



ANNUAL REPORT FOR EXEMPT BUSINESSES
 TAXABLE YEAR ENDING ON _____ OF 20____
 ACT TO PROMOTE THE EXPORTATION OF SERVICES
 (Act 20 - 2012, as amended)

Form Last Revised : 12/2014

Decree No. _____

Date _____

Please fill-out the requested information.

CONTACT INFORMATION

Grantee's Information

Name of Exempt Business : _____

Physical Address : _____

Mailing Address : _____

Telephone : _____ Fax : _____ Employer ID : _____

E Mail : _____ Web Address : _____

Effective date of the Decree : _____

BUSINESS INFORMATION

Eligible Activities

Please report in this section all information that is attributable to services rendered in Puerto Rico to markets outside of Puerto Rico pursuant to the provisions of Act 20-2012, as amended and the Decree.

A. Description of principal services provided by the exempt business during the previous taxable year (Please include an attachment, if necessary) _____

Please specify type of service and percentage for the previous taxable year:

- | | |
|--|--|
| <input type="radio"/> Research & Development _____ %
<input type="radio"/> Advertising and public relations services _____ %
<input type="radio"/> Consulting (Please select type of consulting: economic, environmental, technological, scientific, managerial, marketing, human resources, information technology, and auditing) _____ %
<input type="radio"/> Commercial arts & graphics _____ %
<input type="radio"/> Production of blueprints, architectural and engineering services and project management _____ %
<input type="radio"/> Professional services (Please specify, i.e. legal, tax, accounting) _____ %
<input type="radio"/> Centralized Management Services (Headquarters) _____ %
<input type="radio"/> Centers for electronic data processing _____ %
<input type="radio"/> Development of computer programs _____ % | <input type="radio"/> Voice and data telecommunications between persons located outside of Puerto Rico _____ %
<input type="radio"/> Call centers _____ %
<input type="radio"/> Shared Services Centers _____ %
<input type="radio"/> Storage and distribution centers _____ %
<input type="radio"/> Educational and training _____ %
<input type="radio"/> Hospitals and laboratory _____ %
<input type="radio"/> Investment banking and other financial services (please specify): _____ %
<input type="radio"/> Commercial and mercantile distribution _____ %
<input type="radio"/> Assembly, bottling and packaging operations _____ %
<input type="radio"/> Trading companies _____ %
<input type="radio"/> Promoter: _____ %
<input type="radio"/> Other (please specify): _____ % |
|--|--|

B. Employment and Payroll

	P.R. Residents Non-Act 22 Grant Holders	P.R. Residents Act 22 Grant Holders
Number of Full-Time Equivalent Employees Engaged in Eligible Activities		
Payroll Allocated to Employees Engaged in Eligible Activities		

C. Financial Information (as of the last filed Tax Return)

	End of Taxable Year		End of Taxable Year
Total Sales		Total Assets	
Cost of Sales		Securities and other financial instruments	
Salaries and Employee Benefits		Real estate	
Municipal Taxes		Machinery and Equipment	
Other Operating Costs and Expenses		Other assets	
Other Income		Total Liabilities	
Income Before Income Taxes		Equity	
Income Taxes			
Net Income			

D. Exports and other information

To which companies are you exporting services?

Services	Country	Type of Service	% of Sales

E. Transfer or sale of business (if applicable)

Has the exempt business been transferred or sold during the taxable year, pursuant to Article 9(c)? If yes, please provide recipient company's name, employer's identification number, physical and mailing address, and decree no., if applicable.

Company's Name : _____

Physical Address : _____

Mailing Address : _____

Decree No. : _____

Please report in this section all information that is attributable to activities not covered by Act 20-2012, as amended and the Decree.

A. Employment and Payroll

	P.R. Residents Non-Act 22 Grant Holders	P.R. Residents Act 22 Grant Holders
Number of Full-Time Equivalent Employees Engaged in non-Eligible Activities		
Payroll Allocated to Employees Engaged in non-Eligible Activities		

B. Financial Information (as of the last filed Tax Return)

	End of Taxable Year		End of Taxable Year
Total Sales		Total Assets	
Cost of Sales		Securities and other financial instruments	
Salaries and Employee Benefits		Real estate	
Municipal Taxes		Machinery and Equipment	
Other Operating Costs and Expenses		Other assets	
Other Income		Total Liabilities	
Income Before Income Taxes		Equity	
Income Taxes			
Net Income			

NAME (Print)

Authorized Signature

SWORN STATEMENT

I, _____ IN MY PERSONAL CAPACITY OR
(FULL NAME)
ON BEHALF OF, _____, OF LEGAL AGE, _____
(MARITAL STATUS)
, _____, RESIDENT OF _____
(OCCUPATION) (CITY AND COUNTRY)
UNDER THE MOST AND SOLEMN OATH DECLARE THAT:

1. MY PERSONAL CIRCUMSTANCES ARE THE ABOVE MENTIONED;
2. I HAVE BEEN AUTHORIZED BY THE EXEMPT BUSINESS TO COMPLETE THIS ANNUAL REPORT; AND
3. THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING.

IN WITNESS WHEREOF, I SWEAR AND SUBSCRIBE THIS STATEMENT THIS _____ OF _____
(DAY) (MONTH)
OF _____, AT _____.
(YEAR) (CITY AND COUNTRY)

SIGNATURE

AFFIDAVIT NUMBER : _____

SWORN AND SUBSCRIBED BEFORE ME BY _____, OF THE
(FULL NAME)
PERSONAL CIRCUMSTANCES ABOVE MENTIONED, WHOM I KNOW PERSONALLY OR HAVE IDENTIFIED
BY MEANS OF _____, THIS _____, OF _____, OF
(IDENTIFICATION METHOD) (DAY) (MONTH)
_____, AT _____.
(YEAR) (CITY AND COUNTRY)

[NOTARY SEAL]

NOTARY PUBLIC

* If this document is notarized outside of Puerto Rico, include evidence regarding the authority of the notary to administer oaths (e.g., county clerk's certificate or similar document).