

Departamento de Hacienda**Planilla de Contribución sobre Ingresos de Corporaciones****Confirmación de Radicación Electrónica**

Corporation Income Tax Return

Confirmation of Electronic Filing

Período Contributivo - Taxable Year

07/01/2017 - 06/30/2018

Nombre del Contribuyente	Corporacion para la Promocion de Puerto Rico como Destino Inc
<i>Taxpayer Name</i>	
Número de Identificación Patronal	66-0888522
<i>Employer Identification Number</i>	
Número de Confirmación de Planilla	01142019014167BA5C1019378
<i>Confirmation Number of Return</i>	
Fecha y Hora de Radicación	01/14/2019 5:51:13 PM
<i>Date and Time of Filing</i>	
Fecha de Pago	01/14/2019 12:00:00 AM
<i>Payment Date</i>	
Cantidad Pagada Electrónicamente con Planilla ..	\$4,403
<i>Amount Paid Electronically with Return</i>	
Número de Ruta / Tránsito	221571415
<i>Routing Number</i>	
Número de Cuenta	3029853348
<i>Account Number</i>	
Balance Pendiente de Pago	\$0
<i>Amount Due</i>	
Contribución Pagada en Exceso	\$0
<i>Amount Overpaid</i>	
<input type="checkbox"/> Acreditar a Contribución Estimada del Próximo Año	\$0
<i>Credit to Estimated Tax for Next Year</i>	
<input type="checkbox"/> Aportación al Fondo Especial para el Estuario de la Bahía de San Juan ..	\$0
<i>Amount to be Contributed to the San Juan Bay Estuary Special Fund</i>	
<input type="checkbox"/> Aportación al Fondo Especial para la Universidad de Puerto Rico	\$0
<i>Amount to be Contributed to the University of Puerto Rico Special Fund</i>	
<input type="checkbox"/> Cantidad a Reintegrar	\$0
<i>Refund Amount</i>	

Esta planilla requiere que se sometan evidencias **Sí / Yes** **No**

This return requires to submit evidences

La evidencia deberá ser radicada *únicamente* de forma electrónica accediendo al Sistema de Formularios Electrónicos (E-Forms) a través de nuestra página de internet: www.hacienda.pr.gov, bajo el área de Hacienda Virtual.

The evidence must be exclusively filed through the Electronic Forms Systems (E-Forms) available in our web page: www.hacienda.pr.gov, under "Hacienda Virtual".

Liquidator:	Reviewer:	2017	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	2017	Serial Number
Field audited by:		Corporation Income Tax Return			
Date: ____/____/____		TAXABLE YEAR BEGINNING ON Jul/01, 2017 AND ENDING ON Jun/30, 2018			
R M N		TAXABLE YEAR: 1 <input type="checkbox"/> CALENDAR 2 <input checked="" type="checkbox"/> FISCAL 3 <input type="checkbox"/> 52-53 WEEKS			
		Payment Stamp			

Taxpayer's Name Corporacion para la Promocion de Puerto Rico como Destino Inc		Employer Identification Number 66-0888522	
Postal Address PO Box 9023960		Department of State Registry No. 396870	
San Juan PR		Industrial Code 5615	Municipal Code 79
Zip Code 00902-3960		Merchant's Registration Number 11132380017	
Location of Principal Industry or Business - Number, Street, City 500 Calle de la Tanca Street St 402B San Juan PR 00902-1942		Telephone Number - Extension (787) 474 - 5076	
Type of Principal Industry or Business (i.e. Hardware store, Cafeteria, etc.) Promotion and Tourism		Date Incorporated Day 08 / Month 06 / Year 2017	Type of Entity Corporation
Check the corresponding box, if applicable 1 <input type="checkbox"/> First return 2 <input type="checkbox"/> Last return		CHANGE OF ADDRESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Place Incorporated Puerto Rico
Contracts with Governmental Entities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENSION OF TIME: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Indicate if you are member of a group of related entities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E-mail Address of the Contact Person alma.pedrosa@discoverpuertorico.com		Group number	

GO TO PAGE 2 TO DETERMINE YOUR REFUND OR PAYMENT.			
Refund	1. AMOUNT OVERPAID (Part IV, line 58. Indicate distribution on lines A, B, C and D)	(1)	0 00
	A) To be credited to estimated tax for 2018	(1A)	0 00
	B) Contribution to the San Juan Bay Estuary Special Fund	(1B)	0 00
	C) Contribution to the Special Fund for the University of Puerto Rico	(1C)	0 00
	D) TO BE REFUNDED	(1D)	0 00
Payment	2. AMOUNT OF TAX DUE (Part IV, line 58)	(2)	4,403 00
	3. Less: Amount paid (a) With Return	(3a)	4,403 00
	(b) Interests (See instructions)	(3b)	0 00
	(c) Surcharges 0 and Penalties 0 (See instructions)	(3c)	0 00
4. BALANCE OF TAX DUE (Subtract line 3(a) from line 2 and add lines 3(b) and 3(c))	(4)	0 00	

OATH

We, the undersigned, president (or vice-president, or other principal officer) and treasurer (or assistant treasurer), or agent of the corporation for which this income tax return is made, each for himself declare under penalty of perjury, that this return (including schedules and statements attached) has been examined by us, and to the best of our knowledge and belief, is a true, correct, and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 2011, as amended, and the Regulations thereunder.

<u>Brad Dean</u> President or vice-president's name	_____ President or vice-president's signature	_____ Date
<u>Alma Pedrosa</u> Treasurer's or assistant treasurer's name	_____ Treasurer's or assistant treasurer's signature	_____ Date
_____ Agent's name	_____ Agent's signature	_____ Date

SPECIALIST'S USE ONLY

I declare under penalty of perjury that this return (including schedules and statements attached) has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return. The declaration of the person who prepares this return is with respect to the information received, and this information may be verified.

