

2015 D-30 Unincorporated Business Franchise Tax Return

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

Та	храу	er Identification Number Nu	mber of business location	ns	V
		Fill in if FEIN	0.1:1.00		official use only Vendor ID# 0002
		Fill in if SSN In DC:	Outside DC:		
Е	usine	ess name		Tax period	ending (MMYY) Fill in if Amended Return
					Fill in if Final Return
Е	Busine	ess Mailing Address line #1			Fill in if Combined Report*
					*You must fill in the Designated Agent info below
Е	usine	ess Mailing Address line #2			Fill in if Worldwide** **WorldWide form must be filed with this return
С	ity			State Zip C	ode + 4
0	esigr	nated Agent Name		Desig	gnated Agent FEIN
					ENTER DOLLAR AMOUNTS ONLY
	1	Gross receipts, minus returns and allowances		1 \$.00
	2	Cost of goods sold (from D-30, Schedule A) and/or opera	itions	2 \$	00
	3	Gross profi Line 1 minus Line 2	Fill in if minus:	3 \$	00
JE.	4	Dividends. Minus Subpart F income (attach statement)		4 \$	00
GROSS INCOME	5	Interest (attach statement showing calculations)		5 \$	00
ž	6	Gross rental income (attach statement)		6 \$	00
SS	7	Gross royalties (attach statement)		7 \$	00
RC	8(a	Net capital gain (attach a copy of your federal Schedule D)		8a \$	00
Ö		o) Ordinary gain (loss) from Part II, fed. Form 4797, (attach co	py) Fill in if minus:	8b \$	00
	9	Other income (loss) (attach a detailed statement)	Fill in if minus:	9 \$.00
	10	Total gross income. Add Lines 3–9.	Fill in if minus:	10 \$	00
	IF I	LINE 10 IS \$12,000 OR LESS, STOP HERE, DO NOT FILE THIS	RETURN.		
	11	Salaries and wages (Do not include owner(s)/member(s))		11 \$.00
	12	Repairs		12 \$.00
	13	Bad debts (attach a copy of any statement file with your federa	l return)	13 \$.00
	14	(a) Royalty payments made \$.00		
	((b) Minus nondeductible payments to related entities \$	00 =	= 14c \$	00
	15	Rent		15 \$.00
SN	16	Taxes from D-30, Schedule C		16 \$.00
2	17	(a) Interest payments \$	00		
DEDUCTIONS	((b) Minus nondeductible payments to related entities \$	00 =	= 17c \$.00
E	18	Contributions and/or gifts from D-30, Schedule B	18 \$	00	
	19	Amortization (attach a copy of your federal Form 4562, Part VI)	19 \$	00	
	20	Depreciation (attach a copy of your federal Form 4562. Do not	include the	20 \$	00
		additional federal bonus depreciation.)			
	21	Other allowable deductions from D-30, Schedule G.		21 \$.00
	22	Total deductions. Add Lines 11–21.		22 \$.00
	23	Net income Line 10 minus Line 22.	Fill in if minus:	23 \$.00

Taxpayer Name:



24 Net operating loss deduction the years before 2000 25 Net income after NOL deduction. Line 23 minus Line 24 26 (a) Non-business income@state adjustment uston searce. Fill in if minus: 25 26 (a) Non-business income@state adjustment uston searce. Fill in if minus: 26 26 (b) (in income continue and income	1.	111 01	5014.		1 5 0 3 0 0	1 2 0 0 0 2	
25 Net income after NOL deduction time 23 minus time 24 26 (a) Non-business income/state adjustment trade at black statement (b) Minus: Related expenses data in advoction statement (c) Subtract Line 26(b) from Line 26(a) 78 Not income from trade or business subject to apportionment Line 26(b) from Line 26(a) 78 Not income from trade or business subject to apportionment Line 26(b) from Line 26(a) 79 Not income from trade or business subject to apportionment Line 26(b) from Line 26(a) 80 Capportionment Line 26(b) from Line 26(a) 80 Capportionment Line 26(b) from Line 26(b) 81 Line 18(b) from Line 36(b) from Line 3		24	Net operating loss deduction for years before 2000		24 \$		00
26 (a) Non-business income/state adjustment usuam statement 26a 00 00 00 00 00 00 00				Fill in if minus:			
(b) Minus: Related expenses (attach an alteration statement) (c) Subtract Line 26(b) From Line 26(a) 27 Not income from Trade or business subject to apportionment Line 25 minus Line 26(b) 28 DC apportionment factor from 0-30, Schedule F, Col 3, Line 2 29 Not income from trade or business subject to Aller 26 minus Line 28 29 Not income from trade or business apportioned to DC 30 Multiply Line 27 by the factor on Line 28 30 Other income/deductions attributable to DC 31 Total DC net income (loss) 32 Sallary for owner(s) / member(s) services from 0-30, Schedule J, Column 4. 33 Exemption Maximum is \$5000. Enter days in DC. → 33a 11 Trewer than 365 days in DC, see page instructions for amount to claim. 34 Total Exable income before apportioned NOL deduction 35 Apportioned NOL deduction Loses occurring for year 2000 and later. 36 Total DC taxable income. Line 34 minus Line 35 37 Tax 9.4% of Line 36 38 Minus nonrefundable credits from Schedule UB, Line 18 39 Total DC gross receipts from Line 44 from MILGH worksheet 30 Notal Example (lines 31, 100) if DC gross receipts are greater than \$1 Min. 40 Net Ex. Line 37 minus Land St. The minimum tax is \$250 HDC gross receipts are \$1 Min or less or \$1,000 if DC gross receipts are greater than \$1 Min. 40 Net Ex. Line 37 minus Land Line 38 minus Line 35 41 Annount to be refunded. Line 44 from MILGH worksheet 41 Overpayment. If Line 42 ground is large, subtract Line 40 minus Line 35 42 Add lines \$1(a), 41(b) 43 Tax due. If Line 40 amount is large, subtract Line 40 from Line 42 44 Overpayment. If Line 42 ground is large, subtract Line 40 from Line 42 45 Amount you want to apply to your 2016 estimated franchise tax 46 Amount to be refunded. Line 44 minus Line 35 All Date Charles and the subtract Line 40 from Line 42 45 Amount you want to apply to your 2016 estimated franchise tax 46 Omer 's signature If other than taxpayn') 46 Date 47 Estimated tax interest (Fill in oval if 0-2220 staches) 48 Date 49 Dete 40 Dete Servant in albew the prepayer to d		26					
(c) Subtract Line 26(b) from Line 26(a) Fill in if minus: 26cc 000 27 Net income from trade or business subject to apportionment Line 25 minus Line 26(c) 000 28 DC apportionment factor from D-30, Schedule F, Col 3, Line 2 28 DC apportionment factor from D-30, Schedule F, Col 3, Line 2 29 Net income from trade or business apportioned to DC Multiply Line 27 by the factor to Line 28 30 Other income/ideductions attributable to DC Fill in if minus: 30 000 31 Total DC net income (loss) Fill in if minus: 31 000 32 Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4. 32 000 33 Exemption Maximum is 5000. Enter days in DC. → 33a If lower than 365 days in DC, see page interfactions for amount to claim. 34 Total taxable income before apportioned NOL deduction Line 3 inmia static Line 32 and 33 35 Apportioned NOL deduction Lose 3 cauring for year 2000 and lates. 35 000 37 Tax 9 4% of Line 36 one counting for year 2000 and lates. 35 000 38 Minus nonrefundable credits from Schedule UB, Line 18 38 000 39 Total DC gross receipts from Line 34 minus Line 35. The minimum tax is \$250 H DC gross receipts are stall for lines 37 minus Line 38. The minimum tax is \$250 H DC gross receipts are stall from line 3 minus Line 38. The minimum tax is \$250 H DC gross receipts are stall for lines or \$1,000 H DC gross receipts are stall from line 42 minus Line 38. The minimum tax is \$250 H DC gross receipts are stall from line 30 000 40 Net tax. Line 37 minus Line 38. The minimum tax is \$250 H DC gross receipts are stall from line 30 000 41 Payments: (a) Tax paid, if any, with request for an extension of time to fill or paid with original return if this is an amended return (b) 2015 estimated franchise tax payments 40 000 42 Add lines 41(a), 41(b) 42 000 43 Tax due. If Line 40 amount is larger, subtract Line 40 from Line 42. Minus line and Line 43 minus Line 43. The minimum tax is \$250 H DC gross receipts are signature from the 42 from Line 40. Will his payment come from an account oxidate the 40 from Line			·				
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Other income/deductions attributable to DC Fill in if minus: 30 Other income/deductions attributable to DC ditated statement) 31 Total DC net income (loss) Combine Lines 29 and 30 32 Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4. 33 Exemption Maximum is \$5000. Enter days in DC. → 33a If tweer than 365 days in DC, see page instructions for amount to claim. 34 Total taxable income before apportioned NOL deduction If it in if minus: 31 minus total of Lines 32 and 33 35 Apportioned NOL deduction Loses exceuring for year 2000 and later. 36 Total DC taxable income. Line 34 minus Line 35 Fill in if minus: 36 37 Tax 9.4% of Line 36 38 Minus nonrefundable credits from Schedule UB, Line 18 39 Total DC gross receipts from Line 41 from MTLGR worksheet OU Very Law. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$11M or less or \$1,000 if DC gross receipts are greater than \$1M. Out 19 Payments: (a) Tax p and if any, with request for an extension of time to fill or paid with original return if this is an amended return (b) 2015 estimated franchise tax payments 41 Overpayment. If Line 42 amount is larger, subtract Line 40 from Line 40. Will this payment come from an account outside the U.S.? Yes No See instructions 43 Tax due. If Line 40 amount is larger, subtract Line 40 from Line 42. 44 Amount you want to apply to your 2016 estimated franchise tax 45 Mount for the returned go to an account outside of the U.S.? Yes No See instructions 47 Estimated tax interest (Fill in oval If D-2220 attached) Out PPLEASE Under peralties of law, 1 declare that 1 have examined this return and, to the best of my knowledge, it is correct. Declaration of pad preparer is based on the information available to the preparer of the peralter to discuss this return Once PREPARED. Properer's signature Table Film address. If you want to allow the preparer to discuss this return	MC	28	DC apportionment factor from D-30, Schedule F, Col 3, Line 2		28		
Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4. 32) NC	29		Fill in if minus:	29 \$		00
Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4. 32	(ABLE	30		Fill in if minus:	30 \$		00
33 Exemption Maximum is \$5000. Enter days in DC. → 33a Ifferent than 365 days in DC, see page instructions for amount to claim. 34 Total taxable income before apportioned NOL deduction Fill in if minus: 35 Apportioned NOL deduction Losses occurring for year 2000 and later. 36 Total DC taxable income. Line 34 minus Line 35 Fill in if minus: 37 Tax 9.4% of Line 36 38 Minus nonrefundable credits from Schedule UB, Line 18 39 Total DC gross receipts from Line '4' from MTLGR worksheet 40 Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. 41 Payments: (a) Tax paid, if any, with request for an extension of time to fill or paid with original return if this is an amended return (b) 2015 estimated franchise tax payments 42 Add lines 41(a), 41(b) 43 Tax due. If Line 40 amount is larger, subtract Line 42 from Line 40. Will this payment come from an account outside the U.S.? Yes No See instructions 44 Overpayment. If Line 42 amount is larger, subtract Line 40 from Line 42. 45 Amount you want to apply to your 2016 estimated franchise tax 46 Amount to be refunded. Line 44 minus Line 45. No See instructions. 47 Estimated tax interest (Fill in oval if D-2220 attached) PREPARER. Preparer's signature Title Date Firm name Firm address. Hyou want to allow the preparer to discuss this return Hyou want to allow the preparer to discuss this return	Ź	31		Fill in if minus:	31 \$		00
If fewer than 365 days in DC, see page instructions for amount to claim. 31 Total taxable income before apportioned NOL deduction Fill in If minus: 32 and 33 and 33 and 33 and 33 and 33 and 33 and 34 and 35 and 35 and 36 and 37 and 37 and 38 and 38 and 39 and		32	Salary for owner(s) / member(s) services from D-30, Schedu	le J, Column 4.	32 \$		00
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38 Minus nonrefundable credits from Schedule UB, Line 18 39 Total DC gross receipts from Line '4' from MTLGR worksheet 40 Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. 40 0 00 41 Payments: (a) Tax paid, if any, with request for an extension of time to fill or paid with original return if this is an amended return (b) 2015 estimated franchise tax payments 41b 000 42 Add lines 41(a), 41(b) 43 Tax due. If Line 40 amount is larger, subtract Line 42 from Line 40. Will this payment come from an account outside the U.S.? Yes No See instructions 44 Overpayment. If Line 42 amount is larger, subtract Line 40 from Line 42. 45 Amount you want to apply to your 2016 estimated franchise tax 46 Mill this refund go to an account outside of the U.S.? Yes No See instructions. 47 Estimated tax interest (Fill in oval if D-2220 attached) PREPARER Preparer's signature Title Date Telephone number of person to contact If you want to allow the preparer is based on the information available to the preparer of the person of contact If you want to allow the preparer of discuss this return		36	Total DC taxable income. Line 34 minus Line 35	Fill in if minus:	36 \$		00
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42 Add lines 41(a), 41(b) 43 Tax due. If Line 40 amount is larger, subtract Line 42 from Line 40. Will this payment come from an account outside the U.S.? Yes No See instructions 44 Overpayment. If Line 42 amount is larger, subtract Line 40 from Line 42. 45 Amount you want to apply to your 2016 estimated franchise tax 46 Amount to be refunded. Line 44 minus Line 45. Will this refund go to an account outside of the U.S.? Yes No See instructions. 47 Estimated tax interest (Fill in oval if D-2220 attached) PLEASE SIGN HERE Office 's signature Title Date Telephone number of person to contact PAID PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return	TS AND	41	(a) Tax paid, if any, with request for an extension of time to	o fil or	41a\$		00
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45 Amount you want to apply to your 2016 estimated franchise tax 45 00 46 Amount to be refunded. Line 44 minus Line 45. Will this refund go to an account outside of the U.S.? Yes No See instructions. 46 Social See instructions. 47 Estimated tax interest (Fill in oval if D-2220 attached) PLEASE SIGN HERE Office 's signature Office 's signature Title Date Telephone number of person to contact PAID PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return	\X, P	43	3 ,	See instructions	43 \$		00
Amount to be refunded. Line 44 minus Line 45. Will this refund go to an account outside of the U.S.? Yes No See instructions. 46 Society See instructions. 46 Society See instructions. 47 Estimated tax interest (Fill in oval if D-2220 attached) 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 of person to contact PAID PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return	1	44	Overpayment. If Line 42 amount is larger, subtract Line 40 from Line	42.	44 \$		00
Will this refund go to an account outside of the U.S.? Yes No See instructions. 47 Estimated tax interest (Fill in oval if D-2220 attached) PLEASE SIGN HERE Office 's signature Office 's signature Office 's signature (if other than taxpayer) Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return		45	Amount you want to apply to your 2016 estimated franch	ise tax	45 \$		00
PLEASE SIGN HERE Office 's signature Title Date Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return		46		46 \$		00	
SIGN HERE Office 's signature Title Date Telephone number of person to contact PAID PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return		47	Estimated tax interest (Fill in oval if D-2220 attached)			.00	
HERE Office 's signature Title Date Telephone number of person to contact PAID PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return			~	of my knowledge, it is corre	ect. Declaration of paid preparer is	s based on the information available to	the preparer.
PAID PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return						Telephone number of person to con	ntact
PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return			Office 's signature Title		Date		
ONLY If you want to allow the preparer to discuss this return	P	REPAR	RER Preparer's signature (if other than taxpayer) Date	Fire	m name	Firm address	
		ONLY		1	f you want to allow the preparer	to discuss this return	

