						OMB No	o. <b>1513-0090</b> (0Î /30/201Í	
DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB) EXCISE TAX RETURN – ALCOHOL AND TOBACCO (PUERTO RICO)				1. SERIAL NUMBER  3. AMOUNT OF PAYMENT				
(Prepare in duplicate – See instructions below)  2. FORM OF PAYMENT  CHECK MONEY ORDER FT OTHER (Specify)				\$	-			
4. RETURN COVERS (Check one)				NOTE: PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (SHOW EMPLOYER IDENTIFICATION				
PREPAYMENT PERIO	OD	ENDING	_			NUMBER ON ALL CHECKS OR MONEY ORDERS). IF YOU SEND A CHECK, SEE PAPER CHECK CONVERSIONOTICE BELOW.		
5. DATE PRODUCTS TO BE REMO	OVED (For F	Prepayment Returns Only				FOR TTB	USE ONLY	
6. EMPLOYER IDENTIFICATION NUMBER 7. PLANT, REGISTRY, OR PERMIT NUMBER				NUMBER	TAX PENALTY	Ψ		
8. NAME AND ADDRESS OF TAXPAYER (Include ZIP Code)					INTEREST			
					TOTAL	\$		
					EXAMINED I	EXAMINED BY:		
					DATE EXAMINED:			
CALCULATI		DUE (Before making entries	s on line	s 18 – 21,			,	
	PRODUC <sup>-</sup> (a)				AM	OUNT OF 1 (b)	IAX	
9. DISTILLED SPIRITS				\$				
10. ÁWINE								
11. ÁBEER								
12. ÁCIGARS								
13. ÁCIGAREVTES								
14. CIGARETTE PAPERS AND/OR CIGARETTE TUBES								
15. CHEWING TOBACCO AND/OR SNUFF								
16. PIPE TOBACCO AND/OR ROLL-YOUR-OWN TOBACCO								
17. TOTAL TAX LIABILITY (Total of lines 9-16)								
18. ADJUSTMENTS INCREASING AMOUNT DUE (From line 29)								
19. GROSS AMOUNT DUE (Line 17 plus line 18)								
20. ADJUSTMENTS DECREASING AMOUNT DUE (From line 34)					\$			
21. AMOUNT TO BE PAID WITH T		, ,		\$				
Under penalties of perjury, I declare t the best of my knowledge and belief	hat I have e	xamined this return (including	any acco	mpanying	explanations, sta s required by law	atements, so	chedules, and forms) and to ons to be reported.	
22. DATE 23. SIGÞATURE			24.	TITLE				
	SCH	IEDULE A – ADJUSTMENTS	INCREA	SING AMO				
EXPLANATION OF INDIVIDU		S OR TRANSACTIONS	<u> </u>	(b) TAV	AMOUNT OF		ENTS (d) PENALTY	
(a) 25.			(b) TAX		(C) INT	ERESI	\$	
26.			Ψ				Ψ	
27.								
28. SUBTOTALS OF COLUMNS (b), (c) AND (d) \$					\$		\$	
29. TOTAL ADJUSTMENTS INCREASING AMOUNT DUE (Line 28, Col (b) + (c) + (a)						3.	\$	
		EDULE B - ADJUSTMENTS						
EXPLANATION OF INDIVIDUAL ERRORS OR TRANSACTIONS					AMOUNT OF ADJUSTMENTS			
(a)					(b) TAX	X	(c) INTEREST	

 35. ADDITIONAL INSTRUCTIONS (Reference by Item Number)

36. ELIGIBILITY FOR COVER OVER		COLUMN 1		COLUMN 2			
a. DISTILLED SPIRITS		PROOF GALLONS	(92% Rum)	PROOF GALLONS (other)			
		D ON PRODUCTS MEETI LUE ADDED REQUIREME		OTHER			
b. WINE, BEER, TOBACCO PROI OR CIGARETTE PAPERS AND	•		\$				
37. NUMBER OF LARGE CIGARS UPON WHICH TAX WAS COMPUTED, BY STATISTICAL CLASSES							
(a) CLASS - A (b) C	CLASS - B	(c) CLASS - C	(d) CLASS - D				
+		+	+	=			
(e) CLASS - E	CLASS - F	(g) CLASS - G	(h) CLASS - H				
+		+	+	=			
38. RECEIPT OF DISTRICT DIRECTO	R (INVESTIGATIONS) PU	JERTO RICO OPERATION	IS				
a. DATE RECEIVED b. AMOUNT R	C.	BY TTB OFFICER (Signat	ture and Official Title)				