Specialist's name (Print) Rene Mirabal	Registration number 5 1 3 3 	Date	Self-employed Specialist <input type="checkbox"/>
Firm's name Value Added Accounting Services Inc			
Specialist's signature	Address PO Box 270076 San Juan PR	Zip Code 00928	

NOTE TO TAXPAYER

Indicate if you made payments for the preparation of your return: Yes No. If you answered "Yes", require the Specialist's signature and registration number.

Retention Period: Ten (10) years

Part I		Determination of the Net Operating Income (or Loss)	
1.	Net sales of good or products (See instructions) (1)		0 00
	Less: Cost of goods sold or direct costs of production		
2.	Inventory at the beginning of the year 1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" or "MV" (2)	0 00	
3.	Purchase of materials or merchandise (3)	0 00	
4.	Direct wages (4)	0 00	
5.	Other direct costs (From Part V, line 17) (5)	0 00	
6.	Cost of goods available for sale (Add lines 2 through 5) (6)	0 00	
7.	Less: Inventory at the end of the year 1 <input type="checkbox"/> "C" 2 <input type="checkbox"/> "C" or "MV" (7)	0 00	
8.	Total cost of goods sold or direct costs of production (Subtract line 7 from line 6) (8)		0 00
9.	Gross profit (or loss) on sale of goods or products (Subtract line 8 from line 1) (9)		0 00
10.	Gross profit from sale of services (10)		1,572,200 00
11.	Net capital gain (Schedule D Corporation, Part IV, line 21) (11)		0 00
12.	Net gain (or loss) from the sale of property other than capital assets (Schedule D Corporation, Part V, line 22) (12)		0 00
13.	Rent (13)		0 00
14.	Interest: (a) Subject to the preferential rate of 10% 0 (b) Others 2,410 (14)		2,410 00
15.	Income from commissions (15)		0 00
16.	Dividends from corporations: (a) Domestic 0 (b) Foreign 0 (16)		0 00
17.	Distributable share on net income from partnerships and special partnerships (Schedule R Corporation, Part III, line 5) (17)		0 00
18.	Distributable share on net income subject to preferential rates from partnerships and special partnerships (See instructions) (18)		0 00
19.	Taxable farming income (Schedule S Corporation, Part I, line 9) (19)		0 00
20.	Net income derived from the operations of an international financial entity that operates as a bank unit (20)		0 00
21.	Freight and fares (21)		0 00
22.	Royalties (22)		0 00
23.	Debt discharge (Form 480.6A) (23)		0 00
24.	Public shows (24)		0 00
25.	Other payments reported in a Form 480.6A or 480.6B (25)		0 00
26.	Miscellaneous income (Submit detail) (26)		0 00
27.	Total gross income (Add lines 9 through 26) (27)		1,574,610 00
28.	Less: Exempt amount under Act 135-2014 (See instructions) (28)		0 00
29.	Total income after the exemption under Act 135-2014 (Subtract line 28 from line 27) (29)		1,574,610 00
30.	Less: Total deductions (From Part VI, line 52) (30)		1,552,594 00
31.	Net operating income (or loss) (Subtract line 30 from line 29) (31)		22,016 00

Part II		Determination of the Net Income (or Loss)	
32.	Less: Net operating loss deduction from preceding year (Submit Schedule G Corporation. Cannot exceed 80% of line 31) (32)		0 00
33.	Net income (or loss) (33)		22,016 00

Part III		Determination of the Net Income Subject to Normal Tax and Surtax	
34.	Less: Dividends received from domestic corporations (See instructions) (34)		0 00
35.	Net income subject to normal tax (Subtract line 34 from line 33) (35)		22,016 00
36.	Less: Surtax net income deduction (Check here if comes from Form AS 2652.1 <input type="checkbox"/>) (36)		25,000 00
37.	Net income subject to surtax (Subtract line 36 from line 35) (37)		0 00

Part IV		Computation of Tax	
38.	Normal tax (Multiply line 35 by: 1 <input checked="" type="checkbox"/> 20% 2 <input type="checkbox"/> 15% 3 <input type="checkbox"/> 10% 4 <input type="checkbox"/> 5% 5 <input type="checkbox"/> _____%) (See instructions) (38)		4,403 00
39.	Surtax (See instructions) (39)		0 00
40.	Total Tax (Add lines 38 and 39) (40)		4,403 00
41.	Alternative Tax - Capital Gains and Preferential Rates (Schedule D1 Corporation, line 9) (41)		0 00
42.	Tax determined before the credit for taxes paid to the United States, its possessions and foreign countries (Line 40 or 41, whichever is smaller, provided that line 41 is more than zero) (42)		4,403 00
43.	Credit for taxes paid to the United States, its possessions and foreign countries (Schedule C Corporation, Part III, line 6(b)) (43)		0 00
44.	Tax liability before the alternative minimum tax (Subtract line 43 from line 42) (44)		4,403 00
45.	Alternative minimum tax in excess of the regular tax (Schedule A Corporation, Part V, line 33) (45)		0 00
46.	Tax liability before the tax credits (Add lines 44 and 45) (46)		4,403 00
47.	Recapture of credit claimed in excess (Schedule B Corporation, Part I, line 3) (47)		0 00
48.	Credit for alternative minimum tax paid in previous years (Schedule A Corporation, Part VI, line 4) (48)		0 00
49.	Tax credits (Schedule B Corporation, Part II, line 26) (49)		0 00
50.	Tax responsibility before the branch profits tax or deemed dividend tax (Add lines 46 and 47 less lines 48 and 49) (50)		4,403 00
51.	Branch profits tax (Form AS 2879, Branch Profits Tax, line 11) (51)		0 00
52.	Deemed dividend tax (See instructions) (Form AS 2877, Deemed Dividend Tax, line 13) (52)		0 00
53.	Total Tax Liability (Add lines 50 through 52) (53)		4,403 00
54.	Less: Other Payments and Withholdings (Schedule B Corporation, Part III, line 11) (54)		0 00
55.	Balance of tax due (if line 54 is less than line 53, enter the difference here, otherwise, on line 56) (55)		4,403 00
56.	Excess of tax paid or withheld (See instructions) (56)		0 00
57.	Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Corporation, Part II, line 21) (57)		0 00
58.	BALANCE * If line 56 is more than the sum of lines 55 and 57, you have an overpayment. Enter the difference here and on line 1, page 1. * If line 56 is less than the sum of lines 55 and 57, you have a balance of tax due. Enter difference here and on line 2, page 1. * If the difference between line 56 and the sum of lines 55 and 57 is equal to zero, enter zero here and sign your return on page 1. (58)		4,403 00

THE AMOUNT REFLECTED ON LINE 58 SHALL BE TRANSFERRED TO THE CORRESPONDING LINE OF PAGE 1.

