

## **2016** 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.

Taxpayer Identification Number			Fill in if FEIN	Numb	er of bu	usiness locatio	ns		OFFICIA	ICIAL USE ONLY Vendor ID# 0002			
			Fill in if FEIN	In DC:			Outside DC:			OFFICIA	AL USE ONLY V	endor 1D# 0002	
			1111111 11 3314										
В	usine	ess name							Tax perio	od ending (MI	MYY) Fill in	if Amended Return	
											Fill in	if Final Return	
E	Susine	ess Mailing Address line #1										if Combined Report*	
										,		Designated Agent info below if Worldwide**	
E	usine	ess Mailing Address line #2								,		ust be filed with this return	
0	÷.							Ctoto	7:-	o Codo I A			
	ty							State	۷۱,	Code + 4			
_	ociar	nated Agent Name							De	esignated Age	nt FFIN		
	esigi	lated Agent Name								esignated Age	IICT EIN		
	4												
	1	Cross respirits, minus returns	and alloweness							ENTER D	OLLAR AMOUNTS		
	1	Gross receipts, minus returns		l/or on	orotio	no		1				00	
	2	Cost of goods sold (from D-30	o, schedule A) and	i/or op	eratio			2				00	
ш	3	Gross profit Line 1 minus Line 2				Fill in i	if minus:	3				00	
$\mathbb{Z}$	4	Dividends. Minus Subpart F inco		:)				4				00	
Š	5	Interest (attach statement showing	· ·					5				00	
SS	6	Gross rental income (attach sta				Fill in i	if minus:	6				00	
GROSS INCOME	7	Gross royalties (attach statemen						7				00	
5		<ul><li>Net capital gain (loss) (attach</li><li>Ordinary gain (loss) from Part</li></ul>						8a 8b				.00	
	9	Other income (loss) (attach a c	detailed statement)			Fill in i	if minus:	9				00	
	10	Total gross income. Add Lines	3–9.			Fill in i	if minus:	10				.00	
	IF I	LINE 10 IS \$12,000 OR LESS, ST	TOP HERE, DO NOT	FILE T	HIS R	ETURI	N.						
	11	Salaries and wages (Do not incl	lude owner(s)/membe	r(s))				11				.00	
	12	Repairs						12				.00	
	13	Bad debts (attach a copy of any	statement filed with	our fed	eral re	turn)		13				.00	
	14	(a) Royalty payments made		\$			.00						
	(	(b) Minus nondeductible payment	ts to related entities	\$			00 =	= 14	:\$			.00	
	15	Rent						15				.00	
SN	16	Taxes from D-30, Schedule C						16				.00	
E	17	(a) Interest payments		\$			00						
EDUCTIONS	(	(b) Minus nondeductible payments to related entities \$ 00 =							:\$			.00	
H	18	18 Contributions and/or gifts from D-30, Schedule B										.00	
	19	Amortization (attach a copy of y	our federal Form 456	2, Part	VI)			19				.00	
	20	Depreciation (attach a copy of y additional federal bonus depreciation	of your federal Form 4562. Do not include the ciation.)									00	
	21	21 Other allowable deductions from D-30, Schedule G.										00	
	22	Total deductions. Add Lines 11	.–21.					22				00	

