

## INCOME TAX QUESTIONNAIRE

■ **Name:** \_\_\_\_\_

### Basic Information

**Check the items that have changed since your previous tax form and detail differences.**

<b>Personal Status</b>		
<b>Dependents*</b>		
<b>Address</b>		
<b>E-Mail</b>		

Note: **A dependent is any person less than 26 years old that is currently enrolled in university studies, unless mentally or physically impaired. If mentally or physically impaired, SEND EVIDENCE OF THE DISSABILITY.** A dependent may also include the parents of the taxpayer. Each dependent greater than (1) year old must have Social Security Number. Otherwise, the deduction will be rejected.

For 2017, a regular student can earn gross income up to \$7,500, without the parents losing the right to claim the dependent exemption.

\*If parents are separated, divorced or are not entitled to file as married, but entitled to the custody of a child under two years of age, the exemption for dependents will be divided evenly between the parents.

If taxpayer dies within the fiscal year, it must be notified in the tax form, including a **Deceased Certificate**.

Please indicate if there is a disability condition:       Taxpayer       Spouse

In case you have not been a full time Puerto Rico resident during year, please indicate the following:

Date of your move to Puerto Rico: \_\_\_\_\_

Date of your move out of Puerto Rico: \_\_\_\_\_

Income received during the period when you were not residing in Puerto Rico: \_\_\_\_\_

- \* Deductions claimed by a nonresident or resident of Puerto Rico for part of the year will be limited in proportion to the income received while residing in Puerto Rico.

Partner of a partnership subject to tax under the Federal Internal Revenue Code?

Yes \_\_\_\_\_

No \_\_\_\_\_

**■ Have you received any sources of income other than the one from the main business?  
Specify dollar amount.**

	Amount	Bank Account (Specify dollar amount of deposit)	
		Personal Account	Business Account
Wages (W-2)			
Interest			
Dividends			
Qualified Distributions to Retirement Plan			
Share in Special Partnerships or Individual Corporation			
Pension			
Capital Gain Distribution			
Rents			
Other: _____			
Waiver of debts *			
Exempt Income <sub>1</sub>			

<sub>1</sub> Include income received as child support for the benefit of minor children

\*Send Forms 480.6A or 480.6D

- The first \$10,000 distributed between September 20, 2017 and June 30, 2018 are tax exempt if these are classified as an Eligible Distribution from a Qualified Retirement Plan or an IRA account to cover Eligible Expenses for reason of Hurricane Maria. The excess of \$10,000 and up to \$100,000 will be subject to a preferential rate of 10%.
- You received an Eligible Distribution YES \_\_\_\_\_ NO \_\_\_\_\_
- **A fixed rate of 4% on eligible income is granted to doctors under Law 14-2017. If this applies to your case, please show the Decree Number: \_\_\_\_\_, and send us a copy**
- **You received qualified payments as a result of the emergency caused by Hurricane Maria. YES \_\_\_\_\_ NO \_\_\_\_\_ Please send a copy of Form 480.7 or 480.7C and copy of the sworn statement.**

**Social Security Income is not taxable in Puerto Rico. However, it must be included in Annex IE. Informative SSA-1099 must be provided.**

A tax exemption is granted towards the first \$40,000 of gross income received by a person between the ages of 16 to 26. Applies:

YES \_\_\_\_\_ NO \_\_\_\_\_ Date of birth: \_\_\_\_\_

**■ ACT 22-2012-TAX EXEMPTION ON INCOME RECEIVED BY AN INVESTOR WHO IS A RESIDENT OF PUERTO RICO (Interests, Dividends, Capital Gains)**

**This exemption applies to any person that has become a resident of Puerto Rico from January 17, 2012 to December 31, 2035 (and that has not lived in Puerto Rico during the 15 years prior to January 17, 2012). Applies YES \_\_\_ NO \_\_\_**

**Date in which you became a resident of Puerto Rico: (DD/MM/YY)\_\_\_\_\_**

**Submit a statement of income resulting from interests, dividends and capital gains YES \_\_\_ NO \_\_\_**

**Include copy of Act 22-2012 Decree No. \_\_\_\_\_**

For losses on entities, you can only deduct up to an 80% of the participation that can be distributed on the net aggregated income.

Losses for industries or businesses are limited to an 80% of the net income.

**PAYMENT BEHIND SCHEDULE (Model SC 2668)**

Indicate if you have received any income from previous years that was payed during 2017 (payments behind schedule), as for example: YES \_\_\_ NO \_\_\_

1. Back payment in salaries, pensions or retirement plans
- \* You should include a certificate from your employer where he states that the payment was due to late payment, the year, and the event that caused the late payment.