Retention Period: Ten (10) years

Part V Other Direct Costs		Item	Amount	Item	Amount		
1.	Salaries, wages and bonuses	(1)	0 00	11.	Rent	(11)	0 00
2.	Social security tax (FICA)	(2)	0 00	12.	Cleaning, maintenance and waste collection	(12)	0 00
3.	Unemployment tax	(3)	0 00	13.	Packing products expenses	(13)	0 00
4.	State Insurance Fund premiums	(4)	0 00	14.	Meals expenses paid to production employees (Total \$ 0)	(14)	0 00
5.	Medical or hospitalization insurance	(5)	0 00	15.	Depreciation (Submit Schedule E)	(15)	0 00
6.	Other insurance	(6)	0 00	16.	Other expenses (Submit detail)	(16)	0 00
7.	Excise taxes / Use taxes	(7)	0 00	17.	Total other direct costs (Add lines 1 through 16. Same as Part I, line 5)	(17)	0 00
8.	Sales and use tax on imports	(8)	0 00				
9.	Repairs	(9)	0 00				
10.	Utilities	(10)	0 00				

Part VI Deductions		Item	Amount
1.	Compensation to directors (See instructions Part X)	(1)	0 00
2.	Compensation to officers (See instructions Part XI)	(2)	0 00
3.	Salaries, commissions and bonuses to employees (See instructions)	(3)	122,611 00
4.	Commissions to businesses	(4)	0 00
5.	Social Security (FICA)	(5)	9,380 00
6.	Unemployment tax	(6)	0 00
7.	State Insurance Fund premiums	(7)	0 00
8.	Medical or hospitalization insurance	(8)	14,638 00
9.	Insurance	(9)	1,625 00
10.	Interests paid in automobiles financing lease	(10)	0 00
11.	Mortgage interest	(11)	0 00
12.	Other interests (See instructions)	(12)	0 00
13.	Rent of tangible personal property	(13)	0 00
14.	Rent of real property	(14)	0 00
15.	Property tax: (a) Personal \$ 0 (b) Real \$ 0	(15)	0 00
16.	Other taxes, patents and licences (Do not include sales and use tax. See instructions)	(16)	0 00
17.	Sales and use tax (See instructions)	(17)	0 00
18.	Losses from fires, storm, other casualties or theft (See instructions)	(18)	0 00
19.	Automobiles expenses (Mileage 0) (See instructions)	(19)	0 00
20.	Other motor vehicle expenses (See instructions)	(20)	0 00
21.	Meal and entertainment expenses (Total \$ 0) (See instructions)	(21)	0 00
22.	Travel expenses	(22)	43,266 00
23.	Professional services	(23)	1,007,006 00
24.	Contributions to pension or other qualified plans (See instructions. Submit Form AS 6042.1)	(24)	0 00
25.	Depreciation and amortization (See instructions. Submit Schedule E)	(25)	625 00
26.	Bad debts (See instructions)	(26)	0 00
27.	Repairs (See instructions)	(27)	0 00
28.	Royalties	(28)	0 00
29.	Management fees	(29)	0 00
30.	Deduction for employers who employ handicapped persons (See instructions)	(30)	0 00
31.	Contributions to educational contributions accounts for the employee's beneficiaries (See instructions)	(31)	0 00
32.	Expenses in property leased to the Puerto Rico Industrial Development Company or Warehouse of the Puerto Rico Trade and Export Company (See instructions)	(32)	0 00
33.	Expenses incurred or paid to stockholders, persons or related entities outside of Puerto Rico (See instructions) (Total \$ 0)	(33)	0 00
34.	Deduction for expenses incurred or paid to stockholders, persons or related entities, fully deductible (See instructions)	(34)	0 00
35.	Utilities	(35)	1,360 00
36.	Cleaning, maintenance and waste collection	(36)	0 00
37.	Bank fees	(37)	0 00
38.	Advertising and marketing expenses	(38)	0 00
39.	Office supplies	(39)	0 00
40.	Seminars, trainings and continuing education expenses for employees	(40)	7,400 00
41.	Security services	(41)	0 00
42.	Account collection services	(42)	0 00
43.	Subcontracted services	(43)	0 00
44.	Expenses incurred or paid for services received from persons not engaged in trade or businesses in Puerto Rico	(44)	0 00
45.	Expenses for dues, subscriptions and memberships	(45)	0 00
46.	Expenses related to licenses and computer programs that cannot be capitalized (See instructions)	(46)	0 00
47.	Expenses incurred or paid for qualified disaster assistance payments to employees (See instructions)	(47)	0 00
48.	Other deductions (See instructions)	(48)	344,683 00
49.	Subtotal deductions (Add lines 1 through 48)	(49)	1,552,594 00
50.	Charitable contributions (See instructions)	(50)	0 00
51.	Deduction under Act 185-2014 (See instructions)	(51)	0 00
52.	Total deductions (Add lines 49 through 51. Transfer to Part I, line 30)	(52)	1,552,594 00

Retention Period: Ten (10) years

Corporacion para la Promocion de Puerto Rico como Destino Inc

66-0888522

GOVERNMENT OF PUERTO RICO
STATEMENT ATTACHED TO FORM 480.2
CORPORATIONS INCOME TAX FORM
FOR THE YEAR ENDED ON 06/30/2018
Page 3, Part VI, Line 48 - Other Deductions