D-30	0 F0	DRM, PAGE 2	1   1818   1111   1818   1111   1811   1818   1818   1818   1818   1818   1818   1818   1818   1818   1818   1	
Тахра	yer N	lame:		
FEIN		N:	1 6 0 3 0 0 1 2 0 0 0 2	0.0
23		et income Line 10 minus Line 22. Fill in if minus:	23 \$	00
24		et operating loss deduction for years before 2000	24 \$	00
25		et income after NOL deduction Line 23 minus Line 24 Fill in if minus:	25 \$	00
26	6 (a	Non-business income/state adjustment (attach statement) Fill in if minus:	26a \$	00
	(b	) Minus: Related expenses (attach an allocation statement)	26b\$	00
	(c)	Subtract Line 26(b) from Line 26(a) Fill in if minus:	26c\$	00
27	ар	et income from trade or business subject to Fill in if minus: Oportionment Line 25 minus Line 26(c)	27 \$	00
₹ 28	3 D(	C apportionment factor from D-30, Schedule F, Col 3, Line 2	28	
S 29	Ne Mu	et income from trade or business apportioned to DC Fill in if minus: Ultiply Line 27 by the factor on Line 28	29 \$	00
TAXABLE INCOME	Ot (at	ther income/deductions attributable to DC Fill in if minus:  ttach statement)	30 \$	00
₹ 31		otal DC net income (loss) Fill in if minus: ombine Lines 29 and 30	31 \$	00
32	2 Sa	alary for owner(s) / member(s) services from D-30, Schedule J, Column 4.	32 \$	00
33		xemption Maximum is \$5000. Enter days in DC. → 33a fewer than 365 days in DC, see page instructions for amount to claim.	33 \$	00
34		otal taxable income before apportioned NOL deduction Fill in if minus:   ne 31 minus total of Lines 32 and 33	34 \$	00
35	5 Ap	pportioned NOL deduction Losses occurring for year 2000 and later.	35 \$	00
36	5 То	otal DC taxable income. Line 34 minus Line 35 Fill in if minus:	36 \$	00
37	7 Ta	ax 9.2% of Line 36	37 \$	00
38	3 M	linus nonrefundable credits from Schedule UB, Line 20	38 \$	00
S = 39	Э То	otal DC gross receipts from Line '4' from MTLGR worksheet	00	
CREDIT 38 40	) Ne	et tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts e \$1M or less or \$1,000 if DC gross receipts are greater than \$1M.	40 \$	00
QW 41	(a	ayments: ) Tax paid, if any, with request for an extension of time to file or paid with original return if this is an amended return	41a\$	.00
PAYMENTS	(b	2016 estimated franchise tax payments	41b\$	00
₹ 42	2 Ac	dd lines 41(a), 41(b)	42 \$	00
ĕ 43	3		43 \$	00
¥ 44		stimated tax interest (Fill in oval if D-2220 attached)	44 \$	00
45	5 То	otal Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due ill this payment come from an account outside the U.S.? Yes No See instructions		00
46		verpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid.	46 \$	00
47		mount you want to apply to your 2017 estimated franchise tax.	47 \$	00
48		mount to be refunded. Line 46 minus Line 47.	48 \$	00
Thi	ird pa	arty 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 instruct	tions.
De	signee	e's name	Phone number	
SI	ASE GN ERE	Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is corre	ect. Declaration of paid preparer is based on the information available to the	preparer.
		Officer's signature Title	Date Telephone number of person to contact	t
PΔ	AID			
	ARER	Preparer's signature (if other than taxpayer)  Date  Fin	n name Firm address	
		Proparer's PTIN	f you want to allow the preparer to discuss this return	

