizen, and "3" = Nonresident Alien" (location 12) was added.
- The Payee's ID Type "3" = ITIN, "4" = IDN, and "5" = CIDN (location 11) was added (not shown on form).
- The Report Distributions "1" (location 2413) was added (not shown on form).

B. Modifications

- The "Eligible Distributions for Reason of Extreme Economic Emergency Due to Hurricane María" field name changed to "Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico".
- The "Income Tax Withheld on Eligible Distributions for Reason of Extreme Economic Emergency Due to Hurricane María" field name changed to "Income Tax Withheld on Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico".

C. Deletions

No deletions were made to this form.

11. Form 480.7C.1 (Exhibit R)

A. Additions

 Part II - Monthly Tax Withheld Reconciliation (Form 480.7C.1) was added.

B. Modifications

 The "Income Tax Withheld on Eligible Distributions for Reason of Extreme Economic Emergency Due to Hurricane María" field name changed to "Income Tax Withheld on Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico".



C. Deletions

• No deletions were made to this form.

12. Form 480.5 (Exhibit M)

A. Additions

• Form Type (indicator box) for **480.6G**, **480.6SP** and **480.7E** (location 12) was added.

B. Modifications

• No modifications were made to this form.

C. Deletions

• No deletions were made to this form.



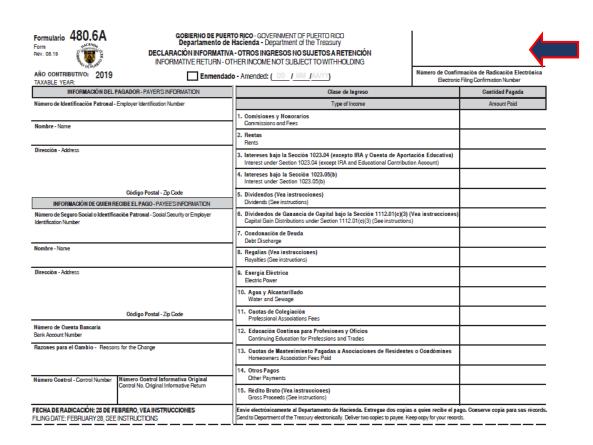
FILING REMINDERS

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

I. Confirmation Number

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

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



II. Control Numbers

The Department does not assign control numbers via text file. The control number will be assigned by the payer on submission. This number must consist of nine digits and cannot be repeated for the same payer, same form type, and same tax year. Starting tax year 2019 the sequence from 900000000 to 999999999 will be reserved only for the use of the Department for all other submissions, 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, 2020. You may contact the Forms and Publications Division at (787) 622-0123 option 8 or send an email to forms@hacienda.pr.gov.

IV. Filing Deadline

When is my file due?

Form	Due Date
480.7A, 480.7D and 480.5	January 31, 2020
480.6A, 480.6B, 480.6D, 480.6B.1, 480.6G, 480.6SP, 480.6SP.2, 480.7E and 480.5	February 28, 2020
480.6C, 480.30, and 480.5	April 15, 2020
480.7, 480.7B, 480.7C, 480.7B.1, 480.7C1 and 480.5 (See instructions of the Forms)	Feb. 28 or Aug. 30, 2020

All informative returns must be submitted by the applicable deadline. An extension to file cannot be requested since the Puerto Rico Internal Revenue Code of 2011, as amended (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 2018 must be SURI using the appropriate filing requirements for the specific tax year of the submission. Publications for each tax year are available on Hacienda's website www.hacienda.pr.gov in the "Patronos y Agentes Retenedores" section. Control numbers for previous year submissions must be assigned by the payer. Control numbers should consist of nine digits and cannot be repeated for the same payer, form type, and tax year.



VII. Amendments of Previously Filed Forms

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

An original file cannot contain amended forms.

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



AVOID COMMON MISTAKES CHECKLIST

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



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

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



FREQUENTLY ASKED QUESTIONS

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

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

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

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

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

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

4. How can I obtain the 2019 layout of the Informative Returns?

You may contact the Forms and Publications Division at (787) 622-0123 option #8 or send an e-mail to forms@hacienda.pr.gov.

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

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

6. What if I file late?

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

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

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

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

Review the error messages provided by SURI and apply the appropriate correction to the file. Once corrected, re-upload in SURI and complete the submission. The Department will soon be issuing Publication 19-06 ("Manual de Referencia Errores de Declaraciones Informativas Año 2019") in our Department's web page (www.hacienda.pr.gov), under the Publications section.

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

Yes.



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

Yes. The Department of the Treasury requires that you 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 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:\F4806BY19
- 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 and 480.7E:

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:

Submitter Record	Required
Employer Record	Required
	Required
	Required
	Required
Summary 480.7B	Required
Summary	Required
	Employer Record Summary 480.7B

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:

Record Type SU	Submitter Record	Required
Record Type PA	Employer Record	Required
Form 480.6SP		Required
Form 480.6SP		Required
Form 480.6SP		Required
Form 480.6SP.2	Summary 480.6SP	Required
Form 480.5	Summary	Required



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 000000025.

What rules do you have for alpha/numeric fields?

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

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

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

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

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



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

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

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

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

Form Type

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

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



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

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. Delete document types can only be submitted in amended filing types.



ASSISTANCE

Technical Questions

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

Tax Related Questions

For general tax questions you may contact Hacienda Responde at (787) 622-0123, option 4, 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	10
Brunei	BX
Bulgaria	BU
Burkina Faso	UV
Burma	BM
Burundi	BY
Cambodia	СВ
Cameroon	CM
Finland	FI

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



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

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



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

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



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

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



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806AY19 RECORD TYPE: FORM

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

RECORD LENGTH:

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.	*
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 2019.	*
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	THE REAL PROPERTY OF THE PROPE	*
17. STATE	X(2)	С	2	154-155		*
	9(5)	С	5	156-160		*
18. ZIP-CODE					ZEDOS JENOT AVAILADI E	
19. ZIP-CODE EXTENSION20. FILLER	9(4) X(2)	C	2	161-164 165-166	ZEROS, IF NOT AVAILABLE. SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
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).	
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806AY19 RECORD TYPE: FORM

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

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	FICTURE		DITES	LOCATION	COMMENTS	KE
24. ADDRESS LINE NUMBER 1	X(35)	C	35	226-260		*
		~				
25. ADDRESS LINE NUMBER 2	X(35)	C	35	261-295		*
26. TOWN 27. STATE	X(13) X(2)	C	13	296-308 309-310		*
28. ZIP-CODE	9(5)	C	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	C	1	320-320	SPACES.	*
31. FILLER	9(24)	С	24	321-344	ZEROS.	*
32. COMMISSIONS AND FEES	9(10) V99	C	12	345-356	SEE FORM 480.6A, ITEM 1.	
33. RENTS	9(10) V99	С	12	357-368	SEE FORM 480.6A, ITEM 2.	
34. INTEREST UNDER SECTION 1023.4	9(10)V99	С	12	369-380	SEE FORM 480.6A, ITEM 3.	
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 14.	
39. GROSS PROCEEDS	9(10)V99	С	12	429-440	SEE FORM 480.6A, ITEM 15.	
40. DEBT DISCHARGE	9(10)V99	С	12	441-452	SEE FORM 480.6A, ITEM 7.	
41. FILLER	X(309)	С	309	453-761	SPACES.	*
					ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	
42. PAYEE'S FIRST NAME	X(15)	C	15	762-776	INDIVIDUALS.	*
	` ′				ENTER THE MIDDLE NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL	
43. PAYEE'S MIDDLE NAME	X(15)	C	15	777-791	WITH BLANKS.	
					ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	
44. PAYEE'S LAST NAME	X(20)	С	20	792-811	INDIVIDUALS.	*
PAYEE'S MOTHER'S MAIDEN LAST 45. NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
CAPITAL GAIN DISTRIBUTIONS 46. UNDER SECTION 1112.01(C)(3)	9(10)V99	С	12	832-843	SEE FORM 480.6A, ITEM 6.	
47. FILLER	X(2)	С	2	844-845	SPACES.	
48. INTEREST UNDER SECTION1023.05(b)	9(10)V99	C	12	846-857	SEE FORM 480.6A, ITEM 4.	
49. FILLER	9(86)	C	86	858-943	ZEROS.	
50. ROYALTIES	9(10)V99	C	12	944-955	SEE FORM 480.6A, ITEM 8.	
51. ELECTRIC POWER	9(10)V99	С	12	956-967	SEE FORM 480.6A, ITEM 9.	
52. WATER AND SEWAGE	9(10)V99	C	12	968-979	SEE FORM 480.6A, ITEM 10.	
53. PROFESSIONAL ASSOCIATIONS FEES	9(10)V99	С	12	980-991	SEE FORM 480.6A, ITEM 11.	+-
CONTINUING EDUCATION FOR 54. PROFESSIONS AND TRADES	9(10)V99	С	12	992-1003	SEE FORM 480.6A, ITEM 12.	
HOMEOWNERS ASSOCIATION FEES 55. PAID	9(10)V99	С	12	1004-1015	SEE FORM 480.6A, ITEM 13.	

^{*} REQUIRED FIELDS



EXHIBIT A

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806AY19 RECORD TYPE: FORM

P=PACKED, B=BINARY, C=CHARACTER

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

RECORD LENGTH:

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		1		1	1	
56. FILLER	X(1430)	С	1430	1016-2445	SPACES.	*
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 A

Formulario 480.6A Form Rev. D8.19

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

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

AÑO CONTRIBUTIVO: 2019 Enmendado - Amended: (_DD__I_NNL_JAAYY)

Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number

INFORMACIÓN DEL PAGADOR - P	AYER'S INFORMATION	Clase de Ingreso	Cantidad Pagada
Número de Identificación Patronal - Employer Ide	ntification Number	Type of Income	Amount Paid
Nombre - Name	239	Comisiones y Honorarios Commissions and Fees	
		2. Rentas Rents	
Dirección - Address		Intereses bajo la Sección 1023.04 (excepto IRA y Cuenta de Aportación Educativa) Interest under Section 1023.04 (except IRA and Educational Contribution Account)	
		4. Intereses bajo la Sección 1023.05(b) Interest under Section 1023.05(b)	
	Postal - Zip Code	5. Dividendos (Vea instrucciones)	
INFORMACIÓN DE QUIEN RECIBE EL PA	GO-PAYEESINFORMATION	Dividends (See instructions)	
Número de Seguro Social o Identificación Patron: Identification Number	al - Social Security or Employer	 Dividendos de Ganancia de Capital bajo la Sección 1112.01(c)(3) (Vea instrucciones) Capital Gain Distributions under Section 1112.01(c)(3) (See instructions) 	
		7. Condonación de Deuda Debt Discharge	
Nombre - Name		8. Regalias (Vea instrucciones) Royalties (See instructions)	
Dirección - Address		9. Energia Eléctrica Electric Power	
		10. Agua y Alcantarillado Waler and Sewage	
	Postal - Zip Code	11. Cuotas de Colegiación Professional Associations Fees	
Número de Cuenta Bancaria Bank Account Number		Educación Continua para Profesiones y Oficios Continuing Education for Professions and Trades	
Razones para el Cambio - Reasons for the Cha	inge	Cuotas de Mantenimiento Pagadas a Asociaciones de Residentes o Condómines Homeowners Association Fees Paid	
Número Control - Control Number Número Co	ntrol Informativa Original	14. Otros Pagos Other Payments	
Control No.	Original Informative Return	15. Rédito Bruto (Vea instrucciones) Gross Proceeds (See instructions)	
FECHA DE RADICACIÓN: 28 DE FEBRERO, VE FILING DATE: FEBRUARY 28, SEE INSTRUCTI		Envie electrónicamente al Departamento de Hacienda. Entregue dos copias a quien recibe el pa Send to Department of the Treasury electronically. Deliver two copies to payee. Keep copy for your recor	



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806BY19 RECORD TYPE: FORM

RECORD NAME: OTHER INCOME SUBJECT TO WITHHOLDING – FORM TYPE

480.6B

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
		1	T			
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6B. RIGHT JUSTIFIED.	*
3. PAYEE ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. FILLER	X(1)	C	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "3" TO INDICATE FORM 480.6B.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2019.	*
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	*
12. IDENTIFICATION NUMBER	9(9)	C	9	32-40	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 DANIZ ACCOUNT NUMBER	V(20)	C	20	176 105	REQUIRED ONLY WHEN REPORTING DIVIDENDS INCOME (LOCATION 387-398) OR INTEREST INCOME (LOC. 431-442 OR	
22. BANK ACCOUNT NUMBER 23. NAME	X(20) X(30)	C	30	176-195 196-225	LOC. 497-508). REQUIRED ONLY FOR CORPORATIONS.	*
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260	REQUIRED ONE I FOR CORFORATIONS.	*
25. ADDRESS LINE NUMBER 2	X(35)	C	35	261-295		

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806BY19 RECORD TYPE: FORM

RECORD NAME: OTHER INCOME SUBJECT TO WITHHOLDING – FORM TYPE

RECORD LENGTH: 2500 480.6B

EHEY D MAME	DICTUDE		DY/DEC	FILE	CONDIENTS	DE
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
26. TOWN	X(13)	С	13	296-308		*
20. TOWN 27. STATE	X(2)	C	2	309-310		*
28. ZIP-CODE	9(5)	C	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	C	1	320-320	SPACES.	*
31. FILLER	9(44)	C	44	321-364	ZEROS.	*
AMOUNT PAID	7(11)			321 301	EEROS.	
32. JUDICIAL - EXTRAJUDICIAL	9(10)V99	С	12	365-376	SEE FORM 480.6B, ITEM 1.	
AMOUNT WITHHELD)(10)			202 270	SEE TOTAL TOUGH, TENT T	
33. JUDICIAL - EXTRAJUDICIAL	9(8)V99	С	10	377-386	SEE FORM 480.6B, ITEM 1.	
34. FILLER	9(44)	C	44	387-430	ZEROS.	*
AMOUNT PAID	- /					
35. INTEREST UNDER SECTION 1023.04	9(10)V99	C	12	431-442	SEE FORM 480.6B, ITEM 5.	
AMOUNT WITHHELD						
36. INTEREST UNDER SECTION 1023.04	9(8)V99	C	10	443-452	SEE FORM 480.6B, ITEM 5.	
AMOUNT PAID						
37. DIVIDENDS SUBJECT TO 15%	9(10)V99	C	12	453-464	SEE FORM 480.6B, ITEM 2.	
AMOUNT WITHHELD						
38. DIVIDENDS SUBJECT 15%	9(8)V99	C	10	465-474	SEE FORM 4806.B, ITEM 2.	
AMOUNT PAID						
39. DIVIDENDS IND. DEV. (ACT 8 1/24/87)	9(10)V99	C	12	475-486	SEE FORM 480.6B, ITEM 7.	
AMOUNT WITHHELD						
40. DIVIDENDS IND.DEV. (ACT 8 1/24/87)	9(8)V99	C	10	487-496	SEE FORM 480.6B, ITEM 7.	
AMOUNT PAID						
41. INTEREST UNDER SECTION 1023.05(b)	9(10)V99	C	12	497-508	SEE FORM 480.6B, ITEM 6.	
AMOUNT WITHHELD	0.(0).1.100		10	500 510	GET FORM 400 CD FEEL C	
42. INTEREST UNDER SECTION 1023.05(b)	9(8)V99	С	10	509-518	SEE FORM 480.6B, ITEM 6.	
AMOUNT PAID	0/10/1/00	С	12	£10.520	SEE FORM 490 CD TEEM 0	
43. OTHER PAYMENTS AMOUNT WITHHELD	9(10)V99	C	12	519-530	SEE FORM 480.6B, ITEM 9.	
44. OTHER PAYMENTS	9(8)V99	С	10	531-540	SEE FORM 480.6B, ITEM 9.	
AMOUNT PAID	9(0) V 99	C	10	331-340	SEE FORM 480.0B, ITEM 9.	
45. COMPENSATION PAID BY SPORT'S TEAMS	9(10)V99	С	12	541-552	SEE FORM 480.6B, ITEM 4.	
AMOUNT WITHHELD)(10) 🕶		12	341-332	SELTORWI 400.0B, ITEM 4.	
46. COMPENSATION PAID BY SPORT'S TEAMS	9(8)V99	С	10	553-562	SEE FORM 480.6B, ITEM 4.	
47. FILLER	X(199)	C	199	563-761	SPACES.	*
17. THEER	21(1))		177	303 701	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	REQUIRED ONLY FOR INDIVIDUALS.	*
	(- /		_		ENTER THE MIDDLE NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
49. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	BLANKS.	
					ENTER THE LAST NAME OF THE PAYEE'S.	
					LEFT JUSTIFIED AND FILL WITH BLANKS.	
50. PAYEE'S LAST NAME	X(20)	C	20	792-811	REQUIRED ONLY FOR INDIVIDUALS.	*
					ENTER THE SECOND LAST NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
51. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	C	20	812-831	BLANKS.	
AMOUNT PAID						
DIVIDENDS SUBJECT TO PREFERENTIAL						
52. RATE UNDER SPECIAL ACT %	9(10)V99	C	12	832-843	SEE FORM 480.6B, ITEM 3.	
AMOUNT WITHHELD						
DIVIDENDS SUBJECT TO PREFERENTIAL	0/007707	_	10	044.0==	GET FORM 400 CD TTTT C	
53. RATE UNDER SPECIAL ACT %	9(8)V99	С	10	844-853	SEE FORM 480.6B, ITEM 3.	1
PERCENT OF DIVIDENDS SUBJECT TO	0(2)		_	054.056	GEE FORM 400 CD JEEP 1 C	
54. PREFERENTIAL RATE UNDER SPECIAL ACT	9(3)	C	3	854-856	SEE FORM 480.6B, ITEM 3.	

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806BY19 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 56. ELIGIBLE DIVIDENDS UNDER ACT 14-2017	9(10)V99	С	12	881-892	SEE FORM 480.6B, ITEM 8.	
AMOUNT WITHHELD 57. ELIGIBLE DIVIDENDS UNDER ACT 14-2017	9(8)V99	С	10	893-902	SEE FORM 480.6B, ITEM 8.	
58. FILLER	9(24)	С	24	903-926	ZEROS.	*
59. FILLER	X(1519)	С	1519	927-2445	SPACES.	*
CONTROL NUMBER ORIGINAL 60. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
61. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
62. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



Formulario 480.6B GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO Departamento de Hacienda - Department of the Treasury DECLARACIÓN INFORMATIVA - OTROS INGRESOS SUJETOS A RETENCIÓN Rev. 07.19 INFORMATIVE RETURN - OTHER INCOME SUBJECT TO WITHHOLDING AÑO CONTRIBUTIVO: 2019 Número de Confirmación de Radicación Electrónica Enmendado - Amended: (__DD__I_MM_I_AA Electronic Filing Confirmation Number TAXABLE YEAR: INFORMACIÓN DEL AGENTE RETENEDOR - WITHHOLDING AGENTS INFORMATION Cantidad Pagada - Amount Paid Cantidad Retenida - Amount Withheld Clase de Ingreso - Type of Income Número de Identificación Patronal - Employer Identification Number Pagos por Indemnización Judicial o Extrajudicial Payments for Judicial or Extrajudicial Indemnification Nombre - Name Dirección - Address 2. Dividendos Sujetos al 15% Dividends Subject to 15% 3. Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Código Postal - Zip Code Dividends Subject to Preferential Rate under Special Act INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION Número de Seguro Social o Identificación Patronal - Social Security or Employer Identification Number Remuneración Pagada por Equipos de Deportes de Asociaciones o Federaciones Internacionales Compensation Paid by International Associations or Compensation Paid by International Associations or Federations of Sport's Teams Nombre - Name Intereses bajo la Sección 1023.04 (excepto IRA y Cuenta de Aportación Educativa)-Interest under Section 1023.04 (except IRA and Educational Contribution Account) Dirección - Address 6. Intereses bajo la Sección 1023.05(b) Interest under Section 1023.05(b) Código Postal - Zip Code Número de Cuenta Bancaria - Bank Account Number Dividendos de Ingresos de Fomento Industrial (Ley 8 de 24 de enero de 1967) - Dividends from Industrial Development Razones para el Cambio - Reasons for the Change Income (Act 8 of January 24, 1987) Dividendos Elegibles bajo la Ley 14-2017 Eligible Dividends under Act 14-2017 Número Control - Control Number Número Control Informativa Original Control No. Original Informative Return 9. Otros Pagos - Other Payments FECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUCCIONES Envíe electrónicamente al Departamento de Hacienda. Entregue dos copias a quien recibe el pago. Conserve copia para sus récords. Send to Department of the Treasury electronically. Deliver two copies to payee. Keep copy for your records FILING DATE: FEBRUARY 28, SEE INSTRUCTIONS



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806CY19 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
	•			1		
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.	*
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 2019.	*
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	*
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)	C	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).	



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806CY19 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 AMOUNT WITHHELD	9(10)V99	С	12	321-332	SEE FORM 480.6C, ITEM 1.	
32. SALARIES ,WAGES OR COMPENSATIONS	9(8)V99	С	10	333-342	SEE FORM 480.6C, ITEM 1.	
33. FILLER	9(22)	С	22	343-364	ZEROS.	*
34. AMOUNT PAID SALE OF PROPERTY	9(10)V99	С	12	365-376	SEE FORM 480.6C, ITEM 4.	
35. AMOUNT WITHHELD SALE OF PROPERTY	9(8)V99	С	10	377-386	SEE FORM 480.6C, ITEM 4.	
36. FILLER	9(22)	С	22	387-408	ZEROS.	*
37. AMOUNT PAID ROYALTIES	9(10)V99	С	12	409-420	SEE FORM 480.6C, ITEM 8.	
38. AMOUNT WITHHELD ROYALTIES	9(8)V99	С	10	421-430	SEE FORM 480.6C, ITEM 8.	
39. AMOUNT PAID INTEREST	9(10)V99	С	12	431-442	SEE FORM 480.6C, ITEM 10.	
40. AMOUNT WITHHELD INTEREST	9(8)V99	С	10	443-452	SEE FORM 480.6C, ITEM 10.	
41. AMOUNT PAID RENTS	9(10)V99	С	12	453-464	SEE FORM 480.6C, ITEM 11.	
42. AMOUNT WITHHELD RENTS	9(8)V99	С	10	465-474	SEE FORM 480.6C, ITEM 11.	
43. FILLER	X(22)	С	22	475-496	SPACES.	*
44. AMOUNT PAID PUBLIC SHOWS	9(10)V99	С	12	497-508	SEE FORM 480.6C, ITEM 12.	
45. AMOUNT WITHHELD PUBLIC SHOWS	9(8)V99	С	10	509-518	SEE FORM 480.6C, ITEM 12.	
46. AMOUNT PAID OTHERS	9(10)V99	С	12	519-530	SEE FORM 480.6C, ITEM 13.	
47. AMOUNT WITHHELD OTHERS	9(8)V99	С	10	531-540	SEE FORM 480.6C, ITEM 13.	
48. PAYEE'S IDENTIFICATION	X(12)	C	12	541-552	IF PAYEE ID TYPE = "4" ENTER PAYEE'S IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), IF PAYEE ID TYPE = "5" ENTER PAYEE'S CIDN (OTHER CORPORATE IDENTIFICATION NUMBER). USE ONLY WHEN THE PAYEE DOES NOT HAVE AN SSN OR FEIN. IDN AND CIDN CAN BE ANY TYPE OF ALPHANUMERIC IDENTIFICATION OTHER THAN FEIN, SSN, OR ITIN.	
49. FILLER	X(88)	C	88	553-640	SPACES.	*



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806CY19

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

RECORD LENGTH: 2500

RECORD TYPE: FORM

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
AMOUNT PAID						
ROYALTIES SUBJ. TO SPECIAL RATE	9(10)V99	C	12	641-652	SEE EODM 480 6C TEEM 0	
50. UNDER INCENTIVES ACTS %. AMOUNT WITHHELD	9(10) V 99	C	12	041-032	SEE FORM 480.6C, ITEM 9.	
ROYALTIES SUBJ. TO SPECIAL RATE						
51. UNDER INCENTIVES ACTS %.	9(8)V99	C	10	653-662	SEE FORM 480.6C, ITEM 9.	
AMOUNT PAID						
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 FORM 480.6C, ITEM 3.	
AMOUNT PAID AMOUNT PAID	9(8) V 99	C	10	073-064	SEE FORWI 480.0C, ITEM 5.	
DIVIDENDS SUBJECT 10% UNDER SECTION						
54. 1062.11	9(10)V99	C	12	685-696	SEE FORM 480.6C, ITEM 5.	
AMOUNT WITHHELD						
DIVIDENDS SUBJECT 10% UNDER SECTION	0/0/1/00		10	607.706	GEF FORM 400 CC JEFFM 5	
55. 1062.11 AMOUNT PAID	9(8)V99	C	10	697-706	SEE FORM 480.6C, ITEM 5.	
DIVIDENDS SUBJECT 15% UNDER SECTION						
56. 1062.08	9(10)V99	C	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.	*
JO. TIELEK	11(33)		33	725 701	ENTER THE FIRST NAME OF THE PAYEE'S.	
					LEFT JUSTIFIED AND FILL WITH BLANKS.	
59. PAYEE'S FIRST NAME	X(15)	C	15	762-776	REQUIRED ONLY FOR INDIVIDUALS.	*
					ENTER THE MIDDLE NAME OF THE	
60. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
00. TATEE 3 MIDDLE NAME	A(13)		13	111-191	ENTER THE LAST NAME OF THE PAYEE'S.	
					LEFT JUSTIFIED AND FILL WITH BLANKS.	
61. PAYEE'S LAST NAME	X(20)	C	20	792-811	REQUIRED ONLY FOR INDIVIDUALS.	*
					ENTER THE SECOND LAST NAME OF THE	
62 DAVEE'S MOTHED'S MAIDEN LAST NAME	V(20)	С	20	012 021	PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
62. PAYEE'S MOTHER'S MAIDEN LAST NAME AMOUNT PAID	X(20)	C	20	812-831	BLANKS.	+
SERVICES RENDERED BY INDEPENDENT						
63. CONTRACTORS	9(10)V99	C	12	832-843	SEE FORM 480.6C, ITEM 2.	
AMOUNT WITHHELD						
SERVICES RENDERED BY INDEPENDENT	0/8/1/00		10	044.052	CEE FORM 490 CC TEEM 2	
64. CONTRACTORS AMOUNT PAID	9(8)V99	C	10	844-853	SEE FORM 480.6C, ITEM 2.	
DIVIDENDS SUBJECTS TO PREFERENTIAL						
65. RATE UNDER SPECIAL ACT%	9(10)V99	C	12	854-865	SEE FORM 480.6C, ITEM 7.	
AMOUNT WITHHELD						
DIVIDENDS SUBJECTS TO PREFERENTIAL	0(0)1/00		10	0.66.075	GEE FORM 400 CC PERM 7	
66. RATE UNDER SPECIAL ACT%	9(8)V99	C	10	866-875	SEE FORM 480.6C, ITEM 7.	+
PERCENT OF DIVIDENDS SUBJECT 67. PREFERENTIAL RATE UNDER SPECIAL ACT	9(3)	С	3	876-878	SEE FORM 480.6B, ITEM 7.	
PERCENT OF ROYALTIES SUBJECT TO	/(5)	T	,	070 070	SEE TOTAL TOTAL T.	+
68. SPECIAL RATE UNDER INCENTIVES ACT	9(3)	C	3	879-881	SEE FORM 480.6B, ITEM 9.	
SPECIAL CONTRIBUTION FOR						
PROFESSIONAL AND ADVISORY SERVICES	0/10/7700		1.2	002 002		
69. UNDER ACT 48-2013	9(10)V99	C	12 12	882-893	SEE EODM 490 6C TTEM 14	+
70. PAYMENTS NOT SUBJECT TO WITHHOLDING SERVICES RENDERED OUTSIDE OF	9(10)V99	1	12	894-905	SEE FORM 480.6C, ITEM 14.	+
71. PUERTO RICO	X(1)	С	1	906-906	IF IT'S TRUE, A FILL WITH "1".	
* DECLIDED FIELDS	\-/			, 55 , 56		ASUp.