Description	Amount
BOD/Committee meeting expenses	\$21,330
Tradeshow Expenses	\$5,868
Sales Calls	\$12,431
Community/IndustryEvents	\$12,431
Agency Fees	\$57,900
Webpage	\$24,113
Public Relations	\$88,838
Video/Photo Shoots	\$14,884
Research	\$47,100
Misc. office furniture/equip.	\$35,296
Other	\$24,492
Total	\$344,683

Part VII Comparative Balance Sheet

Assets	Beginning of the Year		Ending of the Year	
		Total		Total
1. Cash on hand and in banks (1)		0 00	(1)	1,174,888 00
2. Accounts receivable (2)	0 00		(2)	0 00
3. Less: Reserve for bad debts (3)	(0 00)	0 00	(3)	(0 00)
4. Inventories (4)		0 00	(4)	0 00
5. Other current assets (5)		0 00	(5)	0 00
6. Notes receivable (6)		0 00	(6)	0 00
7. Investments (7)		0 00	(7)	0 00
8. Depreciable assets (8)	0 00		(8)	127,989 00
9. Less: Reserve for depreciation (9)	(0 00)	0 00	(9)	(625 00)
10. Loans receivable of stockholders or related entities (10)		0 00	(10)	0 00
11. Land (11)		0 00	(11)	0 00
12. Other long-term assets (12)		0 00	(12)	41,493 00
13. Total Assets (13)		0 00	(13)	1,343,745 00
Liabilities and Stockholder's Equity				
Liabilities				
14. Accounts payable (14)	0 00		(14)	493,929 00
15. Accrued expenses (not paid) (15)	0 00		(15)	4,000 00
16. Other current liabilities (16)	0 00		(16)	827,800 00
17. Long-term notes payable (17)	0 00		(17)	0 00
18. Notes payable to stockholders or related entities (18)	0 00		(18)	0 00
19. Other long-term liabilities (19)	0 00		(19)	0 00
20. Total Liabilities (20)		0 00	(20)	1,325,729 00
Stockholder's Equity				
21. Capital stock				
(a) Preferred stocks (21a)	0 00		(21a)	0 00
(b) Common stocks (21b)	0 00		(21b)	0 00
22. Additional paid in capital (22)	0 00		(22)	0 00
23. Retained earnings (23)	0 00		(23)	18,016 00
24. Reserve (24)	0 00		(24)	0 00
25. Total Stockholder's Equity (25)		0 00	(25)	18,016 00
26. Total Liabilities and Stockholder's Equity (26)		0 00	(26)	1,343,745 00

Part VIII Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return

1. Net income (or loss) per books (1)	18,016 00	7. Income recorded on books this year not included on this return (Itemize, use schedule if necessary)	
2. Income tax per books (2)	4,000 00	(a) Exempt income (Schedule IE Corp., Part II, line 20)	\$ 0
3. Excess of capital losses over capital gains (3)	0 00	(b) Excluded income (Schedule IE Corp., Part I, line 5)	\$ 0
4. Taxable income not recorded on books this year (Itemize, use schedule if necessary)		(c) _____	\$ _____
(a) _____ \$ _____		(d) _____	\$ _____
(b) _____ \$ _____		(e) _____	\$ _____
(c) _____ \$ _____		(f) _____	\$ _____
(d) _____ \$ _____		(g) _____	\$ _____
(e) _____ \$ _____		Total (7)	0 00
(f) _____ \$ _____		8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)	
Total (4)	0 00	(a) Depreciation \$ _____	0
5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)		(b) _____	\$ _____
(a) Meal and entertainment (amount not deductible) \$ _____	0	(c) _____	\$ _____
(b) Depreciation \$ _____	0	(d) _____	\$ _____
(c) Vessels, airships and property located outside of P.R. \$ _____	0	(e) _____	\$ _____
(d) Expenses incurred or paid to stockholders, persons or related entities (amount not deductible) \$ _____	0	(f) _____	\$ _____
(e) _____ \$ _____		(g) _____	\$ _____
(f) _____ \$ _____		(h) _____	\$ _____
(g) _____ \$ _____		(i) _____	\$ _____
(h) _____ \$ _____		Total (8)	0 00
(i) _____ \$ _____		9. Total (Add lines 7 and 8) (9)	0 00
Total (5)	0 00	10. Net taxable income (or loss) per return (Subtract line 9 from line 6) (10)	22,016 00
6. Total (Add lines 1 through 5) (6)	22,016 00		

Corporacion para la Promocion de Puerto Rico como Destino Inc

66-0888522

GOVERNMENT OF PUERTO RICO
STATEMENT ATTACHED TO FORM 480.2
CORPORATIONS INCOME TAX FORM
FOR THE YEAR ENDED ON 06/30/2018

Page 4, Part VII, Line 12 - Other Long-Term Assets (At the End of the Year)

Description	Amount
Prepaid Insurance	\$4,875
Events deposits	\$2,145
Prepaid travel expenses	\$1,455
Prepaid expenses	\$33,018
Total	\$41,493

Corporacion para la Promocion de Puerto Rico como Destino Inc

66-0888522

GOVERNMENT OF PUERTO RICO
STATEMENT ATTACHED TO FORM 480.2
CORPORATIONS INCOME TAX FORM
FOR THE YEAR ENDED ON 06/30/2018

Page 4, Part VII, Line 16 - Other Current Liabilities (At the End of the Year)

Description	Amount
Unearned income	\$827,800
	\$0
Total	\$827,800

Part IX Analysis of Retained Earnings per Books

Table with 7 columns: Line number, Description, Amount, Sub-description, Amount. Rows include: 1. Balance at the beginning of the year (0.00), 2. Net income per books (18,016.00), 3. Other increases (0.00), 4. Total (18,016.00), 5. Distributions: (a) Cash (0.00), (b) Property (0.00), (c) Stocks (0.00), 6. Other decreases (0.00), 7. Total (0.00), 8. Balance at end of year (18,016.00).

