

2019 D-20 Corporation Franchise Tax Return

Important: Print in CAPITAL letters using black ink.

						1 0 0 2 0 0 1	1 0 0 0 2	
	Тахр	payer Identification Number (TIN) Num	ber of business	locations	Тах р	eriod ending (MMDDYYYY)	OFFICIAL U	
		In DC:	Outside D	C:				ed in DC Ballpark TIF Area
	Nam	ne of corporation					Fill in if Amended	·
							Fill in if Final Retu	
	Busir	ness mailing address #1					Fill in if Certified G	
							Fill in if Combined	
	Busi	ness mailing address #2				*\	You must fill in the Designated A	
	0					**	Fill in if Worldwide Worldwide form must be filed w	
	City				St	ate Zip Code + 4		
	Desig	gnated Agent Name				Designated Agen	t TIN	
	2 00.8	, and the state of				Doorginated 1 igon		
	• RF	AD INSTRUCTIONS BEFORE PREPARING RETURN • (To all	locate non busines	a Itama ana instructi	ions)		nter dollar amounts only.	
	1	Gross receipts, minus returns and allowances	ocate non-busines	s items, see instructi	10115)	If amount is zero, leave I	line blank; if minus, enter amou	nt and fill in oval.
GROSS INCOME	2	Cost of goods sold (from D-20 Schedule A) and	1/or operatio	ns		2 \$		00
	3	(attach statement) Gross profit from sales and/or operations	yor operatio	Fill in if minus:		3 \$		00
	3	Line 1 minus Line 2	σ ψ					
	4	Dividends from Form D-20, Schedule B				4 \$.00
	5	Interest (attach statement)				5 \$		00
GR	6	Gross rental income from D-20, Schedule I, Column	3, Line 6			6 \$		00
	7	Gross royalties (attach statement)				7 \$.00
	8(a) Net capital gain (loss) (attach a copy of your federa	I Schedule D)	Fill in if minus:		8(a)\$		00
	(b) Ordinary gain (loss) from Part II, fed. Form 4797, (a	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, Schedu	ule C			11 \$		00
	12	Salaries and wages				12 \$		00
	13	Repairs				13 \$		00
	14	Bad debts				14 \$		00
	15	Rent				15 \$		00
EDUCTIONS	16	Taxes from Form D-20, Schedule D				16 \$.00
)CŢ	17(a) Interest payments	\$		00			
	(b) Minus nondeductible payments to related entities	\$		00 =	17c\$		00
	18	Contributions and/or gifts (attach statement)				18 \$		00
	19	Amortization (attach a copy of your federal Form 4	562)			19 \$		00
	20	Depreciation (attach a copy of your federal Form 4 any additional IRC 179 expenses or IRC 168(k) dep		include		20 \$		00
	21	Depletion (attach statement)				21 \$		00
	22(a) Enter royalty payments made	\$		00			
	(1	b) Minus nondeductible payments to related entities	\$		00 =	22c\$		00

Taxpayer Name:

Tax	payer	Identification Number:		1	9 0	2 0 0 1 2 0 0 0 2	
S						ENTER DOLLAR AMOUNTS ONLY	
CT:	23	Pension, profit-sharing plans	23			.00	
200	23 24 25	Other deductions (attach statement)	24			00	
B	25	Total deductions. Add Lines 11–24.	25			00	
	26	Net income Line 10 minus Line 25.	Fill in if minus:	26			00
	27	Net operating loss deduction for years before 2000		27			00
	28	Net income after net operating loss deduction Line 26 minus Line 27	Fill in if minus:	28			.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	t)	29b			00
		(c) 29(a) minus 29(b)	Fill in if minus:	29c			00
		Net income subject to apportionment Line 28 minus Line 29(c)	Fill in if minus:	30			00
		DC apportionment factor from Form D-20, Schedule F, Col. 3, Lin If Combined Report, from Combined Reporting Schedule 2A, Col. 1 Line	ne 5. 9.	31			00
	32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor.	Fill in if minus:	32			.00
	33	Other income/deductions attributable to DC (attach statement - see instructions)	Fill in if minus:	33			00
	34	Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33.	34			00	
	35	Apportioned NOL deduction (Losses occurring in year 2000 and *(Losses occurring in tax year 2018 or later are limited to 80%. See ins	35			00	
	36	Tentative DC taxable income. Line 34 minus Line 35.	Fill in if minus:	36			00
	37	Allocated/apportioned net capital gain from sale or exchainvestment in a DC QHTC, from Schedule QCGI, Line 3.	ange of an eligible	37			00
	38	DC taxable income. Line 36 minus Line 37. If QHTC, skip Lines 39-43. Complete QHTC Schedule on Page	Fill in if minus: 4, Lines 1-13.	38			00
	39	Tentative tax 8.25% of Line 38.		39			00
	40	3% tax on eligible QHTC capital gain income, from Schedu	le QCGI, Line 4.	40			00
	41	Total tax. Add Line 39 and Line 40.		41			00
	42	Minus nonrefundable credits from Schedule UB, Line 9		42			00
		Total DC gross receipts from Line '4' MTLGR Worksheet	\$			00	
	44	Net tax. Line 41 minus Line 42. The minimum tax is \$250 if DC are \$1M or less or \$1,000 if DC gross receipts are greater than \$1		44			00
	45	Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time	to file	45a			00
		(b) Tax paid, if any, with original return if this is an amer		45b			00
		(c) 2019 estimated franchise tax payments		45c			00
		(d) Refundable credits from Schedule UB, Line 12		45d			00
	46	If this is an amended 2019 return, enter refund requested	with original return.	46			00
		Total payments and credits. Add Lines 45(a) through 45(d). Do no	ot include Line 46.	47			00
	48	Estimated tax interest (Fill in oval if D-2220 attached)	48			00	
	49	Total Amount Due. If Line 47 is smaller than the total of Lines 44 a Will this payment come from an account outside of the U.S.? Yes	No See instructions.				00
	50	Overpayment. If Line 47 is larger than the total of Lines 44 and 48		50			00
	51	Amount you want to apply to your 2020 estimated franc	chise tax.	51			00
	52	Amount to be refunded. Line 50 minus Line 51.	52			00	





Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)				Schedule B - Dividends (See specific instructions for Line 4.)						
Inventory at beginning of year	\$				NAME AND ADDR	AMOUNT				
	1						\$			
Merchandise bought for manufacture or sale										
3. Salaries and wages										
4. Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179										
expenses are 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					
				Minu	ıs deduction for Su	bpart F Income.		\$		
					us deduction for div		rom			
				TOTA	AL (Enter here and	on D-20, Line 4.)	\$		
Schedule C - Compensation of officers (See spe	cific in:	struction	s for Lir	ne 11.	If more than 3 offi	ces attach additio	nal sheets as need	ed.)		
Col. 1	Co	ol. 2		ol. 3	Stock	Corporation Owned	Col. 6		Col. 7	
Name and Address of Officer		ial Title	Devo	t of Time ted to	Col. 4	Col.5	Amount of		Expense Account	
			Bus	siness	Common	Preferred	Compensation	$+\!-$	Allowances	
				%	%	%	\$	\$		
					1			+		
				%	%	%				
					1			┷		
				0/	0/	0/				
				%	%	%				
TOTAL COMPENSATION OF OFFICERS (Enter here	and on	D-20, L	ine 11.))			\$			
Schedule D - Taxes (See specific instructions for	or Line	: 16.)								
EXPLANATION		AM	OUNT	EXPLANATION					MOUNT	
		\$		\perp				\$		
				+				+-		
				+-	TOTAL (Enter here	and on D-20, Lin	e 16.)	\$		
Schedule E - Reconciliation of the net income		ed on F	ederal	and D	C returns					
1. Taxable income before net operating loss deduction and sideductions (page 1 of your Federal corporate return).	pecial	\$		7. Total DC taxable income reported (from D-20, Line 36						
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME										
Income taxes (see specific instructions for line 16).				NON-TAXABLE INCOME AND ADDITIONAL DEDUCTION						
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.			8.	Net income apport	cioned or allocated	to outside DC.				
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 (iten include additional federal depreciation and additional IRC § 179 expenses). 	•				(a)			_		
(a)				\dashv	(b)			-		
(b)				\dashv				\vdash		
6. TOTAL of Lines 1–5.		\$		10	D. TOTAL of Lines 7	7, 8 and 9.		\$		