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806CY19 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
72. PAYEE IS ALIEN	X(1)	С	1	907-907	IF IT'S TRUE, A FILL WITH "1".	
73. FILLER	X(1538)	С	1538	908-2445	SPACES.	*
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED WHEN	
74. INFORMATIVE RETURN	9(9)	C	9	2446-2454	FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE FORM.	
75. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
76. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



AÑO CONTRIBUTIVO: 2019		NTS OR FOR SERVICES FROM SOURCES OUTSIDE OF PUERTO RICO Amended: (DD 1 MM 1.A//)	Número de Confirmación Electronic Filing Co	de Radicación Electrónica Infirmation Number
INFORMACIÓN DEL AGENTE RET	ENEDOR-WITHHOLDING AGENT'S INFORMATION	Clase de Ingreso	Cantidad Pagada	Cantidad Retenida
lúmero de Identificación Patronal - Em	player Identification Number	Type of Income	Amount Paid	Amount Withheld
Nombre - Name		Salarios, Jornales o Compensaciones (Vea instrucciones) Salaries, Wages or Compensations (See instructions)		
Dirección - Address		Pagos por Servicios Prestados por Contratistas Independientes Payments for Services Rendered by Independent Contractors		
	Código Postal - Zip Code	Remuneración Pagada por Equipos de Deportes de Asociaciones o Federaciones Internacionales - Compensation Paid by International Associations or Federations of Sport's Teams		
	RECIBE EL PAGO - PAYEE'S INFORMATION	4. Venta de Propiedad - Sale of Property		
Número de Identificación - Identification	Number Extrasjero	Dividendos Sujetos al 10% bajo la Sección 1062.11 Dividendos Subject to 10% under Section 1062.11		
		Dividendos Sujetos al 15% bajo la Sección 1062.08 Dividendos Subject to 15% under Section 1082.08		
Dirección - Address		7. Dividendos Sujetos a Tasa Preferencial bajo Ley Especial Dividendo Subject to Preferential Rate under Special Act		
Aportación Especial por Servicios Prof	Código Postal - Zip Code esionales y Consultivos bajo la Ley 48-2013	8. Regalias - Royalties		
Special Contribution for Professional and A		Regalias Sujetas a Tasa Especial bajo Leyes de Incentivos Royalties Subject to Special Rate under Incentives Acts%		
lúmero de Cuenta Bancaria Iank Account Number		10. latereses - Interest		
lazones para el Cambio - Reasons for th	e Change	11. Reatas - Rents		
		12. Espectáculos Públicos - Public Shows		
Número Control - Control Number	Número Control Informativa Original	13. Otros Pagos Sujetos a Retención Other Payments Subject to Withholding		
	Control No. Original Informative Return	14. Pagos No Sujetos a Retención Payments Not Subject to Withholding Servicios Prestados fuera de Puerto Rico Services Rendered Outside of Puerto Rico		
ECHA DE RADICACIÓN: 15 DE ABRIL LING DATE: APRIL 15, SEE INSTRUC		Envie electronicamente al Departamento de Hacienda. Entregue dos copias Send to Department of the Treasury electronically. Deliver two copie		



EXHIBIT D

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806DY19

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.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.6D. RIGHT JUSTIFIED.	*
3. PAYEE ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. FILLER	X(1)	С	1	12-12	SPACES.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "X" TO INDICATE FORM 480.6D.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2019.	*
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		*





EXHIBIT D

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806DY19 RECORD TYPE: FORM

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

RECORD LENGTH: 2500

	·									
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE				
FIELD NAME	FICTURE	1	DITES	LOCATION	COMMENTS	KE				
25. ADDRESS LINE NUMBER 2	X(35)	C	35	261-295						
26. TOWN	X(13)	C	13	296-308		*				
20. 10WIV	A(13)		13	290-308						
27. STATE	X(2)	C	2	309-310		*				
28. ZIP-CODE	9(5)	C	5	311-315		*				
29. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.					
29. ZII -CODE EXTENSION	9(4)		4	310-319	ZEROS, II NOT AVAILABLE.					
30. FILLER	X(1)	C	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	C	12	333-344	SEE FORM 480.6D, ITEM 2.					
COMPENSATION FOR INJURIES OR)(10) (7)		12	333 344	BEET OKIN 400.0D, ITEM 2.					
33. SICKNESS UNDER SECTION 1031.01(b)(3)	9(10)V99	C	12	345-356	SEE FORM 480.6D, ITEM 3.					
DISTRIBUTIONS FROM NON DEDUCTI-										
BLE INDIVIDUAL RETIREMENT	0/10/1/00		10	257.260	GET FORM 400 CD WEEK 4					
34. ACCOUNTS 35. FILLER	9(10)V99 X(24)	C	12 24	357-368 369-392	SEE FORM 480.6D, ITEM 4. SPACES.	*				
55. FILLER	Λ(24)	C	24	309-392	SPACES.	-				
36. FILLER	9(12)	C	12	393-404	ZEROS.					
37. FILLER	X(44)	С	44	405-448	SPACES.	*				
RENT FROM RESIDENTIAL PROPERTY										
38. UNDER ACT. 132-2010, AS AMENDED	9(10)V99	C	12	449-460	SEE FORM 480.6D, ITEM 5.					
39. FILLER OTHER PAYMENTS SUBJECT TO ALTER-	X(12)	С	12	461-472	SPACES.	*				
40. NATE BASIC TAX TOTAL AMOUNT PAID	9(10)V99	C	12	473-484	SEE FORM 480.6D, ITEM 20, COLUMN A.					
OTHER PAYMENTS SUBJECT TO ALTER-)(10) (7)		12	773 707	BEET ORW 400.0D, HEW 20, COLUMN M.					
41. NATE BASIC TAX	9(10)V99	C	12	485-496	SEE FORM 480.6D, ITEM 20, COLUMN B.					
INTEREST UPON OBLIGATIONS FROM										
42. THE UNITED STATES GOVERNMENT	9(10)V99	C	12	497-508	SEE FORM 480.6D, ITEM 6.					
INTEREST UPON OBLIGATIONS FROM THE COMMONWEALTH OF PUERTO										
43. RICO	9(10)V99	C	12	509-520	SEE FORM 480.6D, ITEM 7.					
44. INTEREST UPON CERTAIN MORTGAGES	9(10)V99	C	12	521-532	SEE FORM 480.6D, ITEM 8.					
OTHER INTEREST SUBJECT TO ALTER-	Ì									
45. NATE BASIC TAX	9(10)V99	C	12	533-544	SEE FORM 480.6D, ITEM 10.	1				
46. FILLER	9(12)	C	12	545-556	ZEROS.	*				
DIVIDENDS FROM COOPERATIVE 47. ASSOCIATIONS	9(10)V99	C	12	557-568	SEE FORM 480.6D, ITEM 12.					
DIVIDENDS FROM AN INTERNATIONAL	7(10) ¥ 33	1	12	337-300	SEL I ORWI TOU.OD, ITEM 12.	1				
INSURER OR HOLDING COMPANY OF										
48. THE INTERNATIONAL INSURER	9(10)V99	C	12	569-580	SEE FORM 480.6D, ITEM 13.					
49. FILLER	9(12)	C	12	581-592	ZEROS.	*				
50. DEBT DISCHARGE	9(10)V99	C	12	593-604	SEE FORM 480.6D, ITEM 19.	*				
51. FILLER	X(157)	С	157	605-761	SPACES. ENTER THE FIRST NAME OF THE PAYEE'S.	*				
					LEFT JUSTIFIED AND FILL WITH BLANKS.					
52. PAYEE'S FIRST NAME	X(15)	C	15	762-776	REQUIRED ONLY FOR INDIVIDUALS.	*				
	, ,				ENTER THE MIDDLE NAME OF THE					
50 DAVENDA (FIX.)	****	_			PAYEE'S. LEFT JUSTIFIED AND FILL WITH					
53. PAYEE'S MIDDLE NAME	X(15)	C	15	777-791	BLANKS.					





EXHIBIT D

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806DY19

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			•		
54. PAYEE'S LAST NAME	X(20)	C	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
55. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	C	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
OTHER INTEREST NOT SUBJECT TO ALTER- 56. NATE BASIC TAX.	9(10)V99	С	12	832-843	SEE FORM 480.6D, ITEM 11.	
DIVIDENDS FROM EXEMPT BUSINESSES 57. NOT SUBJECT TO ALTERNATE BASIC TAX OTHER DIVIDENDS SUBJECT TO	9(10)V99	С	12	844-855	SEE FORM 480.6D, ITEM 14.	
OTHER DIVIDENDS SUBJECT TO 58. ALTERNATE BASIC TAX, AMOUNT PAID OTHER DIVIDENDS SUBJECT TO ALTER-	9(10)V99	С	12	856-867	SEE FORM 480.6D, ITEM 17, COLUMN A.	
59. NATE BASIC TAX,AMOUNT TAX SUBJECT OTHER DIVIDENDS NOT SUBJECT TO	9(10)V99	С	12	868-879	SEE FORM 480.6D, ITEM 17, COLUMN B.	<u> </u>
60. ALTERNATE BASIC TAX OTHER PAYMENT NOT SUBJECT TO	9(10)V99	С	12	880-891	SEE FORM 480.6D, ITEM 18.	
61. ALTERNATE BASIC TAX	9(10)V99	C	12	892-903	SEE FORM 480.6D, ITEM 21.	
62. EXEMPTION CODE ELIGIBLE DIVIDENDS UNDER ACT 14-2017 63. TAX.AMOUNT	9(10)V99	C	12	904-906	SEE FORM 480.6D, ITEM 19. SEE FORM 480.6D, ITEM 15.	
INTEREST ON BONDS, NOTES OR OTHER OBLIGATIONS UNDER SECTION 6070.56(H) 64. OF ACT 60-2019	9(10)V99	С	12	919-930	SEE FORM 480.6D, ITEM 9.	
DIVIDENDS FROM EXEMPT BUSINESS 65. UNDER ACT 60-2019 (SECTION 6070.56(E))	9(10)V99	С	12	931-942	SEE FORM 480.6D, ITEM 16.	
66. FILLER CONTROL NUMBER ORIGINAL 67. INFORMATIVE RETURN	X(1503) 9(9)	C	1503	943-2445	SPACES. THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM	*
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)	C	6	2495-2500	ZEROS.	*



ev. 07.19 DECLARACIÓN INFORMATIVA - INGRES SUJETOS A CONT	enda - Department of the Treasury DS EXENTOS Y EXCLUIDOS E INGRESOS EXENTOS RIBUCIÓN BÁSICA ALTERNA		
NO CONTRIBUTIVO	DOME AND EXEMPT INCOME SUBJECT TO ALTERNATE BASI	Número de	Confirmación de Radicación Electrónica
AVABLE YEAR INFORMACIÓN DEL PAGADOR - PAYERS INFORMACIÓN DEL PAGADOR - PAYER			etronic Filing Confirmation Number PAGO - PAYEE'S INFORMATION
ům. de Identificación Patronal - Employer Identification Number	Núm. de Seguro Social o Identifica		
	Namber Name		
iombre - Name	Nombre - Name		
irección - Address	Dirección - Address		
Còdig	yo Pestal - Zip Code		Código Postal - Zip Code
Clase de Ingreso Type of Income	(A) Total Cantidad Total Amoun		(B) antidad Sujeta a Contribución Básica Altern Amount Subject to Alternate Basic Tax
Ganancia Acumulada en Opciones No Cualificadas Accumulated Gain on Nonqualified Options			
 Distribuciones de Cantidades Previamente Notificadas como Distribucio bajo las Secciones 1023.06(j) y 1023.25(b) Distributions of Amounts Previously Notified as Deemed Eligible Distributions und 1023.25(b) 			
 Compensación por Lesiones o Enfermedad bajo la Sección 1031.01(b)(3) Compensation for injuries or Sickness under Section 1031.01(b)(3) 			
Distribuciones de Cuentas de Retiro Individual No Deducibles Distributions from Non Deductible Individual Retirement Accounts			
5. Renta de Propiedad Residencial bajo la Ley 132-2010, según enmendada Rentirom Residental Property under Act 132-2010, as amended			
Interest upon Obligaciones del Gobierno de los Estados Unidos Interest upon Obligaciones form the United States Government			
7. Intereses sobre Obligaciones del Estado Libre Asociado de Puerto Rico Interest upon Obligations from the Commonwealth of Puerto Rico			
Interess sobre Ciertas Hipotecas Interest upon Certain Mortgages			
Intereses sobre bonos, pagarès u otras obligaciones bajo la Sección 6070 Interest on bonds, notes or other obligations under Section 6070.56(h) of Act 60-21	1.56(h) de la Ley 60-2019		
Otros Intereses Sujetos a Contribución Básica Alterna Other Interest Subject to Alternate Basic Tax			
Otros Intereses No Sujetos a Contribución Básica Alterna Other Interest Not Subject to Alternate Basic Tax			
Dividendos de Asociaciones Cooperativas Dividends from Cooperative Associations			
Dividendos de un Asegurador Internacional o Compañía Tenedora del A Dividends from an International insurer or Hoiding Company of the International Inc	segurador Internacional surer		
 Dividendos de Negocios Exentos No Sujetos a Contribución Básica Alter Dividends from Exempt Businesses Not Subject to Alternate Basic Tax (See inst 	na (Vea instrucciones) uctons)		
5. Dividendos Elegibles bajo la Ley 14-2017 Eligible Dividends under Act 14-2017			
Dividendos de negocio exento bajo la Ley 60-2019 (Sección 6070.56(e)) Dividendos from exemplo business under Act 60-2019 (Section 6070.56(e))			
7. Otros Dividendos Sujetos a Contribución Básica Alterna Other Dividends Subject to Alternale Basic Tax			
 Otros Dividendos No Sujetos a Contribución Básica Alterna Other Dividends Not Subject to Alternate Basic Tax 			
g. Condonación de Deudas (Vea instrucciones) Debt Discharge (See instructions)			
Otros Pagos Sujetos a Contribución Básica Alterna Other Payments Subject to Alternate Basic Tax			
Otros Pagos No Sujetos a Contribución Básica Alterna Other Payments Not Subject to Alternate Basic tax			
lazones para el Cambio leasons for the Change	I		
Bûmero de Cuenta Bancaria Número Bank Account Number Control N	de Control unber	Número de Control de Info Control No. Original Inform	
FROM REALBOOK	BRERO, VEA INSTRUCCIONES-FILING DATE: FEBRUA	DV08 DEE HOTOLET	ONE



EXHIBIT E

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807Y19 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.	*
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 "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 2019.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	C	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
PAYEE'S INFORMATION						
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*
22. 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		*
25. ADDRESS LINE NUMBER 2	X(35)	С	35	261-295		
26. TOWN	X(13)	С	13	296-308		*





EXHIBIT E

FILE DESCRIPTION

DATE: NOVEMBER 2019

FILE NAME: F4807Y19 RECORD TYPE: FORM

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

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
		1	ı		T	
27. STATE	X(2)	С	2	309-310		*
28. ZIP-CODE	9(5)	С	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	С	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPACES.	*
TOTAL BALANCE OF THE ACCOUNT AT 31. THE BEGINNING OF THE YEAR	9(10)V99	С	12	321-332	SEE FORM 480.7, ITEM 1.	
32. CONTRIBUTIONS FOR THE TAXABLE YEAR	9(10)V99	С	12	333-344	SEE FORM 480.7, ITEM 2.	
33. ROLLOVER CONTRIBUTIONS	9(10)V99	С	12	345-356	SEE FORM 480.7, ITEM 3.	
34. ROLLOVER WITHDRAWALS	9(10)V99	С	12	357-368	SEE FORM 480.7, ITEM 4.	
		С				
35. REFUND OF EXCESS CONTRIBUTIONS	9(10)V99		12	369-380	SEE FORM 480.7, ITEM 5.	
36. PENALTY WITHHELD TAX WITHHELD FROM INTEREST	9(10)V99	С	12	381-392	SEE FORM 480.7, ITEM 6.	
37. (10% LINE 12D)	9(10)V99	C	12	393-404	SEE FORM 480.7, ITEM 7.	
TAX WITHHELD INCOME FROM SOURCES 38. WITHIN PR (10% LINE 12E)	9(10)V99	C	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.	
, , , , , , , , , , , , , , , , , , ,	Ì	C	24		SPACES	*
40. FILLER TAX WITHHELD AT SOURCE TO	X(24)	С	24	429-452	SPACES.	
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- INTEREST FROM ELIGIBLE 45. FINANCIAL INSTITUTIONS	9(10)V99	С	12	501-512	SEE FORM 480.7, ITEM 12D.	
46. E- INCOME FORM 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 G- GOVERNMENT PENSIONERS	9(10)V99	С	12	561-572	SEE FORM 480.7, ITEM 12G3.	
51. TOTAL	9(10)V99	С	12	573-584	SEE FORM 480.7, ITEM 12G4.	
52. FILLER	X(36)	С	36	585-620	SPACES.	*
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 12K.	





EXHIBIT E

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807Y19 RECORD TYPE: FORM

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
PIELD WANTE	TICTORE	1	DITES	LOCATION	COMMENTS	KE
55. FILLER	X(60)	С	60	645-704	SPACES.	*
56. I- PREPAID (5%) UNDER SECTION 1081.06	9(10)V99	С	12	705-716	SEE FORM 480.7, ITEM 12 I.	
57. FILLER	X(45)	С	45	717-761	SPACES.	*
58. PAYEE'S FIRST NAME	X(15)	С	15	762-776	ENTER THE FIRST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
59. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
60. PAYEE'S LAST NAME	X(20)	С	20	792-811	ENTER THE LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
61. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
INCOME TAX WITHHELD AT SOURCE ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 62. OF PUERTO RICO (10% LINE12K1)	9(10)V99	С	12	832-843	SEE FORM 480.7, ITEM 10.	
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 63. OF PUERTO RICO TAXABLE	9(10)V99	С	12	844-855	SEE FORM 480.7, ITEM K.1.	
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 64. OF PUERTO RICO EXEMPT	9(10)V99	С	12	856-867	SEE FORM 480.7, ITEM K.2.	
EXEMPT INTEREST AND AMOUNT OVER 65. WHICH A PREPAYMENT WAS MADE	9(10)V99	С	12	868-879	SEE FORM 480.7, ITEM K.3.	
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR 66. OF PUERTO RICO TOTAL	9(10)V99	С	12	880-891	SEE FORM 480.7, ITEM K.4.	
67. TYPE OF FINANCIAL	X(1)	С	1	892-892	ENTER: "C"= CONTRIBUTION, "D"= DISTRIBUTION, "B"= BOTH.	*
68. FILLER	X(1541)	С	1541	893-2433	SPACES.	*
69. J- PREPAID (8%) UNDER SECTION 1023.23	9(10)V99	С	12	2434-2445	SEE FORM 480.7, ITEM 12 J.	
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.	*



Rev. 07.19

Formulario 480.7



GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO Departamento de Hacienda - Department of the Treasury DECLARACIÓN INFORMATIVA - CUENTA DE RETIRO INDIVIDUAL INFORMATIVE RETURN - INDIVIDUAL RETIREMENT ACCOUNT

Enmendado - Amended: (__DD__/_MM__/AAAYY_) лио: 2019

TAXABLE YEAR:				Confirmation Number		
INFORMACIÓN DEL AGENTE RETENEDOR - WITHHOLDING	G AGENTS INFORMATION	INFORMACI	ON DE QUIEN RECIBE EL PAGO - PAYEE	INFORMATION		
ium. de Identificación Patronal - Employer Identification	Number	Núm. de Seguro Social - Social Security No.				
Nombre - Name		Nombre - Name				
Directión - Address		Dirección - Address				
Código Po	ostal - Zip Code		Código P	ostal - Zip Code		
Descripción - Description	Cantidad - Amount		Distribuciones - Distributions			
Balance Total de la Cuenta a Principio de Año Total Balance of the Account at the Beginning of the Year		Desglose de Cantidad A. Aportaciones - Contr	Distribuida - Breakdown of Amou toutions	int Distributed		
	-	B. Aportaciones Volun	tarias - Voluntary Contributions			
Aportaciones para el Año Contributivo Contributions for the Taxable Year		C. Intereses Exentos -	Exempt Interest			
3. Aportaciones Via Transferencia		D. Intereses de Institud Interest from Eligible	ciones Financieras Elegibles Financial institutions			
Rollover Contributions		E. Ingresos de Fuentes Income from Sources	Dentro de Puerto Rico Within Puerto Rico			
Retiros Via Transferencia		F. Otros Ingresos - Oth	er Income			
Rollover Withdrawals		G. Pensionados del Gob 1. Aportaciones Contributions	lerno - Government Pensioners			
Reembolso de Aportaciones en Exceso Refund of Excess Contributions		Intereses Elegible Eligible Interest Otros Ingresos	98			
. Penalidad Retenida		Other Income 4. Total (Sume lineas Total (Add lines G1 t				
Penalty Withheld		H. Pagado por Adelantad Prepaid (10%) under Se	to (10%) bajo la Sección 1081.06 ecton 1081.06			
. Contribución Retenida sobre Intereses (10% linea 12D) Tax Withheid from Interest (10% line 12D)		I. Pagado por Adelantad Prepald (5%) under Sect	io (5%) bajo la Sección 1081.06 on 1081.06			
Contribución Refenida sobre Ingreso de Fuentes Dentro d	ie i	J. Pago por Adelantado Prepaid (8%) under Se	(8%) bajo la Sección 1023.23 ction 1023.23			
Puerto Rico (10% linea 12E) - Income Tax Withheld from Sources Within Puerto Rico (10% line 12E)		por el Gobernador o for Reason of a Disas	azón de un Desastre Declarado de Puerto Rico - Distributions ter Declared by the Governor of			
Contribución Retenida sobre ingreso de Pensionados de Gobierno (10% lineas 1262 y 1263) - Income Tax Withhell from Government Pensioners (10% lines 1262 and 1263)	neas 12G2 y 12G3) - Income Tax Withheid Taxable Amount					
Contribución Retenida en el Origen sobri Distribuciones por Razón de un Desastre Declarado por el Gobernador de Puerto Rico (10% linea 12K1) - income Tax Withheld at Source on Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico (10% line12K1)	n	Intereses Exentos Cantidad sobre la Pago por Adelants Exempt Interest an over which a Prepa was Made Total (Sume lineas	cual se iddo d Amount yment K1 a la K3)			
 Contribución Retenida a No Residentes (Ve Instrucciones) - Tax Withhheld at Source t Nonresidents (See Instructions) 		Total (Add lines K1 ti L. Total (Sume lineas 12A Total (Add lines 12A th	a la 12K)			
Razones para el Cambio Reasons for the Change						
Número de Cuenta IRA Nú	mero de Control ntrol Number		Número de Control de la Deci Control Number of the Original I			

FECHA DE RADICACIÓN: 28 DE FEBRERO O 30 DE AGOSTO, SEGÚN APLIQUE. VEA INSTRUCCIONES FILING DATE: FEBRUARY 28 OR AUGUST 30, AS APPLICABLE. SEE INSTRUCTIONS

ENVÍE ELECTRÓNICAMENTE AL DEPARTAMENTO DE HACIENDA. ENTREGUE DOS COPIAS A QUIEN RECIBE EL PAGO. CONSERVE COPIA PARA SUS RECORDS. SEND TO DEPARTMENT OF THE TREASURY ELECTRONICALLY. DELIVER TWO COPIES TO PAYEE. KEEP COPY FOR YOUR RECORDS.



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807AY19

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

RECORD TYPE: FORM

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
TIED WILL	TICTORE	1	DITES	Localion	COMMENTS	ICL
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	С	9	2-10	ENTER THE CONTROL NUMBER ASSIGNED BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7A. RIGHT JUSTIFIED.	*
3. BORROWER ID TYPE	X(1)	С	1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
4. JOINT BORROWER ID TYPE	X(1)	С	1	12-12	ENTER: "1" = FEIN, "2" = SSN.	*
5. FORM TYPE	X(1)	С	1	13-13	ENTER "6" TO INDICATE FORM 480.7A.	*
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
8. FILLER	X(2)	С	2	16-17	SPACES. ENTER THE TAX YEAR FOR THIS REPORT	*
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE 2019.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
RECIPIENT'S INFORMATION						
11. PAYER ID TYPE 12. IDENTIFICATION NUMBER	X(1) 9(9)	C	9	31-31	ENTER: "1" = FEIN, "2" = SSN. 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	THE SECTION OF THE SE	*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	С	2	154-155		*
18. ZIP-CODE	9(5)	С	5	156-160		*
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.	
20. FILLER	X(2)	С	2	165-166	SPACES.	*
BORROWER'S INFORMATION						
21. BORROWER'S ID	9(9)	С	9	167-175	IF BORROWER ID TYPE = "1", ENTER BORROWER'S FEIN. IF ID TYPE = "2" ENTER BORROWER'S SSN.	*
22. NAME	X(30)	С	30	176-205	REQUIRED ONLY FOR CORPORATIONS.	*
23. ADDRESS LINE NUMBER 1	X(35)	С	35	206-240		*
24. ADDRESS LINE NUMBER 2	X(35)	С	35	241-275		
25. TOWN	X(13)	С	13	276-288		*





FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807AY19 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. INTEREST PAID BY BORROWER LOAN ORIGINATION FEES(POINTS) PAID	9(10)V99	С	12	340-351	SEE FORM 480.7A, ITEM 1.	*
33. DIRECTLY BY BORROWER LOAN ORIGINATION FEES PAID OR	9(10)V99	С	12	352-363	SEE FORM 480.7A, ITEM 2. ENTER: "P" = PAID	*
34. FINANCED LOAN DISCOUNT (POINTS) PAID	X(1)	С	1	364-364	"F" = FINANCED.	*
35. DIRECTLY BY BORROWER	9(10) V99	С	12	365-376	SEE FORM 480.7A, ITEM 3. ENTER: "P" = PAID	*
36. LOAN DISCOUNT PAID OR FINANCED	X(1)	С	1	377-377	"F" = FINANCED.	*
37. REFUND OF INTEREST	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. PRINCIPAL BALANCE	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 YEARS OR MONTHS.	*
43. FILLER	X(319)	С	319	443-761	SPACES.	*
44. BORROWER'S FIRST NAME	X(15)	C	15	762-776	ENTER THE FIRST NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
45. BORROWER'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
					ENTER THE LAST NAME OF THE BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	
46. BORROWER'S LAST NAME	X(20)	С	20	792-811	INDIVIDUALS. ENTER THE SECOND LAST NAME OF THE	*
BORROWER'S MOTHER'S MAIDEN 47. LAST NAME	X(20)	С	20	812-831	BORROWER'SLEFT 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.	*





FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807AY19

RECORD TYPE: FORM

RECORD NAME: MORTGAGE INTEREST – FORM TYPE 480.7A

RECORD LENGTH: 2500

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
					ENTER THE MIDDLE NAME OF THE JOINT	
49. JOINT BORROWER'S MIDDLE NAME	X(15)	С	15	847-861	BORROWER'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
177 VOINT BORREO WERE STREET THERE	11(10)		- 10	0.7 001	ENTER THE LAST NAME OF THE JOINT	
					BORROWER'S. LEFT JUSTIFIED AND FILL	
50. JOINT BORROWER'S LAST NAME	X(20)	С	20	862-881	WITH BLANKS. REQUIRED ONLY FOR INDIVIDUALS.	*
50. JOHNI BORKOWEK S EAST IVAIME	A(20)	C	20	002-001	ENTER THE SECOND LAST NAME OF THE	
JOINT BORROWER'S MOTHER'S MAIDEN					JOINT BORROWER'SLEFT JUSTIFIED AND	
51. LAST NAME	X(20)	С	20	882-901	FILL WITH BLANKS.	ļ
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		*
54. TROLEKTI TOWN	A(13)		13	912-964		<u> </u>
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.	*
50 EH I ED	V(1450)	С	1.450	006 2445	CDACEC	*
58. FILLER	X(1450)	C	1450	996-2445	SPACES.	
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED WHEN	
59. INFORMATIVE RETURN	9(9)	C	9	2446-2454	FILING AMENDED FORM.	
60. REASON FOR THE CHANGE	V(40)	C	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
00. KEASON FOR THE CHANGE	X(40)	L	40	2433-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
61. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



Formulario 480.7A Departamei Porm DECLARACIÓ INFORM	DE PUERTO RICO - GOVERNMENT OF PUERTO RICO INTO de Hacienda - Department of the Treasury ON INFORMATIVA - INTERESES HIPOTECARIOS MATIVE RETURN - MORTGAGE INTEREST		
AÑO CONTRIBUTIVO: 2019 Enmendad	lo - Amended: (DDI_MM_JAAY_)		ión de Radicación Electrónica g Confirmation Number
INFORMACIÓN DEL RECEPTOR - RECIPIENTS INFORMATION	Descripción - Description		Cantidad - Amount
Número de Identificación Patronal - Employer Identification Number	Intereses Pagados por el Deudor Interest Paid by Borrower		
Nombre - Name	Honorarios de Origen del Préstamo (Puntos) Pagados Directam Loan Origination Fees (Points) Paid Directly by Borrower		,,
Dirección - Address	1 Pagados - Paid 2 Financiados - Financed		
	Descuentos del Préstamo (Puntos) Pagados Directamente por Loan Discounts (Points) Paid Directly by Borrower	I	
	1 Pagados - Paid 2 Financiados - Financed	1	
Cédigo Postal - Zip Code INFORMACIÓN DEL DEUDOR - BORROWER'S INFORMATION	Reembolsos de Intereses Refund of Interest		
Número de Seguro Social - Social Security Number	Contribuciones sobre la Propiedad Property Taxes		
Nombre - Name	Balance del Principal Principal Balance		
Dirección - Address	Dirección Física de la Propiedad Sujeta al Préstamo - Physical Add	dress of the Property Subject to Loa	an
		Código	Postal - Zip Code
Código Postal - Zip Code	Número de Cuenta del Préstamo - Loan Account Number	Término del Préstamo - Loan Te	em
INFORMACIÓN DEL CODEUDOR - JOINT BORROWER'S INFORMATION			
Número de Seguro Social - Social Security Number	Número Control - Control Number	Número Control Informativa O Control No. Original Informative F	
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 electrónicamente al Departamento de Hacienda. Entregue o Send to Department of the Treasury electronically. Deliver two copi	dos copias al deudor. Conserve dies to borrower. Keep copy for you	copia para sus récords. ur records.



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807BY19

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

RECORD TYPE: FORM

CTURE	C C	1 9	FILE LOCATION	COMMENTS SPACES. ENTER THE CONTROL NUMBER ASSIGNED	RE *
)	С		1-1		*
)	С		1-1		*
		0		ENTER THE CONTROL NUMBER ASSIGNED	
		0		BY THE DEPARTMENT OF THE TREASURY FOR FORM 480.7B.	
	С	9	2-10	RIGHT JUSTIFIED.	*
)		1	11-11	ENTER: "1" = FEIN, "2" = SSN.	*
	С	1	12-12	ENTER: "1" = FEIN, "2" = SSN.	*
)	C	1	13-13	ENTER "7" TO INDICATE FORM 480.7B.	*
)	С	1	14-14	"1" = DETAIL RECORD.	*
)	C	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*
2)	C	2	16-17	SPACES.	*
)	С	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2019.	*
1)	С	1	22-22	ENTER: "1" = FEIN, "2" = SSN.	*
				IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION	
)	С	9	23-31	NUMBER SSN.	*
30)	С	30	32-61		*
35)	С	35	62-96	ADDRESS LINE NUMBER 1.	*
35)	С	35	97-131	ADDRESS LINE NUMBER 2.	
3)	С	13	132-144		*
2)	С	2	145-146		*
)	С	5	147-151		*
)	С	1	152-152	SPACES.	*
)	С	9	153-161	IF BENEFICIARY ID TYPE = "1", ENTER BENEFICIARY'S FEIN. IF ID TYPE = "2" ENTER BENEFICIARY'S SSN.	*
4)	С	4	162-165		
2)	С	2	166-167		
2)	С	2	168-169		
30)	С	30	170-199	REQUIRED ONLY FOR CORPORATIONS.	*
35)	С	35	200-234		*
,					
))))))))))))))))	C C C C C C C C C C C C C C C C C C C	C 1 C 1 C 1 C 1 C 1 C 2 C 4 C 4 C 4 C 30 C 30 C 35 C 35	C 1 13-13 C 1 14-14 C 1 15-15 C 2 16-17 C 4 18-21 C 30 32-61 C 35 62-96 C 35 97-131 C 2 145-146 C 5 147-151 C 7 1 152-152 C 9 153-161 C 9 153-161 C 7 2 166-167 C 7 2 168-169 C 7 30 170-199 C 30 170-199 C 30 170-199 C 35 147-159	C





FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807BY19

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 INTEREST	9(5)V99	С	7	506-512	SEE FORM 480.7B, ITEM 8B-1.	
48. EXEMPT INTEREST	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 AND 8C) 52. PREPAID (8%) UNDER SECTION 1023.24	9(5)V99 9(5)V99	C C	7	534-540 541-547	SEE FORM 480.7B, ITEM 8D. SEE FORM 480.7B, ITEM 8C.	