Part X Compensation to Directors

Table with 5 columns: Name of director, Social security number, Percentage of time devoted to industry or business, Percent of stocks owned (Common, Preferred), Compensation. Total compensation to directors: 0.00.

Part XI Compensation to Officers

Table with 5 columns: Name of officer, Social security number, Percentage of time devoted to industry or business, Percent of stocks owned (Common, Preferred), Compensation. Total compensation to officers: 0.00.

Part XII Questionnaire

Questionnaire with 21 numbered questions regarding tax status, accounting methods, and expenses. Includes checkboxes for 'YES', 'NO', 'N/A' and text input fields. Key answers include: Accrual method, Informative Return filed, Gross income audited, and various expenses.

Retention Period: Ten (10) years

Corporacion para la Promocion de Puerto Rico como Destino Inc

66-0888522

**GOVERNMENT OF PUERTO RICO
STATEMENT ATTACHED TO FORM 480.2
CORPORATIONS INCOME TAX FORM
FOR THE YEAR ENDED ON 06/30/2018
List of Evidences to present**

Schedule A Corporation

Rev. 03.18

ALTERNATIVE MINIMUM TAX

2017

Taxable year beginning on Jul/01, 2017 and ending on Jun/30, 2018

Taxpayer's name

Corporacion para la Promocion de Puerto Rico como Destino Inc

Employer Identification Number

66-0888522

Part I		Adjustment in the Computation of the Alternative Minimum Net Income Before Book Adjustments and Operating Losses	
1.	a. Net income (or loss) subject to normal tax (From Part I, line 31 of the return)	(1a)	22,016 00
	b. Less: Income subject to preferential rates that you had elected to pay taxes at the corresponding special rate (Schedule D1 Corporation, line 3)	(1b)	0 00
	c. Less: Dividends or profits received from domestic corporations (From Part III, line 34 of the return)	(1c)	0 00
	d. Net Income (or loss) subject to normal tax without considering the net operating loss from previous years and excluding the income subject to preferential rates that you had elected to pay taxes at the corresponding preferential rate (Subtract lines 1(b) and 1(c) from 1(a))	(1d)	22,016 00
2. Adjustments:	a. Flexible depreciation	(2a)	0 00
	b. Installment sales	(2b)	0 00
	c. Long-term contracts	(2c)	0 00
	d. Expenses related to exempt interest	(2d)	0 00
	e. Accelerated depreciation	(2e)	0 00
	f. Total adjustments (Add lines 2(a) through 2(e))	(2f)	0 00
3.	Alternative minimum net income (or loss) before the adjustments of Part II and the operating loss (Add lines 1(d) and 2(f))	(3)	22,016 00
Part II		Adjustment for the Excess of the Net Income per Books over the Alternative Minimum Net Income Before Adjustments	
4.	Net income (or loss) per books	(4)	18,016 00
5.	Goodwill amortization expense	(5)	0 00
6.	Income tax expense per books	(6)	4,000 00
7.	Add lines 4, 5 and 6	(7)	22,016 00
8.	Exempt interest income net of related expenses	(8)	0 00
9.	Dividend and profit distributions received from domestic corporations or partnerships, or from industrial or tourism development income	(9)	0 00
10.	Income (or loss) from industrial development, exempt tourism development, bona fide agricultural business or rental income under Act 132-2010	(10)	0 00
11.	Income (or loss) recognized under the equity method	(11)	0 00
12.	Reserve for catastrophic losses	(12)	0 00
13.	Income subject to preferential rates that you had elected to pay taxes at the corresponding preferential rate (From Part I, line 1(b)) (See instructions)	(13)	0 00
14.	Add lines 8 through 13	(14)	0 00
15.	Subtract line 14 from line 7	(15)	22,016 00
16.	Subtract line 3 from line 15. If line 3 is more than line 15, enter zero	(16)	0 00
17.	Adjustment for the excess of the adjusted net income per books over the alternative minimum net income of line 3 (Multiply line 16 by 60%)	(17)	0 00
Part III		Computation of the Alternative Minimum Net Income	
18.	Alternative minimum net income before the net operating loss (Add lines 3 and 17)	(18)	22,016 00
19.	Net operating loss from previous years to determine the alternative minimum tax (Cannot exceed 70% of line 18) (From Schedule G Corporation, Part II, line 13. Submit Schedule G Corporation) (See instructions)	(19)	0 00
20.	Subtract line 19 from line 18 (Enter the difference here, but not less than 30% of line 18)	(20)	22,016 00
21.	Exempt amount (See instructions)	(21)	50,000 00
22.	Alternative minimum net income (Subtract line 21 from line 20)	(22)	0 00
Part IV		Computation of the Alternative Minimum Credit for Foreign Taxes Paid	
23.	Tentative minimum tax before the credit for foreign taxes paid (Multiply line 22 by 30%)	(23)	0 00
24.	Alternative minimum net income before net operating loss deduction (Line 18)	(24)	22,016 00
25.	Allowable exempt amount without considering the net operating loss (See instructions)	(25)	50,000 00
26.	Subtract line 25 from line 24	(26)	0 00
27.	Multiply line 26 by 30%	(27)	0 00
28.	Multiply line 27 by 10%	(28)	0 00
29.	Credit limitation (Subtract line 28 from line 23)	(29)	0 00
30.	Alternative minimum credit for foreign taxes paid (This amount cannot exceed the amount on line 29. See instructions)	(30)	0 00

Período de Conservación: Diez (10) años

Part V		Computation of the Alternative Minimum Tax	
31. Tentative minimum tax after alternative minimum credit for foreign taxes paid (Subtract line 30 from line 23 of Part IV)	(31)	0	00
32. Total tax net of credit for taxes paid to foreign countries, the United States, its territories and possessions (Subtract line 43 from line 40 of Part IV, page 2 of the return)	(32)	4,403	00
33. Alternative minimum tax (Subtract line 32 from line 31. If line 32 exceeds line 31, enter zero, otherwise, enter the difference on Form 480.20, page 2, Part IV, line 45)	(33)	0	00