schedule A - COST OF GOODS SOLD (See	o specific instructions for Enfe 2		
. Inventory at beginning of year (if different from	last year's closing inventory, attach	n an explanation).	\$
. Purchases	\$		
Purchases	9\$	Enter result here	<b>→</b>
Cost of Labor.			
Material and supplies.			
Other costs (attach statement) – (Additional 30%	and 50% federal bonus depreciation ar	nd additional IRC §179 expenses are not allowed.)	
Total of lines 1 through 5.	, , , , , , , , , , , , , , , , , , , ,		\$
Inventory at end of year.			\$
. Cost of goods sold (Line 6 minus Line 7). Ente	er here and on D-30. Line 2.		\$
Method of inventory valuation used			Ф
chedule B - CONTRIBUTIONS AND/OR GI		s for Line 18.)	
	\$		\$
	TOTAL	(Limited to 15% of net income – also enter on D-30, Line	2 18.) \$
	,		
	ons for Line 16.)		
<b>chedule C - TAXES</b> (See specific instruction	ons for Line 16.)	Type of Tax	Amount
	ons for Line 16.)		
	ons for Line 16.)		Amount
	ons for Line 16.)		Amount
	ons for Line 16.)		Amount
	ons for Line 16.)		Amount
	ons for Line 16.)		Amount
	ons for Line 16.)		Amount
Type of Tax	ons for Line 16.)		Amount
Type of Tax  DTAL	ons for Line 16.)		Amount \$
Type of Tax  DTAL	ons for Line 16.)		Amount \$
Type of Tax  OTAL	ons for Line 16.)  Amount  \$		Amount \$
Type of Tax  TTAL	ons for Line 16.)  Amount  \$		Amount \$
Type of Tax  OTAL  chedule E - INTEREST EXPENSE (See spe	ons for Line 16.)  Amount  s  crific instructions for Line 17.)  Amount	Type of Tax	Amount \$
Type of Tax  OTAL  chedule E - INTEREST EXPENSE (See spe	ons for Line 16.)  Amount  \$ ecific instructions for Line 17.)	Type of Tax	Amount \$
Type of Tax  OTAL  *  chedule E - INTEREST EXPENSE (See spe	ons for Line 16.)  Amount  s  crific instructions for Line 17.)  Amount	Type of Tax	Amount \$
Type of Tax  DTAL  *  chedule E - INTEREST EXPENSE (See spe	ons for Line 16.)  Amount  s  crific instructions for Line 17.)  Amount	Type of Tax	Amount \$
DTAL * chedule E - INTEREST EXPENSE (See spe	ons for Line 16.)  Amount  s  crific instructions for Line 17.)  Amount	Type of Tax	Amount \$
Type of Tax  DTAL  *  chedule E - INTEREST EXPENSE (See spe	ons for Line 16.)  Amount  s  crific instructions for Line 17.)  Amount	Type of Tax	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					
<ol> <li>SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.</li> </ol>	\$		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	Tax Due	Tax Due						
		Total Before Eliminations	Designated Agent	Member 1						
Tax Due	Tax Due	Tax Due	Tax Due							
Member 2	Member 3	Member 4	Member 5							

Nature of Deduction	Amount
	\$
<b>TAL</b> (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.) Begin	ning of Taxable Year	End of	Taxable 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. Mortgage and real estate loans				
SETS	7. Other investments (attach statement)				
SSE	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)				
AL	(a) MINUS: Accumulated amortization				
CAPITAL	12. Other assets (attach statement)				
S	13. TOTAL ASSETS				
	14. Accounts payable				
AND	15. Mortgages, notes, bonds payable in less than 1 year.				
ES	16. Other current liabilities (attach statement)				
BILITIE	17. Mortgages, notes, bonds payable in 1 year or more.				
뭂	18. Other liabilities (attach statement)				
Z	19. Capital stock				
_	20. TOTAL LIABILITIES AND CAPITAL				

Schedule J - DISTRIBUTIO		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Col. 1		Percentage of Time	Percent-	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss)	Total Income (or Loss) Not Taxable to
Name and Address of Owner(s)/ Member(s)	Social Security Number	Devoted to this Business	Ownership		o.aou	20 000.000	from Outside DC	the Unincorporated Business (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
TOTAL				\$	\$	\$	\$	\$
Col. 4 - See Instructions. Col. 5 - See Instructions.	Enter total taxab	30.	\$					
Col. 6 - Any loss amount from Line 31 of D-30.				Net income of U outside DC (from	\$			

SUPPLEMENTAL INFORMATION							
During 2016, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did	2. P	RINCIF	PAL B	USINESS ACTIVITY	3.	DATE BUSINESS BEGAN	
you file any amended returns with the Internal Revenue Service?  Yes No	4. IF	BUSII	NESS	HAS TERMINATED. STATE	REASON	5.	TERMINATION DATE
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.	6. T	YPE OF	OWI	NERSHIP (sole proprietor, p	artnership, etc.)		
7. Place where federal income tax return for period covered by this	return v	vas file	d:				
8. Name(s) under which federal return for period covered by this re	turn wa:	s filed:					
Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2016.		'es	No	If no, please state r	eason:		
10. Is this return reported on the accrual basis?	Yes	No	If n	o, fill in the method used:	Cash basis Other (spe		
11. Did you withhold DC income tax from the wages of your DC employees during 2016?	Yes	No	If n	o, state reason:			
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2015? If yes, enter name under which return was filed:	Yes	No	If n	o, state reason:			
				_			
				_			
13. Does this return include income from more than one business conducted by the taxpayer?	Yes	No					
(If yes, list businesses and net income (loss) of each.)							
14. Is income from any other business or business interest owned by the proprietors of this business being reported	Yes	No					
in a separate return? (If yes, list names and addresses of the other businesses.)							
15. (a) Is this business unitary with a partnership or another	Yes	No	If.	wos explain.			
corporation?				yes, explain:			
(b) Is this business unitary with a combined group?	Yes	No	lf ·	yes, explain:			
16. Did you file an annual ballpark fee return?	Yes	No					