EXHIBIT G

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807BY19

RECORD TYPE: FORM

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

				FILE					
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE			
53. FILLER	X(214)	С	214	548-761	SPACES.	*			
CONTRIBUTION OF THE PROPERTY O	11(211)			0.0701	ENTER THE FIRST NAME OF THE				
					BENEFICIARY'S. LEFT JUSTIFIED AND FILL				
					WITH BLANKS. REQUIRED ONLY FOR				
54. BENEFICIARY'S FIRST NAME	X(15)	C	15	762-776	INDIVIDUALS.	*			
					ENTER THE MIDDLE NAME OF THE				
55 DEVERSOLARY CAMPRIENTANE	37/15)		1.5	777 701	BENEFICIARY'S. LEFT JUSTIFIED AND FILL				
55. BENEFICIARY'S MIDDLE NAME	X(15)	С	15	777-791	WITH BLANKS. ENTER THE LAST NAME OF THE				
					BENEFICIARY'S. LEFT JUSTIFIED AND FILL				
					WITH BLANKS. REQUIRED ONLY FOR	*			
56. BENEFICIARY'S LAST NAME	X(20)	С	20	792-811	INDIVIDUALS.				
50. BENEFICIAL SERVICE	11(20)	 	20	7,72 011	I (DI (IDO) Ed.				
					ENTER THE SECOND LAST NAME OF THE				
BENEFICIARY'S MOTHER'S MAIDEN					BENEFICIARY'S. LEFT JUSTIFIED AND FILL				
57. LAST NAME	X(20)	C	20	812-831	WITH BLANKS.				
					ENTER THE FIRST NAME OF THE				
					CONTRIBUTOR'S. LEFT JUSTIFIED AND				
50 CONTENDATE FUNCTION OF	37(15)		1.5	022 046	FILL WITH BLANKS. REQUIRED ONLY FOR	*			
58. CONTRIBUTOR'S FIRST NAME	X(15)	С	15	832-846	INDIVIDUALS. ENTER THE MIDDLE NAME OF THE	*			
					CONTRIBUTOR'S. LEFT JUSTIFIED AND				
59. CONTRIBUTOR'S MIDDLE NAME	X(15)	С	15	847-861	FILL WITH BLANKS.				
3). CONTRIBUTOR S WIEDBEE WINE	A(13)		13	047 001	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)	С	20	882-901	FILL WITH BLANKS.				
					ENTER: "C"= CONTRIBUTION.				
62. TYPE OF FINANCIAL	X(1)	C	1	902-902	"D"= DISTRIBUTION, "B"= BOTH.	*			
02. THE OFFINANCIAL	Δ(1)	-	1	702-702	D - DISTRIBUTION, B - BOIII.	+ -			
63. FILLER	X(1543)	С	1543	903-2445	SPACES.	*			
CONTROL NUMBER ORIGINAL	(10.0)	Ť	-2.0	200 20	THIS FILED MUST BE COMPLETED WHEN	1			
64. INFORMATIVE RETURN	9(9)	C	9	2446-2454	FILING AMENDED FORM.				
					ENTER THE REASON FOR CHANGE FORM.				
65. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.				
						1			
66. FILLER	9(6)	C	6	2495-2500	ZEROS.	*			



EXHIBIT G

AÑO CONTRIBUTIVO:	P	_	EDUCATIONAL CONTRIBUTION ACCOUNT		Número de Confirmación de Radicación Electrónica
TAXABLE YEAR: 2019			Amended: (DDI_MMIAAYY)		Electronic Filing Confirmation Number
INFORMACIÓN DEL AGENTE RETE	Description of the second		Descripción - Description	Cantidad - Amount	Distribuciones - Distributions
Núm. de Identificación Patronal - Emp	oyer Identificat	ion Number	Balance Total de la Cuenta a Principio de Año - Total Balance of		Desglose de Cantidad Distribuida Breakdown of Amount Distributed
Nombre - Name			the Account at the Beginning of the Year 2. Aportaciones Durante el Año		A. Aportaciones Contributions
Dirección - Address			Contributivo - Contributions During the Taxable Year		B. Incremento Increase
	Código Po	stal - Zip Code	3. Aportaciones Via Transferencia		(1) Intereses Tributables
INFORMACIÓN DEL BEN	EFICIARIO - BEN	NEFICIARYS INFORMATION	Rollover Contributions		Taxable Interest
Núm. de Seguro Social - Social Security N	1	Fecha de Nac Date of Birth	4. Retiros Via Transferencia		(2) Intereses Exentos Exempt Interest
Nombre - Name			Rollover Withdrawais		Exemple merest
Dirección - Address	Código Po	stal - Zip Code	Reembolso de Aportaciones en Exceso Refund of Excess Contributions		(3) Ingresos de Fuentes Dentro de Puerto Rico Income from Sources Within Puerto Rico
Número de Cuenta Bancaria - Bank Ac	count Number		6. Contribución Retenida sobre Intereses (10%)		(4) Ingresos de Fuentes Fuera de Puerlo Rico
		TRIBUTORS INFORMATION	Tax Withheld from Interest (10%)		Income from Sources Without
Núm. de Seguro Social - Social Security N).	Parentesco - Relationship			Puerto Rico
Nombre - Name			Contribución Relenida sobre Distribuciones que Consistan de Ingresos de Fuentes		C. Pagado por Adelantado (8%) bajo la Sección 1023.24 Prepaid (8%) under Section 1023.24
Dirección - Address			Dentro de Puerto Rico (10%) Tax Withheld from Distributions of Income from Sources Within Puerto Rico (10%)		D. Total (Sume lineas 8A a la 8C) Total (Add lines 8A through 8C)
	Cárdan B	setal - 7n Ondo	Número Control Informativa Original Control No. Original Informative Return	Razones para el Cambio	- Reasons for the Change
Número Control Control Number	Coalgo Po	estal - Zip Code	Conto No. Origina informane Neturn		
CHA DE RADICACIÓN: 28 DE FEBRERO O LING DATE: FEBRUARY 28 DR AUGUST 30,					pias al beneficiario o a quien aporta, según aplique . Conserve co er two copies to beneficiary or contributor, whoever applies. Keep copy



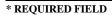
EXHIBIT H

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807CY19 RECORD TYPE: FORM

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

V										
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE				
THE TANKE	TICICAL		DITES	Localion	COMMINITO	<u> </u>				
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. PATEE ID TIPE			1		ENTER: "1" = RESIDENT,					
4. PAYEE RESIDENT TYPE	X(1)	С	1	12-12	"2" = NONRESIDENT, "3" = ALIEN.	*				
5. FORM TYPE	X(1)	С	1	13-13	ENTER "Y" TO INDICATE FORM 480.7C.	*				
6. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*				
7. DOCUMENT TYPE	X(1)	С	1	15-15	ENTER: "O" = ORIGINAL, "A" = AMENDED, "X" = DELETE.	*				
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 2019.	*				
						*				
10. FILLER PAYER'S INFORMATION	X(9)	С	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 PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN IF ID TYPE = "3" ENTER PAYEE'S ITIN. IF PAYEE DOESN'T HAVE A FEIN/SSN/ITIN, ENTER ALL ZEROS IN THIS FIELD AND PROVIDE AN ALTERNATE IDENTIFICATION IN FIELD 72.	*				
13. NAME	X(30)	С	30	41-70		*				
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*				
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.					
16. TOWN	X(13)	С	13	141-153	ADDRESS EINE NUMBER 2.	*				
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 PAYEE'S INFORMATION	X(2)	С	2	165-166	SPACES.	*				
21. PAYEE'S ID	9(9)	С	9	167-175	IF PAYEE ID TYPE = "1", ENTER PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN.	*				
22. ACCOUNT NUMBER	X(20)	С	20	176-195		*				
23. NAME	X(30)	С	30	196-225	REQUIRED ONLY FOR CORPORATIONS.	*				
20. IVIIII	11(30)			170-223	TELEVITED OTHER FOR CORLORATIONS.	10.				





FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807CY19 RECORD TYPE: FORM

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

		•				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
24. ADDRESS LINE NUMBER 1	X(35)	С	35	226-260		*
, 11.1						
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)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPACES.	*
					ENTER: "L" = LUMP SUM, "P" = PARTIAL,	
31. FORM OF DISTRIBUTION	X(1)	С	1	321-321	"E" = PERIODIC PAYMENTS.	*
					ENTER: "G" = GOVERNMENTAL,	
					"A"= FIXED ANNUITY,	
22 DI ANI OD ANNIHITSY TYDE	V(1)		1	222 222	"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					,	
36. DISTRIBUTIONS (20%)	9(10)V99	C	12	359-370	SEE FORM 480.7C, ITEM 6.	
TAX WITHHELD FROM LUMP SUM 37. DISTRIBUTIONS (10%)	9(10)V99	С	12	371-382	SEE FORM 480.7C, ITEM 7.	
TAX WITHHELD FROM DIST. RETIREMENT						
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						
40. DISTRIBUTIONS	9(10)V99	С	12	407-418	SEE FORM 480.7C, ITEM 14.	
41. AMOUNT DISTRIBUTED	9(10)V99	С	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	C	12	491-502	SEE FORM 480.7C, ITEM 19.	
47. FILLER	X(24)	C	24	503-526	SPACES.	
					VALID CODES ="A", "B", "C", "D", "E", "F",	
48. DISTRIBUTION CODE TAX WITHHELD FROM ROLLOVER OF A	X(1)	С	1	527-527	"G", "H", "I", "J", "K", "L", "M", "N".	*
OUALIFIED PLAN TO NON DEDUCTIBLE						
49. IRA	9(10)V99	С	12	528-539	SEE FORM 480.7C, ITEM 11.	
TAX WITHHELD FROM OTHER	- (- / · · · ·	Ť				
50. DISTRIBUTION	9(10)V99	С	12	540-551	SEE FORM 480.7C, ITEM 15.	<u></u>
51. FILLER	X(12)	С	12	552-563	SPACES.	
TAX WITHHELD FROM OTHER						
DISTRIBUTIONS OF QUALIFIED PLANS 52. (10%)	9(10)V99	С	12	564-575	SEE FORM 480.7C, ITEM 9.	
,						*
53. FILLER	9(24)	C	24	576-599	ZEROS.	T



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807CY19 RECORD TYPE: FORM

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

		*				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
						•
					VALID CODES ="A", "B", "C", "D", "E", "F",	
54. DISTRIBUTION CODE OTHER	X(1)	C	1	600-600	"G", "H", "I", "J", "K", "L", "M", "N".	*
55. FILLER	X(161)	C	161	601-761	SPACES. ENTER THE FIRST NAME OF THE	*
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	
56. PAYEE'S FIRST NAME	X(15)	C	15	762-776	INDIVIDUALS.	*
57. PAYEE'S MIDDLE NAME	X(15)	С	15	777-791	ENTER THE MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS.	
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.	*
30. PATEE S LAST NAME	A(20)	C	20	792-811	ENTER THE SECOND LAST NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH	
59. PAYEE'S MOTHER'S MAIDEN LAST NAME	X(20)	С	20	812-831	BLANKS.	
TAX WITHHELD FROM DISTRIBUTIONS OF 60. NON QUALIFIED PLANS	9(10)V99	С	12	832-843	SEE FORM 480.7C, ITEM 8.	
61. TAX WITHHELD FROM ANNUITIES	9(10)V99	С	12	844-855	SEE FORM 480.7C, ITEM 10.	
PLAN'S INFORMATION						
62. EMPLOYER IDENTIFICATION NO.	9(9)	С	9	856-864	ENTER THE EMPLOYER IDENTIFICATION NUMBER.	
63. NAME OF PLAN	X(40)	С	40	865-904	ENTER THE NAME OF PLAN. LEFT JUSTIFIED AND FILL WITH BLANKS.	
64. PLAN SPONSOR'S NAME	X(40)	С	40	905-944	ENTER THE PLAN SPONSOR'S NAME. LEFT JUSTIFIED AND FILL WITH BLANKS.	
DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR OF PUERTO RICO						
65. A- EXEMPT	9(10)V99	С	12	945-956	SEE FORM 480.7C, ITEM 21A.	
66. B- TAXABLE	9(10)V99	С	12	957-968	SEE FORM 480.7C, ITEM 21B.	
C- AMOUNT OVER WHICH A PREPAYMENT 67. WAS MADE	9(10)V99	С	12	969-980	SEE FORM 480.7C, ITEM 21C.	
68. D- AFTER-TAX CONTRIBUTIONS	9(10)V99	С	12	981-992	SEE FORM 480.7C, ITEM 21D.	
69. E-TOTAL (ADD LINES 20A THROUGH 20D)	9(10)V99	С	12	993-1004	SEE FORM 480.7C, ITEM 21E.	
INCOME TAX WITHHELD ON DISTRIBUTIONS FOR REASON OF A DISASTER DECLARED BY THE GOVERNOR)(10)(7)		12	<i>333</i> 1001	SEET ONLY 100.7C, TEATER.	
70. OF PUERTO RICO	9(10)V99	С	12	1005-1016	SEE FORM 480.7C, ITEM 22.	
71. AMOUNT DISTRIBUTED EXEMPT INCOME	9(10)V99	С	12	1017-1028	SEE FORM 480.7C, ITEM 20.	<u> </u>
					IF PAYEE ID TYPE = "4" ENTER PAYEE'S IDN (OTHER INDIVIDUAL IDENTIFICATION NUMBER), IF PAYEE ID TYPE = "5" ENTER PAYEE'S CIDN (OTHER CORPORATE IDENTIFICATION NUMBER). USE ONLY WHEN THE PAYEE DOES NOT HAVE AN SSN, ITIN OR FEIN. IDN AND CIDN CAN BE ANY TYPE OF ALPHANUMERIC IDENTIFICATION OTHER	
72. PAYEE'S IDENTIFICATION	X(13)	C	13	1029-1041	THAN FEIN, SSN, OR ITIN.	
73. FILLER 74. REPORT DISTRIBUTIONS	X(1371) X(1)	C	1371	1042-2412 2413-2413	SPACES. "1" IF REPORT DISTRIBUTIONS	*
/+. KEFUKI DISTKIDUTIONS	$\Lambda(1)$	L	1	2413-2413	1 IL VELOVI DISTKIDOTIONS	1





EXHIBIT H

FILE DESCRIPTION

DATE: NOVEMBER 2019

RECORD TYPE: FORM

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

	J	\downarrow				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
					SEE FORM 480.7C ITEM 4. THIS FIELD	
75. GOVERNMENTAL RETIREMENT FUND	9(10)V99	С	12	2414-2425	APPLIES FOR PUERTO RICO GOVERNMENTAL AGENCIES ONLY.	
TAX WITHHELD FROM PERIODIC	9(10) 799	C	12	2414-2423	GOVERNMENTAL AGENCIES ONLT.	
PAYMENTS OF QUALIFIED OR						
76. GOVERNMENTAL PLANS	9(10)V99	С	12	2426-2437	SEE FORM 480.7C, ITEM 5.	
DATE ON WHICH YOU STARTED TO	, ,				ENTER THE MONTH, DAY AND 4 DIGIT	
77. RECEIVE THE PENSION	X(8)	C	8	2438-2445	YEARS, (MMDDYYYY).	
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED WHEN	
78. INFORMATIVE RETURN	9(9)	C	9	2446-2454	FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE FORM.	
79. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
80 EHIED	0(6)	C	6	2405 2500	ZEDOS	*
80. FILLER	9(6)	C	6	2495-2500	ZEROS.	



EXHIBIT H

Form Departs Rev. 07.19 DECLARACK	DE PUERTO RICO - GOVERNMEN Imento de Hacienda - Departner IN INFORMATIVA - PLANES DE RE	nt of the Treasury ETIRO Y ANUALIDADES		
ANO CONTRIBUTIVO:	TIVE RETURN - RETIREMENT PLA nendado - Amended: (Número de Confirmación e Electronic Filing Co	
INFORMACIÓN DEL PAGADOR-PAYERS INFORMATION Núm. de Identificación Patronal - Employer Identification No.	Seleccione un encas	BEEL PAGO - PAYEE'S INFORMATIO sillado - Select one bax: ladano de E.U. No Residente Extranj lizen Nanvesident Alien	N INFORMACIÓN DEL PLAN Núm. de Identificación Patroni	I-PLANS INFORMATION al - Employer Identification No.
Nombre - Name	Núm. de Identificación - Ide	entification No.	Nombre del Plan - Name of	Plan
Dirección - Address	Nombre - Name		Nombre de quien auspicia e	l plan - Plan sponsor's name
	Dirección - Address		Fecha en que comenzó a re Date on which you started to r	
Código Postal - Zíp Code		Código Postal - Zip Code	Dia/Day Mes/Month	Año/Year
	Marque el encasillado correspond			
Forma de Distribución: – Form of Distribution: Total Parcial Pagos Periódicos Lump Sum Partial Periodic Payments		Privado Calificado No C	lad: - Plan or Annuity Type: alfficado Anualidad Fija dualified Fixed Annuity	Anualidad Variable Variable Annuity
Descripción - Description	Cantidad - Amount		Distribuciones - Distributions	
Aportación Via Transferencia Rollover Contribution		16. Cantidad Distribuida Amount Distributed		
Distribución Via Transferencia Rollover Distribution		17. Cantidad Tributable Taxable Amount		
 Costo de la Pensión o Anualidad Cost of Pension or Annuity 		18. Cantidad sobre la cu	ual se Pagó por Adelantado	
Fondo de Retiro Gubernamental Governmental Retirement Fund		bajo las Secciones 1023	.21, 1081.01(b)(9) o 1012D(b)(5) - Prepayment was Made under	
 Contribución Retenida sobre Pagos Periódicos de Plar Calificados o Gubernamentales - Tax Withheld from Perio Payments of Qualified or Governmental Plans 		19. Aportaciones Voluntar After-Tax Contributions		
 Contribución Retenida sobre una Distribución Total (20 Tax Withheld from Lump Sum Distributions (20%) 	n()	20. Ingresos Exentos		
 Contribución Retenida sobre una Distribución Total (10 Tax Withheld from Lump Sum Distributions (10%) 	174)	21. Distribuciones por Raz	ón de un Desastre Declarado	
 Contribución Retenida sobre Distribuciones de Plar No Calificados - Tax Withheld from Distributions of N Qualified Plans 		por el Gobernador de	Puerto Rico - Distributions for clared by the Governor of Puerto	
 Contribución Retenida sobre Otras Distribuciones Planes Calificados (10%) - Tax Withheld from Ott Distributions of Qualified Plans (10%) 		A. Exentas Exempt		
10. Contribución Retenida sobre Anualidades Tax Withheld from Annuities		B. Tributables Taxable		
11. Contribución Retenida sobre Transferencia de Plan Calificado a una Cuenta de Retiro Individual Deducible - Tax Withheld from Rollover of a Qualif	No		cual se Pagó por Adelantado a Prepayment was Made	
Plan to a Non Deductible Individual Retirement Acco		D. Aportaciones Volum After-Tax Contribution		
Programa de Cuentas de Ahorro para el Retiro (10 Tax Withheld from Distributions of the Retirement Savir Account Program (10%)		E. Total (Sume lineas 2 Total (Add lines 21A t		
13. Contribución Retenida sobre Transferencia o Programa de Cuentas de Ahorro para el Retiro a Cue de Retiro Individual No Deducible (10%) - Tax With from Rollover of the Retirement Savings Account Progr to a Non Deducible Individual Retirement Account (10%	nta eid am	Razón de un Desastre de Puerto Rico - Incor	da sobre Distribuciones por EDeclarado por el Gobernador ne Tax Withheld on Distributions er Declared by the Governor of	
14. Contribución Retenida sobre Distribuciones a Residentes - Tax Withheld from Nonresident's Distribution		23. Código de Distribució Distribution Code	n	
15. Contribución Retenida sobre Otras Distribución Tax Withheld from Other Distributions	es	Razones para el Cambio Reasons for the Change		
	imero de Control introl Number		Número de Control de la Declara Control Number of Original Infor	

EXHIBIT I

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807DY19 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)	С	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.	*					
0. RECORD TIFE	9(1)		1	14-14	ENTER: "O" = ORIGINAL,	· ·					
7. DOCUMENT TYPE	X(1)	C	1	15-15	"A" = AMENDED, "X" = DELETE.	*					
	, ,										
8. FILLER	X(2)	С	2	16-17	SPACES. ENTER THE TAX YEAR FOR THIS	*					
9. TAXABLE YEAR	9(4)	С	4	18-21	REPORT WHICH MUST BE 2019.	*					
10. FILLER	X(9)	С	9	22-30	SPACES.	*					
PAYEE'S INFORMATION											
11. PAYEE ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*					
	(-)	_			IF PAYEE ID TYPE = "1", ENTER						
					IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION						
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	NUMBER SSN.	*					
13. NAME	X(30)	С	30	41-70	REQUIRED ONLY FOR CORPORATIONS.	*					
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*					
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.						
16. TOWN	X(13)	С	13	141-153		*					
17. STATE	X(2)	С	2	154-155		*					
18. ZIP-CODE	9(5)	С	5	156-160		*					
19. ZIP-CODE EXTENSION	9(4)	С	4	161-164	ZEROS, IF NOT AVAILABLE.						
20. FILLER	X(2)	С	2	165-166	SPACES.	*					
PAYER'S INFORMATION											
					IF PAYER ID TYPE = "1", ENTER						
21. PAYER'S ID	9(9)	С	9	167-175	PAYER'S FEIN. IF ID TYPE = "2" ENTER PAYER'S SSN.	*					
				-2. 1/0	ENTER: "I" = INDIVIDUAL,						
22. PAYER'S TYPE	X(1)	С	1	176-176	"P" = PARTNERSHIP, "C" = CORPORATION, "O" = OTHER.	*					
23. CUSTOMER NUMBER	X(20)	С	20	177-196	,						
					DECLIBED ONLY FOR CORPORATIONS	*					
24. NAME	X(30)	C	30	197-226	REQUIRED ONLY FOR CORPORATIONS.	ጥ					



EXHIBIT I

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807DY19 RECORD TYPE: RETURN

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

25. ADDRESS LINE NUMBER 1 X(35) C 35 227-261			_		FILE		
26. ADDRESS LINE NUMBER 2 X(35) C 35 262-296	FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
26. ADDRESS LINE NUMBER 2 X(35) C 35 262-296					1	Г	4
27. TOWN X(13) C 13 297-309	25. ADDRESS LINE NUMBER 1	X(35)	С	35	227-261		*
28. STATE	26. ADDRESS LINE NUMBER 2	X(35)	С	35	262-296		
29. ZIP-CODE	27. TOWN	X(13)	С	13	297-309		*
30. ZIP-CODE EXTENSION 9(4) C 4 317-320 ZEROS, IF NOT AVAILABLE. ** 31. FILLER X(1) C 1 321-321 SPACES. ** 32. ACCOUNT NUMBER - 1 X(20) C 20 322-341 SEE FORM 480.7D, ITEM 1. 33. TOTAL PAYMENT RECEIVED - 1 9(10)V99 C 12 342-353 SEE FORM 480.7D, ITEM 1. 34. PAYMENT THAT CONSTITUTES INTEREST - 1 9(10)V99 C 12 354-365 SEE FORM 480.7D, ITEM 2. 35. ACCOUNT NUMBER - 2 X(20) C 20 366-385 SEE FORM 480.7D, ITEM 2. 36. TOTAL PAYMENT RECEIVED - 2 9(10)V99 C 12 386-397 SEE FORM 480.7D, ITEM 2. 37. PAYMENT THAT CONSTITUTES INTEREST - 2 9(10)V99 C 12 398-409 SEE FORM 480.7D, ITEM 2. 38. ACCOUNT NUMBER - 3 X(20) C 20 410-429 SEE FORM 480.7D, ITEM 3. 39. TOTAL PAYMENT RECEIVED - 3 9(10)V99 C 12 430-441 SEE FORM 480.7D, ITEM 3. 40. PAYMENT THAT CONSTITUTES INTEREST - 3 9(10)V99 C 12 442-453 SEE FORM 480.7D, ITEM 3. 41. ACCOUNT NUMBER - 4 X(20) C 20 454-473 SEE FORM 480.7D, ITEM 4. 42. TOTAL PAYMENT RECEIVED - 4 9(10)V99 C 12 474-485 SEE FORM 480.7D, ITEM 4. 43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 X(20) C 20 498-517 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 Y(20) C 20 498-517 SEE FORM 480.7D, ITEM 5. 45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 5. 48. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 49. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 6.	28. STATE	X(2)	С	2	310-311		*
31. FILLER X(1) C 1 321-321 SPACES. * 32. ACCOUNT NUMBER - 1 X(20) C 20 322-341 SEE FORM 480.7D, ITEM 1. 33. TOTAL PAYMENT RECEIVED - 1 9(10)V99 C 12 342-353 SEE FORM 480.7D, ITEM 1. 34. PAYMENT THAT CONSTITUTES INTEREST - 1 9(10)V99 C 12 354-365 SEE FORM 480.7D, ITEM 1. 35. ACCOUNT NUMBER - 2 X(20) C 20 366-385 SEE FORM 480.7D, ITEM 2. 36. TOTAL PAYMENT RECEIVED - 2 9(10)V99 C 12 386-397 SEE FORM 480.7D, ITEM 2. 37. PAYMENT THAT CONSTITUTES INTEREST - 2 9(10)V99 C 12 398-409 SEE FORM 480.7D, ITEM 2. 38. ACCOUNT NUMBER - 3 X(20) C 20 410-429 SEE FORM 480.7D, ITEM 3. 39. TOTAL PAYMENT RECEIVED - 3 9(10)V99 C 12 430-441 SEE FORM 480.7D, ITEM 3. 40. PAYMENT THAT CONSTITUTES INTEREST - 3 9(10)V99 C 12 442-453 SEE FORM 480.7D, ITEM 3. 41. ACCOUNT NUMBER - 4 X(20) C 20 454-473 SEE FORM 480.7D, ITEM 4. 42. TOTAL PAYMENT RECEIVED - 4 9(10)V99 C 12 474-485 SEE FORM 480.7D, ITEM 4. 43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 X(20) C 20 498-517 SEE FORM 480.7D, ITEM 5. 45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 40. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 41. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 6. 42. TOTAL PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 43. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 44. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 6. 45. TOTAL PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6.	29. ZIP-CODE	9(5)	С	5	312-316		*
32. ACCOUNT NUMBER - 1 32. ACCOUNT NUMBER - 1 32. ACCOUNT NUMBER - 1 33. TOTAL PAYMENT RECEIVED - 1 34. PAYMENT THAT CONSTITUTES INTEREST - 1 35. ACCOUNT NUMBER - 2 36. TOTAL PAYMENT RECEIVED - 2 37. PAYMENT THAT CONSTITUTES INTEREST - 2 38. ACCOUNT NUMBER - 3 39. TOTAL PAYMENT TRACEIVED - 3 39. TOTAL PAYMENT RECEIVED - 3 40. PAYMENT THAT CONSTITUTES INTEREST - 3 41. ACCOUNT NUMBER - 4 42. TOTAL PAYMENT RECEIVED - 4 43. PAYMENT THAT CONSTITUTES INTEREST - 4 44. ACCOUNT NUMBER - 5 45. TOTAL PAYMENT RECEIVED - 5 46. PAYMENT THAT CONSTITUTES INTEREST - 5 47. ACCOUNT NUMBER - 6 48. TOTAL PAYMENT RECEIVED - 6 49. PAYMENT THAT CONSTITUTES INTEREST - 5 40. PAYMENT THAT CONSTITUTES INTEREST - 5 40. PAYMENT THAT CONSTITUTES INTEREST - 4 41. ACCOUNT NUMBER - 5 42. TOTAL PAYMENT RECEIVED - 5 43. PAYMENT THAT CONSTITUTES INTEREST - 5 44. ACCOUNT NUMBER - 5 45. TOTAL PAYMENT RECEIVED - 5 46. PAYMENT THAT CONSTITUTES INTEREST - 5 47. ACCOUNT NUMBER - 6 48. TOTAL PAYMENT RECEIVED - 6 49. PAYMENT THAT CONSTITUTES INTEREST - 6 40. PAYMENT THAT CONST	30. ZIP-CODE EXTENSION	9(4)	C	4	317-320	ZEROS, IF NOT AVAILABLE.	
33. TOTAL PAYMENT RECEIVED - 1 9(10)V99 C 12 342-353 SEE FORM 480.7D, ITEM 1. 34. PAYMENT THAT CONSTITUTES INTEREST - 1 9(10)V99 C 12 354-365 SEE FORM 480.7D, ITEM 1. 35. ACCOUNT NUMBER - 2 X(20) C 20 366-385 SEE FORM 480.7D, ITEM 2. 36. TOTAL PAYMENT RECEIVED - 2 9(10)V99 C 12 386-397 SEE FORM 480.7D, ITEM 2. 37. PAYMENT THAT CONSTITUTES INTEREST - 2 9(10)V99 C 12 398-409 SEE FORM 480.7D, ITEM 2. 38. ACCOUNT NUMBER - 3 X(20) C 20 410-429 SEE FORM 480.7D, ITEM 3. 39. TOTAL PAYMENT RECEIVED - 3 9(10)V99 C 12 430-441 SEE FORM 480.7D, ITEM 3. 40. PAYMENT THAT CONSTITUTES INTEREST - 3 9(10)V99 C 12 442-453 SEE FORM 480.7D, ITEM 3. 41. ACCOUNT NUMBER - 4 X(20) C 20 454-473 SEE FORM 480.7D, ITEM 4. 42. TOTAL PAYMENT RECEIVED - 4 9(10)V99 C 12 474-485 SEE FORM 480.7D, ITEM 4. 43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 X(20) C 20 498-517 SEE FORM 480.7D, ITEM 5. 45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 7.	31. FILLER	X(1)	С	1	321-321	SPACES.	*
34. PAYMENT THAT CONSTITUTES INTEREST - 1 9(10)V99	32. ACCOUNT NUMBER - 1	X(20)	С	20	322-341	SEE FORM 480.7D, ITEM 1.	
35. ACCOUNT NUMBER - 2	33. TOTAL PAYMENT RECEIVED - 1	9(10)V99	С	12	342-353	SEE FORM 480.7D, ITEM 1.	
36. TOTAL PAYMENT RECEIVED - 2 9(10)V99 C 12 386-397 SEE FORM 480.7D, ITEM 2. 37. PAYMENT THAT CONSTITUTES INTEREST - 2 9(10)V99 C 12 398-409 SEE FORM 480.7D, ITEM 2. 38. ACCOUNT NUMBER - 3 X(20) C 20 410-429 SEE FORM 480.7D, ITEM 3. 39. TOTAL PAYMENT RECEIVED - 3 9(10)V99 C 12 430-441 SEE FORM 480.7D, ITEM 3. 40. PAYMENT THAT CONSTITUTES INTEREST - 3 9(10)V99 C 12 442-453 SEE FORM 480.7D, ITEM 3. 41. ACCOUNT NUMBER - 4 X(20) C 20 454-473 SEE FORM 480.7D, ITEM 4. 42. TOTAL PAYMENT RECEIVED - 4 9(10)V99 C 12 474-485 SEE FORM 480.7D, ITEM 4. 43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 X(20) C 20 498-517 SEE FORM 480.7D, ITEM 5. 45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 562-573 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 6.	34. PAYMENT THAT CONSTITUTES INTEREST - 1	9(10)V99	С	12	354-365	SEE FORM 480.7D, ITEM 1.	
37. PAYMENT THAT CONSTITUTES INTEREST - 2 9(10)V99 C 12 398-409 SEE FORM 480.7D, ITEM 2. 38. ACCOUNT NUMBER - 3 X(20) C 20 410-429 SEE FORM 480.7D, ITEM 3. 39. TOTAL PAYMENT RECEIVED - 3 9(10)V99 C 12 430-441 SEE FORM 480.7D, ITEM 3. 40. PAYMENT THAT CONSTITUTES INTEREST - 3 9(10)V99 C 12 442-453 SEE FORM 480.7D, ITEM 3. 41. ACCOUNT NUMBER - 4 X(20) C 20 454-473 SEE FORM 480.7D, ITEM 4. 42. TOTAL PAYMENT RECEIVED - 4 9(10)V99 C 12 474-485 SEE FORM 480.7D, ITEM 4. 43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 X(20) C 20 498-517 SEE FORM 480.7D, ITEM 5. 45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 562-573 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 6.	35. ACCOUNT NUMBER - 2	X(20)	С	20	366-385	SEE FORM 480.7D, ITEM 2.	
38. ACCOUNT NUMBER - 3 X(20) C 20 410-429 SEE FORM 480.7D, ITEM 3. 39. TOTAL PAYMENT RECEIVED - 3 9(10)V99 C 12 430-441 SEE FORM 480.7D, ITEM 3. 40. PAYMENT THAT CONSTITUTES INTEREST - 3 9(10)V99 C 12 442-453 SEE FORM 480.7D, ITEM 3. 41. ACCOUNT NUMBER - 4 X(20) C 20 454-473 SEE FORM 480.7D, ITEM 4. 42. TOTAL PAYMENT RECEIVED - 4 9(10)V99 C 12 474-485 SEE FORM 480.7D, ITEM 4. 43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 X(20) C 20 498-517 SEE FORM 480.7D, ITEM 5. 45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 562-573 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 6.	36. TOTAL PAYMENT RECEIVED - 2	9(10)V99	С	12	386-397	SEE FORM 480.7D, ITEM 2.	
39. TOTAL PAYMENT RECEIVED - 3 9(10)V99 C 12 430-441 SEE FORM 480.7D, ITEM 3. 40. PAYMENT THAT CONSTITUTES INTEREST - 3 9(10)V99 C 12 442-453 SEE FORM 480.7D, ITEM 3. 41. ACCOUNT NUMBER - 4 42. TOTAL PAYMENT RECEIVED - 4 43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 562-573 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 6.	37. PAYMENT THAT CONSTITUTES INTEREST - 2	9(10)V99	С	12	398-409	SEE FORM 480.7D, ITEM 2.	
40. PAYMENT THAT CONSTITUTES INTEREST - 3 9(10)V99 C 12 442-453 SEE FORM 480.7D, ITEM 3. 41. ACCOUNT NUMBER - 4 X(20) C 20 454-473 SEE FORM 480.7D, ITEM 4. 42. TOTAL PAYMENT RECEIVED - 4 9(10)V99 C 12 474-485 SEE FORM 480.7D, ITEM 4. 43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 X(20) C 20 498-517 SEE FORM 480.7D, ITEM 5. 45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 562-573 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 7.	38. ACCOUNT NUMBER - 3	X(20)	С	20	410-429	SEE FORM 480.7D, ITEM 3.	
41. ACCOUNT NUMBER - 4 42. TOTAL PAYMENT RECEIVED - 4 43. PAYMENT THAT CONSTITUTES INTEREST - 4 44. ACCOUNT NUMBER - 5 45. TOTAL PAYMENT RECEIVED - 5 46. PAYMENT THAT CONSTITUTES INTEREST - 5 47. ACCOUNT NUMBER - 6 48. TOTAL PAYMENT RECEIVED - 6 49. PAYMENT THAT CONSTITUTES INTEREST - 6 50. ACCOUNT NUMBER - 7 (C) 20 454-473 SEE FORM 480.7D, ITEM 4. 47. 474-485 SEE FORM 480.7D, ITEM 4. 48. 486-497 SEE FORM 480.7D, ITEM 5. 48. 530-541 SEE FORM 480.7D, ITEM 5. 49. PAYMENT RECEIVED - 6 9(10)V99 C) 12 S18-529 SEE FORM 480.7D, ITEM 5. SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C) 12 S62-573 SEE FORM 480.7D, ITEM 6.	39. TOTAL PAYMENT RECEIVED - 3	9(10)V99	С	12	430-441	SEE FORM 480.7D, ITEM 3.	
42. TOTAL PAYMENT RECEIVED - 4 43. PAYMENT THAT CONSTITUTES INTEREST - 4 44. ACCOUNT NUMBER - 5 45. TOTAL PAYMENT RECEIVED - 5 46. PAYMENT THAT CONSTITUTES INTEREST - 5 47. ACCOUNT NUMBER - 6 48. TOTAL PAYMENT RECEIVED - 6 49. PAYMENT THAT CONSTITUTES INTEREST - 6 40. PAYMENT THAT CONSTITUTES INTEREST - 6 40. PAYMENT RECEIVED - 6 40. PAYMENT THAT CONSTITUTES INTEREST - 6 41. PAYMENT THAT CONSTITUTES INTEREST - 6 42. PAYMENT THAT CONSTITUTES INTEREST - 6 43. PAYMENT THAT CONSTITUTES INTEREST - 6 44. PAYMENT THAT CONSTITUTES INTEREST - 6 45. SEE FORM 480.7D, ITEM 6. 46. PAYMENT THAT CONSTITUTES INTEREST - 6 47. PAYMENT THAT CONSTITUTES INTEREST - 6 48. TOTAL PAYMENT THAT CONSTITUTES INTEREST - 6 49. PAYMENT THAT CONSTITUTES INTE	40. PAYMENT THAT CONSTITUTES INTEREST - 3	9(10)V99	С	12	442-453	SEE FORM 480.7D, ITEM 3.	
43. PAYMENT THAT CONSTITUTES INTEREST - 4 9(10)V99 C 12 486-497 SEE FORM 480.7D, ITEM 4. 44. ACCOUNT NUMBER - 5 X(20) C 20 498-517 SEE FORM 480.7D, ITEM 5. 45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 562-573 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 7.	41. ACCOUNT NUMBER - 4	X(20)	С	20	454-473	SEE FORM 480.7D, ITEM 4.	
44. ACCOUNT NUMBER - 5	42. TOTAL PAYMENT RECEIVED - 4	9(10)V99	С	12	474-485	SEE FORM 480.7D, ITEM 4.	
45. TOTAL PAYMENT RECEIVED - 5 9(10)V99 C 12 518-529 SEE FORM 480.7D, ITEM 5. 46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 562-573 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 7.	43. PAYMENT THAT CONSTITUTES INTEREST - 4	9(10)V99	С	12	486-497	SEE FORM 480.7D, ITEM 4.	
46. PAYMENT THAT CONSTITUTES INTEREST - 5 9(10)V99 C 12 530-541 SEE FORM 480.7D, ITEM 5. 47. ACCOUNT NUMBER - 6 X(20) C 20 542-561 SEE FORM 480.7D, ITEM 6. 48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 562-573 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 7.	44. ACCOUNT NUMBER - 5	X(20)	С	20	498-517	SEE FORM 480.7D, ITEM 5.	
47. ACCOUNT NUMBER - 6	45. TOTAL PAYMENT RECEIVED - 5	9(10)V99	С	12	518-529	SEE FORM 480.7D, ITEM 5.	
48. TOTAL PAYMENT RECEIVED - 6 9(10)V99 C 12 562-573 SEE FORM 480.7D, ITEM 6. 49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 7.	46. PAYMENT THAT CONSTITUTES INTEREST - 5	9(10)V99	С	12	530-541	SEE FORM 480.7D, ITEM 5.	
49. PAYMENT THAT CONSTITUTES INTEREST - 6 9(10)V99 C 12 574-585 SEE FORM 480.7D, ITEM 6. 50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 7.	47. ACCOUNT NUMBER - 6	X(20)	С	20	542-561	SEE FORM 480.7D, ITEM 6.	
50. ACCOUNT NUMBER - 7 X(20) C 20 586-605 SEE FORM 480.7D, ITEM 7.	48. TOTAL PAYMENT RECEIVED - 6	9(10)V99	С	12	562-573	SEE FORM 480.7D, ITEM 6.	
	49. PAYMENT THAT CONSTITUTES INTEREST - 6	9(10)V99	С	12	574-585	SEE FORM 480.7D, ITEM 6.	
51. TOTAL PAYMENT RECEIVED - 7 9(10)V99 C 12 606-617 SEE FORM 480.7D, ITEM 7.	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 INTEREST - 7 9(10)V99 C 12 618-629 SEE FORM 480.7D, ITEM 7.	52. PAYMENT THAT CONSTITUTES INTEREST - 7	9(10)V99	С	12	618-629	SEE FORM 480.7D, ITEM 7.	
53. ACCOUNT NUMBER - 8 X(20) C 20 630-649 SEE FORM 480.7D, ITEM 8.	53. ACCOUNT NUMBER - 8	X(20)	C	20	630-649	SEE FORM 480.7D, ITEM 8.	





