



DATE: _____

NON-RESIDENT OF PUERTO RICO 2024

Request for the return of the withheld money

Taxpayer's Name	Spouse's Name:
Date of birth: month/date/year / /	Date of birth: month/date/year / /
Social Security:	Social Security:
Occupation:	Occupation:

3. United States Citizen ☐ Yes ☐ No

4. Filing Status: ☐ Individual taxpayer ☐ Married living with spouse ☐ Married filing separately

5. Postal Address: _____

6. Home Address: _____

7. Telephones: _____

8. Nonresident of Puerto Rico as of: _____
(Date)

9. Use given property from date of purchase to date of sale (Main Residence, Second Home, Vacation Home, Rental Income): _____

10. Dependent's that lived under the household of the taxpayer during the year 2024:

Dependents Name As On Social Security Card	Date of Birth. month/date/year	Social Security	Relationship
1.			
2.			
3.			

Taxpayer Signature

E-Mail Address: _____

Spouse Signature

E-Mail Address: _____

Email: info@turbiservices.com

TEL. (787) 795-3150