hedule A - COST OF GOODS SOLD (See sp	pecific instructions for L	line 2.)							
Inventory at beginning of year (if different from las			\$						
Purchases	\$								
Minus cost of items withdrawn for personal use .	\$	Enter result here	→						
Cost of Labor.									
Material and supplies.									
waterial and supplies. Other costs (attach statement) – (Additional 30% and 50% federal bonus depreciation and additional IRC §179 expenses are not allowed.)									
Total of lines 1 through 5.	na 3070 leaciai bonas aepiecia	ation and additional into \$17.5 expenses are not anowed.)	\$						
_			\$						
Inventory at end of year.									
Cost of goods sold (Line 6 minus Line 7). Enter I			\$						
Method of inventory valuation used									
hedule B - CONTRIBUTIONS AND/OR GIFT	TS (See specific instru	ctions for Line 18.)							
	\$		\$						
shadula C. TAVES (See specific instruction		TOTAL (Limited to 15% of net income – also enter on D-30, Lir	ne 18.) \$						
	ns for Line 16.)								
hedule C - TAXES (See specific instruction Type of Tax	ns for Line 16.)	TOTAL (Limited to 15% of net income – also enter on D-30, Lir Type of Tax	Amount						
	ns for Line 16.)								
	ns for Line 16.)		Amount						
	ns for Line 16.)		Amount						
	ns for Line 16.)		Amount						
	ns for Line 16.)		Amount						
	ns for Line 16.)		Amount						
	ns for Line 16.)		Amount						
Type of Tax	ns for Line 16.)		Amount						
Type of Tax TAL	ns for Line 16.)		Amount \$						
Type of Tax TAL	ns for Line 16.)		Amount \$						
Type of Tax TAL	ns for Line 16.) Amount \$	Type of Tax	Amount \$						
TAL : :hedule E - INTEREST EXPENSE (See speci	Amount \$ ific instructions for Line	Type of Tax 17.)	Amount \$						
Type of Tax TAL	Amount stific instructions for Line Amount	Type of Tax	Amount \$						
Type of Tax TAL hedule E - INTEREST EXPENSE (See speci	Amount \$ ific instructions for Line	Type of Tax 17.)	Amount \$						
TAL hedule E - INTEREST EXPENSE (See speci	Amount stific instructions for Line Amount	Type of Tax 17.)	Amount \$						
TAL hedule E - INTEREST EXPENSE (See speci	Amount stific instructions for Line Amount	Type of Tax 17.)	Amount \$						
TAL hedule E - INTEREST EXPENSE (See speci	Amount stific instructions for Line Amount	Type of Tax 17.)	Amount \$						
TAL chedule E - INTEREST EXPENSE (See speci	Amount stific instructions for Line Amount	Type of Tax 17.)	Amount \$						



