

Taxpayer Name: _____

Federal Employer I.D. Number: _____



		ENTER DOLLAR AMOUNTS ONLY									
DEDUCTIONS	23 Pension, profit-sharing plans. Fill in if minus: <input type="radio"/>	23	\$.00
	24 Other deductions. <i>Attach statement.</i>	24	\$.00
	25 Total deductions. <i>Add Lines 11–24.</i>	25	\$.00
	26 Net income. <i>Line 10 minus Line 25.</i> Fill in if minus: <input type="radio"/>	26	\$.00
	27 Net operating loss deduction. <i>(For years before 2000.)</i>	27	\$.00
TAXABLE INCOME	28 Net income after net operating loss deduction. <i>Line 26 minus Line 27.</i> Fill in if minus: <input type="radio"/>	28	\$.00
	29 (a) Non-business income/ state adjustment . <i>Attach statement.</i> Fill in if minus: <input type="radio"/>	29a	\$.00
	(b) Expense related to non-business income. <i>Attach statement.</i>	29b	\$.00
	(c) 29(a) minus 29(b). Fill in if minus: <input type="radio"/>	29c	\$.00
	30 Net income subject to apportionment. <i>Line 28 minus Line 29(c).</i> Fill in if minus: <input type="radio"/>	30	\$.00
	31 DC apportionment factor <i>from Form D-20, Schedule F, col. 3, line 6.</i>	31									
	32 Net income from trade or business apportioned to DC. <i>Line 30 amount multiplied by Line 31 factor.</i> Fill in if minus: <input type="radio"/>	32	\$.00
	33 Portion of Line 29(c) attributable to DC. <i>Attach statement.</i> Fill in if minus: <input type="radio"/>	33	\$.00
	34 Total taxable income before apportioned NOL deduction. <i>Line 32 plus or minus Line 33.</i> Fill in if minus: <input type="radio"/>	34	\$.00
	35 Apportioned NOL deduction. <i>(Losses occurring in year 2000 and later.)</i>	35	\$.00
36 Total District taxable income, <i>Line 34 minus Line 35.</i> Fill in if minus: <input type="radio"/>	36	\$.00	
37 Tax 9.975% of Line 36. <i>Minimum tax is \$250, unless DC gross receipts is greater than \$1M, then minimum tax is \$1,000</i>	37	\$.00	
TAX PAYMENTS AND CREDITS	38 Minus nonrefundable credits from Schedule UB, Line 6.	38	\$.00
	39 Net Tax <i>See instructions for minimum requirements.</i>	39	\$.00
	40 Payments and refundable credits:										
	(a) Tax paid, if any, with request for an extension of time to file <u>or</u> paid with original return if this is an amended return.	40a	\$.00
	(b) 2011 estimated franchise tax payments.	40b	\$.00
	(c) Refundable credits from Schedule UB, Line 9.	40c	\$.00
	41 Add lines 40(a), (b) and (c).	41	\$.00
	42 Tax due. <i>If Line 39 amount is larger, subtract Line 41 from Line 39. Will this payment come from an account outside the U.S.? <input type="radio"/> Yes <input type="radio"/> No See page 7.</i>	42	\$.00
	43 Overpayment. <i>If Line 41 amount is larger, subtract Line 39 from Line 41.</i>	43	\$.00
44 Amount you want to apply to your 2012 estimated franchise tax.	44	\$.00	
45 Amount to be refunded. <i>Line 43 minus Line 44. Will this refund go to an account outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No See page 7.</i>	45	\$.00	

Payment due return – mail return and payment to Office of Tax and Revenue, PO Box 679, Washington, DC 20044-0679.

Refund or no payment due return – mail return to Office of Tax and Revenue, PO Box 221, Washington, DC 20044-0221.

Your return is due by the 15th day of the third month following the close of your tax year. PO Box mail labels are on the return envelope.

PLEASE SIGN HERE	Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.			
	Officer's signature _____	Title _____	Date _____	Telephone number of person to contact _____
PAID PREPARER ONLY	Preparer's signature (if other than taxpayer) _____		Date _____	Firm name _____
	Preparer's PTIN <input type="text"/>		Firm address _____	
If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval. <input type="radio"/>				

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year.....	\$	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale.....			\$
3. Salaries and wages.....			
4. Other costs per books (attach statement)..... (Additional federal bonus depreciation is not allowable.)			
5. Total	\$		
6. Minus: Inventory at end of tax year.....			
7. Cost of goods sold (Enter here and on D-20 Line 2.)	\$		
Method of inventory valuation:			
		Total Dividends	
		\$	
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	
		\$	

Schedule C - Compensation of officers (See specific instructions for Line 11.)						
Col. 1 Name, Address and SSN of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total District taxable income reported (from D-20, Line 36).	\$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16).		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal bonus depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			
(b) _____			
6. TOTAL of Lines 1–5.	\$	10. TOTAL of Lines 7, 8 and 9.	\$

**Schedule F - DC Apportionment Factor** (See instructions, page 10.)

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places.

