# FR-128 Extension of Time to File a DC Franchise or Partnership Return Worksheet ENTER DOLLAR AMOUNTS ONLY

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1 Total estimated franchise tax liability for the tax period.

Revised 08/11

2 Estimated franchise tax payment	ts (include any tax overpayment credit).	2 5	00
3 Other payments.		3 \$	.00
4 Total payments and credits (add	Lines 2 and 3).	4 \$	00
	). Payment in full must be submitted with this (Note: you will be subject to the failure-to-pay and not paid with this form.)	5 \$	.00
ch at perforation and mail the vouch	er, with payment attached, to the Office o	of Tax and Revenue, PO Box 6 	679, Washington, DC 20044-0 
Government of the District of Columbia  as is a FILL-IN format. Please do not handwrite by data on this form other than your signature.	FR-128 Extension of Time to File a DC Franchise or Partnership Return	1 1 1 2 8 0	
Federal Employer I.D. Number	Social Security Number (if self-employed)		CIAL USE ONLY or ID# 0002
Business Name		Tax period ending MMYY	
Business mailing address			
ousiness maining address			
City		State Zip Code +4	
A 6-month extension of time to file until	15, 2012, for calendar year 2011, o	or until	for fiscal year ending
s requested for the following return:	13, 2012, 101 Caleffdal year 2011, 0	,,	ioi liscal year ending
(fill in one): D-20 D-30	D-65 Payment submitted with thi	is form \$	.00
Revised 08/11	2011 FR-128 P1 Extension of Time to File a DC	C Franchise or Partnership Return	
Government of the District of Columbia	FR-128 Extension of Time		
is is a FILL-IN format. Please do not handwrite y data on this form other than your signature.	to File a DC Franchise or Partnership Return	;	
	Social Security Number (if self-employed)	OFF	ICIAL USE ONLY
Federal Employer I.D. Number	Social Security Number (II Self-employed)	\ / a . a al	
	Social Security Number (II Self-employeu)		or ID# 0002
Federal Employer I.D. Number Business Name	Social Security Number (II Self-employed)	Vend Tax period ending MMYY	
Business Name	Social Security Number (II Self-employed)		
	Social Security Number (II Self-employed)		
Business Name Business mailing address	Social Security Number (II Self-employeu)	Tax period ending MMYY	

## **Instructions for Form FR-128**

## **Purpose**

Use Form FR-128 to request a 6-month extension of time to file a Corporation Franchise Tax Return (Form D-20), an Unincorporated Business Franchise Tax Return (Form D-30), or a Partnership Return of Income (Form D-65).

## When to file

The request for an extension of time to file must be submitted no later than the due date of the return.

### Where to submit your request

Mail the completed FR-128 with your payment in full of any tax due to: Office of Tax and Revenue, PO Box 679, Washington, DC 20044-0679. Make your payment out to the DC Treasurer. Include your FEIN or SSN, FR-128 and the tax year on the payment.

**Note:** If you are a Qualified High Technology Company please submit a completed DC Form QHTC-CERT with your extension request.

## **Extension of time to file**

A 6-month extension of time to file will be allowed if you complete this form properly, file it on time and **PAY** the full amount of any tax due shown on Line 5 Worksheet. When you file your return (D-20/D-30/D-65), attach a copy of the FR-128 which you filed. A separate extension request must be filed for each return. Blanket requests for extensions will not be accepted.

#### **Federal extension forms**

The Office of Tax and Revenue does not accept the federal application for an extension of time to file. **You must use DC Form FR-128.** 

## **Additional extension of time**

No additional extension of time to file will be granted beyond the 6-month extension unless the taxpayer is outside the continental limits of the United States. In that case, an additional extension of 6 months may be granted.

#### **Notes:**

- If your liability exceeds \$10,000 in any period, you must pay electronically. Visit www.taxpayerservicecenter.com
- For electronic filers, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by check or credit card. Please notify this agency if your response changes in the future. If your payment is rejected, you may be subject to the District's dishonored check fee and additional penalties and interest.

#### **Dishonored Checks**

You will be charged \$65 for any payment you send to OTR that is not honored by your financial institution.