Part VI		Computation of Alternative Minimum Credit	
1. Excess of regular tax over alternative minimum tax for the current year (Subtract line 31 from line 32 of Part V. If line 31 exceeds line 32, enter zero)	(1)	4,403	00
2. Multiply line 1 by 25% and enter the result here	(2)	1,101	00
3. Amount of alternative minimum tax paid in previous years and not claimed as credit (Part VII, line 11)	(3)	0	00
4. Amount of credit to be claimed (Enter the smaller between line 2 or 3. Transfer to line 48, Part IV of the return)	(4)	0	00

Part VII				Determination of the Amount of Alternative Minimum Tax Paid in Prior Years Not Claimed as Credit			
Taxable Year (Day / Month / Year)	(A) Alternative Minimum Tax Paid in Excess of the Regular Tax	(B) Amount Used as Credit in Prior Years	(C) Balance				
1.		00	00				00
2.		00	00				00
3.		00	00				00
4.		00	00				00
5.		00	00				00
6.		00	00				00
7.		00	00				00
8.		00	00				00
9.		00	00				00
10.		00	00				00
11. Total (Transfer to Part VI, line 3 of this Schedule)				(11)			0 00

Retention Period: Ten (10) years

FILED ELECTRONICALLY

Schedule E
Rev. Feb 20 18

DEPRECIATION

2017

Taxable year beginning on Jul/01, 2017 and ending on Jun/30, 2018

Entity's Name

Social Security or Employer Identification Number

Corporacion para la Promocion de Puerto Rico como Destino Inc

66-0888522

1. Type of property (in case of a building, specify the material used in the construction).	2. Date acquired.	3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$30,000 per vehicle.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year.
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(a) Current Depreciation					
Depreciable Assets		127,989	00	0	625
			00		00
			00		00
Total			0		625

(b) Flexible Depreciation					
			00		00
			00		00
			00		00
Total			0		0

(c) Accelerated Depreciation					
			00		00
			00		00
			00		00
Total			0		0

(d) Amortization (i.e. Goodwill)					
			00		00
			00		00
			00		00
Total			0		0

(e) Automobiles (See instructions)					
			00		00
			00		00
			00		00
Total			0		0

(f) Vehicles under financial lease (Form 480.7D) (Amount of vehicles _____ 0) (01) (02)					
					0

TOTAL: (Add total of lines (a) through (f) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies, or the corresponding line of other returns) (10)					625
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Retention Period: Ten (10) years

Schedule T Corporation

Rev. 03.18

**ADDITION TO THE TAX FOR FAILURE TO PAY
ESTIMATED TAX IN CASE OF
CORPORATIONS**

2017

Taxable year beginning on Jul/01, 2017 and ending on Jun/30, 2018

Taxpayer's name
Corporacion para la Promocion de Puerto Rico como Destino Inc

Employer Identification Number
66-0888522

Part I Determination of the Minimum Amount of Estimated Tax to Pay

1. Tax liability (Add lines 42, 45 and 47 of Part IV, page 2 of the return)	(1)	4,403	00
2. Credits and overpayments (See instructions)	(2)	0	00
3. Estimated tax (Subtract line 2 from line 1. If it is zero or less, do not complete this Schedule)	(3)	4,403	00
4. Line 1 multiplied by 90%	(4)	3,963	00
5. Total tax determined as it appears on the income tax return from the previous year (See instructions)	(5)	0	00
6. Enter the smaller of lines 4 and 5	(6)	0	00
7. Subtract line 2 from line 6 (If it is less than zero, enter zero). This is the minimum amount of estimated tax that you should have paid	(7)	0	00

Part II Addition to the Tax for Failure to Pay

Section A - Failure to Pay		Due date			
		(a)	(b)	(c)	(d)
		First Installment	Second Installment	Third Installment	Fourth Installment
1 <input checked="" type="checkbox"/> CALENDAR YEAR					
2 <input type="checkbox"/> FISCAL YEAR (Enter the corresponding dates)					
8. Amount of estimated tax per installment (See instructions)	(8)	0 00	0 00	0 00	0 00
9. Amount of estimated tax paid per installment (See instructions)	(9)	0 00	0 00	0 00	0 00
10. Payment date (See instructions)	(10)				
11. Line 17 from previous column	(11)		0 00	0 00	0 00
12. Add lines 9 and 11	(12)	0 00	0 00	0 00	0 00
13. Subtract line 8 from line 12 (If it is less than zero, enter zero)	(13)	0 00	0 00	0 00	0 00
14. Failure to Pay (If line 13 is zero, subtract line 12 from line 8, otherwise, enter zero)	(14)	0 00	0 00	0 00	0 00
15. Add lines 14 and 16 from previous column	(15)		0 00	0 00	
16. If line 15 is equal or more than line 13, subtract line 13 from line 15 and go to line 11 of next column. Otherwise, go to line 17	(16)		0 00	0 00	
17. Overpayment (If line 13 is more than line 15, subtract line 15 from line 13, and go to line 11 of next column. Otherwise, enter zero)	(17)	0 00	0 00	0 00	
Section B - Penalty					
18. Multiply line 14 by 10%	(18)	0 00	0 00	0 00	0 00
19. If the date indicated on line 10 for any installment is after its due date and: • line 18 is zero, multiply the result of line 8 less line 17 from previous column by 10%; or • line 18 is more than zero, multiply the result of line 8 less line 17 from previous column by 10% and subtract the amount reflected on line 18. (See instructions)	(19)	0 00	0 00	0 00	0 00
20. Add lines 18 and 19	(20)	0 00	0 00	0 00	0 00
21. Addition to the Tax for Failure to Pay Estimated Tax (Add the amounts from columns of line 20. Transfer to line 57 of Part IV, page 2 of the return)	(21)				0 00

Retention Period: Ten (10) years

**TAX RETURN SPECIALISTS AUTHORIZATION FOR THE ELECTRONIC FILING
AND DIGITAL SIGNATURE OF THE CORPORATION INCOME TAX RETURN**

Section 1061.02 of the Puerto Rico Internal Revenue Code of 2011, as amended, establishes the obligation to file a Corporation Income Tax Return and allows it to be authenticated by digital signature. The taxpayer who wants to appoint a Tax Returns, Statements or Refund Claims Specialist (Specialist) to sign the return in digital form on his/her behalf shall complete this form and provide it to the Specialist along with copy of the driver's license or passport of the (i) president, vice-president or other principal officer of the corporation and of the treasurer, assistant treasurer or other principal financial officer; or (ii) of the agent.