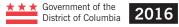


## Worldwide Combined Reporting Election Form



FEIN of Designated Agent	Taxable Year YYYY	Worldwide
Name of Designated Agent		Telephone number
Business address line #1		
Business address line #2		
City	State Zij	code +4
In accordance with the provisions of DC Official Code hereby made to report on a worldwide unitary combined.	§ 47-1810.07 and the ed basis.	combined reporting regulations, election is
A worldwide unitary combined reporting election is bit thereafter for a period of ten years.	inding for and applicab	le to the tax year it is made and all years
It may be withdrawn or reinstituted after withdrawal, request for reasonable cause based on extraordinary policy and only with the written permission from the or control of the cont	hardship due to unfores	seen changes in DC tax statutes, law or
Upon the expiration of the ten-year period, a taxpayer election.	r may withdraw from th	ne worldwide unitary combined reporting
Withdrawal must be made in writing within one year years, subject to the same conditions as applied to the same conditions.		election and is binding for a period of ten
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.





**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 Return Fill in if SSN Fill in if filing a D-30 Return					
Fnt	er your business name	1				
	, ca					
	20 Return					
No 1	<b>nrefundable Credits</b> (Nonrefundable Credits may not be applied against the required minimum tax Economic Development Zone Incentives Credits (see worksheet).	1				00
1		1			00	
_	1a Amount of Line 1 that is Food Commodity Donation Credit (see worksheet).				00	00
2	Qualified High Technology Company Credits from Part E, Line 5, DC Form D-20CR, from pub. 399.	2		+		00
3	Organ and Bone Marrow Donor Credit (see computation on reverse side).	3				00
4	Job Growth Incentive Act	4				00
5	Enter alternative fuel credits. See instructions					
	5a Alternative fuel infrastructure. \$ 00 # of stations					
	5b Alternative fuel vehicle conversion. \$ 00 # of vehicles					
6	Total alternative fuel credits. Add Lines 5a and 5b only and enter here.	6				00
7	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a	7				00
8	RESERVED # of employees	8				00
9	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. If QHTC, enter here and on QHTC Schedule, Line 5.	9				00
Re	fundable Credits					
10	Qualified High Technology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR, from pub. 399.	10				00
11		11				00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 41c.	12				00
D-3	30 Return					
No	nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax	()				
13	Economic Development Zone Incentives Credit (see worksheet).	13				00
	13a Amount of Line 13 that is Food Commodity Donation Credit (see worksheet). §				00	
14	Organ and Bone Marrow Donor Credit (see computation on reverse side).	14				00
15	Job Growth Incentive Act	15				00
16	Enter alternative fuel credits. See instructions					
	16a Alternative fuel infrastructure.					
	# of stations					
	16b Alternative fuel vehicle conversion. # of vehicles					
17	Total alternative fuel credits. Add Lines 16a and 16b only and enter here.	17				00
18	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a	18				00
19	# of employees	19				00
20	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	20				00

**Schedule UB Instructions** 

**Qualified High Technology Companies** 

If you claim credits on Lines 2 or 10 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 14 of Schedule UB for D-30 filers

Employer-Assisted Home Purchase Tax Credi — Computation —	t
1. Number of Eligible Employees	
2. Amount of Homeownership Assistance provided during this period to Eligible Employeesx 50%	\$
3. Tax Credit	\$
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.	

**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.