

**2015** D-20

D-20 Corporation

Franchise Tax Return

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

	Fed	eral Employer I.D. Number	Number of busin	less locations	OFF	ICIAL USE ONLY Vendor ID# 0002
		Ir	n DC:	Outside DC:		
	Nam	ne of corporation			Tax period ending (MMY	Y) Fill in if Amended Return
						Fill in if Final Return
	Busir	ness mailing address #1				Fill in if Certified QHTC
						Fill in if Combined Report*  *You must fill in the Designated Agent info belo
	Busi	ness mailing address #2				Fill in if Worldwide**
	City			c	State Zip Code + 4	**Worldwide form must be filed with this return
	City				State Zip Code + 2	•
	Desig	gnated Agent Name			Designated A	agent FEIN
	•RE	AD INSTRUCTIONS BEFORE PREPARING RETU	URN• (To allocate non-bus	siness Items, see instructions)	If amount is zero, le	Enter dollar amounts only. eave line blank; if minus, enter amount and fill in oval.
	1	Gross receipts, minus returns and allo	owances		1 \$	00
	2	Cost of goods sold (from D-20 Sched (attach statement)	lule A) and/or opera	itions	2 \$	00
GROSS INCOME	3	Gross profit from sales and/or operati Line 1 minus Line 2	ions	Fill in if minus:	3 \$	00
NC NC	4	Dividends from Form D-20, Schedule B			4 \$	00
SSC	5	Interest (attach statement)			5 \$	00
GRC	6	Gross rental income from D-20, Schedu	ıle I, Column 3		6 \$	00
	7	Gross royalties (attach statement)			7 \$	00
	8(a	Net capital gain (attach copy of federal F	Form 1120, Schedule [	0)	8(a)\$	.00
	(b	) Ordinary gain (loss) from Part II, fed. For	rm 4797, (attach copy	) Fill in if minus:	8(b)\$	.00
	9	Other income (loss) (attach statement)	)	Fill in if minus:	9 \$	.00
	10	Total gross income. Add Lines 3–9.		Fill in if minus:	10 \$	.00
	11	Compensation of officers from Form D-	-20, Schedule C		11 \$	.00
	12	Salaries and wages			12 \$	.00
	13	Repairs			13 \$	.00
	14	Bad debts			14 \$	00
	15	Rent			15 \$	.00
DEDUCTIONS	16	Taxes from Form D-20, Schedule D			16 \$	00
ICTI	17(	a) Interest payments	\$	00		
EDL	(	b) Minus nondeductible payments to relate	ted entities \$	00 =	17c\$	.00
	18	Contributions and/or gifts (attach state	ement)		18 \$	00
	19	Amortization (attach a copy of your fed	leral Form 4562)		19 \$	00
	20	Depreciation (attach a copy of your federal sec. 179 expenses			20 \$	00
	21	Depletion (attach statement)			21 \$	.00
	22(	a) Enter royalty payments made	\$	00		
	(	b) Minus nondeductible payments to relate	red entities \$	00 =	22c\$	00

Taxpayer Name: Federal Employer I.D. Number: DEDUCTIONS 24 25 ENTER DOLLAR AMOUNTS ONLY Pension, profit-sharing plans 23 00 Fill in if minus: 24 00 Other deductions (attach statement) 00 25 Total deductions. Add Lines 11-24 00 26 Net income Line 10 minus Line 25. Fill in if minus 26 00 27 27 Net operating loss deduction for years before 2000 00 28 Net income after net operating loss deduction 28 Fill in if minus: Line 26 minus Line 27 00 29 (a) Non-business income/state adjustment (attach statement) Fill in if minus: 29a 00 (b) Expense related to non-business income (attach statement) 29b (c) 29(a) minus 29(b)

Net income subject to apportionment Line 28 minus Line 29(c)

31 DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5

Net income from trade or business Fill apportioned to DC Line 30 amount multiplied by Line 31 factor.