EXHIBIT I

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807DY19 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 INTEREST - 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 INTEREST - 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. INTEREST - 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(1614)	С	1614	832-2445	SPACES.	
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)	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 I

GOBIERNO DE PUERTO RICO - GOVERNMENT DE PUERTO RICO 480.7D Formulario Departamento de Hacienda - Department of the Treasury Form Rev. 07.19 DECLARACIÓN INFORMATIVA - PAGOS POR ARRENDAMIENTO DE AUTOMÓVILES INFORMATIVE RETURN - AUTOMOBILE LEASE PAYMENTS AÑO CONTRIBUTIVO: 2019 Enmendado - Amended: (__DD__/_MM__/_AA/ Número de Confirmación de Radicación Electrónica TAXABLE YEAR: Electronic Filing Confirmation Number INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION Número de Identificación Patronal - Employer Identification Number Dirección - Address Código Postal - Zip Code INFORMACIÓN DEL PAGADOR - PAYER'S INFORMATION Número de Seguro Social o Identificación Patronal - Social Security or Employer Identification Number Tipo - Type 1 Individuo - Individual 3 Sociedad - Partnership Corporación - Corporation Otro - Other Nombre - Name Dirección - Address Código Postal - Zip Code Número de Cliente Número Control Informativa Original Número Control Control No. Original Informative Return Control Number Customer Number Razones para el Cambio - Reasons for the Change Cantidad del Pago que Constituye Intereses - Amount of Payment that Constitutes Interest Cantidad del Pago que Constituye Intereses - Amount of Payment that Pago Total Recibido Total Payment Received Número de Cuenta Número de Cuenta Pago Total Recibido Account Number Account Number Total Payment Received Constitutes Interest FECHA DE RADICACIÓN: 31 DE ENERO, VEA INSTRUCCIONES FILING DATE: JANUARY 31, SEE INSTRUCTIONS Envie electrónicamente al Departamento de Hacienda. Entregue dos copias al pagador. Conserve copia para sus récords. Send to Department of the Treasury electronically. Deliver two copies to payer. Keep copy for your records.



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806SPY19 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 2019.	*
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	32	*
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					HEDANIEL ID TWIDE (41) ENTERD	
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: NOVEMBER 2019

FILE NAME: F4806SPY19 RECORD TYPE: RETURN

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

	1			DIL E	T	
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	1					1
24 ADDDECC I INE NUMBER 1	V(25)	С	25	226.260		*
24. ADDRESS LINE NUMBER 1	X(35)	C	35	226-260		*
25. ADDRESS LINE NUMBER 2	X(35)	C	35	261-295		
26. TOWN	X(13)	C	13	296-308		*
27. STATE	X(2)	С	2	309-310		
28. ZIP-CODE	9(5)	C	5	311-315		*
29. ZIP-CODE EXTENSION	9(4)	C	4	316-319	ZEROS, IF NOT AVAILABLE.	
30. FILLER	X(1)	С	1	320-320	SPACES.	*
PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS NOT						
31. SUBJECT TO WITHHOLDING	9(10)V99	С	12	321-332	SEE FORM 480.6SP, ITEM 1.	
PAYMENTS FOR SERVICES RENDERED)(10) +))	-	12	321 332	SELTORIA 400.051 , ITEM 1.	
BY CORPORATIONS AND						
PARTNERSHIPS NOT SUBJECT TO						
32. WITHHOLDING	9(10)V99	С	12	333-344	SEE FORM 480.6SP, ITEM 2.	
PAYMENTS FOR SERVICES RENDERED						
BY INDIVIDUALS SUBJECT TO 33. WITHHOLDING	9(10)V99	С	12	345-356	SEE FORM 480.6SP, ITEM 3.	
WITHHELD FOR SERVICES RENDERED	9(10) 🗸 99	C	12	343-330	SEE FORM 400.031, ITEM 3.	
BY INDIVIDUALS SUBJECT TO						
34. WITHHOLDING	9(8)V99	C	10	357-366	SEE FORM 480.6SP, ITEM 3.	
PAYMENTS FOR SERVICES RENDERED						
BY CORPORATIONS AND						
PARTNERSHIPS SUBJECT TO	9(10)V99	С	12	367-377	SEE FORM 480.6SP, ITEM 4.	
35. WITHHOLDING WITHHELD FOR SERVICES RENDERED	9(10) \$99	C	12	307-377	SEE FORM 480.0SP, ITEM 4.	
BY CORPORATIONS AND						
PARTNERSHIPS SUBJECT TO						
36. WITHHOLDING	9(8)V99	C	10	379-388	SEE FORM 480.6SP, ITEM 4.	
	****			200 200	ENTER: "A", "B", "C", "D", "E", "F", "G",	
37. EXEMPTION CODE INDIVIDUAL	X(1)	С	1	389-389	"H", "I", "J", "K". ENTER: "A", "B", "C", "D", "E", "F", "G",	
38. EXEMPTION CODE CORPORATION	X(1)	C	1	390-390	ENTER: A, B, C, D, E, F, G, "H", "I", "J", "K".	
SPECIAL CONTRIBUTION FOR	71(1)		•	370 370	11, 1, 3, 11.	
PROFESSIONAL AND ADVISORY						
39. SERVICES UNDER ACT 48-2013	9(10)V99	C	12	391-402		
40. REIMBURSED EXPENSES	9(10)V99	C	12	403-414		
RESPONSIBILITY OF PAYMENT TO	0(10)1700		10	415 406		
41. HEALTH PROVIDERS	9(10)V99	С	12	415-426	IE DAVMENT EOD CEDVICES	
					IF PAYMENT FOR SERVICES RENDERED BY INDIVIDUALS	
HEALTH SERVICES RENDERED BY					INCLUDES HEALTH SERVICES ENTER	
42. INDICATOR	X(1)	С	1	427-427	"1", OTHERWISE FILL WITH BLANK.	
					IF PAYMENT FOR SERVICES	
					RENDERED BY CORPORATIONS AND	
					PARTNERSHIPS INCLUDES SERVICES	
SERVICES RENDERED BY UNDER					UNDER PHYSICIANS ACT 14-2017 ENTER "1", OTHERWISE FILL WITH	
43. PHYSICIANS ACT 14-2017 INDICATOR	X(1)	С	1	428-428	BLANK.	
THISTER IN THE 14 ZOLV INDICATION	11(1)		•	120 720	IF YOU RECEIVED THE SWORN	
RECEIVED THE SWORN STATEMENT					STATEMENT FROM THE SERVICE	
FROM THE SERVICE PROVIDER					PROVIDER CHOOSING THE OPTIONAL	
CHOOSING THE OPTIONAL TAX	37/1)			120 120	TAX ENTER "1", OTHERWISE FILL	
44. INDICATOR	X(1)	C	1	429-429	WITH BLANK.	



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806SPY19 RECORD TYPE: RETURN

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

				FILE		
FIELD NAME	PICTURE		BYTES	LOCATION	COMMENTS	RE
	•				•	
					IF THE PAYMENTS REPORTED	
PAYMENTS REPORTED CORRESPOND					CORRESPOND TO OUTSOURCED	
TO OUTSOURCED SERVICES					SERVICES TAX ENTER "1", OTHERWISE	
45. INDICATOR	X(1)	С	1	430-430	FILL WITH BLANK.	
					IF THE PAYMENTS REPORTED	
PAYMENTS REPORTED CORRESPOND					CORRESPOND TO SPECIAL	
TO SPECIAL CONTRIBUTION FOR					CONTRIBUTION FOR PROFESSIONAL	
PROFESSIONAL AND ADVISORY					AND ADVISORY SERVICES UNDER ACT	
SERVICES UNDER ACT 48-2013					48-2013 ENTER "1", OTHERWISE FILL	
46. INDICATOR	X(1)	C	1	431-431	WITH BLANK.	
					IF THE PAYMENTS REPORTED	
PAYMENTS REPORTED CORRESPOND					CORRESPOND TO REIMBURSED	
TO REIMBURSED EXPENSES					EXPENSES ENTER "1", OTHERWISE	
47. INDICATOR	X(1)	C	1	432-432	FILL WITH BLANK.	
48. WAIVER TYPE	X(1)	C	1	433-433	ENTER: "P" = PARTIAL, "T" = TOTAL.	
49. NO. WAIVER CERTIFICATE	X(20)	C	20	434-453	WAIVER FROM WITHHOLDING.	
50. FILLER	X(308)	C	308	454-761	SPACES.	*
					ENTER THE FIRST NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL	
					WITH BLANKS. REQUIRED ONLY FOR	
51. PAYEE'S FIRST NAME	X(15)	C	15	762-776	INDIVIDUALS.	*
					ENTER THE MIDDLE NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL	
52. PAYEE'S MIDDLE NAME	X(15)	C	15	777-791	WITH BLANKS.	
					ENTER THE LAST NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL	
					WITH BLANKS. REQUIRED ONLY FOR	
53. PAYEE'S LAST NAME	X(20)	C	20	792-811	INDIVIDUALS.	*
			_		ENTER THE SECOND LAST NAME OF	
PAYEE'S MOTHER'S MAIDEN LAST					THE PAYEE'S. LEFT JUSTIFIED AND	
54. NAME	X(20)	C	20	812-831	FILL WITH BLANKS.	
55. FILLER	X(1614)	C	1614	832-2445	SPACES.	*
CONTROL NUMBER ORIGINAL					THIS FILED MUST BE COMPLETED	
56. INFORMATIVE RETURN	9(9)	C	9	2446-2454	WHEN FILING AMENDED FORM.	
					ENTER THE REASON FOR CHANGE	
					FORM. LEFT JUSTIFIED AND FILL WITH	
57. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	BLANKS.	
58. FILLER	9(6)	С	6	2495-2500	ZEROS.	*



AÑO CONTRIBUTIVO: 2019 Enmendado -	Amended: (DD / MM /AAAAA)		de Radicación Electrónica Confirmation Number
INFORMACIÓN DEL AGENTE RETENEDOR - WITHHOLDING AGENTS INFORMATION	Descripción	Cantidad Pagada	Cantidad Retenida
Nümero de Identificación Patronal - Employer Identification Number Nombre - Name	Description 1. Pagos por Servicios Prestados por Individuos No Sujetos a Retención (Vea instrucciones) Payments for Services Rendered by Individuals Not Subject	Amount Paid	Amount Withheld
Dirección - Address	to Withholding (See instructions) Cédigo - Code:		
Cödigo Postal - Zip Code	Pagos por Servicios Prestados por Corporaciones y Sociedades No Sujetos a Retención (Vea instrucciones) Payments for Services Rendered by Corporations and Partnerships Not Subject to Withholding (See instructions)		
INFORMACIÓN DE QUIEN RECIBE EL PAGO - PAYEE'S INFORMATION Número de Seguro Social o Identificación Patronal - Social Security or Employer Identification Number	Código - Code:		
Nombre - Name	Pagos por Servicios Prestados por Individuos Sujetos a Retención Payments for Services Rendered by Individuals Subject to Withholding		
Dirección - Address Código Postal - Zip Code Aportación Especial por Servicios Profesionales y Consultivos bajo la Ley 48-2013	Pagos por Servicios Prestados por Corporaciones y Sociedades Sujetos a Retención Payments for Services Rendered by Corporations and Partnerships Subject to Withholding Razones para el Cambio - Reasons for the Change		
Special Contribution for Professional and Advisory Services under Act 48-2013 Gastos Reembolsados (Vea instrucciones) Reimbursed Expenses (See instructions)			
Responsabilidad de Pago a Proveedores de Salud (Vea instrucciones) Responsibility of Payment to Health Providers (Seeinstructions)			
Servicios de Salud - Health Services			
Médicos Ley 14-2017 - Physicians Act 14-2017 Marque aqui si recibió la declaración jurada del proveedor de servicios eligiendo la contribución opcional - Check here if you received the sworn statement from the service provider choosing the optional tax Marque aqui si los pagos reportados corresponden a servicios subcontratados - Check here	Nümero Control - Control Number	Número Control Informativa Control No. Original Informativ	
If the payments reported correspond to outsourced services FECHA DE RADICACIÓN: 28 DE FEBRERO, VEA INSTRUCCIONES FILING DATE: FEBRUARY 28, SEE INSTRUCTIONS	Envie electronicamente al Departamento de Hacienda. Entre récords. Send to Department of the Treasury electronically. D		



EXHIBIT K

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806GY19 RECORD TYPE: RETURN

RECORD NAME: TRANSACTIONS MADE BY ELECTRONIC MEANS – FORM TYPE 480.6G | RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
						II.
1. FILLER	X(1)	С	1	1-1	SPACES.	*
1. TILLER	11(1)		1	11	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)	C	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)	C	1	14-14	"1" = DETAIL RECORD.	*
	,				ENTER: "O" = ORIGINAL, "A" = AMENDED,	
7. DOCUMENT TYPE	X(1)	С	1	15-15	"X" = DELETE.	*
8. FILLER	X(2)	C	2	16-17	SPACES.	*
9. TAXABLE YEAR	9(4)	C	4	18-21	ENTER THE TAX YEAR FOR THIS REPORT WHICH MUST BE 2019.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYMENTS PROCESSING ENTITY'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	С	9	32-40	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
13. NAME	X(30)	С	30	41-70		*
14. ADDRESS LINE NUMBER 1	X(35)	С	35	71-105	ADDRESS LINE NUMBER 1.	*
15. ADDRESS LINE NUMBER 2	X(35)	С	35	106-140	ADDRESS LINE NUMBER 2.	
16. TOWN	X(13)	С	13	141-153		*
17. STATE	X(2)	C	2	154-155		*
18. ZIP-CODE	9(5)	C	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.	*





EXHIBIT K

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806GY19 RECORD TYPE: RETURN

RECORD NAME: TRANSACTIONS MADE BY ELECTRONIC MEANS – FORM TYPE 480.6G | RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	TICTURE	l	BITES	LOCATION	COMMENTS	KE
22 NAME	V(20)		20	176 205	DECLUDED ONLY FOR CORDOR ATIONS	*
22. NAME	X(30)	С	30	176-205	REQUIRED ONLY FOR CORPORATIONS. ENTER THE FIRST NAME OF THE	*
					PAYEE'S. LEFT JUSTIFIED AND FILL	
					WITH BLANKS. REQUIRED ONLY FOR	
23. PAYEE'S FIRST NAME	X(15)	C	15	206-220	INDIVIDUALS.	*
					ENTER THE MIDDLE NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL	
24. PAYEE'S MIDDLE NAME	X(15)	C	15	221-235	WITH BLANKS.	
					ENTER THE LAST NAME OF THE	
					PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR	
25. PAYEE'S LAST NAME	X(20)	C	20	236-255	INDIVIDUALS.	*
23. THILE S END I WAVE	11(20)		20	230 233	ENTER THE SECOND LAST NAME OF	
PAYEE'S MOTHER'S MAIDEN LAST					THE PAYEE'S. LEFT JUSTIFIED AND	
26. NAME	X(20)	C	20	256-275	FILL WITH BLANKS.	
27. ADDRESS LINE NUMBER 1	X(35)	С	35	276-310		*
28. ADDRESS LINE NUMBER 2	X(35)	С	35	311-345		
29. TOWN	X(13)	C	13	346-358		*
30. STATE	X(2)	C	2	359-360		
31. ZIP-CODE	9(5)	C	5	361-365		*
32. ZIP-CODE EXTENSION	9(4)	C	4	366-369	ZEROS, IF NOT AVAILABLE.	
33. E-MAIL	X(50)	C	50	370-419		*
34. MERCHANT CATEGORY CODE	X(4)	С	4	420-423		*
35. BUSINESS ACCOUNT INDICATOR	X(1)	С	1	424-424	ENTER "P", PERSONAL , "B" BUSSINESS	*
36. ACCOUNT NUMBER	X(20)	С	20	425-444		
37. PAYMENTS PROCESSING FEE	9(13)V99	С	15	445-459		
38. NUMBER OF PAYMENT TRANSACTION	9(10)	C	10	460-469		*
TOTAL PAYMENTS PROCESSED AND						
CREDITED	0/12/1700	-	15	470 404	GEE FORM 100 CG TEEN 1 GOLUN ON 1	
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 15	485-499 500-514	SEE FORM 480.6G, ITEM 2, COLUMN 1.	
41. PAYMENTS CREDIT DEBIT MAR 42. PAYMENTS CREDIT DEBIT APR	9(13)V99 9(13)V99	C	15	515-529	SEE FORM 480.6G, ITEM 3, COLUMN 1. SEE FORM 480.6G, ITEM 4, COLUMN 1.	
43. PAYMENTS CREDIT DEBIT MAY	9(13)V99 9(13)V99	C	15	530-544	SEE FORM 480.6G, ITEM 4, 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	620-634	SEE FORM 480.6G, ITEM 11, COLUMN 1.	
50. PAYMENTS CREDIT DEBIT DEC	9(13)V99	С	15	635-649	SEE FORM 480.6G, ITEM 12, COLUMN 1.	
51. TOTAL PAYMENTS CREDIT DEBIT	9(13)V99	С	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 1, 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 4, COLUMN 2.	
56. PAYMENTS OTHER MAY	9(13)V99	C	15	725-739	SEE FORM 480.6G, ITEM 5, COLUMN 2.	
57. PAYMENTS OTHER JUN	9(13)V99	C	15	740-754	SEE FORM 480.6G, ITEM 6, COLUMN 2.	
58. PAYMENTS OTHER JUL	9(13)V99	C	15	755-769	SEE FORM 480.6G, ITEM 7, COLUMN 2.	
59. PAYMENTS OTHER AUG	9(13)V99	C	15	770-784	SEE FORM 480.6G, ITEM 8, COLUMN 2.	
60. PAYMENTS OTHER SEP	9(13)V99	C	15 15	785-799	SEE FORM 480.6G, ITEM 9, COLUMN 2.	
61. PAYMENTS OTHER OCT	9(13)V99	C	15	800-814	SEE FORM 480.6G, ITEM 10, COLUMN 2.	