J-20 FURM, PAGE 4	
axpayer Name:	
anpayor rumor	
axpayer Identification Number:	1 9 0 2 0 0 1 4 0 0 0 2

Taxpayer	Identification Number:		1 9 0	 	
	ile F - DC apportionment factor (See instructions) No hedule F blank. Use Combined Reporting Schedule 2A, Li	•	do not use Schedule F	to derive the apportionn	nent factor for the group.
Round ce	ents to the nearest dollar.		Carry all factors to six	decimal places and trunc	ate.
For all b	usinesses other than financial institutions:	Column 1 TOTAL	Colum	nn 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
	S FACTOR: All gross receipts of the business other as receipts from non-business income.	\$	00 \$.00	• Column 2 divided by Column 1)
For Fina	ncial Institutions:				
	S FACTOR: All gross income of the financial institution other ross income from non-business income.	\$.00 \$.00	
	OLL FACTOR: Total compensation paid or accrued by the cial institution.	\$.00 \$.00	
4. SUM	OF FACTORS: (For Financial Institutions add Lines 2 and 3	of Column 3)			
	PPORTIONMENT FACTOR: For businesses other than f \$1. For financial institutions divide Line 4, Column 3 by 2. If				
	Qualified High Technology	Companies Tax, Exemption	and Credits Schedu	ule (See instructions)	
1	Initial Date of Certification as QHTC (MMDDY)	(YY)			
2	Initial Date Of Taxable Income (MMDDYYYY)				
3	Cumulative Amount of QHTC Franchise Tax Ex	emption Previously Used			.00
4	DC taxable income. D-20 Line 38.	Fill in if minus:	4\$		00
5	Tentative QHTC Franchise Tax 6.0% of Line 4		5\$.00
6	3% tax on eligible QHTC capital gains income	From Line 4 of Schedule QCGI	6\$.00
7	Total QHTC Franchise Tax. Add Line 5 and Line 6.		7\$.00
8	Minus nonrefundable credits from Schedule U	B, Line 9	8\$.00
9	QHTC tax due. Subtract Line 8 from Line 7		9\$.00
10	Minus QHTC Franchise Tax Exemption This Re	turn	10\$.00
11	Total DC gross receipts from Line '4' MTLGR Works	sheet \$		00	
12	Net tax. Line 9 minus Line 10. The minimum tax is	s \$250 if DC gross receipts	12\$		00
	are \$1M or less or \$1,000 if DC gross receipts are $\mbox{\it g}$ on page 2, Line 44. Complete page 2, Lines 45 thro		e and		
13	Amount of QHTC Franchise Tax Exemption Re	maining \$		00	
	d party designee To authorize another person to discuss this	return with OTR, fill in here			that person. See instructions.
	gnee's name Under penalties of law, I declare that I have examined this return a	and to the best of my knowledge, it is		number	formation available to the propaga
PLEASE SIGN HERE	Officer perfattes of law, 1 declare that 1 have examined this return a	and, to the best of my knowledge, it is	correct. Declaration of pa	id preparer is based on the in	iornation available to the preparet.
	Officer's signature Title	e	Date	Telephone n	umber of person to contact
PAID					
PREPARE ONLY	Preparer's signature (if other than taxpayer)	Date	Firm name	Firm addı	
	Preparer's PTIN		If you want to allow t of Tax and Revenue fi	he preparer to discuss this re	curn with the Office

Taxpaver Name:			

Taxpayer Identification Number:

Schedule G - Balance Sheets		Beginning of	Taxable Year		Taxable Year
) 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 instrumentalit	ies				
(b) States, subdivisions thereo	f, 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			-		1
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)					
			-		_
(b) Common stock					
22. Paid-in or capital surplus (attach statement)					
(b) Common stock					
			/		/
)		(
26. TOTAL LIABILITIES AND CAPITAL					
Schedule H-1 – Reconciliation of Income (Lo	ss) per Books With	h Income (Lo	ss) per Return		
. Net income per books	. \$	7. Inc	ome recorded on books	this year and not	\$
2. Federal income tax			luded in this return (iter	mize).	
		Tax-	exempt interest \$		
3. Excess of capital losses over capital gains 4. Taxable income not recorded on books this					
year (itemize)					
		8 Dadi	uctions on this tax return	and not charged	
5. Expenses recorded on books this year and not	1		nst book income this ye	_	
deducted on this return (itemize).			Depreciation §		
			•		
(a) Depreciation \$		(b)	Depletion	5	
(b) Depletion \$					\$
(b) Depiction			AL of Lines 7 and 8 · · ble Income (federal Form		Ф
5. TOTAL of Lines 1 through 5	\$		uld equal Line 6 minus Li	, , , ,	\$
<u> </u>	1 '				T
Schedule H-2 – Analysis of Unappropriated I	Retained Earnings	-			
. Balance at beginning of year	\$	5. Distr	ibutions: (a) Cash		\$
. Net income per books			(b) Stock		
·			(c) Propert	ïy	
Other increases (itemize)					
	-	6. Othe	er decreases (itemize).		
	-				-
	-	7 707	AL of Lines 5 and 6		c
	1				\$
1 TOTAL of Lines 1 2 and 3	I \$	I.8. Ralai	nce at end of year (Line	4 minus Line 7)	S

Taxpayer Name:		



laxpayer Name:	:									
	ication Number:					1 9 0	2 0	0 1 6 0	0 0	2
Schedule I	- Income from Rent									
Col. 1	Address of Property	Col. 2 K Prope		Col. 3 Gross Amount of Rent	or Amort	epreciation* ization (Per Form 4562)		ol. 5 Repairs blain in Sch. I-1)	and oth	axes, Interest er Expenses* n in Sch. I-1)
1.			\$		\$		\$		\$	
					1					
6. TOTAL (Enter total of	Enter the total of Colum Column 4, 5, and 6 on leral depreciation and ac	appropriate (deduction li	nes.)	\$		\$		\$	
Schedule I-	1 – Explanation of dec	ductions cla	imed in Co	olumns 5 and 6	of Schedule	e I.				
Column No.	Explan	nation		Amount	Column No.		E	xplanation		Amount
				\$		\$			\$	
	tal Information		la ()							
1. STATE OR CO	DUNTRY OF INCORPORATION		2.(a) DATE	OF INCORPORATION	2.(b) DATE B	SUSINESS BEGAN	IN DC	3. IRS SERVICE CENT WAS FILED FOR PE		FEDERAL RETURN RED BY THIS RETURN
4. THE CORPOR	RATION'S BOOKS ARE IN THE C	ARE OF –	-		5. LOCATED	AT –				
adjustme	019, has the Internal Rev nts to your federal incon ith the IRS? YES				ас	detailed state		ovided OTR with enter the date		
	please submit separately d, to the address shown of				it v	was sent.			MN	M/DD/YYYY
	poration unitary with and			YES	NO I	f yes, explain	:			
8. Is this retu	urn made on the accrual	basis?		YES	NO I	f no, indicate	basis ı	used: Cash B	asis (Other (specify)
9. Did you file a franchise tax return with DC for the year 2018?			YES	NO I	If no, state rea	ason				
	rithhold DC income tax fr nt employees during 201		aid to your	YES	NO I	If no, state rea	ason:			
	le annual information reto, relating to payment of o				NO					
12. (a) Has th	e business been termina	ted?		YES	NO I	lf yes, explain	and gi	ive date:		
(b) Have y	you moved out of DC?			YES	NO					
13. Did you fil	le an annual ballpark fee	return?		YES	NO					