33 Other income/deductions attributable to DC Fill 00 (c) 29(a) minus 29(b) Fill in if minus: 29c 00 Fill in if minus: 30 31 32 00 Fill in if minus: 00 Other income/deductions attributable to DC 33 Fill in if minus: (attach statement - see instructions) 00 34 34 Total taxable income before apportioned NOL Fill in if minus: deduction Line 32 plus or minus Line 33. 00 35 35 Apportioned NOL deduction (Losses occurring in year 2000 and later) 36 Total DC taxable income. Line 34 minus Line 35. 00 Fill in if minus: 36 37 Tax 9.4% of Line 36 00 37 00 38 Minus nonrefundable credits from Schedule UB, Line 8 38 00 CREDI 00 40 Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts 40 are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Payments and refundable credits:

(a) Tax paid, if any, with request for paid with original return if this

(b) 2015 estimated franchise tax payments and refundable credits from Schedule Add lines 41(a), 41(b) and 41(c). 00 41a (a) Tax paid, if any, with request for an extension of time to file or paid with original return if this is an amended return 00 41b (b) 2015 estimated franchise tax payments 00 (c) Refundable credits from Schedule UB. Line 11 41c 00 42 00 Tax due. If Line 40 amount is larger, subtract Line 42 from Line 40. 43 Will this payment come from an account outside the U.S.? Yes No See instructions. 00 44 44 Overpayment. If Line 42 amount is larger, subtract Line 40 from Line 42. 00 45 Amount you want to apply to your 2016 estimated franchise tax 45 Amount to be refunded. Line 44 minus Line 45. 00 Will this refund go to an account outside of the U.S.? 46 00 47 Estimated tax interest (Fill in oval if D-2220 attached) 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. PLEASE SIGN **HFRF** Title Date Telephone number of person to contact Officer's signature PAID

Date

Preparer's PTIN

PREPARER Preparer's signature (if other than taxpayer)

Firm name

of Tax and Revenue fill in the oval.

Firm address

If you want to allow the preparer to discuss this return with the Office

Round cents to the nearest dollar. If an amount is zero, make no entry.

Tourid certs to the hearest dollar. If an amount		•				-			
Schedule A - Cost of Goods Sold (See specific instruc	ctions f	or Line 2.)		Sched	dule B - Dividend				
1. Inventory at beginning of year	. \$				NAME AND ADDR	ESS OF DECLARING C	ORPORATION		AMOUNT
Merchandise bought for manufacture or sale								\$	
<u> </u>									
Salaries and wages      Other costs per books (attach statement)									
(Additional federal bonus depreciation is not allowable.)									
5. Total	\$			<u> </u>				<u> </u>	
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			\$	
				Minu	s deduction for Su	bpart F Income.			
					s deduction for div		rom		
				_	AL (Enter here and		)	\$	
Schedule C - Compensation of officers (See spec	ific ins	structions	s for Lir	<u> </u>	12 (2.1.0. 1.0.0 a.i.a	0 2 20, 2	,	Ψ	
				ol. 3		Corporation	Col. 6	Т	Col. 7
Col. 1 Name and Address of Officer		ol. 2 al Title	Percent	t of Time			Amount		Expense
Ivalle and Address of Officer				oted to siness	Col. 4 Common	Col.5 Preferred	of Compensation		Account Allowances
				%	%	%	\$	\$	
				/0	/	/0	Ψ	I o	
								+	
				%	%	%			
								4	
				0/		0/			
				%	%	%			
								+	
				%	%	%			
				/0	/	/0		$\perp$	
TOTAL COMPENSATION OF OFFICERS (Enter here a	nd on	D-20, Li	ne 11.	)			\$		
Schedule D - Taxes (See specific instructions for	r Line	16.)							
EXPLANATION			OUNT	$\perp$		EXPLANATION		_	AMOUNT
		\$		-				\$	
				+				+	
				1	ΓΟΤΑL (Enter here	and on D-20, Lin	e 16.)	\$	
Schedule E - Reconciliation of the net income r		ed on F	ederal	and D	C returns				
<ol> <li>Taxable income before net operating loss deduction and spe deductions (page 1 of your Federal corporate return).</li> </ol>	ecial	\$		7.	Total DC taxable in	ncome reported (fr	om D-20, Line 36	5). \$	
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME									
2. Income taxes (see specific instructions for line 16).				NC	N-TAXABLE INCO	ME AND ADDITIO	NAL DEDUCTION	1S	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.				8.	Net income apport	ioned or allocated	I to outside DC.		
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.				1 -	Other non-taxable including NOL (ite		ional deductions		
Other unallowable deductions and additional income (itemi include additional federal bonus depreciation and additional federal bonus depreciation and additional federal bonus depreciation.)					(a)				
IRC § 179 expenses).					(b)				
(b)					• •				
6. TOTAL of Lines 1–5.		\$		10	). TOTAL of Lines 7	7, 8 and 9.		\$	