## **INSTRUCTIONS**

- (a) **DISTILLED SPIRITS, WINE, AND BEER** Prepare in duplicate. The return must cover taxable shipments to the United States plus any other tax liabilities incurred or discovered during the tax period. File the original and duplicate with remittance covering the full amount of tax, with the District Director (Investigations) Puerto Rico Operations, TTB, San Juan, PR (see instruction 14 for address). The District Director (Investigations) Puerto Rico Operations will acknowledge receipt in Item 38 and return the duplicate copy for your files.
- (b) **TOBACCO PRODUCTS, AND CIGARETTE PAPERS AND TUBES** Prepare in duplicate. The return must cover taxable shipments to the United States plus any other tax liabilities incurred or discovered during the tax period. File the original and duplicate with remittance covering the full amount of tax, with the District Director (Investigations) Puerto Rico Operations, TTB, San Juan, PR (see instruction 14 for address). After acknowledging receipt in Item 38, the District Director will retain the original and return the duplicate copy to the taxpayer.
- A separate TTB F 5000.25 must be prepared for each premises from which you
  make shipments to the United States subject to tax.
- 3. TTB F 5000.25 must be used as both a prepayment tax return and a deferred payment tax return.
- 4. **ITEM 1.** Begin with January "1" of each year. Use a separate series of numbers with the prefix "P" to designate prepayment returns. Begin with "P-1" to designate the first prepayment return filed on or after January 1 of each year.
- ITEM 6. Enter your employer identification number here and on all checks or money orders which accompany your return. If you have not been assigned an employer identification number, you must obtain and file Form SS-4 with your local Internal Revenue Service office.
- 6. If this form contains pre-printed information in items 6, 7, or 8, and the information is incorrect, make the necessary corrections by crossing out any errors and printing the correct information in the same area. If there is no pre-printed information in these areas, print or type the required information in the spaces provided.
- 7. LINES 9-21. Show on the appropriate line or lines the amount of tax being prepaid or, if the return covers a tax return period, the tax liability incurred during the period. If the return covers a tax return period, you must include at lines 9-16 all tax liabilities incurred during the period even if you have already prepaid the tax. (You will show prepayments in Schedule B as adjustments decreasing the amount due).
- "SCHEDULE A. Use Schedule A to report adjustments increasing the amount due (for example, an error in a previous return period that resulted in an underpayment of tax).

- 9. "SC<9DULE B. Use Schedule B to report adjustments decreasing the amount due (for example, an error in a previous return period that resulted in an overpayment of tax). Prepayments of tax, claims approved for credit of tax, and other authorized adjustments must be reported in Schedule B. You may carry over to Schedule B of your next tax return the unused portion of any approved tax credits or adjustments.</p>
- 10. EXPLANATION OF ADJUSTMENTS. You must fully explain adjustments reported in Schedules A and B. Identify any prepayment by serial number of the tax return on which the tax was prepaid. Identify approved claims by claim number. In all other cases, you must enter, as a minimum, the date of the transaction (the date of an error, the date a shortage was found, etc.), the identity and quantity of the product involved in the adjustment, and the reason for the adjustment. If necessary, use the space above and/or attach a separate sheet to explain adjustments fully.
- 11. INTEREST. The law provides for the payment of interest on underpayments and overpayments of tax. Interest, if applicable, will be computed at the rate prescribed by 26 U.S.C. 6621 and reported as a separate entry in Schedule A or B. To avoid paying interest on unexplained shortages of bottled distilled spirits, you must report the shortage on the tax return covering the period in which you discovered the shortage. Interest is not allowed on adjustments involving the prepayment of tax or approved claims for credit of tax (unless the approved claim specifically authorized such interest).

Compute the interest on underpayments from the due date of the return in error to the date of payment. Compute the interest on overpayments from the date of overpayment to the due date of the return on which the credit is taken.

- 12. Enter "NONE" in Schedule A or Schedule B if there is no transaction.
- 13. Item 36. DISTILLED SPIRITS- Indicate in column 1 the total proof gallons, other than articles for which drawback will be claimed under 26 U.S.C. 5134, in which at least 92 percent of the alcoholic content is rum. In column 2 show the total proof gallons of all other spirits.

WINE, BEER, TOBACCO PRODUCTS, AND CIGARETTE PAPERS AND TUBES. Indicate in column I the total amount of excise taxes entitled for cover over in which the product meets the 50 percent value added requirement under 26 U.S.C. 7652(d)(1). In column 2 show the total of all other taxes.

 Payment must accompany this form except when the payment is by electronic funds transfer (EFT). Send payment to:

DISTRICT DIRECTOR (INVESTIGATIONS) PUERTO RICO OPERATIONS ALCOHOL AND TOBACCO TAX AND TRADE BUREAU STE 310 TORRE CHARDON 350 CARLOS CHARDON AVE

TTB F 5000.25 (0H/20F€)

SAN JUAN, PR 00918-2124

## .......D5 D9 FK CF? F981 7 H-CB 57 H BCH-79

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## ..... PRIVACY ACT STATEMENT

We provide this information to comply with Section 3 of the Privacy Act of 1974 (5 U.S.C., 552(a) (e) (3)).

We require this information under the authority of 26 U.S.C. 6302. You must disclose this information so we may identify you as a taxpayer, the period covered, and the amount of tax due for each return. This information also ensures the correct tax payment was made and received. We use this information to make determinations for the purposes described in paragraph 2. Also, we may disclose the information to other Federal, State, foreign, and local law enforcement and regulatory agency personnel to verify information on the form where law does not prohibit such disclosure. We may disclose the information to Ahe Justice Department if it appears that the furnishing of false information may constitute a violation of Federal law. Finally we may disclose the information to members of the public in order to verify information on the form where law does not prohibit such disclosure. Af you fail to supply complete information, there will be a delay in the processing of your return.