Part I - Taxpayer's Information

Taxpayer's Name Corporacion para la Promocion de Puerto Rico como Destino Inc		Employer Identification Number 66-0888522
Address PO Box 9023960 San Juan PR 00902-3960	E-mail Address ma.pedrosa@discoverpuertorico.com	Telephone (787) 474 - 5076

Part II - Corporation Income Tax Return Information

1. Taxable Year	2017
2. Net income (or loss) (Page 2, Part II, line 33 of the return)	\$ 22,016
3. Total Tax Liability (Page 2, Part IV, line 53 of the return)	\$ 4,403
4. Other Payments and Withholdings (Page 2, Part IV, line 54 of the return)	\$ 0
5. Amount to be Refunded (Page 1, line 1D of the return)	\$ 0
6. Balance of Tax Due (Page 1, line 4 of the return)	\$ 0

Part III - Designated Specialist

Specialist's Name (Print) Rene Mirabal	Social Security Number or Employer Identification Number 660500610	
Firm's Name Value Added Accounting Services Inc	Registration Number 5133	
Postal Address PO Box 270076 San Juan PR 00928	E-mail Address rmirabal@vaaspr.com	Telephone (787) 767 - 7100

Authorized Acts - The Specialist is authorized to file by electronic means and sign using the digital signature the taxpayer's Corporation Income Tax Return for the taxable year 2017.

Part IV - Taxpayer's Signature

We hereby declare under penalty of perjury that we have examined the electronic copy of the Corporation Income Tax Return, schedules and other documents attached to it for the taxable year 2017, and it is true, correct and complete. We hereby declare that the amounts reported in Part II, as shown above, are the same as the ones included in the electronic copy of the Corporation Income Tax Return. We authorize the Specialist to file, by electronic means and sign using the digital signature, the Corporation Income Tax Return for the taxable year indicated above in this Authorization.

President's or vice-president's name (Print) Brad Dean	President's or vice-president's signature	Date
Treasurer's or assistant treasurer's name (Print) Alma Pedrosa	Treasurer's or assistant treasurer's signature	Date
Agent's name (Print)	Agent's signature	Date

This Authorization will not be valid if it is not signed and dated.

Retention Period: Ten (10) years.

Modelo SC 2644

Form AS
Rev. 25 oct 17

R
Liquidador
Revisor

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

SOLICITUD DE PRÓRROGA PARA RENDIR LA PLANILLA DE CONTRIBUCIÓN SOBRE INGRESOS
Request for Extension of Time to File the Income Tax Return

Año comienza el 01 de Jul de 2017 y termina el 30 de Jun de 2018
Year beginning on Jul 01 of 2017 and ending on Jun 30 of 2018

Número de Serie

Tipo de Prórroga - Type of Extension
 Prórroga Automática - Automatic Extension
 Prórroga Adicional - Additional Extension

Año Contributivo - Taxable Year
 Natural Calendar
 Económico Fiscal
 52-53 Semanas 52-53 Weeks

Seña de Pago

Parte - Part I Información del Contribuyente - Taxpayer Information

Número de Seguro Social
Social Security Number

Número de Identificación Patronal
Employer Identification Number

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6	6	0	8	8	8	5	2	2
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Nombre del Individuo
Individual's First Name

Inicial
Initial

Apellido Paterno
Last Name

Apellido Materno
Second Last Name

Nombre de la Corporación, Sociedad, Sucesión o Fideicomiso - Name of the Corporation, Partnership, Estate or Trust

Corporacion para la Promocion de Puerto Rico como Destino Inc

Dirección Postal - Postal Address

PO Box 9023960

San Juan PR

Código Municipal

7 9

Número de recibo:

Importe:

Código Postal - Zip Code 00902-3960

Teléfono Residencia - Residential Telephone

() -

Teléfono Oficina - Office Telephone

(787) 474 - 5076

Ocupación / Negocio
Occupation / Business

Promotion and Tourism

Dirección de correo electrónico - E-mail address

alma.pedrosa@discoverpuertorico.com

Contribuyentes que no sean individuos - Taxpayers who are not individuals:

Marque aquí si rendirá planilla por un período corto debido a un cambio en período de contabilidad.
Check here if you will file a return for a short period due to a change in accounting period.

Parte - Part II Importe Incluido con esta Solicitud (Aplica solo a prórroga automática) - Amount Included with this Request (Applies only to automatic extension of time)

1. Cantidad aplicable al total no pagado de la contribución (responsabilidad contributiva total)
Amount applicable to the total of tax due (total tax liability)

				0	0
--	--	--	--	---	---

a. Cantidad pagada con esta solicitud - Amount paid with this request

				0	0
--	--	--	--	---	---

b. Balance pendiente de pago (Reste la línea 1a de la línea 1) - Balance of tax due (Subtract line 1a from line 1)

				0	0
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2. Cantidad pagada con esta solicitud aplicable a la Contribución Adicional Especial (Anejo N Incentivos)
Amount paid with this request applicable to the Special Surtax (Schedule N Incentives) ... (CIFRA DE INGRESO 0215)

				0	0
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3. Cantidad pagada con esta solicitud aplicable al Prepago del Impuesto sobre Repatriación (Formulario 480.3(II)DI, Anejo N Incentivos, Parte V) - Amount paid with this request applicable to the Prepayment of Tollgate Tax (Form 480.3(II)DI, Schedule N Incentives, Part V) (CIFRA DE INGRESO 0242)

				0	0
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Juramento - Oath

Declaro bajo penalidad de perjurio que he examinado la información aquí suministrada y que según mi mejor información y creencia la misma es cierta, correcta y completa.