	Column 1 Total	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1.)
1. PROPERTY FACTOR: Average value of real estate and tangible personal property owned or rented to and used by the corporation. (Financial institutions do not need to complete this item.)	\$ 00	\$ 00	▪
2. PAYROLL FACTOR: Total compensation paid or accrued by the corporation.	\$ 00	\$ 00	▪
3. SALES FACTOR: All gross receipts of the corporation other than gross receipts from non-business income.	\$ 00	\$ 00	▪
4. SALES FACTOR: Enter factor from Column 3, Line 3			▪
5. SUM OF FACTORS: (Add Column 3 entries, Lines 1 through 4.)			▪
6. DC APPORTIONMENT FACTOR: Line 5 divided by 4 if there are 4 denominators. If fewer than 3 entries in Col. 1, divide Line 5 by the actual number of factors in Col. 3. Note: Financial institutions use a two-factor formula and divide Line 5 by 2. Enter the factor here and on D-20, Line 31.			▪

Schedule G - Balance Sheets

	Beginning of Taxable Year		End of Taxable Year	
	(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS				
1. Cash				
2. Trade notes and accounts receivable				
(a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations: (a) U.S. and its instrumentalities . . .				
(b) States, subdivisions thereof, etc.				
5. Other current assets (attach statement)				
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets				
(a) MINUS: Accumulated depreciation				
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)				
14. TOTAL ASSETS				
LIABILITIES AND CAPITAL				
15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities (attach statement)				
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)				
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
25. MINUS: Cost of treasury stock		()		()
26. TOTAL LIABILITIES AND CAPITAL				

Schedule H-2 – Analysis of Unappropriated Retained Earnings per Books

Schedule I – Income from Rent

*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

[illegible]

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –		5. LOCATED AT –	
6. During 2011, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES <input type="radio"/> NO <input type="radio"/> If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 7 under Amended returns.		If you have already provided OTR with a detailed statement, enter the date it was sent. <input type="text"/> MM/DD/YYYY	
7. Is this corporation affiliated with a partnership or another corporation?		<input type="radio"/> YES <input type="radio"/> NO	If yes, explain:
8. Is this return made on the accrual basis?		<input type="radio"/> YES <input type="radio"/> NO	If no, indicate basis used: <input type="radio"/> Cash Basis <input type="radio"/> Other (specify)
9. Did you file a franchise tax return with DC for the year 2010?		<input type="radio"/> YES <input type="radio"/> NO	If no, state reason
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2011?		<input type="radio"/> YES <input type="radio"/> NO	If no, state reason:
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2011?		<input type="radio"/> YES <input type="radio"/> NO	
12. (a) Has the business been terminated?		<input type="radio"/> YES <input type="radio"/> NO	If yes, explain and give date:
(b) Have you moved out of DC?		<input type="radio"/> YES <input type="radio"/> NO	



OFFICIAL USE ONLY
Vendor ID# 0002

Important: Print in CAPITAL letters using black ink.
Attach to your Form D-20 or D-30.

Taxpayer Identification Number

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Fill in ☐ if FEIN

Fill in ☐ if SSN

Fill in ☐ if filing a D-20 Return

Fill in ☐ if filing a D-30 Return

Enter your business name

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D-20 Return

Nonrefundable Credits

1 Economic Development Zone Incentives Credit *from the worksheet on page 12.*

2 Qualified High Technology Company Credit *from Part F, DC Form D-20CR, from pub. 399.*

3 Organ and Bone Marrow Donor Credit *(see computation on reverse side).*

4 Job Growth Incentive Act

5 RESERVED

6 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38.
These credits may not be applied against the required minimum tax.

1	\$.00
2	\$.00
3	\$.00
4	\$.00
5	\$.00
6	\$.00

Refundable Credits

7 Qualified High Technology Company Retraining Costs Credit *from Part G, Form D-20CR, from pub. 399.*

8 RESERVED

9 Total the refundable D-20 credits, enter here and on Form D-20, Line 40(c).

7	\$.00
8	\$.00
9	\$.00

D-30 Return

Nonrefundable Credits

10 Economic Development Zone Incentives Credit *from the worksheet on page 12.*

11 Organ and Bone Marrow Donor Credit *(see computation on reverse side).*

12 Job Growth Incentive Act

13 RESERVED

14 Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.
These credits may not be applied against the required minimum tax.

10	\$.00
11	\$.00
12	\$.00
13	\$.00
14	\$.00

Refundable Credits

15 Qualified High Technology Company Retraining Costs Credit *from Line 6, DC Form D-30CR, from pub. 399.*

16 RESERVED

17 Total the refundable D-30 credits, enter here and on Form D-30, Line 40(c).

15	\$.00
16	\$.00
17	\$.00

Schedule UB Instructions

Qualified High Technology Companies

If you claim credits on Lines 2 or 7 above, attach a copy of your DC Form D-20CR to the D-20.

If you claim a credit on line 15 above, attach a copy of your DC Form D-30CR to the D-30.

Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

Organ and Bone Marrow Donor Credit — Computation —			
Column 1 Credit Category	Column 2 Total Paid Leave	Column 3 Leave Credit Calculation	Column 4 Total Credit
Organ Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
Bone Marrow Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
		Total of Col. 4. Enter here and on Schedule UB.*	

*Line 3 for D-20 filers
 Line 10 for D-30 filers