EXHIBIT K

FILE DESCRIPTION

DATE: NOVEMBER 2019

FILE NAME: F4806GY19 RECORD TYPE: RETURN

RECORD NAME: TRANSACTIONS MADE BY ELECTRONIC MEANS – FORM TYPE 480.6G | RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
62. PAYMENTS OTHER NOV	9(13)V99	С	15	815-829	SEE FORM 480.6G, ITEM 11, COLUMN 2.	
63. PAYMENTS OTHER DEC	9(13)V99	С	15	830-844	SEE FORM 480.6G, ITEM 12, COLUMN 2.	
64. TOTAL PAYMENTS OTHER	9(13)V99	С	15	845-859	SEE FORM 480.6G, ITEM 13, COLUMN 2.	
65. FILLER	X(1586)	C	1586	860-2445	SPACES.	*
CONTROL NUMBER ORIGINAL 66. INFORMATIVE RETURN	9(9)	С	9	2446-2454	THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM.	
CZ DEACON FOR THE CHANCE	, ,	C	40	2455 2404	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH	
67. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	BLANKS.	
68. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



Formulario 480.6G	DECLARACIÓN INFORMATIVA - TRANS	Hacienda - Department of the Treasury ACCIONES EFECTUADAS POR MEDIOS ELECTRÓNICOS ANSACTIONS MADE BY ELECTRONIC MEANS		
AÑO CONTRIBUTIVO: 2019	Enmendado -	Amended: (_DDI_MMI_AA/^^)	Número de Confirmación d Electronic Filing Con	
INFORMACIÓN DE LA ENTIDAD PROCESADO PAYMENTS PROCESSING ENTITY'S INFORMA		Mes	Total de Pagos Proce Total Payments Proc	sados y Acreditados essed and Credited
Número de Identificación Patronal - Employer	dentification Number	Month	Tarjetas de Crédito o Débito Credit or Debit Cards	Otras Transacciones Other Transactions
Nombre - Name		1. Emero January		
Dirección - Address		2. Febrero February		
INFORMACIÓN DEL COMERCIANTE PARTICIF	Código Postal - Zip Code	3. Marzo March		
PARTICIPANT MERCHANT'S INFORMATION Nombre - Name		4. Abril April		
Dirección Postal - Postal Address		5. Mayo May		
Correo Electrónico - E-mail	Código Postal - Zip Code	6. Junio June		
Número de Identificación (Véanse instruccion	es) - Identification Number (See instructions)	7. Julio July		
Número de Cuenta del Receptor - Receiver Acco	unt Number	8. Agosto August		
Código de Categoria de Comerciante - Merchant	Category Code	9. Septiembre September		
Cuenta Comercial - Business Account Cargos de Procesamiento de Pagos - Payments	Cuenta Personal - Personal Account Processing Fee	10. Octubre October		
Nümero de Transacciones de Pago - Number of	Payment Transactions	11. Noviembre		
Razones para el Cambio - Reasons for the Cha	nge	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 FEBRERO, FILING DATE: FEBRUARY 28, SEE INSTRUC		Envir electronicamente al Departamento de Hacienda. Entregue copia al Department of the Treasury electronically. Deliver copy to the par		



EXHIBIT L

FILE DESCRIPTION DATE

DATE: NOVEMBER 2019

FILE NAME: F4807EY19

RECORD TYPE: RETURN

RECORD NAME: ADVERTISING, INSURANCE PREMIUMS, TELECOMMUNICATION,

RECORD

INTERNET ACCESS AND CABLE OR SATELLITE TELEVISION SERVICES – FORM TYPE 480.7E

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 480.7E. 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 "K" TO INDICATE FORM 480.7E.	*
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 2019.	*
10. FILLER	X(9)	С	9	22-30	SPACES.	*
PAYMENTS PROCESSING ENTITY'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	31-31	ENTER: "1" = FEIN, "2" = SSN.	*
12. IDENTIFICATION NUMBER	9(9)	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						



EXHIBIT L

FILE DESCRIPTION D

DATE: NOVEMBER 2019

FILE NAME: F4807EY19

RECORD TYPE: RETURN

RECORD NAME: ADVERTISING, INSURANCE PREMIUMS, TELECOMMUNICATION,

RECORD

INTERNET ACCESS AND CABLE OR SATELLITE TELEVISION SERVICES – FORM TYPE 480.7E

LENGTH: 2500

21. PAYEE'S ID 9(9) C 9 167-175 PAYEE'S FEIN. IF ID TYPE = "2" ENTER PAYEE'S SSN. #	FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
21. PAYEE'S ID							
21. PAYEE'S ID							
22. PAYEE'S NAME	21 DAVEE'S ID	0(0)	C	0	167 175		*
23. ADDRESS LINE NUMBER 1 X(35) C 35 206-240 * 24. ADDRESS LINE NUMBER 2 X(35) C 35 206-240 * 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 9(4) C 4 296-299 ZEROS, IF NOT AVAILABLE. * 29. PAYEE'S FIRST NAME X(15) C 15 300-314 INDIVIDUALS. * 29. PAYEE'S FIRST NAME X(15) C 15 315-329 WITH BLANKS, REQUIRED ONLY FOR * 30. PAYEE'S MIDDLE NAME X(15) C 15 315-329 WITH BLANKS, REQUIRED ONLY FOR * 31. PAYEE'S LAST NAME X(20) C 20 330-349 INDIVIDUALS. * 29. PAYEE'S LAST NAME X(20) C 20 330-349 INDIVIDUALS. * 20. PAYEE'S MOTHER'S MAIDEN LAST X(20) C 20 330-349 INDIVIDUALS. * 20. PAYEE'S MOTHER'S MAIDEN LAST X(20) C 20 350-369 FILL WITH BLANKS, REQUIRED ONLY FOR * 20. PAYEE'S LEFT INSTIFIED AND FILL WITH BLANKS, REQUIRED ONLY FOR * 21. PAYEE'S LAST NAME X(20) C 20 350-369 FILL WITH BLANKS, REQUIRED ONLY FOR * 22. PAYEE'S LAST NAME X(20) C 20 350-369 FILL WITH BLANKS, REQUIRED ONLY FOR * 23. AND BONDS 9(13)V99 C 15 370-384 SEE FORM 480.7E, ITEM 1. 24. PAYMENT TELECOMMUNICATION 30 SERVICES 9(13)V99 C 15 415-429 SEE FORM 480.7E, ITEM 3. 25. FORM 480.7E, ITEM 4. 26. PAYMENT TOONTRIBUTIONS TO 30 SERVICES 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 4. 27. PAYMENT TELECOMMUNICATION 370 SERVICES 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 4. 28. PAYMENT NOTEMENT NOTEMENT SERVICES 9(13)V99 C 15 446-2445 WITH SIELD MUST BE COMPLETED WITH SIELD MUST	21. PATEE SID	9(9)	C	9	10/-1/3	PATEE S SSN.	
24. ADDRESS LINE NUMBER 2	22. PAYEE'S NAME	X(30)	C	30	176-205	REQUIRED ONLY FOR CORPORATIONS.	*
25. TOWN	23. ADDRESS LINE NUMBER 1	X(35)	С	35	206-240		*
25. TOWN							
26. STATE							
27. ZIP-CODE							*
28. ZIP-CODE EXTENSION 9(4) C 4 296-299 ZEROS, IF NOT AVAILABLE. 28. ZIP-CODE EXTENSION 9(4) C 4 296-299 ZEROS, IF NOT AVAILABLE. 29. PAYEE'S LET JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR NO PAYEE'S LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR NO PAYEE'S MIDDLE NAME OF THE PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. 29. PAYEE'S MIDDLE NAME X(15) C 15 315-329 WITH BLANKS. 20. PAYEE'S LAST NAME PAYEE'S. LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR NO PAYEE'S LEFT JUSTIFIED AND FILL WITH BLANKS. REQUIRED ONLY FOR NO PAYEE'S MOTHER'S MAIDEN LAST WITH BLANKS. REQUIRED ONLY FOR NO PAYEE'S MOTHER'S MAIDEN LAST WITH BLANKS. REQUIRED ONLY FOR NO PAYEE'S MOTHER'S MAIDEN LAST WITH BLANKS. REQUIRED ONLY FOR NO PAYEE'S LEFT JUSTIFIED AND FILL WITH BLANKS. 20. C 20 330-349 FILL WITH BLANKS. 21. PAYEE'S MOTHER'S MAIDEN LAST WITH BLANKS. REQUIRED ONLY FOR NO PAYEE'S LEFT JUSTIFIED AND FILL WITH BLANKS. 22. D 350-369 FILL WITH BLANKS. 23. AND BONDS 9(13)V99 C 15 370-384 SEE FORM 480.7E, ITEM 1. 24. HEALTH OR ACCIDENT PLANS 9(13)V99 C 15 400-414 SEE FORM 480.7E, ITEM 2. 25. PAYMENT TELECOMMUNICATION 30 PAYMENT ADVERTISING 9(13)V99 C 15 415-429 SEE FORM 480.7E, ITEM 3. 36. PAYMENT ADVERTISING 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 4. 25. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 4. 26. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. 37. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 445-459 SEE FORM 480.7E, ITEM 5. 38. OTHER PAYMENTS 9(13)V99 C 15 445-459 SEE FORM 480.7E, ITEM 6. 39. FILLER X(1986) C 1986 460-2445 SPACES. 40. UNFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM.							*
29. PAYEE'S FIRST NAME				_		ZEDOS JENOTAVAJI ADI E	
PAYEE'S LEFT JUSTIFIED AND FILL WITH BLANKS. REQURED ONLY FOR INDIVIDUALS. SEPORM 480.7E, ITEM 1.	28. ZIF-CODE EXTENSION	9(4)		4	290-299		
29. PAYEE'S FIRST NAME							
Services						WITH BLANKS. REQUIRED ONLY FOR	*
30. PAYEE'S MIDDLE NAME	29. PAYEE'S FIRST NAME	X(15)	C	15	300-314		
30. PAYEE'S MIDDLE NAME						· · · · · · · · · · · · · · · · · · ·	
STEP	20 DAVEE'S MIDDLE NAME	V(15)	C	15	215 220		
31. PAYEE'S LAST NAME	50. FATEE S MIDDLE NAME	Λ(13)		13	313-329		
NAME							
31. PAYEE'S LAST NAME							*
PAYEE'S MOTHER'S MAIDEN LAST 32. NAME	31. PAYEE'S LAST NAME	X(20)	C	20	330-349		
32. NAME X(20) C 20 350-369 FILL WITH BLANKS. PAYMENT PROPERTY, CONTINGENCY AND PUBLIC LIABILITY INSURANCE 33. AND BONDS 9(13)V99 C 15 370-384 SEE FORM 480.7E, ITEM 1. 33. AND BONDS 9(13)V99 C 15 385-399 SEE FORM 480.7E, ITEM 2. 34. HEALTH OR ACCIDENT PLANS 9(13)V99 C 15 385-399 SEE FORM 480.7E, ITEM 2. PAYMENT TELECOMMUNICATION 9(13)V99 C 15 400-414 SEE FORM 480.7E, ITEM 3. 36. PAYMENT ADVERTISING 9(13)V99 C 15 415-429 SEE FORM 480.7E, ITEM 4. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. 38. OTHER PAYMENTS 9(13)V99 C 15 445-459 SEE FORM 480.7E, ITEM 6. 39. FILLER X(1986) C 1986 460-2445 SPACES. * 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM.						ENTER THE SECOND LAST NAME OF	
PAYMENT PROPERTY, CONTINGENCY AND PUBLIC LIABILITY INSURANCE 33. AND BONDS PAYMENT CONTRIBUTIONS TO 34. HEALTH OR ACCIDENT PLANS PAYMENT TELECOMMUNICATION 35. SERVICES 9(13)V99 C 15 385-399 SEE FORM 480.7E, ITEM 1. PAYMENT TELECOMMUNICATION 36. PAYMENT ADVERTISING PAYMENT ADVERTISING PAYMENT INTERNET AND CABLE OR 37. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 400-414 SEE FORM 480.7E, ITEM 3. 415-429 SEE FORM 480.7E, ITEM 4. PAYMENT INTERNET AND CABLE OR 37. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. SEE FORM 480.7E, ITEM 6. 39. FILLER X(1986) C 1986 460-2445 SPACES. * CONTROL NUMBER ORIGINAL 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILLING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH							
AND PUBLIC LIABILITY INSURANCE 33. AND BONDS PAYMENT CONTRIBUTIONS TO 34. HEALTH OR ACCIDENT PLANS PAYMENT TELECOMMUNICATION 35. SERVICES 9(13)V99 C 15 385-399 SEE FORM 480.7E, ITEM 1. PAYMENT TELECOMMUNICATION 36. PAYMENT ADVERTISING PAYMENT INTERNET AND CABLE OR 37. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 400-414 SEE FORM 480.7E, ITEM 3. SEE FORM 480.7E, ITEM 4. PAYMENT INTERNET AND CABLE OR 37. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. SEE FORM 480.7E, ITEM 6. 38. OTHER PAYMENTS 9(13)V99 C 15 445-459 SEE FORM 480.7E, ITEM 6. THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH		X(20)	C	20	350-369	FILL WITH BLANKS.	
33. AND BONDS 9(13)V99 C 15 370-384 SEE FORM 480.7E, ITEM 1. PAYMENT CONTRIBUTIONS TO 34. HEALTH OR ACCIDENT PLANS 9(13)V99 C 15 385-399 SEE FORM 480.7E, ITEM 2. PAYMENT TELECOMMUNICATION 9(13)V99 C 15 400-414 SEE FORM 480.7E, ITEM 3. 36. PAYMENT ADVERTISING 9(13)V99 C 15 415-429 SEE FORM 480.7E, ITEM 4. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. 38. OTHER PAYMENTS 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. 39. FILLER X(1986) C 15 445-459 SEE FORM 480.7E, ITEM 6. 39. FILLER X(1986) C 1986 460-2445 SPACES. CONTROL NUMBER ORIGINAL 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM.	,						
PAYMENT CONTRIBUTIONS TO 34. HEALTH OR ACCIDENT PLANS 9(13)V99 C 15 385-399 SEE FORM 480.7E, ITEM 2.		0(12)1700		15	270 204	GEE FORM 400 7F TEEM 1	
34. HEALTH OR ACCIDENT PLANS 9(13)V99 C 15 385-399 SEE FORM 480.7E, ITEM 2. PAYMENT TELECOMMUNICATION 9(13)V99 C 15 400-414 SEE FORM 480.7E, ITEM 3. 36. PAYMENT ADVERTISING 9(13)V99 C 15 415-429 SEE FORM 480.7E, ITEM 4. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. 38. OTHER PAYMENTS 9(13)V99 C 15 445-459 SEE FORM 480.7E, ITEM 6. 39. FILLER X(1986) C 1986 460-2445 SPACES. * CONTROL NUMBER ORIGINAL 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH ENTER THE REASON FOR CHANGE FORM. ENTER THE REASON FOR CHANGE FORM.		9(13) V99	C	15	370-384	SEE FORM 480./E, ITEM 1.	
PAYMENT TELECOMMUNICATION 35. SERVICES 9(13)V99 C 15 400-414 SEE FORM 480.7E, ITEM 3.		0(13)V00	C	15	385 300	SEE FORM 480 7E ITEM 2	
35. SERVICES 9(13)V99 C 15 400-414 SEE FORM 480.7E, ITEM 3. 36. PAYMENT ADVERTISING 9(13)V99 C 15 415-429 SEE FORM 480.7E, ITEM 4. PAYMENT INTERNET AND CABLE OR 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. 38. OTHER PAYMENTS 9(13)V99 C 15 445-459 SEE FORM 480.7E, ITEM 6. 39. FILLER X(1986) C 1986 460-2445 SPACES. * CONTROL NUMBER ORIGINAL 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH ENTER THE REASON FOR CHANGE FORM. ENTER THE REASON FOR CHANGE FORM.		9(13) ¥ 99		13	363-377	SEE FORM 400.7E, ITEM 2.	
36. PAYMENT ADVERTISING 9(13)V99 C 15 415-429 SEE FORM 480.7E, ITEM 4. PAYMENT INTERNET AND CABLE OR 37. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. 38. OTHER PAYMENTS 9(13)V99 C 15 445-459 SEE FORM 480.7E, ITEM 6. 39. FILLER X(1986) C 1986 460-2445 SPACES. * CONTROL NUMBER ORIGINAL FORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM.		9(13)V99	C	15	400-414	SEE FORM 480.7E, ITEM 3.	
PAYMENT INTERNET AND CABLE OR 37. SATELLITE TELEVISION SERVICES 9(13)V99 C 15 430-444 SEE FORM 480.7E, ITEM 5. 38. OTHER PAYMENTS 9(13)V99 C 15 445-459 SEE FORM 480.7E, ITEM 6. 39. FILLER X(1986) C 1986 460-2445 SPACES. * CONTROL NUMBER ORIGINAL 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH		\ /					
38. OTHER PAYMENTS 9(13)V99 C 15 445-459 SEE FORM 480.7E, ITEM 6. 39. FILLER X(1986) C 1986 460-2445 SPACES. * CONTROL NUMBER ORIGINAL THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM. WHEN FILING AMENDED FORM. 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH ENTER THE REASON FOR CHANGE FORM. ENTER THE REASON FOR CHANGE FORM.		<u> </u>				,	
39. FILLER X(1986) C 1986 460-2445 SPACES. * CONTROL NUMBER ORIGINAL 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH	37. SATELLITE TELEVISION SERVICES		C			SEE FORM 480.7E, ITEM 5.	
CONTROL NUMBER ORIGINAL 40. INFORMATIVE RETURN 9(9) C 9 2446-2454 THIS FILED MUST BE COMPLETED WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH	38. OTHER PAYMENTS	9(13)V99	C	15	445-459	SEE FORM 480.7E, ITEM 6.	
40. INFORMATIVE RETURN 9(9) C 9 2446-2454 WHEN FILING AMENDED FORM. ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH	39. FILLER	X(1986)	C	1986	460-2445	SPACES.	*
ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH							
FORM. LEFT JUSTIFIED AND FILL WITH	40. INFORMATIVE RETURN	9(9)	C	9	2446-2454		
	41. REASON FOR THE CHANGE	X(40)	C	40	2455-2494		
42. FILLER 9(6) C 6 2495-2500 ZEROS. *	42. FILLER	9(6)	С	6	2495-2500	ZEROS	*



Formulario 480.7E Form Rev. 08.19

AÑO CONTRIBUTIVO: 2019 TAXABLE YEAR:

GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO
Departamento de Hacienda - Department of the Treasury
DECLARACIÓN INFORMATIVA - ANUNCIOS, PRIMAS DE SEGUROS, SERVICIOS DE
TELECOMUNICACIONES, ACCESO A INTERNET Y TELEVISIÓN POR CABLE O SATÉLITE
INFORMATIVE RETURN - ADVERTISING, INSURANCE PREMIUMS, TELECOMMUNICATION, INTERNET ACCESS AND CABLE OR SATELLITE TELEVISION SERVICES

Enmendado - Amended: (__DD__I_MM_I_AA^^^)

Número de Confirmación de Radicación Electrónica Electronic Filing Confirmation Number

INFORMACIÓN DE QUIEN I	RECIBE EL PAGO - PAYEE'S INFORMATION	Clase de Pago	Cantidad Pagada
Número de Identificación Patronal	- Employer Identification Number	Type of Payment	Amount Paid
Nombre - Name		Seguros de Propiedad, Contingencia, Responsabilidad Pública y Fianzas Property, Contingency and Public Liability Insurance and Bonds	
Dirección - Address	Código Postal - Zip Code	Aportaciones a Planes de Salud o Accidentes Contributions to Health or Accident Plans	
	PAGADOR - PAYER'S INFORMATION cación Patronal - Social Security or Employer	Servicios de Telecomunicaciones Telecommunication Services	
Nombre - Name Dirección - Address		4. Anuncios Advertising	
Razones para el Cambio - Fleaso	Código Postal - Zip Code uns for the Change	Servicios de Internet y Televisión por Cable o Satélite Internet and Cable or Satellite Television Services	
Número Control - Control Number	Número Control Informativa Original Control No. Original Informative Return	6. Otros Pagos Other Payments	
FECHA DE RADICACIÓN: 28 DE F FILING DATE: FEBRUARY 28, SEE		Envie electrónicamente al Departamento de Hacienda. Entregue dos copias a quien recibe el pa Send to Department of the Treasury electronically. Deliver two copies to payee. Keep copy for your recon	



EXHIBIT M

FILE DESCRIPTION

DATE: NOVEMBER 2019

FILE NAME: F4805Y19 RECORD TYPE: SUMMARY

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER 3. FILLER	9(9) X(2)	C	9 2	2-10 1-12	ENTER ZEROS. SPACES.	*
					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,	
4. FORM TYPE 5. RECORD TYPE	X(1) 9(1)	C	1	13-13 4-14	"G"= 480.6G, "K"= 480.7E. "2" = SUMMARY.	*
3. RECORD TIPE	9(1)	C	1	4-14	ENTER: "O" = ORIGINAL, "A" = AMENDED,	+
6. DOCUMENT TYPE	X(1)	C	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 2019.	*
9. FILLER	X(1)	С	1	22-22	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
10. PAYER ID TYPE	X(1)	С	1	23-23	ENTER: "1" = FEIN, "2" = SSN. "3" = ITIN.	*
10. PATER ID TIPE	Λ(1)		1	23-23	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN. IF ID TYPE = "3" ENTER IDENTIFICATION	
11. IDENTIFICATION NUMBER	9(9)	C	9	24-32	NUMBER ITIN.	*
12. NAME	X(30)	С	30	33-62		*
13. ADDRESS LINE NUMBER 1	X(35)	С	35	63-97	ADDRESS LINE NUMBER 1.	*
14. ADDRESS LINE NUMBER 2	X(35)	С	35	98-132	ADDRESS LINE NUMBER 2.	
15. TOWN	X(13)	С	13	133-145		*
16. STATE	X(2)	С	2	146-147		*
17. ZIP-CODE	9(5)	С	5	148-152		*
18. ZIP-CODE EXTENSION	9(4)	С	4	153-156	ZEROS, IF NOT AVAILABLE.	
19. FILLER	X(2)	С	2	157-158	SPACES.	*
20. NUMBER OF DOCUMENTS	9(10)	С	10	159-168	NUMBER OF DOCUMENTS BY TYPE OF FORM. RIGHT JUSTIFIED.	*
21. TOTAL AMOUNT WITHHELD	9(13)V99	С	15	169-183	TOTAL AMOUNT WITHHELD BY TYPE OF FORM.	*
22. TOTAL AMOUNT PAID	9(13)V99	С	15	184-198	TOTAL PAID BY TYPE OF FORM.	*
23. TYPE OF TAXPAYER	X(1)	С	1	199-199	ENTER: "I"= INDIVIDUAL, "P"= PARTNERSHIP, "C"= CORPORATION, "T"= TRUST, "O"= OTHERS.	*
24. PENALTY WITHHELD	9(13)V99	С	15	200-214	COMPLETE ONLY IF FORM TYPE = "4" WITH TOTAL PENALTY WITHHELD FROM ALL 480.7 FORMS. FOR ALL OTHER FORMS FILL WITH ZEROS.	*
25. FILLER	X(2231)	С	2231	215-2445	SPACES.	*
26. FILLER	9(9)	С	9	2446-2454	ZEROS.	*



EXHIBIT M

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4805Y19 RECORD TYPE: SUMMARY

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

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



EXHIBIT M

Formulario 480.5 Form Rev.08.19	Departamento d RESUMEN DE	ERTO RICO - GOVERNI le Hacienda - Depar LAS DECLARACION / OF THE INFORMAT	tment of the Treasures INFORMATIVAS	ury		
AÑO CONTRIBUTIVO: 2019	Enmendado -	Amended: (DD	I_MM_IAAM)	Núr	m. Confirmación de F Electronic Filing (Radicación Electrónica Confirmation No.
Número de Identificación Patronal - Empl	oyer Identification Number	Clase de Contrit	Sociedad Partnership	Corporación Corporation	Sucesión o Fideicomiso Estate or Trust	Otros Others
Dirección - Address	*			7	Co	ódigo Postal - Zip Code
Dirección - Address Total de Formularios - Total Forms	Cantidad Retenida	a - Amount Withheld	Cantidad Total Pa	agada - Total Amoun		idigo Postal - Zip Code tenida - Penalty Withheld
	A 480.6B	480.6C 480.7B	Cantidad Total Pa	480.6G 480.7D		
Total de Formularios - Total Forms Marque sólo un encasillado 480.6 Check only one box Declaro bajo penalic	A 480.6B	480.6C 480.7B JURAMENT	480.6D 480.7C TO - OATH	480.6G 480.7D	Penalidad Rei 480.6SP 480.7E	tenida - Penalty Withheld



FILE DESCRIPTION

DATE: NOVEMBER 2019

FILE NAME: F4806B1Y19 RECORD TYPE: RETURN

RECORD NAME: ANNUAL RECONCILIATION STATEMENT OF OTHER 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	9(9)	C	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	С	2	11-12	SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "8" TO INDICATE FORM 480.6B.1.	*
5. RECORD TYPE	9(1)	C	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.	*
					ENTER THE TAX YEAR FOR THIS REPORT	
9. TAXABLE YEAR	9(4)	С	4	18-21	WHICH MUST BE 2019.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						_
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	C	20	28-47		
13. IDENTIFICATION NUMBER	9(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		*
13. WITHHOLDING AGENT S NAME	A(30)	C	30	87-110		+
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)	C	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.	*
			33		THI SICAL ADDILLOS 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.	*





FILE DESCRIPTION

DATE: NOVEMBER 2019

FILE NAME: F4806B1Y19 RECORD TYPE: RETURN

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

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	1	1	1	T		
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE.	
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	BLANK "N"= NO, "Y" = YES.	
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.	
32. FILLER	9(167)	С	167	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.	*
INTEREST UNDER SECTION 1023.04 (EXCEPT IRA AND EDUCATIONAL CONTRIB.						
36. AMOUNT PAID	9(10)V99	С	12	788-799	SEE FORM 480.6B.1, ITEM 5, COLUMN 1.	
37. TAX WITHHELD	9(10)V99	C	12	800-811	SEE FORM 480.6B.1, ITEM 5, COLUMN 2.	
38. FILLER	9(60)	C	60	812-871	ZEROS.	
DIVIDENDS SUBJECT TO 15%						
39. AMOUNT PAID	9(10)V99	С	12	872-883	SEE FORM 480.6B.1, ITEM 2, COLUMN 1.	
40. TAX WITHHELD	9(10)V99	С	12	884-895	SEE FORM 480.6B.1, ITEM 2, COLUMN 2.	
41. FILLER	9(60)	С	60	896-955	ZEROS.	
DIVIDENDS INDUSTRIAL DEVELOPMENTS 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)	С	60	980-1039	ZEROS.	
INTEREST 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.	





FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806B1Y19 RECORD TYPE: RETURN

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

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
FIELD NAME	TICTURE		DITES	LOCATION	COMMENTS	KE
53. FILLER	9(60)	С	60	1232-1291	ZEROS.	
	9(00)		00	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)	С	12	1316-1327	ZEROS.	
DEPOSITS AND TAX WITHHELD RELATION						
JANUARY						
57. AMOUNT PAID	9(10)V99	С	12	1328-1339		
58. TAX WITHHELD	9(10)V99	С	12	1340-1351		
59. FILLER	9(24)	C	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	9(24)	C	24	1400-1423	ZEROS.	
MARCH						
63. AMOUNT PAID	9(10)V99	С	12	1424-1435		
64. TAX WITHHELD	9(10)V99	С	12	1436-1447		
65. FILLER	9(24)	С	24	1448-1471	ZEROS.	
APRIL						
66. AMOUNT PAID	9(10)V99	С	12	1472-1483		
67. TAX WITHHELD	9(10)V99	С	12	1484-1495		
68. FILLER	9(24)	C	24	1496-1519	ZEROS.	
MAY						
69. AMOUNT PAID	9(10)V99	С	12	1520-1531		
70. TAX WITHHELD	9(10)V99	С	12	1532-1543		
71. FILLER	9(24)	C	24	1544-1567	ZEROS.	
JUNE						
72. AMOUNT PAID	9(10)V99	С	12	1568-1579		
73. TAX WITHHELD	9(10)V99	С	12	1580-1591		
74. FILLER	9(24)	C	24	1592-1615	ZEROS.	
JULY						
75. AMOUNT PAID	9(10)V99	С	12	1616-1627		
76. TAX WITHHELD	9(10)V99	С	12	1628-1639		
77. FILLER	9(24)	С	24	1640-1663	ZEROS.	
AUGUST						
78. AMOUNT PAID	9(10)V99	С	12	1664-1675		
T			•		•	





FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806B1Y19 RECORD TYPE: RETURN

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

RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
	.	ı				
70 TAY WELLELD	0/10/1/00		10	1676 1607		
79. TAX WITHHELD 80. FILLER	9(10)V99 9(24)	C	12 24	1676-1687 1688-1711	ZEROS.	
SEPTEMBER)(24)		24	1000-1711	ZEROS.	
81. AMOUNT PAID	9(10)V99	С	12	1712-1723		
82. TAX WITHHELD	9(10)V99	С	12	1724-1735		
83. FILLER	9(24)	С	24	1736-1759	ZEROS.	
OCTOBER	+					
84. AMOUNT PAID	9(10)V99	С	12	1760-1771		
85. TAX WITHHELD	9(10)V99	C	12 24	1772-1783 1784-1807	ZEROS	
86. FILLER NOVEMBER	9(24)	С	24	1/84-180/	ZEROS.	
NO VENIDER						
87. AMOUNT PAID	9(10)V99	C	12	1808-1819		
88. TAX WITHHELD	9(10)V99	С	12	1820-1831		
89. FILLER	9(10) (19)	C	24	1832-1855	ZEROS.	
DECEMBER)(2.)			1002 1000	Barrosi	
		_				
90. AMOUNT PAID	9(10)V99	С	12	1856-1867		
91. TAX WITHHELD	9(10)V99	С	12	1868-1879		
92. FILLER	9(24)	С	24	1880-1903	ZEROS.	
TOTAL C						
93. FILLER	9(12)	С	12	1904-1915	ZEROS.	
70. Tibber)(12)		12	170.1710	Barrosi	
94. TAX WITHHELD	9(10)V99	C	12	1916-1927	SEE FORM 480.B1, ITEM 1, Part II.	
95. FILLER	9(12)	С	12	1928-1939	ZEROS.	
96. FILLER	X(12)	С	12	1940-1951	SPACES.	*
TOTAL TAX WITHHELD AFTER THE						
97. CREDIT FOR TAX ON DEEMED DIVIDENDS	9(10)V99	C	12	1952-1963	SEE FORM 480.B1, ITEM 3, Part II.	
98. FILLER CREDIT FOR TAX ON DEEMED DIVIDENDS	9(12)	С	12	1964-1975	ZEROS.	
99. (SECTION 1062.13)	9(10)V99	С	12	1976-1987	SEE FORM 480.B1, ITEM 2, Part II.	
DIVIDENDS SUBJECT TO PREFERENTIAL						
RATE UNDER SPECIAL Act %						
100. AMOUNT PAID	9(10)V99	С	12	1988-1999	SEE FORM 480.6B.1, ITEM 3, COLUMN 1.	
			12			
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.	
IVE. IIIIII	7(07)		07	2012-2073	LLACO.	+
ELIGIBLE DIVIDENDS UNDER ACT 14-2017	1	<u> </u>				
103. AMOUNT PAID	9(10)V99	С	12	2096-2107	SEE FORM 480.6B.1, ITEM 8, COLUMN 1.	
103. AWIOUNI FAID	7(10) (77		12	2070-2107	SEE FORM 400.0B.1, HEM 6, COLUMN 1.	
104. TAX WITHHELD	9(10)V99	С	12	2108-2119	SEE FORM 480.6B.1, ITEM 8, COLUMN 2.	
105 FH LED	0(94)		0.4	2120 2202	ZEDOS	
105. FILLER 106. TOTAL FORMS 480.6B	9(84) 9(10)	C	84 10	2120-2203 2204-2213	ZEROS.	
100. 1011E10IIII 100.0E	7(10)		10	22012212	1	

^{*} REQUIRED FIELDS



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806B1Y19 RECORD TYPE: RETURN

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

RECORD LENGTH: 2500

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



Formulario 480.6B.1 20_	Gobierno de Puerto Rico - Departamento de Hacienda			Número de Co Electro		ación de Radicación Electrón ing Confirmation Number
Rev. 11 jul 19	ESTADO DE RECONCILIACIÓN SUJETOS A F	RETENCIÓN			ENM	ENDADO-AMENDED
-oliv.	Annual Reconciliation Statement of C		-		Sel	lo de Recibido
Número de Identificación Patronal Employer identification Number	Clase de Industria o Negocio Type of Industry or Business	Cambio de Dirección Change of Address Si - Yes No	Total Formularios Total Forms 48			
Nombre del Agente Retenedor - Withholding	Agent's Name					
Dirección Postal - Postal Address Còdigo Post	tal - Zip Code	a - Physical Address				
Parte I - Part I Resumen d	e los Formularios 480.6B por Clas	e de Ingreso - Summa	ry of Forms 4		ncon	
	Clase de Ingreso Type of Income			Cantided Pagada Amount Paid		Contribución Retenida Tax Withheld
1. Pagos por Indemnización Judicial	o Extrajudicial - Payments for Judicial or Ex	trajudicial Indemnification			\top	
2. Dividendos Sujetos al 15% - Dividen		-			\forall	· · · · · · · · · · · · · · · · · · ·
	I bajo Ley Especial - Dividends Subject to Prefere	ential Rate under Special Act	_%		\Box	
Compensation Paid by International A	de Deportes de Asociaciones o Federacio ssociations or Federations of Sport's Teams excepto IRA y Cuenta de Aportación Educati				П	
	xcepto IRA y Cuenta de Aportación Educati t IRA and Educational Contribution Account)	•			\coprod	
 Intereses bajo la Sección 1023.05(b) Dividendos de Ingresos de Fomento Dividends from Industrial Development 	Industrial (Ley 8 de 24 de enero de 1987)				$^{+}$	
	I-2017 - Eligible Dividends under Act 14-2017				\forall	
9. Otros Pagos - Other Payments	-				\top	
TOTAL					$\overline{}$	
The state of the s						
Parte II - Part II Reconciliad	ción de Contribución Retenida Me	nsualmente - Monthly	Tax Withheld	Reconciliation	Ш	
Parte II - Part II Reconciliad Mes - Month		nsualmente - Monthly i		man and a second	ión Re	tenida - Tax Withheld
Mes - Month				man and a second	ión Re	tenida - Tax Withheld
Mes - Month Enero - January				man and a second	ión Re	rtenida - Tax Withheld
Mes - Month				man and a second	ión Re	rtenida - Tax Withheld
Mes - Month Enero - January Febrero - February				man and a second	ión Re	rtenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March				man and a second	ión Re	rtenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April				man and a second	ión Re	rtenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May				man and a second	ión Re	rtenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June				man and a second	ión Re	ttenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July				man and a second	ión Re	tenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August				man and a second	ión Re	tenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October				man and a second	ión Re	tenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November				man and a second	ión Re	rtenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December				man and a second	ión Re	rtenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total	Can	idad Pagada - Amount Paid		man and a second	A Company of the Comp	rtenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - Desember 1. Total	e Dividendos Implicitos (Sección 106 nds (Section 1062.13)	idad Pagada - Amount Paid		man and a second	dión Re	tenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - Desember 1. Total 2. Crédito por contribución sobrocredit for tax on Deemed Divider 3. Total de contribución retenic	e Dividendos Implicitos (Sección 106 nos (Section 1062.13) la luego del crédito por contribució	idad Pagada - Amount Paid		man and a second	ión Re	tenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - Desember 1. Total	e Dividendos Implicitos (Sección 106 ds (Section 1062-13) la luego del crédito por contribució for lax on Deened Dividends	idad Pagada - Amount Paid		man and a second	ión Re	tenida - Tax Withheld
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sobrocredit for tax on Deemed Divider 3. Total de contribución retenic Total tax withheld after the credit Declaro bajo penalidad de perjurio	e Dividendos Implicitos (Sección 106 ds (Section 1062-13) la luego del crédito por contribució for lax on Deened Dividends	2.13) On sobre Dividendos In URAMENTO - DATH URAMENTO - DATH URAMENTO - DATH	mplicitos or mi y que se	Contribuc	ación	y creencia es cierto, corre
Mes - Month Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 1. Total 2. Crédito por contribución sobrocredit for tax on Deemed Divider 3. Total de contribución retenic Total tax withheld after the credit Declaro bajo penalidad de perjurio	e Dividendos Implicitos (Sección 106 dos (Section 1062.13) da luego del crédito por contribució for tax on Deened Dividends	2.13) 2.13) 2.13) 2.13) 2.13) 2.13	mplicitos or mi y que se y me and to the	Contribuc	ación	y creencia es cierto, corre



FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F48030Y19 RECORD TYPE: RETURN

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

SOURCE - FORM TYPE 480.30

THE DAME	DICTUDE		DYMEG	FILE	GOLDATIVEG	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 "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 2019.	*
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	NED ANGER OF THE CAN ENTER	
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. 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: NOVEMBER 2019

FILE NAME: F48030Y19 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 R	RE				
	T									
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.					
INTEREST										
46. AMOUNT PAID	9(10)V99	С	12	758-769	SEE FORM 480.30, ITEM 10, COLUMN 1.					
47. TAX WITHHELD	9(10)V99	С	12	770-781	SEE FORM 480.30, ITEM 10, COLUMN 2.					





FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F48030Y19 RECORD TYPE: RETURN

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

SOURCE - FORM TYPE 480.30

	FILE						
FIELD NAME	PICTURE		BYTES	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)	С	60	950-1009	ZEROS.		
PUBLIC SHOWS							
TOBLIC 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	7(00)		00	1110 1177	ELIKOS.		
61. AMOUNT PAID	9(10)V99	С	12	1178-1189	SEE FORM 480.30, TOTAL COLUMN 1.		
62. TAX WITHHELD	9(10)V99	С	12	1190-1201	SEE FORM 480.30, TOTAL COLUMN 2.		
63. FILLER	9(12)	C	12	1202-1213	ZEROS.		
DEPOSITS AND TAX WITHHELD RELATION JANUARY							
64. AMOUNT PAID	9(10)V99	С	12	1214-1225			
	, ,						
65. TAX WITHHELD 66. FILLER	9(10)V99 9(24)	C	12 24	1226-1237 1238-1261	ZEROS.		
FEBRUARY	- (- ·)		2.	1255 1261			
67. AMOUNT PAID	9(10)V99	С	12	1262-1273			
68. TAX WITHHELD	9(10)V99	С	12	1274-1285			
69. FILLER	9(24)	C	24	1286-1309	ZEROS.		
MARCH							





FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F48030Y19 RECORD TYPE: RETURN

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

SOURCE - FORM TYPE 480.30

<u>▼</u>										
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE				
PIEED NAME	TICTURE	ļ	DITES	LOCATION	COMMENTS	KE				
70. AMOUNT PAID	9(10)V99	С	12	1310-1321						
71. TAX WITHHELD	9(10)V99	C	12	1322-1333						
72. FILLER	9(24)	C	24	1334-1357	ZEROS.					
APRIL										
73. AMOUNT PAID	9(10)V99	C	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	C	12	1406-1417						
77. TAX WITHHELD	9(10)V99	С	12	1418-1429						
78. FILLER	9(10) (99	C	24	1430-1453	ZEROS.					
JUNE										
79. AMOUNT PAID	9(10)V99	C	12	1454-1465						
80. TAX WITHHELD 81. FILLER	9(10)V99 9(24)	C	12 24	1466-1477 1478-1501	ZEROS.					
JULY)(24)		24	1470 1301	EEROS.					
92 AMOUNT DAID	0(10)7/00		10	1502 1512						
82. AMOUNT PAID	9(10)V99	С	12	1502-1513						
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)	C	24	1574-1597	ZEROS.					
SEPTEMBER										
88. AMOUNT PAID	9(10)V99	С	12	1598-1609						
89. TAX WITHHELD	9(10)V99	С	12	1610-1621						
90. FILLER	9(24)	C	24	1622-1645	ZEROS.					
OCTOBER										
91. AMOUNT PAID	9(10)V99	С	12	1646-1657						
92. TAX WITHHELD	9(10)V99	С	12	1658-1669						
93. FILLER	9(24)	C	24	1670-1693	ZEROS.					
NOVEMBER										
94. AMOUNT PAID	9(10)V99	С	12	1694-1705						
95. TAX WITHHELD	9(10)V99	С	12	1706-1717						
96. FILLER	9(24)	C	24	1718-1741	ZEROS.					
DECEMBER										
97. AMOUNT PAID	9(10)V99	С	12	1742-1753						





FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F48030Y19 RECORD TYPE: RETURN

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

SOURCE - FORM TYPE 480.30

P=PACKED, B=BINARY, C=CHARACTER

FILE LOCATION RE FIELD NAME **PICTURE** BYTES COMMENTS 98. TAX WITHHELD 9(10)V99 C 12. 1754-1765 9(24) C 24 FILLER 1766-1789 ZEROS. TOTALS TOTAL AMOUNT PAID MONTHLY 9(12) C 12 1790-1801 PATRT II 100. 1802-1813 TAX WITHHELD 9(10)V99 SEE PATRT II, ITEM 1 12 101 9(12) 102. **FILLER** C 12 1814-1825 ZEROS. C **FILLER** X(12)12 1826-1837 SPACES 103. TOTAL TAX WITHHELD AFTER THE CREDIT FOR TAX ON DEEMED DIVIDENDS 9(10)V99 1838-1849 SEE PATRT II, ITEM 3. 1850-1861 105. FILLER 9(12) C 12 ZEROS. **DIVIDENDS 10%** C 1862-1873 9(10)V99 106. AMOUNT PAID 12 SEE FORM 480.30, ITEM 5, COLUMN 1. C 107. TAX WITHHELD 9(10)V99 12. 1874-1885 SEE FORM 480.30, ITEM 5, COLUMN 2. 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). FILLER 9(60) C 60 1898-1957 ZEROS. 109. **DIVIDENDS 15%** C 9(10)V99 110. AMOUNT PAID 12 1958-1969 SEE FORM 480.30, ITEM 6, COLUMN 1. 111. TAX WITHHELD 9(10)V99 12 1970-1981 SEE FORM 480.30, ITEM 6, COLUMN 2 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 CREDIT FOR TAX ON DEEMED DIVIDENDS (SECTION 1062.13) (SECTION 1062.08) 9(10)V99 1982-1993 12 113. FILLER 9(60) С 60 1994-2053 ZEROS C 114. FILLER 144 2054-2197 X(144)SPACES. ROYALTIES SUBL TO SPECIAL RATE UNDER **INCENTIVE ACT %** 115. AMOUNT PAID 9(10)V99 C 12 2198-2209 SEE FORM 480.30, ITEM 9, COLUMN 1. TAX WITHHELD 9(10)V99 2210-2221 SEE FORM 480.30, ITEM 9, COLUMN 2. 116. 12 C 117. FILLER 9(60) 60 2222-2281 SPACES. SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES 118. UNDER ACT 48 -2013 9(10)V99 C 12 2282-2293 TOTAL FORMS 9(10) C 10 2294-2303 AMOUNT PAID NOT SUBJECT TO WITHHOLDING 9(10)V99 12 2304-2315 SEE FORM 480.30, ITEM 14, COLUMN 1 121. FILLER X(130)C 130 2316-2445 SPACES. 2446-2454 122. FILLER 9(9) С 9 ZEROS ENTER THE REASON FOR CHANGE FORM. C 123. REASON FOR THE CHANGE X(40)40 2455-2494 LEFT JUSTIFIED AND FILL WITH BLANKS 124. FILLER 9(6) 2495-2500 **ZEROS**





Formulario 480.30	20		Puerto Rico - Go			-	20)	Número de Cor Electror		nación de Rad iling Confirma		rònic
Form Rev. 11 jul 19	20	Departamento	de Hacienda - D	epartment	of the Treas	ury	20		ZIEVI OI		- g o stilling		
(10)	PLANILLA ANUAL D		SOBRE INGRESO					ENTES	PLANE	LA	ENMENDADA - A	MENDED RETU	RN
Número de Identificación P			astria o Negocio		de Direcció		rmulario	480 FC		Se	ello de Recib	ido	
Employer Identification Numbe			stry or Business	Chang	e of Address		Forms 48						
Nombre del Agente Retene	edor - Withholding Agent's I	Name				1							
Dirección Postal - Postal Ad	dress		Dirección Física	. Dhysical Art	fracc								
			Diction	- rigave ria									
	Código Postal - Zip C	ode											
Aportación Especial por S		THE RESERVE THE PERSON NAMED IN	NAME OF TAXABLE PARTY.			AND DESCRIPTION OF THE PERSON NAMED IN	STATE OF TAXABLE PARTY.	Contract of the Contract of th	Act 48-2013:				
Parte I - Part I	Resumen de los Formo	ularios 480.6C por se de Ingreso - Type		Summary of	Forms 480.6	C per Type			gada - Amount Pai	đ	Contribución P	etenida - Tax V	ithhe
1. Salarios, Jornales o Co	ompensaciones - Salaries,		-				-						T
2. Pagos por Servicios Pr	restados por Contratistas I	ndependientes - Payr	ments for Services Re	endered by Ind	ependent Co	ntractors							ユ
 Remuneración Pagad Compensation Paid by I 	la por Equipos de Depor International Associations o	tes de Asociacione r Federations of Sport	s o Federaciones Ir 's Teams	nternacionale	5								
4. Venta de Propiedad -										\vdash			+
	10% bajo la Sección 1062.1	1 - Dividends Subject!	to 10% under Section 1	1062.11									
-	15% bajo la Sección 1062.0												\exists
7. Dividendos Sujetos a	Tasa Preferencial bajo Le	y Especial - Dividen	ds Subject to Preferer	nnal Rate und	er Special Act		-						+
 Regalias - Royaties Regalias Sujetas a Ta: 	sa Especial bajo Leyes de	Incentives - Dovati	es Subject to Special	Rate under in	centiues Aste	*	-			\vdash			+
10. Intereses-Interest	- cape our pajo ce jes de	macini va - nojati	es ouspen to opena	riane wriger III	remites hals		+			\vdash			+
11. Rentas - Rents							+			\vdash			+
12. Espectáculos Público													\Box
13. Otros Pagos Sujetos													\perp
 Pagos No Sujetos a R 	exercisions - Previoents NOT :												
TOTAL	- Landing Control of Control	oranje ve in veneminana	ng				-			\vdash			Т
TOTAL Parte II - Part II				Monthly Tax	Withheld Bed	onciliation							Ī
Parte II - Part II	Reconciliación de Con Mes - Month		a Mensualmente - I	Monthly Tax					Contribuci	on A	tetenida - Tax	Withheld	_
	Reconciliación de Con		a Mensualmente - I						Contribuci	ón A	tetenida - Tax	Withheld	
Parte II - Part II	Reconciliación de Con		a Mensualmente - I						Contribuci	ón R	letenida - Tax	Withheld	1
Enero - January Febrero - February Marzo - March	Reconciliación de Con		a Mensualmente - I						Contribuci	ón R	etenida - Tax I	Withheld	-
Partell - Partill Enero - January Febrero - February Marzo - March Abril - April	Reconciliación de Con		a Mensualmente - I						Contribucio	ón R	etenida - Tax	Withheld	-
Partell-Partil Enero - January Febrero - February Marzo - March Abril - April Mayo - May	Reconciliación de Con		a Mensualmente - I						Contribuci	on P	hetenida - Tax	Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June	Reconciliación de Con		a Mensualmente - I						Contribuci	on R	etenida - Tax (Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July	Reconciliación de Con		a Mensualmente - I						Contribuci	on P	hetenida - Tax (Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June	Reconciliación de Con Mes - Month		a Mensualmente - I						Contribuci	ón R	hetenida - Tax	Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August	Reconciliación de Con Mes - Month		a Mensualmente - I						Contribuci	on P	hetenida - Tax	Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septen	Reconciliación de Con Mes - Month		a Mensualmente - I						Contribuci	ón P	hetenida - Tax	Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septen Octubre - October	Reconciliación de Con Mes - Month		a Mensualmente - I						Contribuci	on P	hetenida - Tax	Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - December 1. Total	Reconciliación de Con Mes - Month ber per	atribución Retenid	a Mensualmente - I	idad Pagada					Contribuci	on P	hetenida - Tax	Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septen Octubre - October Noviembre - Docembre 1. Total 1. Total 2. Crédito por contri	Reconciliación de Con Mes - Month ber per	ntribución Retenid	a Mensualmente - I	idad Pagada					Contribuci	on R	hetenida - Tax	Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - Juny Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Crédit for tax on De	Reconciliación de Con Mes - Month ber per er bución sobre Divider rened Dividends (Secti	atribución Retenid	a Mensualmente - Canti	idad Pagada	- Amount P	aid			Contribuci	ón R	hetenida - Tax	Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septen Octubre - October Noviembre - Docembre 1. Total 1. Total 2. Crédito por contri	Reconciliación de Con Mes - Month ber per er bución sobre Divider rened Dividends (Secti	atribución Retenid	a Mensualmente - Canti	idad Pagada	- Amount P	aid	1005		Contribuci	ón R	hetenida - Tax	Withheld	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Crédit for tax on De 3. Total de contribu Total tax withheld a	Reconciliación de Con Mes - Month ber per per per per per per per per per	itribución Retenid idos Implicitos (ion 1062-13) io del crédito (on Deened Dividintante legal u oficia	a Mensualmente - Canti Canti Sección 1062.13 por contribució nends	idad Pagada	i - Amount P	aid Implicit	nila es c		rrecta y complet	a, ye	que la retenció:	n de la contrib	
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septeni Octubre - October Noviembre - Novenit Diciembre - Decembe 1. Total 2. Crédito por contri Credit for tax on De 3. Total de contribu Total dax withheld a Juro (o afirmo) como ag se hizo de acuerdo con	Reconciliación de Con Mes - Month ber ber ber ber bución sobre Divider cución retenjad Jueg filer the credit for tax ente retenedor, represe	intribución Retenid indos Implicitos (ion 1062-13) ion Deened Divio intante legal u oficio	a Mensualmente - 1 Canti Canti Sección 1062.13 por contribució senos al autorizado, bajo o de 2011, según e	idad Pagada) In sobre C JURANEN	i - Amount P	aid Implicit e esta planentos I se	nilla es o	affirm) as	rrecta y complet	a, y (que la retenció:	n de la contrib	ficial
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Crédit for tax on De 3. Total de contribu Total tax withheld a	Reconciliación de Con Mes - Month ber ber ber ber bución sobre Divider cución retenjad Jueg filer the credit for tax ente retenedor, represe	intribución Retenid indos Implicitos (ion 1062-13) ion Deened Divio intante legal u oficio	a Mensualmente - 1 Canti Canti Sección 1062.13 por contribució senos al autorizado, bajo o de 2011, según e	idad Pagada) In sobre C JURANEN	i - Amount P	aid Implicit e esta planentos I se	nilla es o	affirm) as	rrecta y complet	a, y (que la retenció:	n de la contrib	fical
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - July Junio - July Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Credit for tax on De 3. Total de contribu Total tax withheld a Juro (o afirmo) como ag se hizo de acuerdo con under penalises di perjuy,	Reconciliación de Con Mes - Month ber ber ber ber bución sobre Divider genter dividends (Secti ución retenida lueg after the credit for tax ente retenedor, represe el Còdigo de Rentas Inte that this return is true, or	ndos Implicitos (on 1062.13) on Deened Dividentante legal u oficial read on piede and complete.	Sección 1062.13 por contribució iends al autorizado, bajo o de 2011, según e and that the sax wit	idad Pagada) In sobre C JURANEN	i - Amount P Dividendo: O-O'OT Perjuno, qu yus reglam made pusu	aid Implicit me esta planentos I sant to the Pr	nilla es o	affirm) as	rrecta y complet	a, y (que la retenció: al representative 11, as aniended	n de la contrib or authorized o , and its regulal	ficial
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - Juny Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Credit for tax on De 3. Total de contribu Total tax withheld a Juro (o afirmo) celevido de acuerdo con under penalles di perjuy. Firma del Agente R	Reconciliación de Con Mes - Month ber ber ber ber bución sobre Divider cución retenjad Jueg filer the credit for tax ente retenedor, represe	indos Implicitos (on 1062.13) o del crédito y on Deened Divion mante legal u oficial mas de Puerto Ric med and complete,	Sección 1062.13 por contribució sends od 2011, según e and that the sax wit	idad Pagada) In sobre C JURANEN	i - Amount P Dividendo: O-O'OT Perjuno, qu yus reglam made pusu	aid Implicit e esta planentos I se	nilla es o	affirm) as	rrecta y complet	a, y (que la retenció:	n de la contrib or authorized o , and its regulal	ficial
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - Juny Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Credit for tax on De 3. Total de contribu Total tax withheld a Juro (o afirmo) celevido de acuerdo con under penalles di perjuy. Firma del Agente R	Reconciliación de Con Mes - Month ber ber ber ber bución sobre Divident ened Dividends (Sectivación retenida lueg filter the credit for tax ente retenedor, represent that this return is true, or etenedor. Representant	ados Implicitos (on 1062.13) o del crédito y on Deened División mante legal u oficial mas de Puerto Ric med and complete.	Sección 1062.13 por contribució sends od 2011, según e and that the sax wit) n sobre [summersdad di summersdad, j hholding was	i - Amount P Dividendo: O-O-O-II e perjurio, qu y sus reglam made pusu	implicit se esta piar entos I su ant to the P	nilla es d wear (or a werto Ric	affirmi) as o Internal	rrecta y complet	a, y (que la retenció: al representative 11, as aniended	n de la contrib or authorized o , and its regulal	ficial,
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - Juny Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Credit for tax on De 3. Total de contribu Total tax withheld a Juro (o afirmo) celevido de acuerdo con under penalles di perjuy. Firma del Agente R	Reconciliación de Con Mes - Month ber ber ber ber bución sobre Divider er bución retenida lueg efter the credit lor tax ente retenedor, represe el that this return is true, or eletnedor, Representant ing Agent, Representant	andos Implicitos (on 1062-13) on Deened Dividintante legal u official rmas de Puerto Rio rmed and complete.	Sección 1062.13 Sección 1062.13 por contribució isends al autorizado, bajo o de 2011, según e and that the tax wit	idad Pagada) n sobre [JURAMINI penalidad di sninendado, i hholding was	Dividendo: O-OATH Perjuno, qui sus reglam made pusu Titul	implicit seesta piareentos I seart to the Pi	nilla es d wear (or a uerto Rio	affirm) as o Internal	rrecta y complet withholding agent Revenue Code o	a, y (que la retención al representative 11, as amended Fecha - Di	n de la contrib or authorized o , and its regulal	ficial
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - Juny Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Crédit for tax on De 3. Total de contribu Total tax withheld a Juro (o afirmo) como ag se hizo de acuerdo con under penaltes of perjury. Firma del Agente R Signature of Winnock	Reconciliación de Con Mes - Month Der Der Der Der Der Der Der Der Der De	indos Implicitos (on 1062.13) o del crèdito y on Deense Puerto Ric mas de Puerto Ric med and complete, e u Oficial Autoriza e or Authorized Offi	Sección 1062.13 Sección 1062.13 por contribució idends de 2011, según e and that the tax with	idad Pagada) n sobre [JURAMINI penalidad di sninendado, i hholding was	Dividendo: O-OATH Perjuno, qui sus reglam made pusu Titul	implicit seesta piareentos I seart to the Pi	nilla es d wear (or a uerto Rio	afirm) as o Internal o Internal de Regist	rrecta y complet withholding agent Revenue Code o	a, y (que la retenció il representative il r, as amended Fecha - Di	n de la contribi or authorized o , and its regulal ate a - Date	ficial,
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - Juny Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Credit for tax on De 3. Total de contribu Total tax withheld a Septiembre - Decembe Juno (o afirmo) como ag se hizo de acuerdo con under penalties of perjury. Firma del Agente R Signature of Withhold	Reconciliación de Con Mes - Month Der Der Der Der Der Der Der Der Der De	indos Implicitos (on 1062.13) o del crèdito y on Deense Puerto Ric mas de Puerto Ric med and complete, e u Oficial Autoriza e or Authorized Offi	Sección 1062.13 Sección 1062.13 por contribució idends de 2011, según e and that the tax with	I RAMEN Penalidad de romendado, hithoiding was	i - Anount P ividendo: O-OATH - perjulo, qui sus reglam made pusu Titul	aid Implicit e esta plar entos I so ant to the Po - Title Get/Visues or Business	nilla es d wear (or a uerto Rio	afirm) as o Internal o Internal de Regist	mecta y complete withholding agent Revenue Gode of tro - Registration No.	a, y (que la retenció il representative il r, as amended Fecha - Di	n de la contribi or authorized o , and its regulal ate a - Date	ficial,
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Crédit for tax on De 3. Total de contribu Total lax withheld a Juro (o afirmo) como ag se hizo de acuerdo con under penarties of perjury. Firma del Agente R Signature of Withhold Nombre del Especialista (Li	Reconciliación de Con Mes - Month Der Der Der Der Der Der Der Der Der De	intribución Retenid indos Implicitos (on 1062.13) on Deened Divio intante legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de Puerto Ric intente de legal u oficia rnas de lega	Sección 1062.13 Der contribució sends al autorizado, bajo o de 2011, según e and that the tax with the tax wi	idad Pagada in sobre (JURAMEN) penaledado, hhoicing was MUSTASOU o Negocio - I	i - Amount P i - Amount P ividendo: O-OATH perjuno, qu yus reglam nade pusu Titul MISTE - Signam addigo Postal	aid Implicit e esta planetos, -l sent to the Pl o - Title aeta listes Zip Code	nilla es c Mear (or a Userto Ric Uses ON N Número	afirm) as o Internal o Internal de Regist	mecta y complete withholding agent Revenue Gode of tro - Registration No.	a, y (que la retenció il representative il r, as amended Fecha - Di	n de la contribi or authorized o , and its regulal ate a - Date	ficial,
Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - Juny Agosto - August Septiembre - Septen Octubre - October Noviembre - Novent Diciembre - Decembe 1. Total 2. Crédito por contri Credit for tax on De 3. Total de contribu Total ax withheld a Juno (o afranciem october under penalties of perjury. Firma del Agente R Signature of Withhold Nombre del Especialista (Li Marque si es empleado po Check if sell-employed	Reconciliación de Con Mes - Month Der Der Der Der Der Der Der Der Der De	intribución Retenid indos Implicitos (ion 1062-13) ion 1062-13) ion Deenied Divicion intante legal u oficial rmas de Puerto Ric med and compiete. u Oficial Autoriza e u Oficial Autoriza e or Authorizad Offi Name (Print)	Sección 1062.13 Dor contribució Dends al autorizado, bajo o de 2011, según e and that the tax wit	idad Pagada) n sobre [i - Amount P Divide ndo: 0-0/II perjuno, qu yus reglam nade pusu Titul Mianta - Si Name of Firm	s Implicit se esta planentos I se ant to the Pr o - Title act/Visignal or Business	nilla es o Mear (or a Luerto Rio Luerto Rio Luerto Rio Luerto Rio Luerto Rio Número	afirm) as o Internal de Regist	mecta y complete withholding agent Revenue Gode of tro - Registration No.	a, y (, legs of 20	que la retenció al representative 11, as amended Fecha - Di r Fech - Opecialists Sign	n de la contribi or authorized o , and its regulat ate a - Date	ficial,



EXHIBIT P

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807B1Y19 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

					<u> </u>	
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
THIBBININE	TICICIE		DITES	Localitor	COMMENTS	ICE
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 2019.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	C	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	C	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		*





EXHIBIT P

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807B1Y19 FOR 480.7

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

RECORD LENGTH: 2500

RECORD TYPE: RETURN

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
OF CHARLE	17(0)		_	206 207		*
27. STATE	X(2)	С	2	306-307		*
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*
		_				
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE. BLANK "N" = NO,	
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	$ \begin{array}{ccc} \text{BLANK} & \text{N} & = \text{NO}, \\ \text{"Y"} & = \text{YES}. \end{array} $	
21 E MAH	V(50)	C	50	219 267	E MAH ADDDESS	
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 I, ITEM 1, COLUMN 1.	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
33. INCOME FROM SOURCES WITHIN P.R. (10%)	9(10)V99	C	12	380-391	SEE FORM 480.7B.1, PART I, ITEM 2, COLUMN 1.	
34. INCOME FROM GOVERNMENT PENSIONERS	9(10)V99	С	12	392-403	SEE FORM 480.7B.1, PART I, ITEM 3, COLUMN 1.	
INCOME TAX WITHHELD AT SOURCE ON)(10) (7)		12	372 103	SEETORM 400.7B.1, 174KT 1, 11EM 3, COLOMIN 1.	
DISTRIBUTIONS FOR REASON OF A						
DISASTER DECLARED BY THE GOVERNOR	0/10/1/00		10	404 415		
35. OF PUERTO RICO (10%)	9(10)V99	С	12	404-415	SEE FORM 480.7B.1, PART I, ITEM 4, COLUMN 1.	-
36. NONRESIDENTS	9(10)V99	С	12	416-427	SEE FORM 480.7B.1, PART I, ITEM 5, COLUMN 1.	
	0/10/100		10	120, 120		
37. PENALTY WITHHELD	9(10)V99	С	12	428-439	SEE FORM 480.7B.1, PART I, ITEM 6, COLUMN 1.	
38. TOTAL	9(10)V99	С	12	440-451	SEE FORM 480.7B.1, PART I, ITEM 7, COLUMN 1.	
39. TOTAL FORMS	9(10)	С	10	452-461	, , , , , , , , , , , , , , , , , , ,	
TAX WITHHELD RELATION						
TAX WITHHELD - FORM 480.7 40. TAX WITHHELD JANUARY	0(10)7/00	С	10	460 472	CEE FORM 400 ZD 1 DART III ITEM 1 COLUMNIA	
	9(10)V99		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 2, 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	С	12	498-509	SEE FORM 480.7B.1, PART III, ITEM 4, COLUMN 1.	
44. TAX WITHHELD MAY	9(10)V99	C	12	510-521	SEE FORM 480.7B.1, PART III, ITEM 5, COLUMN 1.	
45. TAX WITHHELD JUNE	9(10)V99	C	12	522-533	SEE FORM 480.7B.1, PART III, ITEM 6, COLUMN 1.	
46. TAX WITHHELD JULY	9(10)V99	C	12	534-545	SEE FORM 480.7B.1, PART III, ITEM 7, COLUMN 1.	
47. TAX WITHHELD AUGUST	9(10)V99	C	12	546-557	SEE FORM 480.7B.1, PART III, ITEM 8, COLUMN 1.	
48. TAX WITHHELD SEPTEMBER	9(10)V99	C	12	558-569	SEE FORM 480.7B.1, PART III, ITEM 9, COLUMN 1.	
49. TAX WITHHELD OCTOBER	9(10)V99	С	12	570-581	SEE FORM 480.7B.1, PART III, ITEM 10, COLUMN 1.	
50. TAX WITHHELD NOVEMBER	9(10)V99	C	12	582-593	SEE FORM 480.7B.1, PART III, ITEM 11, COLUMN 1.	
51. TAX WITHHELD DECEMBER	9(10)V99	С	12	594-605	SEE FORM 480.7B.1, PART III, ITEM 12, COLUMN 1.	
52. TOTAL TAX WITHHELD 480.7	9(10)V99	С	12	606-617	SEE FORM 480.7B.1, PART III, ITEM TOTAL,	
	/				COLUMN 1.	
53. FILLER	X(1837)	С	1837	618-2454	SPACES.	-
54. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
55. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



Nombre del Agente Retenedor - W Dirección Postal - Postal Address Clase de Industria o Negocia	ESTADO DE RECONCILIAC RETIRO INDIVI Annual Reconciliation Statemen	IÓN ANUAL DUAL Y CU t of Tax With Cont	ENTAS DE APORTA	N RETENIDA DI	IVA	AS DE	Electronic Filing Cor	illine diori i vali bei
Nombre del Agente Retenedor - W Dirección Postal - Postal Address	RETIRO INDIVI Annual Reconciliation Statemen	DUAL Y CU t of Tax With Cont	ENTAS DE APORTA held from Individual R inbution Accounts	CIÓN EDUCATI	IVA			100
Nombre del Agente Retenedor - Vi Dirección Postal - Postal Address		Cont	ribution Accounts	etirement Accoun	ts and Edu			
Dirección Postal - Postal Address	fithholding Agent's Name					cational	ENMENDADO-	AMENDED
Dirección Postal - Postal Address	nthroiding Agent's Name	Nume	ero de Identificación Pati		erit en tra		Sello de R	lecibido
				ronal - Employer loer	ntincation Nu	nber		
Clase de Industria o Negocio		Direc	ción Física - Physical A	ddress				
Clase de Industria o Negocio								
Clase de Industria o Negocio								
Clase de Industria o Negocio	Código Postal - Zip Code							
Type of Industry or Business	Cambio de Dirección - Charg	ge of Address	Total de Declaracione	es Informativas - To	otal Informati	ve Returns		
Type of mousely or business	Si - Yes	No	480.7	_ [480.7B			
Parte I - Part I Gu	enta de Retiro Individual (Fo	ormulario 4	80.7) - Individual Re	etirement Accou	nt (Form 4	80.7)		
a new law is a new law	•	ion Reteni	da - Type of Tax W	ithheld			Contribución F	Retenida - Tax With
 Contribución Retenida s Tax Withheld from Interest 								
Contribución Retenida so Income Tax Withheld from	obre Ingreso de Fuentes Dentro Sources Within Puerto Rico (10%	de Puerto	Rico (10%)					
3. Contribución Retenida se	obre Ingreso de Pensionados d	-	(10%)					
	el Origen sobre Distribuciones p	or Razón de	un Desastre Declarad	lo por el Goberna	dor de Pue	to Rice (10%)		
Income Tax Withheld at Sou	roe on Distributions for Reason of					(10.4)		
 Contribución Retenida a Tax Withhheld at Source t 								
Penalidad Retenida Penality Withheld								
	Retenida de Cuentas de Retiro	Individual (Fo	ormulario 480.7)					
	Individual Retirement Accounts (F	_						
Parte II - Part II Gu	enta de Aportación Educati	_			tion Accou	nt (Form 480.)		
		ción Reteni	da - Type of Tax W	ithheid			Contribución I	Retenida - Tax With
 Contribución Retenida so Tax Withheld from Interest 								
Contribución Retenida sol Tax Withheld from Distributi	bre Distribuciones que Consistar ons of Income from Sources Within	de Ingresos	de Fuentes Dentro di	e Puerto Rico (10	n()			
10. Subtotal de Contribución	Retenida de Cuentas de Aportac	ión Educativo	a (Formulario 480.7B)					
	Educational Contribution Accounts enida (Sume linea 7 de la Parte I y							
	7 of Part I and line 10 of Part II)	inks lock i	a Parie nj					
	conciliación de Contribución	Retenida	Mensualmente - Mo	onthly Tax Withhe	eld Recon	ciliation		
Mes - N	Aonth Co	intribución Re	tenida - Formulario 480	7 - Tax Withheld -	Form 480.7	Contribución Pa	denida - Formulario 480.7B	- Tax Withheld - Form 48
Enero - January					_			
Febrero - February								
Marzo - March								
Abril - April								
Mayo - May								
Junio - June								
Julio - July								
Agosto - August								
Septiembre - September								
Octubre - October								
Noviembre - November								
Diciembre - December								
 Total de Contibución I Total Tax Withheld 	Retenida							
			JURAMENT					
Declaro bajo penalidad de pe I declare under penalties of pe	rjurio que este Estado de Recon jury that this Annual Reconciliation	Statement h	ual ha sido examinado as been examined by r	por mily que se me and to the best	gun mi me of my know	or información viedge and belief	y creencia es cierto, con it is true, correct and con	recto y completo. i plete.
and the state of t	State of the state							



