



Municipality of San Juan  
 Finance Director  
 Municipal Code:  
 01065

Registration Number

Social Security Number  
 or EIN

Period (month / year)

Comercial Name and address

**Send to:**  
**P.O. Box 70179**  
**San Juan, PR 00936-8179**

01065

1. GROSS SALES	
2. EXEMPTIONS	-
3. RETURNS	-
4. PURCHASES SUBJECT TO MUNICIPAL USE TAX	+
5. AMOUNT SUBJECT TO TAX (Subtract lines 2 and 3 of line 1 and add line 4)	=
6. TRIBUTABLE AMOUNT (Multiply line 5 by % municipal tax)	=
7. DEPOSITS OR PRE-PAYMENTS See Instructions	-
8. CREDITS See instructions	-
9. INTERESTS	+
10. SURCHARGE	+
11. PENALTIES	+
12. TOTAL TO BE PAID (6) - (7) - (8) - (9) + (10) + (11) + (12)	=



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I declare under oath, that this return (including attachments and statements) have been examined by me, and that according to my better knowledge and belief, is certain, correct and complete.

Name	Title			
Signature	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Day	Month		

Specialist Name

Specialist Signature

- ✓ Verify that all spaces are filled and legible.
- ✓ Review the calculations made before emitting the payment.
- ✓ Be sure to include the payment (check) by the exact amount that is indicated in the return.

The return and payment are due the 10th of the next month by with this return will be sent. Make the payment for "Municipio de San Juan" and send it by mail to the address indicated on the return.

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