

480.E-1
Rev. 10.13



Estado Libre Asociado de Puerto Rico - Commonwealth of Puerto Rico
Departamento de Hacienda - Department of the Treasury

SELLO DE PAGO
Payment Stamp

COMPROBANTE DE PAGO DE CONTRIBUCION ESTIMADA
Estimated Tax Payment Voucher

NOMBRE - Name

DIRECCION - Address

CODIGO POSTAL - Zip Code

CODIGO 1- INDIVIDUO - Individual
Code 2- CORPORACION O SOCIEDAD
Corporation or Partnership

COLECTURIA Collections Office	FECHA DE PAGO Payment Date			NUMERO DE SEGURO SOCIAL O IDENTIFICACION PATRONAL Social Security or Employer Identification Number	CODIGO Code	AÑO CONTRIBUTIVO Tax Year	IMPORTE TOTAL PAGADO Total Amount Paid
	AÑO Year	MES Month	DIA Day				
				0	2	00	

DESGLOSE EL IMPORTE TOTAL PAGADO ENTRE: (A) CONTRIBUCION ESTIMADA REGULAR
Break Down the Total Amount Paid Between: Regular Estimated Tax

Grid for Regular Estimated Tax breakdown

(B) EXCESO DE CONTRIBUCION ALTERNATIVA MINIMA O
CONTRIBUCION BASICA ALTERNA SOBRE
CONTRIBUCION REGULAR - Excess of Alternative
Minimum Tax or Alternate Basic Tax over Regular Tax

Grid for Excess of Alternative Minimum Tax breakdown