EXHIBIT Q

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807B1Y19 FOR 480.7B

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		I	1
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
TIEBB TURNE	TICTURE		DIILO	<u> Localion</u>	COMMENTS	ILL
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	C	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)	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 2019.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	C	20	28-47		
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
	` ,		20			*
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		*





EXHIBIT Q

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807B1Y19 FOR 480.7B 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
THE TALLY	TICTORE	I	DIILS	<u> </u>	COMMINTO	<u> </u>
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE.	
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	BLANK "N" = NO, "Y" = YES.	
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.	
TAX WITHHELD						
32. INTERESTS (10%)	9(10)V99	С	12	368-379	SEE FORM 480.7B.1, PART II, ITEM 8, COLUMN 1.	
33. INCOME FROM SOURCES WITHIN P.R. (10%)	9(10)V99	С	12	380-391	SEE FORM 480.7B.1, PART II, ITEM 9, COLUMN 1.	
34. TOTAL	9(10)V99	C	12	392-403	SEE FORM 480.7B.1, PART II, ITEM 10, COLUMN 1.	
35. TOTAL FORMS	9(10)	С	10	404-413		
TAX WITHHELD - FORM 480.7B 36. TAX WITHHELD JANUARY	9(10)V99	С	12	414-425	CEL EODIA (CO ED 1 DADEM MEDIA). COMPANA	+
37. TAX WITHHELD FEBRUARY	9(10)V99 9(10)V99	C	12	426-437	SEE FORM 480.7B.1, PART III, ITEM 1, COLUMN 2. SEE FORM 480.7B.1, PART III, ITEM 2, COLUMN 2.	-
38. TAX WITHHELD MARCH	9(10)V99 9(10)V99	C	12	438-449	SEE FORM 480.7B.1, PART III, ITEM 2, COLUMN 2. SEE FORM 480.7B.1, PART III, ITEM 3, COLUMN 2.	+
39. TAX WITHHELD MAKEII	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 4, COLUMN 2.	1
41. TAX WITHHELD JUNE	9(10)V99	Č	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.	1
43. TAX WITHHELD AUGUST	9(10)V99	C	12	498-509	SEE FORM 480.7B.1, PART III, ITEM 8, COLUMN 2.	1
44. TAX WITHHELD SEPTEMBER	9(10)V99	С	12	510-521	SEE FORM 480.7B.1, PART III, ITEM 9, COLUMN 2.	1
45. TAX WITHHELD OCTOBER	9(10)V99	С	12	522-533	SEE FORM 480.7B.1, PART III, ITEM 10, COLUMN 2.	
46. TAX WITHHELD NOVEMBER	9(10)V99	С	12	534-545	SEE FORM 480.7B.1, PART III, ITEM 11, COLUMN 2.	
47. TAX WITHHELD DECEMBER	9(10)V99	С	12	546-557	SEE FORM 480.7B.1, PART III, ITEM 12, COLUMN 2.	
48. TOTAL TAX WITHHELD 480.7B	9(10)V99	С	12	558-569	SEE FORM 480.7B.1, PART III, ITEM TOTAL, COLUMN 2.	
49. FILLER	X(1885)	C	1885	570-2454	SPACES.	
50. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	ENTER THE REASON FOR CHANGE FORM. LEFT JUSTIFIED AND FILL WITH BLANKS.	
51. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



Form	20		Rico - Government of Puerto Rico	0	O N	lumero de Confirmación de Radicación Electro
			elenda - Department of the Treasury		0	Electronic Filing Confirmation Number
Rev. 11 jul 19			L DE CONTRIBUCIÓN RETENIDA DE JENTAS DE APORTACIÓN EDUCATIV		AS DE	
			held from Individual Retirement Account		ucational	CECURENTA - OCUMENTE
- of ma			tribution Accounts			Sello de Recibido
Nombre del Agente Retenedor -	Withholding Agent's Name	Núm	ero de Identificación Patronal - Employer Ident	ification Nu	mber	
Dirección Postal - Postal Address	5	Dire	cción Física - Physical Address		-	
	Código Postal - Zip Code					
Clase de Industria o Negoc Type of Industry or Business		hange of Address	Total de Declaraciones Informativas - Tot	al informat	ive Returns	
.,,,	Si - Yes	No	480.7	480.7B_		
Parte I - Part I C			480.7) - Individual Retirement Accoun	t (Form	480.7)	
4 Contribunity Detected	•	bucion Reten	ida - Type of Tax Withheld			Contribución Retenida - Tax Withh
 Contribución Retenida Tax Withheld from Intere 						
	sobre Ingreso de Fuentes De ni Sources Within Puerto Rico (Rico (10%)			
3. Contribución Retenida	sobre Ingreso de Pensionado	s del Gobierno	(10%)			
	n Government Pensioners (10'		un Decartre Declarado por al Gobernad	lor de Dru	erto Dien (100	5)
		of a Disaster De	e un Desastre Declarado por el Gobernad eclared by the Governor of Puerto Rico (109	(i)	100 Page (107)	",
 Contribución Retenida Tax Withheld at Source 						
6. Penalidad Retenida						
Penalty Withheld 7. Subtotal de Contribució	n Retenida de Cuentas de Ret	iro Individual (F	ormulario 480.7)			
	nı Individual Retirement Account		,			
Parte II - Part II 0			lario 480.7B) - Educational Contribut	ion Acco	unt (Form 48	
a Bushibunii a Batunida		bucion Reten	ida - Type of Tax Withheld			Contribución Retenida - Tax Withh
 Contribución Retenida : Tax Withheld from Interes 						
	obre Distribuciones que Consi tions af Income from Sources Wi		s de Puentes Dentro de Puerto Rico (10%	6)		
	n Retenida de Cuentas de Apo					
	n Educational Contribution Accou					
			id Parie II)			
11. Total de Contribución Re	etenida (Sume linea 7 de la Part ne 7 di Part I and line 10 di Part II					
 Total de Contribución Re Total Tax Withheld (Add lin 	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part II)	Mensualmente - Monthly Tax Withhe	ld Recon	ciliation	
Total de Contribución Re Total Tax Withheld (Add lin Parte III - Part III R	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part II	ión Retenida	Mensualmente - Monthly Tax Withhe etenida - Formulario 480.7 - Tax Witheld - F			n Referida - Formulario 480.78 - Tax Withheld - Form 480
11. Total de Contribución Ra Total Tax Withheld (Add lin Parte III - Part III R	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Petenida - Formulario 480.715 - Tax Withheld - Form 480
Total de Contribución Re Total Tax Withheld (Add lin Parte III - Part III R Mes -	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Referiida - Formulario 480.715 - Tax Withheld - Form 48
Total de Contribución Re Total Tax Withheld (Add in Parte III - Part III R Mes - Enero - January	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Petenida - Formulario 480.78 - Tax Witheld - Form 48
11. Total de Contribución Par Total Tax Withheld (Add lir Parte III - Part III R Mes - Enero - January Febrero - February	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Retenida - Formulario 480.78 - Tax Withheld - Form 48
11. Total de Contribución Par Total Tax Withheld (Add lir Parte IIII – Part IIII — R Mes - Enero - January Febrero - February Marzo - March	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Retenida - Formulario 480.78 - Tax Withheld - Form 48.
11. Total de Contribución Par Total Tax Withheld (Add lif Parte III - Part III R Mes- Enero - January Febrero - February Marzo - March Abril - April Mayo - May	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Referiida - Formulario 480.78 - Tax Withheld - Form 480
11. Total de Contribución Par Total Tax Winneld (Add li Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Retenida - Formulario 480.78 - Tax Withheld - Form 480
11. Total de Contribución Par Total Tax Withheld (Add lif Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Petenida - Formulario 480.78 - Tax Witheld - Form 48
11. Total de Contribución Par Total Tax Withheid (Add lif Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Retenida - Formulario 480.78 - Tax Withheld - Form 48
11. Total de Contribución Par Total Tax Withheld (Add lir Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Retenida - Formulario 480.78 - Tax Withheld - Form 48
11. Total de Contribución Par Total Tax Withheld (Add lif Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Retenida - Formulario 480.78 - Tax Withheld - Form 480
11. Total de Contribución Par Total Tax Withheld (Add lif Parte III - Part III R Mes- Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October	etenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribu	ión Retenida				n Retenida - Formulario 480.78 - Tax Withheld - Form 480
11. Total de Contribución Par Total Tax Withheid (Add lif Parte III - Part III R Mes- Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November	etenida (Sume línea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribue Month	ión Retenida				n Retenida - Formulario 480.78 - Tax Withheld - Form 480
11. Total de Contribución Par Total Tax Withheid (Add lif Parte III - Part III - R Mes - Enero - January - Febrero - February - Marzo - March - Abril - April - Mayo - May - Junio - June - Julio - July - Agosto - August - Septiembre - September - Octubre - October - Noviembre - November - Diciembre - December - Diciembre - December - Decemb	etenida (Sume línea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribue Month	ión Retenida	etenida - Formulario 480.7 - Tax Withheld - F			n Retenida - Formulario 480.78 - Tax Withheld - Form 480
11. Total de Contribución Partotal Tax Withheld (Add lif Parte III - Part III R Mes - Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 12. Total de Contibución Total Tax Withheld	efenida (Sume linea 7 de la Part ne 7 of Part I and line 10 of Part I leconciliación de Contribue Month	oión Retenida Contribusión Pi	etenida - Formulario 480.7 - Tax Withheld - F	480.7	Contribución	
11. Total de Contribución Par Total Tax Withheld (Add lif Parte III - Part III - R Mes- Enero - January - Febrero - February - Marzo - March - Abril - April - Mayo - May - Junio - June - Junio - June - July - Agosto - August - Septiembre - Septiembre - Octubre - October - Noviembre - November - Diciembre - December - Diciembre - December - 12. Total de Contibución - Total Tax Withheld Declaro bajo penalidad de pocaro bajo penalidad de pocaro - Septiembre - Declaro - Septiembre - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Septiembre - Septiembre - Septiembre - Septiembre - Declaro - Septiembre - Septie	etenida (Sume linea 7 de la Partie 7 de Partie 7 de Partie 7 de Partie 7 de Partie 8 de Contribue 8 de Contribue 9 de Contribu	conciliación An	etenida - Formulario 480.7 - Tax Withheld - F	jún mí me	Contribución	ión y creencia es cierto, correcto y completo.
11. Total de Contribución Par Total Tax Withheld (Add lif Parte III - Part III - R Mes- Enero - January - Febrero - February - Marzo - March - Abril - April - Mayo - May - Junio - June - Junio - June - July - Agosto - August - Septiembre - Septiembre - Octubre - October - Noviembre - November - Diciembre - December - Diciembre - December - 12. Total de Contibución - Total Tax Withheld Declaro bajo penalidad de pocaro bajo penalidad de pocaro - Septiembre - Declaro - Septiembre - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Declaro - Septiembre - Septiembre - Septiembre - Septiembre - Septiembre - Declaro - Septiembre - Septie	etenida (Sume linea 7 de la Partie 7 de Partie 7 de Partie 7 de Partie 7 de Partie 8 de Contribue 8 de Contribue 9 de Contribu	conciliación An	JURAMENTO - DATH	jún mí me	Contribución	ión y creencia es cierto, correcto y completo.



EXHIBIT R

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807C1Y19 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
						*
2. CONTROL NUMBER 3. FILLER	9(9) X(2)	C	9	2-10 11-12	ENTER ZEROS. 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 2019.	*
10. FILLER	X(5)	С	5	22-26	SPACES.	*
WITHHOLDING AGENT'S INFORMATION						
11. PAYER ID TYPE	X(1)	С	1	27-27	ENTER: "1" = FEIN, "2" = SSN.	*
12. TYPE OF INDUSTRY OR BUSINESS	X(20)	С	20	28-47		
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	IF PAYER ID TYPE = "1", ENTER IDENTIFICATION NUMBER FEIN. IF ID TYPE = "2" ENTER IDENTIFICATION NUMBER SSN.	*
14. BUSINESS NAME	X(30)	С	30	57-86		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
23. FILLER	X(2)	С	2	221-222	SPACES.	*
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
26. TOWN	X(13)	С	13	293-305		*
27. STATE	X(2)	С	2	306-307		*





EXHIBIT R

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4807C1Y19 RECORD TYPE: RETURN

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

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS RE
	•				
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE. *
	` /				ZEROS, II NOI AVAERBEE.
29. ZIP-CODE EXTENSION	9(4)	С	4	313-316	ZEROS, IF NOT AVAILABLE. BLANK "N" = NO,
30. CHANGE OF ADDRESS	X(1)	С	1	317-317	BLANK N = NO, "Y" = YES.
31. E-MAIL	X(50)	С	50	318-367	E-MAIL ADDRESS.
TAX WITHHELD					
PERIODIC PAYMENTS OF QUALIFIED OR					
32. GOVERNMENT PLANS	9(10)V99	С	12	368-379	SEE FORM 480.7C.1, ITEM 1.
33. LUMP SUM DISTRIBUTIONS (20%)	9(10)V99	С	12	380-391	SEE FORM 480.7C.1, ITEM 2.
34. LUMP SUM DISTRIBUTIONS (10%)	9(10)V99	C	12	392-403	SEE FORM 480.7C.1, ITEM 3.
35. DISTRIBUTIONS OF NON QUALIFIED PLANS	9(10)V99	С	12	404-415	SEE FORM 480.7C.1, ITEM 4.
OTHER DISTRIBUTIONS OF QUALIFIED	0/40/7700	_		44 5 40 5	GPF POPA 400 FG 4 VPFA 5
36. PLANS (10%)	9(10)V99	C	12	416-427	SEE FORM 480.7C.1, ITEM 5.
37. ANNUITIES	9(10)V99	С	12	428-439	SEE FORM 480.7C.1, ITEM 6.
ROLLOVER OF A QUALIFIED PLAN TO NON	0/10/1700		10	440 451	GET FORM 400 TC 1 TEFN T
38. DEDUCTIBLE IRA	9(10)V99	С	12	440-451	SEE FORM 480.7C.1, ITEM 7.
DISTRIBUTIONS OF RETIREMENT SAVINGS	0/10/3/00	С	12	450 462	CEE FORM 490 7C 1 ITEM 9
39. ACCOUNT PROGRAM (10%) ROLLOVER OF RETIREMENT SAVINGS	9(10)V99	C	12	452-463	SEE FORM 480.7C.1, ITEM 8.
ACCOUNT PROGRAM TO NON DEDUCTIBLE					
40. IRA (10%)	9(10)V99	С	12	464-475	SEE FORM 480.7C.1, ITEM 9.
41. NONRESIDENT'S DISTRIBUTIONS	9(10)V99	C	12	476-487	SEE FORM 480.7C.1, ITEM 10.
42. OTHER DISTRIBUTIONS	9(10)V99	C	12	488-499	SEE FORM 480.7C.1, ITEM 11.
INCOME TAX WITHHELD ON)(10) +))		12	400 477	SEET ORW 400.7C.1, ITEM 11.
DISTRIBUTIONS FOR REASON OF A					
DISASTER DECLARED BY THE GOVERNOR					
43. OF PUERTO RICO	9(10)V99	С	12	500-511	SEE FORM 480.7C.1, ITEM 12.
10. 00 00 00 00 00 00 00 00 00 00 00 00 0	2(20).22				
44. TOTAL	9(10)V99	C	12	512-523	SEE FORM 480.7C.1, ITEM 13.
45. TOTAL FORMS	9(10)	С	10	524-533	
TAX WITHHELD - FORM 480.7C					
46. TAX WITHHELD JANUARY	9(10)V99	C	12	534-545	SEE FORM 480.7C.1, PART II, ITEM 1, COLUMN 1.
47. TAX WITHHELD FEBRUARY	9(10)V99	C	12	546-557	SEE FORM 480.7C.1, PART II, ITEM 2, COLUMN 1.
48. TAX WITHHELD MARCH	9(10)V99	C	12	558-569	SEE FORM 480.7C.1, PART II, ITEM 3, COLUMN 1.
49. TAX WITHHELD APRIL	9(10)V99	С	12	570-581	SEE FORM 480.7C.1, PART II, ITEM 4, COLUMN 1.
50. TAX WITHHELD MAY	9(10)V99	C	12	582-593	SEE FORM 480.7C.1, PART II, ITEM 5, COLUMN 1.
51. TAX WITHHELD JUNE	9(10)V99	С	12	594-605	SEE FORM 480.7C.1, PART II, ITEM 6, COLUMN 1.
52. TAX WITHHELD JULY	9(10)V99	C	12	606-617	SEE FORM 480.7C.1, PART II, ITEM 7, COLUMN 1.
53. TAX WITHHELD AUGUST	9(10)V99	C	12	618-629	SEE FORM 480.7C.1, PART II, ITEM 8, COLUMN 1.
54. TAX WITHHELD SEPTEMBER	9(10)V99	C	12	630-641	SEE FORM 480.7C.1, PART II, ITEM 9, COLUMN 1.
55. TAX WITHHELD OCTOBER	9(10)V99	C	12	642-653	SEE FORM 480.7C.1, PART II, ITEM 10, COLUMN 1.
56. TAX WITHHELD NOVEMBER	9(10)V99	C	12	654-665	SEE FORM 480.7C.1, PART II, ITEM 11, COLUMN 1.
57. TAX WITHHELD DECEMBER	9(10)V99	C	12	666-677	SEE FORM 480.7C.1, PART II, ITEM 12, COLUMN 1.
58. TOTAL TAX WITHHELD 480.7B	0(10)3/00	C	12	678 690	SEE FORM 480.7C.1, PART II, ITEM TOTAL,
59. FILLER	9(10)V99 X(1765)	C	12 1765	678-689 690-2454	COLUMN 1. SPACES.
J7. FILLER	Δ(1/03)	C	1/03	090-2434	ENTER THE REASON FOR CHANGE FORM.
60. REASON FOR THE CHANGE	X(40)	С	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.
61. FILLER	9(6)	С	6	2495-2500	ZEROS. *



