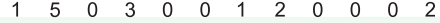




This is a FILL-IN format. Please do not handwrite
any data on this form other than your signature.

Taxpayer Identification Number		Number of business locations		OFFICIAL USE ONLY Vendor ID# 0002	
<input type="text"/>		Fill in <input type="radio"/> if FEIN			
<input type="text"/>		Fill in <input type="radio"/> if SSN		In DC: <input type="text"/> Outside DC: <input type="text"/>	
Business name				Tax period ending (MMYY)	
<input type="text"/>				<input type="text"/>	
Business Mailing Address line #1				Fill in <input type="radio"/> if Amended Return	
<input type="text"/>				Fill in <input type="radio"/> if Final Return	
Business Mailing Address line #2				Fill in <input type="radio"/> if Combined Report*	
<input type="text"/>				*You must fill in the Designated Agent info below	
City				State	
<input type="text"/>				<input type="text"/>	
Designated Agent Name				Designated Agent FEIN	
<input type="text"/>				<input type="text"/>	
Zip Code + 4				<input type="text"/>	
<input type="text"/>				<input type="text"/>	
Designated Agent Name				Designated Agent FEIN	
<input type="text"/>				<input type="text"/>	

		ENTER DOLLAR AMOUNTS ONLY	
GROSS INCOME	1 Gross receipts, minus returns and allowances	1 \$	.00
	2 Cost of goods sold (from D-30, Schedule A) and/or operations	2 \$	.00
	3 Gross profit Line 1 minus Line 2 Fill in if minus: <input type="radio"/>	3 \$	.00
	4 Dividends. Minus Subpart F income (attach statement)	4 \$	.00
	5 Interest (attach statement showing calculations)	5 \$	.00
	6 Gross rental income (attach statement)	6 \$	.00
	7 Gross royalties (attach statement)	7 \$	.00
	8(a) Net capital gain (attach a copy of your federal Schedule D)	8a \$	.00
	(b) Ordinary gain (loss) from Part II, fed. Form 4797, (attach copy) Fill in if minus: <input type="radio"/>	8b \$	.00
	9 Other income (loss) (attach a detailed statement) Fill in if minus: <input type="radio"/>	9 \$	.00
10 Total gross income. Add Lines 3-9. Fill in if minus: <input type="radio"/>	10 \$	.00	
IF LINE 10 IS \$12,000 OR LESS, STOP HERE, DO NOT FILE THIS RETURN.			
DEDUCTIONS	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 federal return)	13 \$	.00
	14(a) Royalty payments made \$ <input type="text"/> 00		
	(b) Minus nondeductible payments to related entities \$ <input type="text"/> 00 = 14c	\$	.00
	15 Rent	15 \$	.00
	16 Taxes from D-30, Schedule C	16 \$	.00
	17(a) Interest payments \$ <input type="text"/> 00		
	(b) Minus nondeductible payments to related entities \$ <input type="text"/> 00 = 17c	\$	.00
	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 additional federal bonus depreciation.)	20 \$	.00
	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: <input type="radio"/>	23 \$	.00	



TAX, PAYMENTS AND CREDITS

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.													
	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		
	Preparer's PTIN						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.)

1. Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).	\$
2. Purchases \$	
Minus cost of items withdrawn for personal use \$	Enter result here →
3. Cost of Labor.	
4. Material and supplies.	
5. Other costs (attach statement) – (Additional 30% and 50% federal bonus depreciation and additional IRC §179 expenses are not allowed.)	
6. Total of lines 1 through 5.	\$
7. Inventory at end of year.	\$
8. Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2.	\$
Method of inventory valuation used	

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 18.)

	\$		\$
		TOTAL (Limited to 15% of net income – also enter on D-30, Line 18.)	\$

Schedule C - TAXES (See specific instructions for Line 16.)

Type of Tax	Amount	Type of Tax	Amount
	\$		\$
TOTAL			\$

*

Schedule E - INTEREST EXPENSE (See specific instructions for Line 17.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount
	\$		\$
TOTAL			\$

*Schedule D has been deleted.

**Schedule F - DC apportionment factor (See instructions)**

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

Carry all factors to six decimal places

	<i>Column 1 TOTAL</i>	<i>Column 2 in DC</i>	<i>DC Apportionment Factor</i>
1. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	\$ <input style="width: 100px;" type="text"/> 00	\$ <input style="width: 100px;" type="text"/> 00	(Column 2 divided by Column 1)
2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28	. <input style="width: 100px;" type="text"/>		

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	

Schedule G - Other allowable deductions

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

Schedule H - Income not reported (claimed as nontaxable)
(See instructions.)

Nature of Income	Amount
	\$
TOTAL	\$

Schedule I - BALANCE SHEETS (See Instructions.)