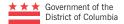
Schedule F - DC apportionment factor (See instructions)					
Round cents to the nearest dollar. If an amount is zero, leave the lin-	Carry all	factors to six decimal places			
For all businesses other than financial institutions:	Column 1 TOTAL		Column 2 in DC		Column 3 Factor (Column 2 divided by Column 1)
SALES FACTOR: All gross receipts of the business other than gross receipts from non-business income.	\$	00 \$		00	·
For Financial Institutions:					
2. <b>SALES FACTOR:</b> All gross income of the financial institution other than gross income from non-business income.	\$	00 \$		00	
PAYROLL FACTOR: Total compensation paid or accrued by the financial institution.	\$	00 \$		.00	
4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3	of Column 3)				
5. DC APPORTIONMENT FACTOR: For businesses other than fi					
Line 31. For financial institutions divide Line 4, Column 3 by 2. If	there are less than two factors, u	se Line 4, Co	iumn 3. Enter on D-20, L	Line 31.	

Schedule 1 - Combined Report Tax Due									
Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1					
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5						

edule G - Balance Sheets	Beginning of	Taxable Year	End of Tax	able Year
	(A) Amount	(B) Total	(A) Amount	(B) Total
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				
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-1 – Reconciliation of Income (Loss) per Books With Income (Loss) per Return									
1. Net income per books				7. Income recorded on books this year and not			\$		
2. Federal income tax					included in this return (itemize).  Tax-exempt interest \$				
3. Excess of capital losses over capital gains									
4. Taxable income not recorded on books this year (itemize)									
y ou. (1.0					8. Deductions	s on this tax r	return and not charged		
	ecorded on books this year	and not					is year (itemize).		
deducted o	n this return (itemize).				(a) Dep	reciation	\$		
(a) Depr	eciation \$				(b) Dep	letion	\$		
	etion\$				Q TOTAL of	Lines 7 and	8	\$	
					10. Taxable Inc	come (federal F			
6. TOTAL of L	ines 1 through 5		\$		should eq	ual Line 6 mir	nus Line 9 of this Schedule.)	\$	
Schedule H-	2 – Analysis of Unappr	opriated R	etained	Earnings per B	ooks				
1. Balance at I	peginning of year		\$		5. Distribution	ns: (a) Ca	sh	\$	
2. Net income	per books						ock		
	ses (itemize)					(c) Pro	operty		
J. Other increa	ises (iternize)				6. Other decr	eases (itemiz	e)		
					or other door	Cubob (ItoIIII2)			
-					7 TOTAL of L	ince 5 and 6		\$	
/ TOTAL of L	ines 1, 2 and 3.		\$		7. TOTAL of Lines 5 and 6			\$	
4. TOTAL OF L	mes 1, 2 and 5.		Ψ		O. Balance at end of year (Line 4 minus Line 7).				
Schedule I -	- Income from Rent								
					Col. 4 De	epreciation*		Col. 6 T	axes, Interest
Cal 1	Address of Dropouts	Col. 2 Kir		Col. 3 Gross		ization (Per	Col. 5 Repairs	and other Expenses* (Explain in Sch. I-1)	
	Address of Property	Propert	.y	Amount of Rent			(Explain in Sch. I-1)		
1				\$ 	\$		\$	\$	
2.									
4								<b></b>	
5									
6.									
	L			Φ	1		<u></u>	Φ.	
	Enter the total of Column 3 total of Column 4, 5, and		- 1	\$ eduction lines.)	\$		\$	\$	
	eral 30% and 50% bonus		-		expenses dec	ductions.			
Schedule I-1	L – Explanation of deduc	ctions clair	ned in (	Columns 5 and 6	of Schedule	e I.			
Column				Τ	Column				
Column No. Explanation		Amount	No.		Explanation		Amount		
				<u></u>					
				\$					\$
					<b> </b>	<b> </b>			