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

OFFICIAL USE ONLY
Vendor ID# 0002

	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		
Ent	er your business name		
	00 Datama		
	20 Return nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax	A)	
1	Economic Development Zone Incentives Credits (see worksheet).	1 \$	00
2	Qualified High Technology Company Credits from Part E, Line 5a, DC Form D-20CR.	2 \$	00
3	Organ and Bone Marrow Donor Credit (see computation on reverse side).	3 \$	00
4 5	Job Growth Incentive Act Enter alternative fuel credits. See instructions	4 \$	UU
3	5a Alternative fuel infrastructure.		
	# of stations		
	5b Alternative fuel vehicle conversion. # 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 42 If QHTC, enter here and on QHTC Schedule, Line 8.	9 \$	00
Re	fundable Credits		
	Qualified High Technology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR.	10 \$	00
11	Small Retailer Property Tax Relief Credit	11 \$	00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 45(d).	12 \$	00
D-3	80 Return		
No	nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax		00
13	Economic Development Zone Incentives Credit (see worksheet).		
14	Organ and Bone Marrow Donor Credit (see computation on reverse side)		00
	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	RESERVED # of employees	19 \$	00
20	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 42.	20 \$	00
Re	fundable Credits		
21	Small Retailer Property Tax Relief Credit	21 \$	00
22	Total the refundable D-30 credits, enter here and on Form D-30, Line 45(d).	22 \$	00

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.





Combined Group Members' Schedule

Important: Print in CAPITAL letters using black ink.

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

				Worldwide	
Taxpayer Identification Number of	of Designated Agent	Taxable year ending	MMDDYYYY Num	ber of members in the	e Combined Group
Name of Designated Agent			Т	elephone number	
Business mailing address line #					
Business mailing address line #2	2				
City			State Zip Co	de + 4	
A	I в	C	D	E	F
st the designated agent and all combined members	Taxpayer Identification Number	Was a separate DC franchise tax return filed in the prior year?	Is the member new to the combined group?	Was gross income received from District sources?	Does the member have nexus in DC?
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Note: If more than 14 combined members, continue list on a separate sheet of paper.

Combined Group Members' Schedule

Instructions

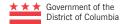
It is necessary to identify each member of the DC Combined Group subject to the franchise tax.

Attach a copy of Federal Forms 851, 5471, and 8975 (including Schedule A).

File this schedule each year that a DC Combined Report is filed.

Enter the number of members in the combined group.

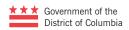
- **Column A -** List the designated agent and all combined members included in the DC Combined Report.
- **Column B** Give the Taxpayer Identification Number (TIN) for each member listed.
- **Column C** Indicate if each member listed filed a separate DC franchise tax return in the prior tax year.
- **Column D** Indicate if any members are new to the DC Combined Group.
- **Column E** Indicate if the member received gross income from DC sources.
- Column F Indicate if the member has nexus in DC.



Worldwide Combined Reporting Election Form



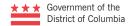
Taxpayer Identification Number of Designated Agent	Taxable Year YYYY	Worldwide
Name of Designated Agent		Telephone number
Business address line #1		
Business address line #2		
City	State	Zip code +4
In accordance with the provisions of DC Official Code hereby made to report on a worldwide unitary combin	§ 47-1810.07 and the decision of the state o	the combined reporting regulations, election is
A worldwide unitary combined reporting election is b thereafter for a period of ten years.	inding for and applic	cable 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	hardship due to unfo	preseen changes in DC tax statutes, law or
Upon the expiration of the ten-year period, a taxpaye election.	r may withdraw fron	n the 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.		the election and is binding for a period of ten
Date Beginning Tax Period: MMDDYYYY	Date En	ding Tax Period: MMDDYYYY
Authorized Signature		
Printed Name	Date	
Under penalties of law, I declare that the designated agent has authorized this form and the information contained herein is		

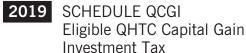


SCHEDULE SR Small Retailer Property Tax Relief Credit Important: Read eligibility requirements before completing. Print in CAPITAL letters using black ink.



