

VOLUME OF BUSINESS DECLARATION	Municipality CAGUAS
For Calendar Year _____ or other taxable year from _____ to _____	

Please complete the following information

Type of Tax: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXEMPT <input type="checkbox"/> EXECUTED _____		Fiscal Year _____	Business Telephone _____	Employer Social Security Number _____
Name of Individual, Industry, Business Or Services Office _____		Municipal Identification Number _____		Soc. Sec. Of Owner or Representative _____
Physical Address Of Business _____			Zip Code _____	New Address? <input type="checkbox"/> YES <input type="checkbox"/> NO
Class Of Industry, Business or Service _____	Type of Business: <input type="checkbox"/> Indiv. <input type="checkbox"/> Soc. <input type="checkbox"/> Corp.	No. Of Employees _____	Annual Payroll _____	Date in which business was established _____
Owners Name or Representative _____		Owners or Representative Position _____	Did you file a business volume last year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Mailing Address _____			Zip Code _____	New Address? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address of Owner or Representative _____			Zip Code _____	New Address? <input type="checkbox"/> YES <input type="checkbox"/> NO
Postal Address of Principal Office of Business Industry or Service Office _____			Zip Code _____	New Address? <input type="checkbox"/> YES <input type="checkbox"/> NO

SCHEDULE 1	VOLUME OF BUSINESS-----	_____
	MUNICIPAL RATE OF TAX-----	_____
	TAX DUE-----	_____
	PENALTY-----	_____
	DISCOUNT-----	_____
	CREDIT FOR SIMILAR MUNICIPAL TAXES PAID OUTSIDE PUERTO RICO-----	_____
	TOTAL DUE-----	_____

CERTIFICATION

I certify that the business volume here declared has been calculated following the provisions of Act 113 of July 10, 1974, as amended, known as the Municipal License Tax Act; that the financial attachments are in accordance with the accounting books; that the copies of pages or schedules of the Puerto Rico Income Tax return, where the income and operating expenses are reported, are a true and exact copy of those rendered to the Treasury Department.

_____ Date _____ Signature of taxpayer or Authorized Agent

OATH

SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE: _____ AFF. # _____

SWORN AND SUBSCRIBED BEFORE ME BY _____

OF LEGAL AGE AND RESIDENT OF _____ PUERTO RICO PERSONALLY KNOWN TO ME OR WHOM I IDENTIFY
BY RELIABLE ALTERNATE METHOD TODAY _____ IN THE CITY OF _____, PUERTO RICO

<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>NOTARIAL SEAL</p> </div>	_____ SIGNATURE OF PERSON ADMINISTERING	_____ TITLE
OATH		

OFICIAL USE ONLY

ENTER BY: _____ DATE: _____

AUDIT BY: _____ DATE: _____

SCHEDULE 2		DETERMINATION OF THE BUSINESS VOLUME			
Commerce Industry or Service	Commercial Activity	1. Gross Income for the Accounting Year Immediately Preceding Actual	\$		
	Commercial Activity	2. Less Sales Returns			
		3. Adjusted Gross Income (Enter on Schedule 6, Line 27A, Column A, Page 3)	\$		
Commerce Industry or Service	Financial Activity	4. Interest Received or Earned on Loans Granted in Puerto Rico (Enter on Schedule 6, Line 27B, Column B, Page 3)	\$		
SCHEDULE 3 N/A	Commercial Bank, Saving and Loans Associations, Mutual or Savings Banks	To Be Completed by Home Office			
		Total Operations of the Organization	5. Interest Received or Earned on Loans	\$	
			6. Service Charges		
			7. Rents		
			8. Gross Income on Sales of Securities		
			9. Gross Income on Sales of Properties	\$	
			10. Less Cost of Property Sold		
			11. Adjusted Gross Income on Sales of Properties		
			12. Other Income Received		
			13. Gross Income for the Accounting year Immediately Preceding Actual	\$	
			14. Less: Losses in Securities Operations (not exceeding the total gains obtained from them)	\$	
			15. Total Adjusted gross income of the organization	\$	
			Branch(es) and/or Main Office	16. Total deposits of the organization in Puerto Rico	\$
				17. Total deposits of the branch(es) in the municipality	
				18. Ratio of Total deposits of the branch(es) to the total deposits of the organization (Divide item 17 by item 16 and enter result here)	
19. Adjusted Gross Income of Branch(es) or Home Office in this Municipality (Multiply item 15 by item 18) Enter result of item 6, line 27C, Column B, Page 3)	\$				
SCHEDULE 4	OTHER FINANCIAL BUSINESSES	20. Gross Income of the Accounting Year Immediately preceding actual	\$		
		21. Less:			
		a. Cost Property Sold	\$		
		b. Losses on securities operations (not exceeding the total gains obtained from them)			
		c. Reimbursed advances, loans and credits granted (not exceeding the principal amount of them)			
		22. Adjusted Gross Income	\$		

SCHEDULE 5 N/A	Gasoline Stations Retail	GASOLINE STATION		
		23. Gallons of gasoline purchased per certification from supplier:		
		a. Leaded		
		Multiply by % of gross benefit. (Enter the product on item at the right)	%	
		b. Unleaded		
		Multiply by % of gross benefit. (Enter the product on item at the right)	%	
		c. Diesel		
		Multiply by % of gross benefit. (Enter the product on item at the right)	%	
		d. Kerosene		
		Multiply by % of maximum benefit established by DACO. (Enter the product on item at the right)	%	
24. Gross benefit from sale of gasoline (add items A,B,C, and D)				
25. Add other operational gross income (Accessories and other Services)				
26. Total adjusted gross income (Enter in Schedule 6, Line 27E, Column A, Page 3)			\$	
SCHEDULE 6	Determination of Tax to be Paid:		Non Financial Business	Financial Business
	27. Volume of business for taxable year immediately preceding the actual		A	B
	a. From Schedule 2, Line 3, Page 2		\$	
	b. From Schedule 2, Line 4, Page 2			\$
	c. From Schedule 3, Line 19, Page 2			
	d. From Schedule 4, Line 22, Page 2			
	e. From Schedule 5, Line 26, Page 3			
	28. Add all the categories of volume of business from taxable years immediately preceding actual			
	29. Rate of tax set by the Municipal Assembly			
	30. Tax Due (Multiply item 28 by item 29, in columns A and B and enter the products here)			
31. Total due excluding penalty or discount (add item 30 in columns A and B and enter the results here) If penalty or discount do not apply, enter in item 34				
32. Penalty (Enter here the penalty for late filing. If applicable. See Instructions)				
33. Discount (Enter here the discount for anticipated payment, if applicable. See Instructions)				
34. Total due (add item 31 and item 32 or deduct item 31 from item 33, as the case may be and enter the result here) Enter in Schedule 1, Line Tax Due, Page 1.				
If a home office, indicate the municipalities and the volume of business rendered in each one of them wherein it operates or maintain office, warehouse, manufacturing plants, etc.				
Municipality	Volume of Business Services Rendered	Municipality	Volume of Business Services Rendered	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	