



Taxpayer Name: _____

Federal Employer I.D. Number: _____

		ENTER DOLLAR AMOUNTS ONLY										
DEDUCTIONS	23 Pension, profit-sharing plan	Fill in if minus:	<input type="radio"/>	23	\$							00
	24 Other deductions (attach statement)			24	\$							00
	25 Total deductions. Add Lines 11-24.			25	\$							00
	26 Net income Line 10 minus Line 25.	Fill in if minus:	<input type="radio"/>	26	\$							00
	27 Net operating loss deduction for years before 2000			27	\$							00
TAXABLE INCOME	28 Net income after net operating loss deduction	Fill in if minus:	<input type="radio"/>	28	\$							00
	Line 26 minus Line 27											
	29 (a) Non-business income/state adjustment (attach statement)	Fill in if minus:	<input type="radio"/>	29a	\$							00
	(b) Expense related to non-business income (attach statement)			29b	\$							00
	(c) 29(a) minus 29(b)	Fill in if minus:	<input type="radio"/>	29c	\$							00
	30 Net income subject to apportionment	Fill in if minus:	<input type="radio"/>	30	\$							00
	Line 28 minus Line 29(c)											
	31 DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5			31								
	32 Net income from trade or business apportioned to DC	Fill in if minus:	<input type="radio"/>	32	\$							00
	Line 30 amount multiplied by Line 31 factor.											
33 Other income/deductions attributable to DC (attach statement - see instructions)	Fill in if minus:	<input type="radio"/>	33	\$							00	
34 Total taxable income before apportioned NOL deduction	Fill in if minus:	<input type="radio"/>	34	\$							00	
Line 32 plus or minus Line 33.												
35 Apportioned NOL deduction (Losses occurring in year 2000 and later)			35	\$							00	
36 Total DC taxable income. Line 34 minus Line 35.	Fill in if minus:	<input type="radio"/>	36	\$							00	
If QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4, Lines 1-10.												
37 Tax 9.2% of Line 36			37	\$							00	
38 Minus nonrefundable credits from Schedule UB, Line 9			38	\$							00	
39 Total DC gross receipts from Line '4' MTLGR Worksheet	\$										00	
TAX PAYMENTS AND CREDITS	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	\$							00	
	41 Payments and refundable credits:		41a	\$							00	
	(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											
	(b) 2016 estimated franchise tax payments		41b	\$							00	
	(c) Refundable credits from Schedule UB, Line 12		41c	\$							00	
	42 Add lines 41(a), 41(b) and 41(c).		42	\$							00	
	43 RESERVED											
	44 Estimated tax interest (Fill in oval if D-2220 attached)	<input type="radio"/>	44	\$							00	
45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. Will this payment come from an account outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.		45	\$							00		
46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid.		46	\$							00		
47 Amount you want to apply to your 2017 estimated franchise tax.		47	\$							00		
48 Amount to be refunded. Line 46 minus Line 47.		48	\$							00		

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

Designee's name _____ Phone number _____

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

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

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
		NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
1. Inventory at beginning of year.....	\$		
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 and Address of Office	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 DC 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 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 asset				
	(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-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 included in this return (itemize). Tax-exempt interest \$ _____	\$
2. Federal income tax		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation \$ _____ (b) Depletion \$ _____	
3. Excess of capital losses over capital gains			
4. Taxable income not recorded on books this year (itemize)			
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation \$ _____ (b) Depletion \$ _____		9. TOTAL of Lines 7 and 8	\$
6. TOTAL of Lines 1 through 5.	\$	10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	\$

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

1. Balance at beginning of year	\$	5. Distributions: (a) Cash	\$
2. Net income per books		(b) Stock	
3. Other increases (itemize)		(c) Property	
		6. Other decreases (itemize). _____	
		7. TOTAL of Lines 5 and 6.	\$
4. TOTAL of Lines 1, 2 and 3.	\$	8. Balance at end of year (Line 4 minus Line 7).	\$

Schedule I – Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.		\$	\$	\$	\$
2.					
3.					
4.					
5.					
6.					
7. TOTAL (Enter the total of Column 3 on D-20, Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)		\$	\$	\$	\$

*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.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

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 2016, 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 NO

If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY

If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.

7. Is this corporation unitary with another entity? YES NO If yes, explain:

8. Is this return made on the accrual basis? YES NO If no, indicate basis used: Cash Basis Other (specify)

9. Did you file a franchise tax return with D for the year 2015? YES NO If no, state reason

10. Did you withhold DC income tax from wages paid to your DC resident employees during 2016? YES 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 2016? YES NO

12. (a) Has the business been terminated? YES NO If yes, explain and give date:
 (b) Have you moved out of DC? YES NO

13. Did you file an annual ballpark fee return YES NO

Worldwide Combined Reporting Election Form



FEIN of Designated Agent

Input field for FEIN of Designated Agent

Taxable Year YYYY

Input field for Taxable Year YYYY

Worldwide

Name of Designated Agent

Input field for Name of Designated Agent

Telephone number

Input field for Telephone number

Business address line #1

Input field for Business address line #1

Business address line #2

Input field for Business address line #2

City

Input field for City

State

Input field for State

Zip code +4

Input field for 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 reinstated 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

Input field for Date Beginning Tax Period

Date Ending Tax Period: MMDDYYYY

Input field for Date Ending Tax Period

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.

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 14 of Schedule UB for D-30 filers

Employer-Assisted Home Purchase Tax Credit — Computation —	
1. Number of Eligible Employees	<input style="width: 40px; height: 20px;" type="text"/>
2. Amount of Homeownership Assistance provided during this period to Eligible Employees.....x 50%	\$ _____
3. Tax Credit (Cannot exceed Line 2 amount and limited to \$2,500 per Eligible Employee)	\$ _____
<p>Enter amount from Line 3 on Line 7 of Schedule UB for D-20 filers, or Line 18 of Schedule UB for D-30 filers.</p>	

Employer-Assisted Home Purchase Tax Credit

An employer who provides homeownership assistance to eligible employees through a certified home purchase program may be eligible to claim a credit against the franchise tax if certain conditions are met. See instructions and DC Code Section 47-1807.07 for further details.