Supplemental Ir	nformation						
1. STATE OR COUNTRY	OF INCORPORATION	2.(a) DATE OF I	NCORPORATION	2.(b) D.	ATE BUSINESS BEGAN IN DC		WHERE FEDERAL RETURN DD COVERED BY THIS RETURN
4. THE CORPORATION	'S BOOKS ARE IN THE CARE OF –			5. LOC	ATED AT –		
adjustments to returns with the If "YES", please	nas the Internal Revenue Servic your federal income tax return e IRS? YES NO e submit separately a detailed s he address shown on page 7 un	, or did you file tatement, unles	any amende	d	If you have already pro a detailed statement, it was sent.		MM/DD/YYYY
7. Is this corporation or another corporation	on unitary with a partnership oration?		YES	NO	If yes, explain:		
8. Is this return ma	ade on the accrual basis?		YES	ONO	If no, indicate basis	used: Cash Basi	s Other (specify)
9. Did you file a fr. for the year 20.	anchise tax return with DC 14?		YES	O NO	If no, state reason		
	ld DC income tax from wages p ployees during 2015?	aid to your	YES	O NO	If no, state reason:		
-	ual information returns, federal ting to payment of dividends an		YES	○ NO			
12. (a) Has the bus	iness been terminated?		YES	NO	If yes, explain and g	ive date:	
(b) Have you m	oved out of DC?		YES	O NO			
13. Did you file an	annual ballpark fee return?		YES	○ NO			

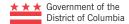


## Worldwide Combined Reporting Election Form



FEIN/SSN of Designated Agent  Name of Designated Agent	Fill in if FEIN Fill in if SSN	Taxable Year YYYY	Worldwide Telephone number
Business address line #1			
Business address line #2			
City		State Zip	code +4
	ovisions of DC Official Code a worldwide unitary combin		combined reporting regulations, election is
A worldwide unitary comb thereafter for a period of to		oinding for and applicable	e to the tax year it is made and all years
request for reasonable cau		hardship due to unforese	f the ten-year period, only upon written een changes in DC tax statutes, law or ue.
Upon the expiration of the election.	e ten-year period, a taxpaye	er may withdraw from the	e worldwide unitary combined reporting
	e in writing within one year e conditions as applied to t		election and is binding for a period of ten
Date Beginning Tax Period: N	MMDDYYYY	Date Ending	Tax Period: MMDDYYYY
Authorized Signature			
-			
Printed Name		Date	

Under penalties of law, I declare that the designated agent has authorized me to sign on behalf of all members of the combined group, and that I have examined this form and the information contained herein is, to the best of my knowledge and belief, correct and complete.





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



OFFICIAL USE ONLY Vendor ID# 0002

Tax	payer Identification Number Fill in if FEIN Fill in if filing a D-20 Retur	n			
	Fill in if SSN Fill in if filing a D-30 Retur	n			
Ent	er your business name				
D-2	20 Return				
No	nrefundable Credits				
1	Economic Development Zone Incentives Credit (see worksheet).	1			00
2	Qualified High Technology Company Credit from Part F, DC Form D-20CR, from pub. 399.	2			00
3	Organ and Bone Marrow Donor Credit (see computation on reverse side).  This credit may not be applied against the required minimum tax.	3			.00
4	Job Growth Incentive Act	4			00
5	Enter alternative fuel credits. See instructions				
	5(a) Alternative fuel infrastructure. \$ .00 # of stations				
	5(b) Alternative fuel vehicle conversion. # of vehicles				
6	Total alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here.	6			00
7		7			00
8	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38.	8			00
Re	fundable Credits				
9	Qualified High Technology Company Retraining Costs Credit from Part G, DC Form D-20CR, from pub. 399.	9			.00
10		10			00
11	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c).	11			00
D-3	30 Return				
No	nrefundable Credits				
12	Economic Development Zone Incentives Credit (see worksheet).	12			00
13	Organ and Bone Marrow Donor Credit (see computation on reverse side).  This credit may not be applied against the required minimum tax.	13			.00
14	Job Growth Incentive Act	14			00
15	Enter alternative fuel credits. See instructions				
	15(a) Alternative fuel infrastructure. \$ .00				
	15(b) Alternative fuel vehicle conversion # of vehicles				
16	Total alternative fuel credits. Add Lines 15(a) and 15(b) only and enter here.	16			00
17		17			00
	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	18			00
20	Landella III In American Condition of the Condition of th	10			

## **Schedule UB Instructions**

## **Qualified High Technology Companies**

If you claim credits on Lines 2 or 9 above, attach a copy of your DC Form D-20CR to the D-20.

## 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.*						

<sup>\*</sup>Line 3 of Schedule UB for D-20 filers Line 13 of Schedule UB for D-30 filers