

# Request For Extension for Return

Municipality \_\_\_\_\_

For calendar year 20 \_\_\_\_ or other tax year from \_\_\_\_\_ 20 \_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_

**Please complete the following information**

TYPE OF TAX NORMAL <input type="checkbox"/> EXEMPT <input type="checkbox"/> %	FISCAL YEAR	TELEPHONE NUMBER OF BUSINESS	EMPLOYER SOCIAL SECURITY NUMBER
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NAME OF INDIVIDUAL, INDUSTRY, BUSINESS OR SERVICE OFFICE	MUNICIPAL IDENTIFICATION NUMBER	SOC. SEC. NO. OF OWNER OR REPRESENTATIVE
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PHYSICAL ADDRESS OF BUSINESS	ZIP CODE	NEW ADDRESS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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CLASS OF INDUSTRY, BUSINESS OR SERVICE	TYPE OF BUSINESS INDIVIDUAL <input type="checkbox"/> PART. <input type="checkbox"/> CORP. <input type="checkbox"/>	NUMBER OF EMPLOYEES	ANNUAL PAYROLL	DATE ON WHICH THE BUSINESS WAS ESTABLISHED MONTH: DAY: YEAR:
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NAME OF OWNER OR REPRESENTATIVE	POSITION OF OWNER OR REPRESENTATIVE	DID YOU FILE A BUSINESS VOLUME RETURN LAST YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/>
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MAILING ADDRESS OF THE BUSINESS	ZIP CODE	NEW ADDRESS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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HOME ADDRESS OF OWNER OR REPRESENTATIVE	ZIP CODE	NEW ADDRESS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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MAILING ADDRESS OF THE PRINCIPAL OFFICE OF BUSINESS INDUSTRY OR SERVICE OFFICE	ZIP CODE	NEW ADDRESS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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**DETERMINATION OF TAX DUE (TENTATIVE DECLARATION):**

**TENTATIVE**

1. VOLUME OF BUSINESS FOR ACCOUNTING YEAR IMMEDIATELY PRECEDING ACTUAL

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

2. RATE OF TAX SET BY THE MUNICIPAL ASSEMBLY

3. TAX DUE (MULTIPLY LINE 1 BY LINE 2 AND ENTER RESULT HERE)

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

(IF NECESSARY, INCLUDE A VOLUME OF BUSINESS DECLARATION WITH THIS REQUEST

CLEARLY MARKING ON SCHEDULE 1 OF PAGE 1, TENTATIVE DECLARATION:

4. DISCOUNT (ENTER HERE THE DISCOUNT FOR ANTICIPATED PAYMENT, IF APPLICABLE SEE INSTRUCTIONS)

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

5. CREDIT FOR SIMILAR TAXES PAID OUTSIDE PUERTO RICO

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

6. TOTAL DUE (SUBTRACT ITEM 3 FROM ITEM 4 AND/OR 5, IF APPLICABLE, AND ENTER THE RESULT HERE

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

SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT \_\_\_\_\_

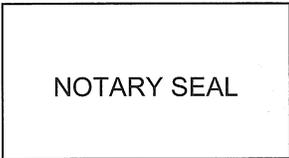
AFF.# \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME \_\_\_\_\_

OF LEGAL AGE AND RESIDENT OF \_\_\_\_\_ PUERTO RICO PERSONALLY KNOWN TO ME OR WHOM IDENTIFY BY

RELIABLE ALTERNATE METHOD TODAY \_\_\_\_\_ OF \_\_\_\_\_ OF 20 \_\_\_\_ IN THE CITY OF \_\_\_\_\_

PUERTO RICO.



NOTARY SEAL

\_\_\_\_\_  
SIGNATURE OF OFFICIAL ADMINISTERING OATH

\_\_\_\_\_  
TITLE OF OFFICIAL ADMINISTERING OATH

## REASON FOR THE REQUEST FOR EXTENSION

PERIOD OF TIME REQUESTED

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR WHICH YOU REQUEST AN EXTENSION TO FILE THE VOLUME OF BUSINESS. (IF MORE SPACE IS NEEDED USE A SEPARATE PIECE OF PAPER AND INCLUDE IT WITH THIS FORM).

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\_\_\_\_\_  
SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE

### GENERAL INSTRUCTIONS

1. Any person subject to the payment of patent, or its authorized agent, must file a Declaration on volume of business on or before five (5) working days following the fifteenth (15) of April of each year or the date established by the Department of the Treasury for the filing of the income tax returns.
2. The request for extension must contain a complete description of the reasons that motivate the request and must be signed by the applicant or his authorized representative. In the case of corporations or companies, the request must be signed by the President, Vice President or Secretary of the Corporation or society or its authorized representative.
3. As a condition for granting an extension, a tentative declaration with an estimate of the municipal license tax to be paid will be required. Any request that does not include a tentative volume and/or does not comply with the requirement to include the approximate calculation of the municipal license tax to be paid will be denied.
4. The request for extension must be filed on or before the due date for filing the Declaration of business volume. The maximum period of extension is six (6) months. The request for extension does not extend the payment due date.
5. In the event that the person is outside of Puerto Rico, another person on behalf of the person subject to the payment, may request an extension by submit together with the application, an affidavit sworn before a notary, certifying that the person requesting the extension is properly authorized by the person subject to the payment.

Any request extension that does not meet the requirements listed above, or when a person has submitted an extension request and does not render the final declaration within the period of extension granted, shall be subject to penalty for failure to file the Declaration as if the extension request was not filed.

O F F I C I A L L Y  U S E	TIME OF EXTENSION GRANTED	REASON WHY EXTENSION WAS DENIED
	EXPIRATION DATE OF THE EXTENSION	
	TAXPAYER NUMBER	<div style="text-align: right;">                 _____ SIGNATURE OF COLLECTOR OR AUTHORIZED AGENT             </div> <div style="text-align: right; margin-top: 10px;">                 _____ DATE             </div>
	SHORT NAME	