	official use only Vendor ID#0002				
Taxpayer Identification Number Fill in if FEIN Fill in if fili	ng a D-20 Return				
	ing a D-30 Return				
Enter your business name	Sales and Use Tax Account Number				
Mailing address (number, street and suite number if applicable)					
City	State Zip Code +4				
All (0) 0 PC 0 A () A (
Address of Class 2 DC Property (number, street and suite number if applicable) for which you a	re claiming the credit if different from above				
City	State Zip Code +4				
City					
Certificate of Occupancy Permit Number					
If member of a Combined Group, Taxpayer Identification Number of Desig	nated Agent				
 Do not claim this credit if your qualified business is exempt from or 					
 The credit equals the total Class 2 real property taxes paid by a quebusiness for a qualified retail owned location during the taxable ye paid by a qualified corporation or qualified unincorporated busines \$5,000. 	ar not to exceed \$5,000; or 10% of the total rent				
1 Amount of federal gross receipts or sales. Do not make claim if \$2.5m	or more. 1 \$.00				
2 If tenant, amount of rent paid in taxable year 2019 on qualified ret	ail location. 2 \$ 00				
3 Enter the Class 2 property taxes paid in 2019 on qualified owned retail or 10% of rent paid in taxable year 2019 on qualified rental retail location					
4 Property Tax Credit Limit.	4 \$ 5 0 0 0 00				
5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or L and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated					
6 Owner/Landlord's name					
Owner/Landlord's address (number and street)					
Telephon	e number				
City	State Zip Code +4				
7 If Owner, enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, leave it blank here. Square number Lot number					







Important: Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY Vendor ID#0002

Complete and attach to Form D-40, D-41, D-20 or D-30, as applicable Taxpayer Identification Number (TIN) TO BE ELIGIBLE, YOU MUST MEET ALL THE CRITERIA AS Fill in if SSN SPECIFIED IN THE INSTRUCTIONS, INCLUDING STOCK Fill in if FEIN NOT PUBLICLY TRADED AT THE TIME OF INVESTMENT If filing this Schedule with D-40 enter: Last name M.I. If filing this Schedule with D-41, D-20 or D-30 enter: Estate or Trust Name, Corporation name, or Registered business name, as applicable If member of a Combined Group, Taxpayer Identification Number of Designated Agent Taxpayer Identification Number of QHTC Gain or (Loss) Fill in if loss Number shares of common or preferred stock 00 Legal Name of QHTC Date acquired (MMDDYYYY) Date sold or disposed of (MMDDYYYY) Publicly traded at time of investment? Yes No Taxpayer Identification Number of QHTC Gain or (Loss) Fill in if loss Number shares of common or preferred stock 00 Date acquired (MMDDYYYY) Legal Name of QHTC Date sold or disposed of (MMDDYYYY) Publicly traded at time of investment? Yes Nο Taxpayer Identification Number of QHTC Number shares of common or preferred stock Gain or (Loss) Fill in if loss 00 Date acquired (MMDDYYYY) Legal Name of QHTC Date sold or disposed of (MMDDYYYY) Publicly traded at time of investment? Yes No O Taxpayer Identification Number of QHTC Fill in if loss Number shares of common or preferred stock Gain or (Loss) 00 Date acquired (MMDDYYYY) Legal Name of QHTC Date sold or disposed of (MMDDYYYY) Publicly traded at time of investment? Yes No If more than 4 eligible investments, attach an additional Schedule QCGI. Complete Lines 1 through 4 on the first schedule only with the line totals for all investments. 00 1 Total net capital gain or loss from all investments (from your federal Forms and Schedules)..... If Line 1 is zero or less, or tentative taxable income is zero or less, enter zero. STOP HERE, otherwise complete Line 2. 00 2 Total realized net capital gain on QHTC investments subject to 3% tax...... If Line 2 is zero or less, enter zero. STOP HERE, otherwise complete Line 3. 00 3 Enter the smaller of Line 1 and Line 2 (also cannot exceed the amount of tentative taxable income) Allocate or apportion this amount as applicable. Enter result on D-40, Line 19; D-41, Line 13; D-20, Line 37; or D-30, Line 37; as appropriate. See instructions. 4 Tax on eligible QHTC investments. (multiply Line 3 by 3%)..... 00

Enter result on D-40, Line 22; D-41, Line 16; D-20, Line 40; D-30, Line 40; as appropriate. See instructions