**■ Contribution to a Pension Plan? \_\_\_\_\_  
Specify dollar amount.**

Pension Plan	Taxpayer	Spouse	Financial Institution Name	EIN Number	Account Number
IRA					
401(K)					
KEOGH					
Retirement of PR or USA					

The permitted total deduction for 401(K) plan increase is \$15,000 and the contribution limitation of 10% of the annual employee compensation is eliminated.

We remind you, that the maximum total deduction permitted to 401(k) is \$10,000 and contributions are limited in relation to the employee annual compensation.

- **Did you make the estimated payments? Send us copy of both sides of the check.**

	<b>Income Tax &amp; Check Number</b>	<b>Dollar Amount</b>	<b>Social Security &amp; Check Number</b>	<b>Dollar Amount</b>
<b>First Payment (4/17)</b>				
<b>Second Payment (6/17)</b>				
<b>Third Payment (9/17)</b>				
<b>Fifth Payment (1/18)</b>				

- **Did you receive a refund from your previous tax return? Specify dollar amount**

	<b>Dollar Amount</b>
IRS (1040PR) or 1040	
Department of Treasury	

- **Educational Contribution Accounts**

Specify the dollar amount contributed for each beneficiary.

<b>Beneficiary Full Name</b>	<b>Beneficiary Date of Birth</b>	<b>Relationship</b>	<b>Social Security Number</b>	<b>Dollar Amount</b>	<b>Name and Social Security Number of the Financial Institution</b>

Send a copy of the Certificate for the Educational Contribution issued by the Financial Institution that assisted you with the dependents and family contribution.

- **Specify the dollar amount withhold from Professional Services (Send forms 480.6B) From January 1, 2017 to December 31, 2017.**

**\*If the return has to be filed in paper, this forms had to be included with the return in order to take the amount of withholding as prepaid tax.**

**WARNING: Verify that your personal Social Security Number coincides with the Form.**

\$ \_\_\_\_\_

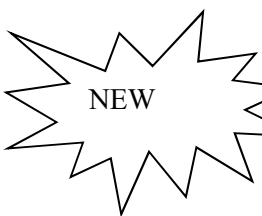
- **Mark all the expenses incurred during the year and send us evidence of these amounts.**

**Merchants have to be registered as merchants and obtain a merchant certificate. As October 31, 2016 the registration process is done on the new system of the Department of Treasury called "SURI". Please provide us the merchant numbers that indicate your merchant certificate obtain by "SURI" \_\_\_\_\_. In case that you have multiples merchants' certificates, will have to provide us a copy of each one.**

	Financial Institution	Loan Number	Financial Institution EIN Number	Amount Paid
Mortgage Interests incurred in your Principal Residence. It will be allowed as deductions for mortgage interest up to \$35,000 or 30% of Adjusted Gross Income. Whichever is lower among the total interest paid.				
Mortgage Interests incurred in your Second Residence				
Student Loans Interests *				
Self Employment Tax Payment	N/A	N/A	N/A	
Expenses for Handicapped Technologic Assistance	N/A	N/A	N/A	
Veterans (Send form DD-214)	N/A	N/A	N/A	
Casualty Losses	N/A	N/A	N/A	
Loan Origination Fees	N/A	N/A	N/A	
Medical Expenses Δ				
Charitable Contributions				
Alimony Paid			N/A	
Health saving account of high Medical Insurance deductible annual cost				

\*Applies to taxpayer, spouse or dependent

Δ Include expenses of equipment for a physically impaired person or for a critical disease.



A deduction of the interests on mortgage payments can be claimed even if the person is the not the debtor or co-signer of the mortgage loan; and provided the person has made the payments. If this is your case, please send us the proof of payments, copy of Informative Form 480.7A issued by the bank in name of the debtor, Sworn Statement that certifies you have made the payments and that you are the person liable for foreclosure of the property, and Sworn Statement of the Debtor that certifies he/she is not claiming the deduction.

- It's permitted to take as a deduction of your gross income 50% of the self employment tax paid to the IRS. Yes \_\_\_\_\_ No \_\_\_\_\_

- If the taxpayer owns an industry or business, indicate the cost to acquire a medical plan for personal health insurance, family and employers. To be deductible from the Gross Income it should not exceed \$500,000.         \$ \_\_\_\_\_

■ **American Hope Credit**

Include post secondary education expense as: tuition and course materials paid per student (include taxpayer and dependents). To qualify the student must not have completed four years of post secondary studies. You need to send evidence of the expenses incurred.

Total post secondary education expense    \$\_\_\_\_\_

Student grant received for the year 2017         \$\_\_\_\_\_

- **If you sold your Principal Residence, specify the following information:**

Date of Acquisition		Date of Sale		Sale Expenses	
Acquisition Price	\$	Sale Price	\$	Improvements	\$

- **If you sold any property or asset, specify the location and send us evidence of the sale.**

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- a. Did you make any prepayments for Capital Assets?  
 If your answer is YES, specify the dollar amount paid and send evidence of the payment.  
 Yes\_\_\_\_\_ No \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Provide affidavit certifying the parties involved in the transaction and including sale price, date acquired and any legal description.