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. Mortgage and real estate loans.				
	7. Other investments (attach statement).				
	8. Buildings and other fixed depreciable assets				
	(a) MINUS: Accumulated depreciation.				
	9. Depletable assets.				
	(a) MINUS: Accumulated depletion.				
LIABILITIES AND CAPITAL	10. Land (net of any amortization).				
	11. Intangible assets (amortizable only)				
	(a) MINUS: Accumulated amortization				
	12. Other assets (attach statement)				
	13. TOTAL ASSETS				
	14. Accounts payable				
	15. Mortgages, notes, bonds payable in less than 1 year.				
	16. Other current liabilities (attach statement).				
	17. Mortgages, notes, bonds payable in 1 year or more.				
	18. Other liabilities (attach statement)				
	19. Capital stock				
	20. TOTAL LIABILITIES AND CAPITAL				

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Name and Address of Owner(s)/ Member(s)	Social Security Number	Percentage of Time Devoted to this Business	Percentage of Ownership	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss) from Outside DC	Total Income (or Loss) Not Taxable to 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 proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service? Yes <input type="radio"/> No <input type="radio"/> If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue, See instructions for address.	2. PRINCIPAL BUSINESS ACTIVITY <input style="width: 90%;" type="text"/>	3. DATE BUSINESS BEGAN <input style="width: 90%;" type="text"/>
	4. IF BUSINESS HAS TERMINATED, STATE REASON <input style="width: 90%;" type="text"/>	5. TERMINATION DATE <input style="width: 90%;" type="text"/>
6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.) <input style="width: 90%;" type="text"/>		
7. Place where federal income tax return for period covered by this return was filed: <input style="width: 90%;" type="text"/>		
8. Name(s) under which federal return for period covered by this return was filed: <input style="width: 90%;" type="text"/>		
9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2015? Yes <input type="radio"/> No <input type="radio"/> If no, please state reason: <input style="width: 90%;" type="text"/>		
10. Is this return reported on the accrual basis? Yes <input type="radio"/> No <input type="radio"/> If no, fill in the method used: <input type="radio"/> Cash basis <input type="radio"/> Other (specify) <input style="width: 100px;" type="text"/>		
11. Did you withhold DC income tax from the wages of your DC employees during 2015? Yes <input type="radio"/> No <input type="radio"/> If no, state reason: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>		
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2014? If yes, enter name under which return was filed: Yes <input type="radio"/> No <input type="radio"/> If no, state reason: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>		
13. Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.) Yes <input type="radio"/> No <input type="radio"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>		
14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.) Yes <input type="radio"/> No <input type="radio"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>		
15. (a) Is this business unitary with a partnership or another corporation? Yes <input type="radio"/> No <input type="radio"/> If yes, explain: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>		
(b) Is this business unitary with a combined group? Yes <input type="radio"/> No <input type="radio"/> If yes, explain: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>		
16. Did you file an annual ballpark fee return? Yes <input type="radio"/> No <input type="radio"/>		

Worldwide Combined Reporting
Election Form



FEIN/SSN of Designated Agent

Fill in ☐ if FEIN

Taxable Year YYYY

☐ Worldwide

Fill in ☐ if SSN

Name of Designated Agent

Telephone number

Business address line #1

Business address line #2

City

State

Zip code +4

- In accordance with the provisions of DC Official Code § 47-1810.07 and the combined reporting regulations, election is hereby made to report on a worldwide unitary combined basis.
- A worldwide unitary combined reporting election is binding for and applicable to the tax year it is made and all years thereafter for a period of ten years.
- It may be withdrawn or reinstituted after withdrawal, prior to the expiration of the ten-year period, only upon written request for reasonable cause based on extraordinary hardship due to unforeseen changes in DC tax statutes, law or policy and only with the written permission from the Office of Tax and Revenue.
- Upon the expiration of the ten-year period, a taxpayer may withdraw from the worldwide unitary combined reporting election.
- Withdrawal must be made in writing within one year of the expiration of the election and is binding for a period of ten years, subject to the same conditions as applied to the original election.

Date Beginning Tax Period: 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.



OFFICIAL USE ONLY
Vendor ID# 0002

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

Taxpayer Identification Number

Fill in ☐ if FEIN

Fill in ☐ if filing a D-20 Return

Fill in ☐ if SSN

Fill in ☐ if filing a D-30 Return

Enter your business name

D-20 Return

Nonrefundable Credits

- | | | | | | | |
|---------------------------|--|-------------|----|----|-------------|-----|
| 1 | Economic Development Zone Incentives Credit (<i>see worksheet</i>). | | 1 | \$ | <div></div> | 00 |
| 2 | Qualified High echnology Company Credit from Part F, DC Form D-20CR, from pub. 399. | | 2 | \$ | <div></div> | 00 |
| 3 | Organ and Bone Marrow Donor Credit (<i>see computation on reverse side</i>).
This credit may not be applied against the required minimum tax. | | 3 | \$ | <div></div> | 00 |
| 4 | Job Growth Incentive Act | | 4 | \$ | <div></div> | 00 |
| 5 | Enter alternative fuel credits. See instructions | | | | | |
| | 5(a) Alternative fuel infrastructure. | <div></div> | | \$ | <div></div> | .00 |
| | # of stations | | | | | |
| | 5(b) Alternative fuel vehicle conversion. | <div></div> | | \$ | <div></div> | .00 |
| | # of vehicles | | | | | |
| 6 | Total alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here. | | 6 | \$ | <div></div> | 00 |
| 7 | RESERVED | | 7 | \$ | <div></div> | 00 |
| 8 | Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. | | 8 | \$ | <div></div> | 00 |
| Refundable Credits | | | | | | |
| 9 | Qualified High echnology Company Retraining Costs Credit
<i>from Part G, DC Form D-20CR, from pub. 399.</i> | | 9 | \$ | <div></div> | 00 |
| 10 | RESERVED | | 10 | \$ | <div></div> | 00 |
| 11 | Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c). | | 11 | \$ | <div></div> | 00 |

D-30 Return

Nonrefundable Credits

- [illegible]

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