Schedule F - DC apportionment factor (See instructions)									
Round cents to the nearest dollar. If an amount is zero, leave the lin	e blank.				Carry all	factors to six decimal places			
		Column 1 TOTAL		Column 2 in DC		DC Apportionment Factor			
 SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income. 	\$		00 \$		00	(Column 2 divided by Column 1)			
DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28									

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

Nature of Deduction	Amount
	\$
'AL (Also enter on D-30, Line 21.)	\$

Schedule H - Income not reported (claimed as nontaxable) (See instructions.)	
Nature of Income	Amount
	\$
TOTAL	\$

Sc	hedule I - BALANCE SHEETS (See Instructions.)	nning of Taxable Year	End of	, 		
			(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, e	etc				
	5. Other current assets (attach statement)					
	6. Mortgage and real estate loans					
TS	7. Other investments (attach statement)					
SSETS	8. Buildings and other fixed depreciable assets					
Ä	(a) MINUS: Accumulated depreciation					
	9. Depletable assets					
	(a) MINUS: Accumulated depletion					
	10. Land (net of any amortization)					
	11. Intangible assets (amortizable only)					
4	(a) MINUS: Accumulated amortization					
Ë	12. Other assets (attach statement)					
CAPITAL	13. TOTAL ASSETS					
	14. Accounts payable					
AND	15. Mortgages, notes, bonds payable in less than 1 years	ar.				
ES	16. Other current liabilities (attach statement)					
Ę	17. Mortgages, notes, bonds payable in 1 year or mor	e.				
BILITIE	18. Other liabilities (attach statement)					
ΕE	19. Capital stock					
_	20. TOTAL LIABILITIES AND CAPITAL					