I hereby declare under penalty of perjury, that I have examined the information herein and to the best of my knowledge and belief it is true, correct and complete.

Título (Aplica si el contribuyente no es un individuo)
Title (Applies if the taxpayer is not an individual)

Nombre del contribuyente o representante autorizado
Taxpayer's or duly authorized agent's name

Fecha - Date

Firma
Signature

Dirección del representante autorizado - Duly authorized agent's address

Teléfono - Telephone

Conservación: Diez (10) años - Retention: Ten (10) years / VÉASE AL DORSO - SEE BACK

Parte - Part III Solicitud de Prórroga Automática - Request for Automatic Extension of Time	
Si completa esta parte, no complete la Parte IV. - If you complete this part, do not complete Part IV.	
Clase de contribuyente - Type of taxpayer	
<input type="checkbox"/> 1. Individuo - Individual <input type="checkbox"/> 4. Corporación - Corporation <input type="checkbox"/> 5. Corporación bajo el Programa de Incentivos Contributivos de Puerto Rico - Corporation under the Puerto Rico Tax Incentives Program <input type="checkbox"/> 6. Corporación Especial Propiedad de Trabajadores Employee-Owned Special Corporation <input type="checkbox"/> 7. Corporación de Individuos - Corporation of Individuals <input type="checkbox"/> 8. Sociedad - Partnership	<input type="checkbox"/> 2. Sucesión - Estate <input type="checkbox"/> 3. Fideicomiso - Trust <input type="checkbox"/> 9. Sociedad Especial - Special Partnership <input checked="" type="checkbox"/> 10. Organización Sin Fines de Lucro - Not for Profit Organization <input type="checkbox"/> 11. Compañía Inscrita de Inversión - Registered Investment Company <input type="checkbox"/> 12. Fideicomiso para Beneficio del Fideicomitente - Grantor Trust <input type="checkbox"/> 13. Corporación extranjera que no tiene oficina en Puerto Rico - Foreign corporation that does not have an office in Puerto Rico
<input type="checkbox"/> 14. Marque aquí si es socio en una sociedad sujeta a tributación bajo el Código de Rentas Internas Federal (Véanse instrucciones) Check here if you are a partner of a partnership subject to tax under the Federal Internal Revenue Code (See instructions)	6 meses months
<input type="checkbox"/> 15. Fideicomiso de Empleados - Employee Trust	Decimoquinto (15) día del décimo mes siguiente al cierre del año contributivo Fifteenth (15) day of the tenth month following the close of the taxable year
<input type="checkbox"/> 16. Persona sujeta a Ley 154-2010 - Person subject to Act 154-2010 <input type="checkbox"/> a. Corporación - Corporation <input type="checkbox"/> b. Individuo - Individual <input type="checkbox"/> c. Sociedad - Partnership <input type="checkbox"/> d. Sociedad a nombre de sus socios - Partnership on behalf of partners	3 meses months
<input type="checkbox"/> 17. Otros Contribuyentes - Other Taxpayers <input type="checkbox"/> a. Formulario 482(C) - Form 482.0(C) <input type="checkbox"/> b. Formulario 480.1(SC) - Form 480.10(SC) <input type="checkbox"/> c. Formulario 480.2(AI) - Form 480.20(AI)	3 meses months
<input type="checkbox"/> 18. Individuo extranjero no residente - Nonresident alien	3 meses months

Parte - Part IV Solicitud de Prórroga Adicional - Request for Additional Extension of Time	
Si completó la Parte III, no complete esta parte. Véanse instrucciones. - If you completed Part III, do not complete this part. See instructions.	
A. Si se encuentra fuera de Puerto Rico - If taxpayer is outside of Puerto Rico	
Clase de contribuyente - Type of taxpayer:	
<input type="checkbox"/> 1. Individuo no residente - Nonresident individual <input type="checkbox"/> 2. Individuo residente temporalmente fuera de Puerto Rico (Someta evidencia) - Individual temporarily outside of Puerto Rico (Submit evidence) <input type="checkbox"/> 3. Sucesión - Estate <input type="checkbox"/> 4. Fideicomiso - Trust	<div style="text-align: right;"> Para Uso Interno For Internal Use <input type="checkbox"/> A <input type="checkbox"/> D </div>
B. Socios sujetos a Ley 154-2010 - Partners subject to Act 154-2010 <input type="checkbox"/> 1. Corporación - Corporation <input type="checkbox"/> 2. Individuo - Individual	1 mes month
C. <input type="checkbox"/> Socio en una sociedad sujeta a tributación bajo el Código de Rentas Internas Federal que radicó una solicitud de prórroga automática por 3 meses (Véanse instrucciones) - Partner of a partnership subject to tax under the Federal Internal Revenue Code who filed an automatic extension of time for 3 months (See instructions)	3 meses months

ESTA PRÓRROGA NO EXTIENDE EL PAGO DE LA CONTRIBUCIÓN O CUALQUIER PLAZO DE LA MISMA, POR LO QUE CUALQUIER BALANCE PENDIENTE DE PAGO GENERARÁ INTERESES Y RECARGOS DESDE LA FECHA DE VENCIMIENTO DE LA PLANILLA. ES IMPORTANTE QUE COMPLETE TODOS LOS ENCASILLADOS.
THIS EXTENSION DOES NOT EXTEND THE TIME FOR THE TAX PAYMENT OR ANY INSTALLMENT THEREOF, THEREFORE, ANY BALANCE DUE WILL GENERATE INTERESTS AND SURCHARGES FROM THE DUE DATE OF THE RETURN. IT IS IMPORTANT THAT YOU COMPLETE ALL BOXES.

Conservación: Diez (10) años - Retention: Ten (10) years