- **Name any investment made in a partnership or corporation. Send us the form K-1 or 480EC of each.**

Name of the Partnership or Corporation	Form Included?(YES/NO) Investment Income	Interest Share in Partnership (%) or Corporation Ind.

■ **Specify any Rent Income received.**

Total Rent Income Received	Evidence of the Expenses (YES/NO)

**\*Please provide copy of Form 480.6A**

■ **Do you wish to file any tax form other than the one from Puerto Rico?**

(Ex.: Federal Income Tax Return, if you receive income from federal sources, Federal Child Tax Credit for Bonafide Residents of Puerto Rico if you have 3 or more dependents younger than 16 years old).

Specify.

■ **Specify if you qualify for the following deductions:**

- Veterans Deduction: \_\_\_ Yes \_\_\_ No
- Compensating Credit for Pension contributors: \_\_\_ Yes \_\_\_ No **(If this applies to your case, you must fill out Form 481.1 from July 1, 2018 on.**
- Contribution to the Endowment Fund of the University of Puerto Rico \_\_\_ Yes \_\_\_ No  
\$ \_\_\_\_\_
- Contribution to the Ponce Art Museum \_\_\_ Yes \_\_\_ No
- Credit for investments under the Economic Incentives for the Development of Puerto Rico Act \_\_\_ Yes \_\_\_ No

• Compensatory credit for low income pensioners

- All individuals with a low income and retired are entitled to claim a personal refundable credit compensation of \$300. This claim established a requirement that the only source of income may consist of the pension for the rendered services and the amount received cannot exceeds the amount of \$4,800 per year. This amount is doubled for married taxpayers who submit joint returns.

Yes \_\_\_ No \_\_\_

■ **In case of a refund please indicate if you would like the payment to be received via check or electronically. If you select electronically and filed with a status of married filing jointly the bank account to be deposit has to be in name of both spouses.**

■ **If you have to make any payment with your tax return, and such return is required to be filed electronically, please indicate if you are paying electronically (our office will make the payment at the moment of filing the return); or if you are paying with check:**

a) Electronically (Refund or Payment) NO \_\_\_\_\_ Yes \_\_\_\_\_:

If yes, please provide the following information:

Type of account: \_\_\_\_ Checking \_\_\_\_ Savings

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

Date in which the amount is to be debited to your account: \_\_\_\_\_

b) By check \_\_\_\_\_

Electronically filed tax return: Once the tax return has been filed electronically, you can visit any Internal Revenue Collections Office and pay either in cash, check or money order in the name of The Secretary of the Treasury; or you can use your debit or credit card.

- \* Make sure to keep and make a copy of the payment receipt you have received from the tax collector

■ **Refund Withholding because of Child Support Not Paid.**

- If you have a debt for Child Support required by ASUME, you have ten (10) days to question this decision.

■ **Specify if you wish to file with an additional computation for the status MARRIED FILING JOINTLY (with both working spouses) \_\_\_\_YES \_\_\_\_NO**



■ **Exempt Income Received - Alternative Minimum Tax for Fiscal Emergency Act (Act 7)**

If you're total income subject to Alternative Minimum Tax exceed \$150,000.00 (including **exempt income**) will be subject to file income tax return.

Description	Amount
1. Exempt interest income on debts or stocks.	
2. Dividends from Puerto Rico Trade.	
3. Rent Income from historic zone buildings	
4. Income from Pensions or Annuities up to the limit provided by Law.	
5. COLA (Federal W-2)	
6. International awards and Classic Caribbean Cup Fraternity	
7. Literary awards, journalistic awards, scientific and exotic awards	
8. Income from pensions or annuities to the limit provided by the law	
9. Christmas bonus, summer, and medications received by pension	
10. Incomes at Major League Baseball and National Basketball Association of the United States	
11. Life Insurance	
12. Donations, legacy and heritage incomes	
13. Compensations for illness or injuries	
14. Federal Social Security benefits for seniors citizens and survivors	
15. Child Support	
16. Unemployed compensation	
<b>TOTAL</b>	<b>\$ _____</b>

**Remember to send a copy of the form 480.6D.**

Indicate if you elect the optional computation of the tax return, if you are married individuals filing together and both working.

\_\_\_ Yes \_\_\_ NO

- Specify if you wish a draft of your tax return before the final form is issued. (It is mandatory to deliver the information before **March 5, 2018**)

No \_\_\_\_\_ Yes \_\_\_\_\_ (Specify one of the following).

by Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Personal Meeting with Torres CPA Group \_\_\_\_\_