

# Puerto Rico 480.6A Joint Account Request Beneficial Owner Form Split

PR6J

Account Number

**Instructions:** Please mail the completed form and supporting documentation\* to LPL Financial, Attn: Trade Direct, P.O. Box 509049 San Diego, CA 92150-9049 or fax to (858) 202-8500.

According to the Puerto Rico Hacienda, clients that receive the 480.6A Tax Form for Joint Accounts can now request the income reporting at the account level be split amongst the beneficial account holders. This will only apply to the 480.6A Tax Form for Joint Accounts; any 480.6D and/or 1099 tax forms your client receives will only be sent at the account level. Please note this is not a tax requirement for your clients, but is a reporting option Puerto Rico now accepts.

Per Puerto Rico Department of Treasury Informative Bulletin 22-10, all beneficial owners of a Bonafide Puerto Rico Joint Account must agree and sign this document to switch from single account reporting to multiple beneficial owner reporting for 480.6A Tax Forms. For this feature, Puerto Rico requires all beneficial owners of Puerto Rico Joint Accounts to provide their legal name, SSN, and Puerto Rico address as well as the supporting documentation\*. If any of these details are missing or any beneficial owner of a Puerto Rico Joint Account is not a Bonafide Puerto Rico Resident, only the single 480.6A Tax Form will be sent at the account level. No exceptions are allowed by Puerto Rico.

\*Supporting documentation: The income percentage filled out in Section 1 and W9 (filled out, signed, and attached to this document) for each beneficial owner.

## 1. Separate 480.6A Information Statement Request

### Beneficial Account Holder 1

First Name  Middle Name  Last Name  Social Security Number

Address  City  State  Zip Code

Beneficial Owner Percentage:  %

### Beneficial Account Holder 2

First Name  Middle Name  Last Name  Social Security Number

Address  City  State  Zip Code

Beneficial Owner Percentage:  %

### Beneficial Account Holder 3

First Name  Middle Name  Last Name  Social Security Number

Address  City  State  Zip Code

Beneficial Owner Percentage:  %

### Beneficial Account Holder 4

First Name  Middle Name  Last Name  Social Security Number

Address  City  State  Zip Code

Beneficial Owner Percentage:  %

## 2. Signatures

Beneficial Account Holder Signature \_\_\_\_\_ Beneficial Account Holder Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Beneficial Account Holder Signature \_\_\_\_\_ Beneficial Account Holder Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Beneficial Account Holder Signature \_\_\_\_\_ Beneficial Account Holder Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Beneficial Account Holder Signature \_\_\_\_\_ Beneficial Account Holder Name (print) \_\_\_\_\_ Date \_\_\_\_\_



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