Col. 1	Col. 1		Col. 3 Percent- age of	Col. 4 Salary Claimed	Col. 5 Exemption Claimed	Col. 6 Net Loss DC Sources	Col. 7 Net Income (or Loss)	Col. 8 Total Income (or Loss) Not Taxable to
Name and Address of Owner(s)/ Member(s)	Social Security Number	Devoted to this Business	Ownership		Olaimed	Do dources	from Outside DC	the Unincorporated Business (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
TOTAL				\$	\$	\$	\$	\$
Col. 4 - See Instructions. Col. 5 - See Instructions. Col. 6 - Any loss amount from Line 31 of D-30. Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.				Enter total taxable income as shown on Line 34 of D-30.				\$
				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)				\$

SUPPLEMENTAL INFORMATION							
1. During 2015, has the Internal Revenue Service made or pro-	2. P	RINCIF	PAL BL	JSINESS ACTIVITY	3. DATE BUSIN	IESS BEGAN	
posed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service?	4 15	DITCH	NIECC I	LIAC TEDMINIATED STATE	DEACON	5. TERMINATIO	NI DATE
Yes No	4. IF	. BOSII	NESS I	HAS TERMINATED, STATE	E REASON	J. TERMINATIO	IN DATE
If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax	6. T\	YPE OF	OWN	ERSHIP (sole proprietor, p	partnership, etc.)		
and Revenue, See instructions for address.							
7. Place where federal income tax return for period covered by this	return w	vas f le	d:				
8. Name(s) under which federal return for period covered by this re	turn was	s f led:					
Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2015		'es	No	If no, please state i	reason:		
10. Is this return reported on the accrual basis?	Yes	No	If no	, fill in the method used:	Cash basis Other (spe	ifv)	
11. Did you withhold DC income tax from the wages	Yes	No	If no	, state reason:		,,	
of your DC employees during 2015?							
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2014?	Yes	No	If no	, state reason:			
If yes, enter name under which return was filed:							
				_			
13. Does this return include income from more than one business	Yes	No					
conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.)			_				
			-				
14. Is income from any other business or business interest	Yes	No					
owned by the proprietors of this business being reported in a separate return?							
(If yes, list names and addresses of the other businesses.)			ļ				
15 (-) la this business with a contraction of the	V	NI-	16				
15. (a) Is this business unitary with a partnership or another corporation?	Yes	No	ii ye	es, explain:			
(b) Is this business unitary with a combined group?	Yes	No	If ye	es, explain:			
16. Did you file an annual ballpark fee return?	Yes	No					



Worldwide Combined Reporting Election Form



FEIN/SSN of Designated Agent	Fill in if FEIN	Taxable Year YYYY	Worldwide
Name of Designated Agent	Fill in if SSN		Tolophono numbor
Name of Designated Agent			Telephone number
Business address line #1			
Business address line #2			
City		State Zip	code +4
In accordance with the pro- hereby made to report on a	ovisions of DC Officia Code a worldwide unitary combin	$e \S 47-1810.07$ and the coned basis.	combined reporting regulations, election is
A worldwide unitary comb thereafter for a period of to		pinding 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 ie.
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: This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

OFFICIAL USE ONLY Vendor ID# 0002

Tax	payer Identification Number Fill in 🔵 if FEIN Fill in 🔵 if filing a D-20 Re	eturn		
	Fill in if SSN Fill in if filing a D-30 Re	eturn		
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 echnology 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. \$ \ # of stations	00		
	5(b) Alternative fuel vehicle conversion. # of vehicles	00		
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 echnology Company Retraining Costs Credit from Part G, DC Form D-20CR, from pub. 399.	9		.00
10		10	0 \$.00
11	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c).	1	1 \$.00
D-3	80 Return			
_	nrefundable Credits			
	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	3 \$.00
14	Job Growth Incentive Act	14	4 \$	00
15	Enter alternative fuel credits. See instructions			
	15(a) Alternative fuel infrastructure. # of stations	00		
	15(b) Alternative fuel vehicle conversion # of vehicles	00		
16	Total alternative fuel credits. Add Lines 15(a) and 15(b) only and enter here.	16	6 \$.00
17		17	7 \$	00
	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	18		00
18	iotal the nomenuluable D-30 cledits, effet fiele and off Form D-30, Lifte 36.	10	0 4	00

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.*	

^{*}Line 3 of Schedule UB for D-20 filers Line 13 of Schedule UB for D-30 filers