ESTADO DE RECONCILACIÓN ANUAL DE CONTREBUCIÓN RETENIDA DE PLANES DE RETIRO Y ANUALIDADES DIMENSION DE PLANES DE RECONCILACIÓN ANUAL DE CONTREBUCIÓN RETENIDA DE PLANES DE RETIRO Y ANUALIDADES DIMENSION DE PLANES DE PLANES DE RECONCILACIÓN ANUAL DE CONTREBUENCO ANUALIDADES DIMENSION DE PLANES DE PLANES DE RECONCILACIÓN ANUAL DE PLANES DE	Formulario 480.7C.1		ruerto Rico - Government of Puerto Rico le Hacienda - Department of the Treasury	20 N	úmero de Confirmación de Radicación Electrónio Electronic Filing Confirmation Number
Annual Reconcision Gatement of Its Withrest for Retrievant Plans and Annualies Sello de Recibido Curbe de Industria e legecia Type el nicuriry e Sucres Typ	Form Rev. 11 jul 19	The state of the s			
Sello de Recibido Número de Jagenta Referedor - Virinocifiga Agent's Islame Número de Stanfilisación Patrent - Employer Identificación Trumber Número de Stanfilisación Patrent - Employer Identificación Trumber Orección Pissa - Protta Address Cidiga Pestal - Zip Cone Cusar de Multiria e Regical Type e Individual de Regical Type	(70)				ENMENDADO- AMENDED
Clase in Industria & Negotia Type of Industria Popular Type of Industria Type	Diver.	Annual Neconditation Staten	ent or lax withheld from Retrement Hans and Ant	luttes	Sello de Recibido
Clase de Industria e Negola Tipse e Industria e Negola Tipse informativa de Negola Tip	Nombre del Agente Retenedor	-Withholding Agent's Name	Número de Identificación Patronal - Employer Identifica	fon Number	
Care de inductiva la Region Type of inductiva per bacteria. Carego de Adores Type of inductiva per bacteria. Carego de Servicio de Carego de Servicio de Servicio de Carego de Servicio	Dirección Postal - Postal Addres	5	Dirección Física - Physical Address		
Care de inductiva la Region Type of inductiva per bacteria. Carego de Adores Type of inductiva per bacteria. Carego de Servicio de Carego de Servicio de Servicio de Carego de Servicio					
Care de inductiva la Region Type of inductiva per bacteria. Carego de Adores Type of inductiva per bacteria. Carego de Servicio de Carego de Servicio de Servicio de Carego de Servicio					
Type of Industry of Business Si Nec	**************************************				
Tips de Contribución Retenida actor Pagos Permidica de Resona Calificados o Gobernamentales Tax Withhest from Percosa Payment of Qualifica de Covernmental Pagos Contribución Retenida sobre vango Estratución total (DN) Tax Withhest from Lump Dum Distributions (DN) Tax Withhest from Estratutions of the Qualifica Pagos Tax Withhest from Estratutions of the Qualifica Pagos Tax Withhest from Contribution of the Qualifica Pagos Tax Withhest from Tax Calification (PN) Tax Withhest from Retenida Sobre Pagos (PN) Tax Withhest from Contribution of Daulifica Pagos Tax Withhest from Contribution of Daulifica Pagos Tax Withhest from Contribution of Daulifica Pagos Tax Withhest from Contribution of Pagos (PN) Tax Withhest from Contribution of Daulifica Pagos Tax Withhest from Contribution of Daulifica Pagos Tax Withhest from Contribution of Pagos (PN) Tax Withhest from Contribution of Daulifica Pagos (PN) Tax Withhest from Contribution of Pagos (PN) Tax Withhest from Contribution Pagos (PN) Tax Withhest from Contribution Pagos (PN) Tax Withhest from Contribution Pagos (PN) Tax Withhest from		Business	Total Informative Pletum		
1. Contribution Periodic Pagents for Counting or Convernmental Pages 2. Contribution Periodic Pagents for Counting or Convernmental Pages 3. Contribution Periodic Pagents for Total (10%) 3. Contribution Reterida softer Explosition (10%) 4. Contribution Periodic Pagents for Total (10%) 5. Contribution Reterida softer Explosition (10%) 6. Contribution Reterida softer Explosition (10%) 7. Contribution Reterida softer Explosition (10%) 8. Contribution Reterida Softer Explosition (10%) 9. Contrib	Parte I - Part I	Planes de Retiro y Anualidades (F	ormulario 480.7C) - Retirement Plans and An	nuities (Form 480	1.7C)
Tax Withheld from Periodic Paymeths of Chaliffeed or Sovermental Parcs Contribution fine feeding south can Editionation (20%) Tax Withheld from Lunp Can Editionations (20%) Tax Withheld from Contributions of Non Cualified Parcs To Contribution feeding south contributions of Non Cualified Parcs To Contributions feeding south contributions of Non Cualified Parcs (10%) Tax Withheld from Other Distributions of Parcs (10%) Tax Withheld from Other Distributions of Parcs (10%) Tax Withheld from Other Distributions of Parcs (10%) Tax Withheld from Contributions of Parcs (10%) Tax Withheld from Contributions of the Payment of Contributions of Payment (20%) Tax Withheld from Contributions of the Payment of Contributions of Contrib	4 Contribucija Datasida				Contribución Retenida - Tax Withhe
Tax Withhest from Lung Duri Distributions (20%) Tax Withhest from Lung Duri Distributions (10%) Tax Withhest from Lung Duri Distributions (10%) Tax Withhest from Lung Duri Distributions of Parametric Contributions (10%) Tax Withhest from Distributions of Non Challeted Paris (10%) Tax Withhest from Distributions of Non Challeted Paris (10%) Tax Withhest from Direct Distributions of Paris (10%) Tax Withhest from Direct Distributions of Paris (10%) Tax Withhest from Direct Distributions of Paris (10%) Tax Withhest from Parish about Parish (10%) Tax Withhest from Distributions as Parish de un Desastre Declaration por el Gobernador de Parito Rico Income Tax Withhest On Distributions Parish (10%) Tax Withhest from Christians (10%) Tax Withhest from Declarations (10%) Tax Wi	Tax Withheld from Perio	dic Payments of Qualified or Government	al Plans		
Tax Witnesd from Lung Duri Dictributions (PN) A Contribution ferrida double Distributions of Panes No Calificados Tax Witnesd from Distributions of Non Caulified Panes Contribution ferrida double Oritics Tax Witnesd from Cher Distributions of Dualified Panes (10%) Tax Witnesd from Cher Distributions of Dualified Panes (10%) Tax Witnesd from Annulies Contribution ferrida double Transidiateds Tax Witnesd from Annulies Contribution ferrida double Transidiateds Tax Witnesd from Annulies Contribution ferrida double Transidiateds Tax Witnesd from Rationer of a Qualified Pane to a Non Decurible Individual Recent Panes Tax Witnesd from Rationer of a Qualified Pane to a Non Decurible Individual Recent Panes Tax Witnesd from Rationer of a Qualified Pane to a Non Decurible Individual Recent Panes Tax Witnesd from Distributions of the Retirement Calongs Annuary Program (10%) Outribution Retiremed Souther Transidented del Program and Countais de Annuro para et Retire (70%) Tax Witnesd from Rationer of the Retirement Calongs Annuary Program (10%) Outribution Retiremed Souther Transidented del Program de Cuentais de Annuro para et Retire (70%) Tax Witnesd from Nonrecidents double Calongs Annuro Panes (10%) Outribution Retiremal Souther Transidentias double Calongs Annuro Panes et Retirement Annuro (10%) Outribution Retiremal Souther Transidentias double Calongs Annuro Panes et Retirement Annuro (10%) Outribution Retiremal Souther Calongs (10%) Touriting Annuro (10%) Outribution Retiremal Souther Calongs (10%) Touriting Annuro (10%) Touriting (10					
4. Contribución Reterida sobre Otris Disciplicaciones de Planes No Calificados (10%) 15. Contribución Reterida sobre Otras Distribuciones de Planes Calificados (10%) 16. Contribución Reterida sobre Anvalidades 17. Contribución Reterida sobre Anvalidades 18. Withrest for Reterida sobre Anvalidades 18. Withrest for Reterida sobre Transferencia de un Plan Calificado a una Cuenta de Retrio Individual No Deducible 18. Contribución Reterida sobre Anvalidades 18. Withrest for Reterida sobre Transferencia de un Plan Calificado a una Cuenta de Retrio Individual No Deducible 18. Withrest for Reterida sobre Citribuciones del Programa de Cuentas de Aborro para el Retrio (10%) 18. Withrest for Distribución Perterida sobre Estribuciones del Programa de Cuentas de Aborro para el Retrio a Cuerta de Retrio Individual No Deducible (10%) 19. Comitibución Reterida sobre di Retriementa Averga Account Program (10%) 19. Comitibución Reterida sobre di Retribuciones a las Recidentes 19. Comitibución Reterida sobre Citribuciones a las Recidentes 19. Comitibución Reterida sobre Citribuciones a las Recidentes 19. Comitibución Reterida sobre Citribuciones 10. Comitibución Reterida sobre Citribuciónes 10. Comitibución Reterida sobre Citribuciónes 10. Comitibución Reterida sobre Citribuciónes 10. Comitibución Reterida sobre Citribución sobre Respon de un Desastre Declarado por el Gobernador de Puerto Rico 10. Torra de Comitibución Reterida Contribución sobre Respon de Unicas Puerto Rico 10. Torra de Contribución Reterida 10. Comitibución Reterida Sobre Contribución Reterida Responsibilita Mars - Morri 10. Juna 10.					
S. Contribución Reterida sobre Otras Distribuciones de Planes Calificados (10%) Tax Withrest from Other Contribución of Qualified Plans (10%) 6. Contribución Reterida sobre Anvalidades Tax Withrest from Anvalida 7. Contribución Reterida sobre Transferencia de un Plan Calificado a una Cuesta de Retiro Individual No Deducible 7. Contribución Reterida sobre Transferencia de un Plan Calificado a una Cuesta de Retiro Individual No Deducible 8. Contribución Reterida sobre Distribuciones de Programa de Cuentas de Aborro para el Retiro (10%) 8. Contribución Reterida sobre Distribuciones de Programa de Cuentas de Aborro para el Retiro (10%) 9. Contribución Reterida sobre Transferencia del Programa de Cuentas de Aborro para el Retiro (10%) 18. Withrest fron Robisor el Transferencia del Programa de Cuentas de Aborro para el Retiro (10%) 19. Contribución Reterida sobre Transferencia del Programa de Cuentas de Aborro para el Retiro (10%) 19. Contribución Reterida sobre Otras Distribuciónes a las Residentes Tax Withrest Contribución Robisor el Transferencia del Programa de Cuentas de Aborro para el Retiro (10%) 19. Contribución Reteridas sobre Otras Distribuciónes 10. Contribución Reteridas sobre Otras Distribuciónes 10. Contribución Reteridas sobre Otras Distribuciónes 11. Contribución Reteridas sobre Otras Distribuciónes 12. Contribución Reteridas sobre Otras Distribuciónes 12. Contribución Reteridas sobre Otras Distribuciónes 13. Total de Contribución Reteridas de Contribución Reterida Mesa sual mater — Monthly Tax Withheld Reconciliation 14. Total de Contribución Reterida 15. Contribución Reteridas de Contribución Reterida Mesa sual mater — Monthly Tax Withheld Reconciliation 16. Contribución Reteridas de Contribución Reterida de Popular de Contribución Reterida de Popular de Cuenta de Reconciliación Anval Na Sobre examinado por miy que según mi mejor información y creencia es cierto, correcto y congete. 16. Contribución Reteridas de Popular final del Agente Reteridado Disabrente ha boen examinado por miy que según mi me	4. Contribución Retenida	sobre Distribuciones de Planes No Califi	eados		
Tax Withheld from Other Distributions of Qualified Plans (10%) Contribution Revenies sobre Purplications of Purplication of Purplication (Contribution Revenies) Tax Withheld from Annualies Tax Withheld from Annualies Tax Withheld from Annualies Tax Withheld from Robore of a Qualified Plan to a Non Deductible Individual Referenter Account Tax Withheld from Robore of a Qualified Plan to a Non Deductible Individual Referenter Account Tax Withheld from Robore of a Qualified Plan to a Non Deductible Individual Referenter Account Tax Withheld from Robore of the Referenter Savings Account Program to a Non Deductible Individual Referenter Account (10%) Tax Withheld from Robore of the Referenter Savings Account Program to a Non Deductible Individual Referenter Account (10%) Tax Withheld from Robore of the Referenter Savings Account Program to a Non Deductible Individual Referenter Account (10%) Tax Withheld from Nonvesiciants Distributions Tax Withheld for Other Distributi			alificados (10%)	-	
Tax Withheld from Annuilles Tax Withheld from Annuilles Tax Withheld from Rotions of a Qualified Pan to a Non Decurbible Individual Reference Account Tax Withheld from Rotions of a Qualified Pan to a Non Decurbible Individual Reference Account Tax Withheld from Rotions of the Reference Canning Account Program (0°%) Tax Withheld from Distributions of the Reference Canning Account Program (0°%) Tax Withheld from Rotions of the Reference Canning Account Program (0°%) Tax Withheld from Rotions of the Reference Canning Account Program (0°%) Tax Withheld from Rotions of the Reference Canning Account Program to a Non Decurbible Individual Referencert Account (0°%) Tax Withheld from Rotions of the Reference Canning Account Program to a Non Decurbible Individual Referencert Account (0°%) Tax Withheld from Rotions of the Reference Canning Account Program to a Non Decurbible Individual Referencert Account (0°%) Tax Withheld from Rotions of the Reference Canning Account Program to a Non Decurbible Individual Referencert Account (0°%) Tax Withheld from Rotions Contributions Tax Withheld from Rotions Contributions Tax Withheld from Other Distributions or Reason of a Disaster Declarace by the Governor of Puerto Rico Income tax Withheld from Other Distributions of Reason of a Disaster Declarace by the Governor of Puerto Rico Income tax Withheld from Other Distributions from Reason of a Disaster Declarace by the Governor of Puerto Rico Income tax Withheld from Other Distributions from Reference and the Reference of Puerto Rico Income tax Withheld from Other Distribution Reference Income tax Withheld from Other Distribution Reference of Puerto Rico Income tax Withheld Reconciliation Reference of Puerto Rico Income tax Withheld Reconciliatio	Tax Withheld from Othe	Distributions of Qualified Plans (10%)			
Tax Withheld from Rollows of a Qualified Pan to a Non Deductible individual Referented Account (10%) Tax Withheld from Society of the Reference Cavings Account Programs (10%) Tax Withheld from Society of the Reference Cavings Account Programs (10%) Tax Withheld from Rollows of the Reference Cavings Account Programs (10%) Tax Withheld from Rollows of the Reference Cavings Account Programs (10%) Tax Withheld from Rollows of the Reference Cavings Account Programs to a Non Deductible Individual References Account (10%) Tax Withheld from Rollows of the Reference Cavings Account Programs to a Non Deductible Individual References Account (10%) Tax Withheld from Rollows Distributions a No Residentes Tax Withheld from Rollows Distributions and Reference Cavings Account Programs to a Non Deductible Individual References Account (10%) Tax Withheld from Rollows Distributions and Reference Cavings Account Reference Cavings Account Reference Cavings Account Register to Residentes Tax Withheld from Rollows Distributions Programs to Account Reference Programs Tax Withheld Reconciliation Reference Cavings of Reference Programs (10%) Tax Withheld Reconciliation de Contribución Reference Option of Distribution Reference Programs (10%) Tax Withheld Reconciliation de Contribución Reference Tax Withheld Reconciliation Mess - Moorth Tax Withheld Reconciliation Account Reference Tax Withheld Reconciliation Mess - Moorth Tax Withheld Reconciliation Reference Tax Withheld Reconciliation Account Reference Programs (10%) Tax Withheld Reconciliation Reference Tax Withheld Reconciliation Account Account Reference Tax Withheld Reconciliation Reference Programs (10%) Tax Withheld Reconciliation Reference Tax Withheld Reconciliation Account Reference Reference Tax Withheld Reconciliation Account Reference Reference Tax Withheld Reconciliation Reference Referenc					
Tax Withheld from Distributions of the Retirement Savings Account Program (10%) 2. Contribution in Reterinal sonter Transferencia del Programa de Obertas de Antoro para el Retiro a Cuerta de Retiro Individual No Deducible (10%) 2. Contribution Reterinal sonte Distributions in the Reterinal Savings Account Program to a Non Deducible Individual Reterement Account (10%) 3. Contribution Reterinal sonte Distributions in the Reterinal Savings Account Program to a Non Deducible Individual Reterement Account (10%) 3. Contribution Reterinal sonter Outsibutions in the Reterinal Sonte Outsibutions and the Reterinal Sonte Outsibutions and Distributions are Reterinal Sonte Distributions for Reterinal Sonte Distributions Reterinal Sonte D					
9. Contribución Retenida sobre Tranderencia del Programa de Caverta de Anorro para el Retiro a Caverta de Retiro midiócasi No Deducible (10%) Tax Withrest from Rotoner de Retirement Sarvings Account Program to a Non Deductible Individual Retirement Account (10%) 10. Contribución Retenida sobre Distribuciones a No Residentes Tax Withrest from Nonrecident's Distribuciones Tax Withrest from Rotone Distribuciones Tax Withrest from Other Distribuciones por Razón de un Desastre Dedarado por el Giobernador de Puerto Rico Incone Tax Withrest on Distribucion Retenida Total Tax Withrest Reconciliación de Contribución Retenida Total Tax Withrest Reconciliación de Contribución Retenida Mea-sualmente - Monthly Tax Withheld Reconciliación Mes - Month Contribución Retenida - Tax Withrest Enero - January Reterero - Pebruary Marzo - March Abril - April Mayo - May Junio - June Junio - June Junio - June Junio - Juny Agosto - August Septiembre - September Declubre - October Noviembre - Disciber Noviembre - November Diciembre - Disciber Lord - Total Tax Withheld JURAVIENTO - DATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Ansua ha sido examinado por mir y que según mir miejor información y creencia es cierto, correcto y completo. I destare unoer penatries of perjuri but this Annual Reconciliación Ansua ha sido examinado por mir y que según mir miejor información y creencia es cierto, correcto y completo. I destare unoer penatries of perjuri but this Annual Reconciliación Ansua ha sido examinado por mir y que según mir miejor información y creencia es cierto, correcto y completo. I destare unoer penatries of perjurio que este Estado de Reconciliación Ansua ha sido examinado por mir y que según mir miejor información y creencia es cierto, correcto y completo.	Contribución Retenida: Tay Witnesd from Distrib	sobre Distribuciones del Programa de Co	ventas de Ahorro para el Retiro (10%)		
10. Combibución Retenida sobre Distribuciones a No Residentes Tax Withheld from Numericients Distributions Tax Withheld from Cher Distributions por Razón de un Desastre Declarado por el Gobernador de Puerto Rico Incone Tax Withheld on Distributions for Reason of a Disaster Declarado por el Gobernador de Puerto Rico Incone Tax Withheld on Distributions for Reason of a Disaster Declarado por el Gobernador de Puerto Rico Incone Tax Withheld Reconciliación Retenida Total Tax Withheld Reconciliación de Contribución Retenida Mensualmente - Monthly Tax Withheld Reconciliación Mes - Month Contribución Retenida - Tax Withheld Reconciliación de Contribución Retenida - Tax Withheld Mes - Month Contribución Retenida - Tax Withheld Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - Septiember Declaro - Septiember Declaro - November Diciembre - November Diciembre - December 4. Total de Contribución Retenida - Total Tax Withheld	9. Contribución Retenida s	obre Transferencia del Programa de Cuer	itas de Ahorro para el Retiro a Cuenta de Retiro Indi	ividual No Deducible	(10%)
Tax Withheid fron Nomesiden's Distributions 1. Contribución Reterida sobre totas Distributiones 1. Ex Withheid fron Other Distributions 2. Contribución Reterida sobre Establibuciones por Razión de un Desastre Desiarado por el Gobernador de Puerto Rico Incone Tax Withheid on Distributions 3. Total a fax Withheid on Distributions for Reson of a Disaster Desiared by the Governor of Puerto Rico 3. Total a fax Withheid Part III Reconciliación de Contribución Reterida Total Tax Withheid Reconciliación Reterida Total Tax Withheid Reconciliación Reterida Tentre III Part III Reconciliación de Contribución Reterida Tentre III Part III Reconciliación de Contribución Reterida Tex Withheid Enero - January Febero - Pebruary Marzo - March Abril - April Mayo - May Junio - June Julio - June Julio - June Julio - June Julio - June Diciembre - September October Noviembre - October Noviembre - November Diciembre - December 4. Total de Contribución Reterida - Total Tax Withheid JURAMENTO - OATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Atalerent has been examined by rue and to the best of my knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title			ani to a Non Deductible Individual Retirement Account	(10%)	
Tax Withheld from Cliner Distributions 2. Contribución Retenida sobre Distribuciones por Razón de un Desastre Declarado por el Gobernador de Puerto Rico Income Tax Withheld on Distribucións Petenida Total Tax Withheld Reconciliación de Contribución Retenida Tex Witheld Reconciliación Retenida Tex Witheld Reconciliaci	Tax Withheld from Nonre	sident's Distributions			
Income Tax Withheid on Distributions for Reason of a Disaster Declared by the Governor of Puerto Rico 13. Total Ide Contribución Retenida Total Tax Withheid Reconciliación de Contribución Retenida Mes - Month Mes - Month Contribución Retenida - Tax Withheid Enero - January Febrero - February Marzo - March Abril - April May - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribución Retenida - Total Tax Withheid Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y crencia es cierto, correcto y completo. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title	Tax Withheld from Other	Distributions			
Reconciliación de Contribución Retenida Mensualmente - Monthly Tax Withheld Reconciliation Mes - Month				20	
Reconciliación de Contribución Retenida Mensualmente - Monthly Tax Withheld Reconciliation Mes - Month Mes - Month Mes - Month Contribución Retenida - Tax Withheld Enero - January Marzo - March Abrit - April Mayo - May Junio - June Junio - June Septiembre - September Detubre - October Noviembre - November Diciembre - December Li Total de Contribución Retenida - Total Tax Withheld JURAMENTO - QATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mí y que según mí mejor información y creencia es cierto, correcto y completo. I dedare under penaltes of perjury that this Annual Reconciliación Statement has been examined by ne and to the best of my knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title		etenida			
Mes - Morth Enero - January Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Detubre - October Noviembre - November Diciembre - December 4. Total de Contribución Retenida - Total Tax Withheld JURAMENTO - QATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I declare under penalties of perjury that this Annual Reconciliación Stalement has been examined by nie and to the best of my knowledge and belief it is true, correcto y completo. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Título - Title	Parte II - Part II	Reconciliación de Contribución Re	etenida Mensualmente - Monthly Tax Withheld	Reconciliation	
Febrero - February Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Detubre - October Noviembre - November Diciembre - November Diciembre - December 4. Total de Contribución Retenida - Total Tax Withheld JURALIENTO - QATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I dedare under penalties of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Título - Títle			les - Month		Contribución Retenida - Tex Withheld
Marzo - March Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Detubre - October Noviembre - November Diciembre - December JURALIENTO - OATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mil y que según mi mejor información y creencia es cierto, correcto y completo. I dedare under penaltes of perjury that this Annual Reconciliación Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Ficha - Date Firma del Agente Retenedor - Withholding Agent's Signature Título - Title	Enero - January				
Abril - April Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - November Diciembre - December I. Total de Contribución Retenida - Total Tax Withheld	Febrero - February				
Mayo - May Junio - June Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December Lit. Total de Contribución Retenida - Total Tax Withheld JURAMENTO - OATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I declare under penaltes of perjury that this Annual Reconciliación Statement has been examined by nie and to the best of my knowledge and belief it is true, cornect and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title	Marzo - March				
Junio - June Julio - July Agosto - August Septiembre - September October Noviembre - November Diciembre - December Diciembre - December JURAMENTO - OATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I declare under penalfes of perjury that this Annual Reconciliation Statement has been examined by rue and to the best of my knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title					
Julio - July Agosto - August Septiembre - September Octubre - October Noviembre - November Diciembre - December 14. Total de Contribución Retenida - Total Tax Withheld JURANISTIO - OATH Declaro bajo penalidad de perjurio que este Estado de Reconcifiación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I declare under penalfes of perjury that this Annual Reconciliation Statement has been examined by rue and to the best of ray knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title					
Agosto - August Septiembre - September Detubre - October Novembre - November Diciembre - December Later - December JURALIENTO - DATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I declare under penalfes of perjury that this Annual Reconciliación Statement has been examined by rue and to the best of my knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title	TO BUT OF THE PARTY.				
Septiembre - September Detubre - October Noviembre - November Diciembre - December Diciembre - December JURANIENTO - DATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I declare under penaltes of perjury that this Annual Reconciliación Statement has been examined by rue and to the best of ruy knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title	Agosto - August				
Octubre - October Noviembre - November Diciembre - December Id. Total de Contribución Retenida - Total Tax Withheld	Septiembre - September	1			
Diciembre - December 14. Total de Contribución Retenida - Total Tax Withheld	Octubre - October				
JURA LENTO - DATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I declare under penalfes of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title	Noviembre - November				
JURATIENTO - DATH Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I declare under penalties of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title	Diciembre - December				
Declaro bajo penalidad de perjurio que este Estado de Reconciliación Anual ha sido examinado por mi y que según mi mejor información y creencia es cierto, correcto y completo. I dedare under penaltes of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title	14. Total de Contribució	n Retenida - Total Tax Withheld			********
I declare under penalties of perjury that this Annual Reconciliation Statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Fecha - Date Firma del Agente Retenedor - Withholding Agent's Signature Titulo - Title					
	Facts B.	Firm det a	nte Detenador - Withhelding Assets Giros		Titule Title
	Fecha - Date	Firma del Age			Titulo - Title



EXHIBIT S

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F4806SP2Y19 RECORD TYPE: RETURN

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

		*				
FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
1. FILLER	X(1)	С	1	1-1	SPACES.	*
2. CONTROL NUMBER	9(9)	C	9	2-10	ENTER ZEROS.	*
3. FILLER	X(2)	С	2	11-12	SPACES.	*
4. FORM TYPE	9(1)	С	1	13-13	ENTER "I" TO INDICATE FORM 480.6SP.2.	*
5. RECORD TYPE	9(1)	С	1	14-14	"1" = DETAIL RECORD.	*
6. DOCUMENT TYPE	X(1)	C	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 2019.	*
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 NUMBER	*
13. IDENTIFICATION NUMBER	9(9)	С	9	48-56	SSN.	*
14. BUSINESS NAME	X(30)	С	30	57-86		*
15. WITHHOLDING AGENT'S NAME	X(30)	С	30	87-116		*
16. TELEPHONE	9(10)	С	10	117-126	TELEPHONE NUMBER 1.	*
17. POSTAL ADDRESS 1	X(35)	С	35	127-161	POSTAL ADDRESS 1.	*
18. POSTAL ADDRESS 2	X(35)	С	35	162-196	POSTAL ADDRESS 2.	
19. TOWN	X(13)	С	13	197-209		*
20. STATE	X(2)	С	2	210-211		*
21. ZIP-CODE	9(5)	С	5	212-216	ZEROS, IF NOT AVAILABLE.	*
22. ZIP-CODE EXTENSION	9(4)	С	4	217-220	ZEROS, IF NOT AVAILABLE.	
23. FILLER	X(2)	C	2	221-222	SPACES.	*
24. PHYSICAL ADDRESS 1	X(35)	С	35	223-257	PHYSICAL ADDRESS 1.	*
25. PHYSICAL ADDRESS 2	X(35)	С	35	258-292	PHYSICAL ADDRESS 2.	
26. TOWN	X(13)	С	13	293-305		*
27. STATE	X(2)	С	2	306-307		*
28. ZIP-CODE	9(5)	С	5	308-312	ZEROS, IF NOT AVAILABLE.	*

^{*} REQUIRED FIELDS



EXHIBIT S

FILE DESCRIPTION

DATE: NOVEMBER 2019

FILE NAME: F4806SP2Y19 RECORD TYPE: RETURN

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

FORM TYPE 480.6SP.2

29. ZIP-CODE EXTENSION					DIL D		1
29. ZIP-CODE EXTENSION	EIEI D NAME	DICTUDE		DVTEC	FILE	COMMENTS	RE
30. CHANGE OF ADDRESS	FIELD NAME	FICTURE		DITES	LUCATION	COMMENTS	KE
30. CHANGE OF ADDRESS							
30. CHANGE OF ADDRESS							
31. TYPE OF INDUSTRY OR BUSINESS X(6) C 6 318-323	29. ZIP-CODE EXTENSION	9(4)	C	4	313-316	ZEROS, IF NOT AVAILABLE.	
32. TOTAL FORMS 480.6SP 9(10) C 10 324-333 RESPONSIBILITY OF PAYMENT TO HEALTH 33. PROVIDERS 9(13)V99 C 15 334-348 34. AMOUNT PAID REIMBURSED EXPENSES 9(13)V99 C 15 349-363 SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES 33. UNDER ACT 48-2013 9(13)V99 C 15 364-378 SEE FORM 480.6SP.2, ITEM 1. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS NOT SUBJECT TO 37. WITHHOLDING 9(13)V99 C 15 394-408 SEE FORM 480.6SP.2, ITEM 2. PAYMENTS FOR SERVICES RENDERED BY NDIVIDUALS SUBJECT TO 38. WITHHOLDING 9(13)V99 C 15 409-423 SEE FORM 480.6SP.2, ITEM 3. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 39. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHELD FOR SERVICES RENDERED BY CO	30. CHANGE OF ADDRESS	X(1)	C	1	317-317	BLANK "N" = NO, "Y" = YES.	
RESPONSIBILITY OF PAYMENT TO HEALTH 33. PROVIDERS 34. AMOUNT PAID REIMBURSED EXPENSES 9(13)V99 C 15 334-348 34. AMOUNT PAID REIMBURSED EXPENSES 9(13)V99 C 15 349-363 SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES 35. UNDER ACT 48-2013 PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS NOT 36. SUBJECT TO WITHHOLDING PARTMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS NOT SUBJECT TO 37. WITHHOLDING PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 38. WITHHOLDING WITHHELD FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 39. WITHHOLDING PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 39. WITHHOLDING PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 39. WITHHOLDING PAYMENTS FOR SERVICES RENDERED BY ORPORATIONS AND PARTNERSHIPS SUBJECT TO 39. WITHHOLDING PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 449-488 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 469-483 44. FILLER X(1956) C 1956 FILER THE REASON FOR CHANGE FORM.	31. TYPE OF INDUSTRY OR BUSINESS	X(6)	С	6	318-323		
33. PROVIDERS 9(13)V99 C 15 334-348		9(10)	C	10	324-333		
34. AMOUNT PAID REIMBURSED EXPENSES 9(13)V99 C 15 349-363							
SPECIAL CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES SERVICES SERVICES CONTRIBUTION FOR PROFESSIONAL AND ADVISORY SERVICES PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS NOT SUBJECT TO WITHHOLDING 9(13)V99 C 15 364-378 SEE FORM 480.6SP.2, ITEM 1.		. (- /					
PROFESSIONAL AND ADVISORY SERVICES 35. UNDER ACT 48-2013	34. AMOUNT PAID REIMBURSED EXPENSES	9(13)V99	C	15	349-363		
35. UNDER ACT 48-2013 9(13)V99 C 15 364-378 PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS NOT 36. SUBJECT TO WITHHOLDING 9(13)V99 C 15 379-393 SEE FORM 480.6SP.2, ITEM 1. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 37. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 39. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. *							
PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS NOT 36. SUBJECT TO WITHHOLDING 9(13)V99 C 15 379-393 SEE FORM 480.6SP.2, ITEM 1.							
RENDERED BY INDIVIDUALS NOT 36. SUBJECT TO WITHHOLDING 9(13)V99 C 15 379-393 SEE FORM 480.6SP.2, ITEM 1.		9(13)V99	С	15	364-378		
36. SUBJECT TO WITHHOLDING							
PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS NOT SUBJECT TO 37. WITHHOLDING 9(13)V99 C 15 394-408 SEE FORM 480.6SP.2, ITEM 2. PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 38. WITHHOLDING 9(13)V99 C 15 409-423 SEE FORM 480.6SP.2, ITEM 3. WITHHELD FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 39. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.		0(12)3/00		1.5	270, 202	CEE FORM 490 CCD 2 FEEM 1	
BY CORPORATIONS AND PARTNERSHIPS NOT SUBJECT TO 37. WITHHOLDING 9(13)V99 C 15 394-408 SEE FORM 480.6SP.2, ITEM 2. PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 38. WITHHOLDING 9(13)V99 C 15 409-423 SEE FORM 480.6SP.2, ITEM 3. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 3. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.		9(13) V 99	C	15	379-393	SEE FORM 480.0SP.2, ITEM 1.	
PARTNERSHIPS NOT SUBJECT TO 37. WITHHOLDING 9(13)V99 C 15 394-408 SEE FORM 480.6SP.2, ITEM 2. PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 38. WITHHOLDING 9(13)V99 C 15 409-423 SEE FORM 480.6SP.2, ITEM 3. WITHHELD FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 39. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. ENTER THE REASON FOR CHANGE FORM.							
37. WITHHOLDING							
PAYMENTS FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 38. WITHHOLDING WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 4454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 41. WITHHOLDING 42. TOTAL WITHHOLDING 43. TOTAL WITHHOLDING 44. FILLER X(1956) C 15 499-2454 SPACES. ENTER THE REASON FOR CHANGE FORM.		9(13)V99	С	15	394-408	SEE FORM 480.6SP.2. ITEM 2.	
BY INDIVIDUALS SUBJECT TO 38. WITHHOLDING WITHHELD FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 39. WITHHOLDING PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 47 48 499-2454 SPACES. ENTER THE REASON FOR CHANGE FORM.)(15),))		10	271.100	5221 51411 1001051 12,11211 21	
WITHHELD FOR SERVICES RENDERED BY INDIVIDUALS SUBJECT TO 39. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.							
BY INDIVIDUALS SUBJECT TO 39. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.	38. WITHHOLDING	9(13)V99	C	15	409-423	SEE FORM 480.6SP.2, ITEM 3.	
39. WITHHOLDING 9(13)V99 C 15 424-438 SEE FORM 480.6SP.2, ITEM 3. PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.	WITHHELD FOR SERVICES RENDERED						
PAYMENTS FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.	BY INDIVIDUALS SUBJECT TO						
BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.		9(13)V99	C	15	424-438	SEE FORM 480.6SP.2, ITEM 3.	
PARTNERSHIPS SUBJECT TO 40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.							
40. WITHHOLDING 9(13)V99 C 15 439-453 SEE FORM 480.6SP.2, ITEM 4. WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.							
WITHHELD FOR SERVICES RENDERED BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.		0/12/1/00		1.5	420, 452	GEE FORM 400 COR O FEEM 4	
BY CORPORATIONS AND PARTNERSHIPS SUBJECT TO 41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.		9(13) V99	C	15	439-453	SEE FORM 480.6SP.2, ITEM 4.	
PARTNERSHIPS SUBJECT TO 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.							
41. WITHHOLDING 9(13)V99 C 15 454-468 SEE FORM 480.6SP.2, ITEM 4. 42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.							
42. TOTAL PAYMENTS 9(13)V99 C 15 469-483 43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.		9(13)\\\	C	15	454-468	SEE FORM 480 6SP 2 JTEM 4	
43. TOTAL WITHHELD 9(13)V99 C 15 484-498 44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.		. (- /				5LL I OKWI 400.051 .2, ITEWI 4.	
44. FILLER X(1956) C 1956 499-2454 SPACES. * ENTER THE REASON FOR CHANGE FORM.		. (. /	_				+
ENTER THE REASON FOR CHANGE FORM.		. (- /				SPACES.	*
		(1)00)	_	1,00	.,, 2.51	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TEST READON FOR THE CHANGE TALE WITH DEAINS. T	45. REASON FOR THE CHANGE	X(40)	C	40	2455-2494	LEFT JUSTIFIED AND FILL WITH BLANKS.	
				-	-		
46. FILLER 9(6) C 6 2495-2500 ZEROS. *	46. FILLER	9(6)	C	6	2495-2500	ZEROS.	*



EXHIBIT S

Formulario 480.6SP.2	711	no de Puerto Rico - Government of Puerto nento de Hacienda - Department of the Tr		20		mación de Radicación Electrón Filing Confirmation Number					
Rev. 11 jul 19		ESTADO DE RECONCILIACIÓN ANUAL DE SERVICIOS PRESTADOS Annual Reconciliation Statement of Services Rendered Sello de Recibido									
Número de Identificación P. Employer Identification Num	ber Type of Ind	dustria o Negocio ustry or Business Cambio de Direcc Change of Address Si - Yes		nularios 480.6SP orms 480.6SP	3	ello de Recibido					
lombre del Agente Retenedor - Wi	thholding Agent's Name										
Virección Postal - Postal Address		Dirección Física - Physical Address									
Responsabilidad de Pa	digo Postal - Zip Code go a Proveedores de Salud rment to Health Providers	Gastos Reembolsados Reimbursed Expenses	Aporta	ición Especial po Special Contributor	r Servicios Profesion n for Professional and A	iales y Consultivos bajo la Ley 48-201 dvisory Services under Act 48-2013					
Parte I - Part I Resu	men de los Formularios	480.6SP - Summary of Forms 480.6	SP								
	Descripc Descripti	ión			ad Pagada ount Paid	Contribución Retenida Tax Withheld					
	dividuos No Sujetos a Retenció duals Not Subject to Withholding	n									
2. Servicios Prestados por C Services Rendered by Corporal	orporaciones y Sociedades No tions and Partnerships Not Subject	o Sujetos a Retención to Withholding				-					
3. Servicios Prestados por Inc Services Rendered by Individ											
I. Servicios Prestados por C Services Rendered by Corpora	orporaciones y Sociedades S tions and Partnerships Subject to	ujetos a Retención Withholding									
TOTAL											
		Juramento - oat	Н								
Peclaro bajo penalidad de p r completo I declare under p	erjurio que este Estado de enalties of perjury that this Annu	Reconciliación Anual ha sido examinado al Reconciliation Statement has been examinado examinado examinado procesor examinado examinado procesor examinado proceso	o por mí y q ed by me and	ue según mi i to the best of m	mejor informació ny knowledge and b	n y creencia es cierto, correc pelief it is true, correct and complet					
Fecha - Date	Firma de	Agente Retenedor - Withholding Agent	Signature		Titu	ılo - Title					
		Conservación: Diez (10) años - Retention	Ten (10)			****					



EXHIBIT T

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F480PAY19 RECORD TYPE: PA

RECORD NAME: Employer Information RECORD LENGTH: 2500

FIELD NAME	PICTURE		BYTES	FILE LOCATION	COMMENTS	RE
			-			u .
RECORD IDENTIFIER	X(2)	С	2	1-2	CONSTANT "PA".	*
2. TAX YEAR	9(4)	С	4	3-6	ENTER THE TAX YEAR FOR THIS REPORT. ENTER NUMERIC CHARACTERS ONLY.	*
3. AGENT INDICATOR CODE	X(1)	С	1	7	ENTER "1" FOR AGENT. OTHERWISE, FILL WITH A BLANK.	
4. AGENT ID	X(9)	С	9	8-16	IF AGENT TYPE ID = "1", ENTER AGENT ID FEIN. IF ID TYPE = "2" ENTER AGENT ID SSN.	
5. TYPE OF FORM	X(1)	С	1	17	ENTER "2" TO INDICATE FORM 480.6A.	*
6. ESTABLISHMENT NUMBER	X(4)	C	4	18-21	IF THIS FILE CONTAINS MULTIPLE CODE RE RECORDS WITH THE SAME EIN, YOU MAY USE THIS FIELD TO DESIGNATE VARIOUS STORE OR FACTORY LOCATIONS OR TYPES OF PAYROLL. ENTER ANY COMBINATION OF BLANKS, NUMBERS OR LETTERS. CERTAIN MILITARY EMPLOYERS MUST USE THIS FIELD. OTHERWISE FILL WITH BLANKS.	
			,		ENTER: "O" = ORIGINAL, "E" = AMENDED,	
7. TYPE FILE	X(1)	C	1	22-22	"A" = ADD.	*
8. FILLER	X(17)	С	17	23-39	SPACES.	*
9. EMPLOYER NAME	X(57)	С	57	40-96	ENTER THE NAME ASSOCIATED WITH THE EIN ENTERED IN LOCATION (8-16) LEFT JUSTIFIED AND FILL WITH BLANKS.	*
10. LOCATION ADDRESS	X(22)	C	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)	С	22	141-162	ENTER THE EMPLOYER'S CITY. LEFT JUSTIFIED AND FILL WITH BLANKS.	*
13. STATE ABBREVIATION	X(2)	С	2	163-164	ENTER THE EMPLOYER'S STATE. USE A POSTAL ABBREVIATION AS SHOWN IN APPENDIX A. FOR A FOREIGN ADDRESS, FILL WITH BLANKS.	*
14. ZIP CODE	X(5)	C	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.	*
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.	*



EXHIBIT T

FILE DESCRIPTION DATE: NOVEMBER 2019

FILE NAME: F480PAY19 RECORD TYPE: PA

RECORD NAME: Employer Information RECORD LENGTH: 2500

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



EXHIBIT U

FILE DESCRIPTION

DATE: NOVEMBER 2019

FILE NAME: F480SUY2019

RECORD NAME: SUBMITTER INFORMATION RECORD LENGTH: 2500

RECORD TYPE: SU

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



EXHIBIT U

FILE DESCRIPTION

DATE: NOVEMBER 2019

FILE NAME: F480SUY2019

RECORD NAME: SUBMITTER INFORMATION RECORD LENGTH: 2500

RECORD TYPE: SU

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





EXHIBIT U

FILE DESCRIPTION

DATE: NOVEMBER 2019

FILE NAME: F480SUY2019

RECORD NAME: SUBMITTER INFORMATION RECORD LENGTH: 2500

RECORD TYPE: SU

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

