

D-20 SUB Corporation Franchise Tax Return



Taxpayer Identification Number (TIN) **999999999**
Number of business locations
In DC: **999** Outside DC: **999**

Name of corporation
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing address #1
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing address #2
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City **XXXXXXXXXXXXXXXXXXXX** State **XX** Zipcode+4 **999999999**

Designated Agent Name **XXXXXXXXXXXXXXXXXXXXXXXXXXXX** Designated Agent TIN **999999999**

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # **9999**
Mark if: QHTC located in DC Ballpark TIF area
Mark if: AMENDED RETURN
Mark if: FINAL RETURN
Mark if: CERTIFIED QHTC
Mark if: COMBINED REPORT*
*You must fill in the Designated Agent info below
Mark if: WORLDWIDE**

**Worldwide form must be filed with this return

• READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amounts zero, leave line blank; if minus, enter amount and mark X in oval.

GROSS INCOME

1	Gross receipts, minus returns and allowances		1	999999999999.00
2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)		2	999999999999.00
3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus <input checked="" type="checkbox"/>	3	999999999999.00
4	Dividends from Form D-20, Schedule B		4	999999999999.00
5	Interest (attach statement)		5	999999999999.00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6	999999999999.00
7	Gross royalties (attach statement)		7	999999999999.00
8a)	Net capital gain (loss) (attach a copy of your federal Schedule D)	Mark if minus <input checked="" type="checkbox"/>	8(a)	999999999999.00
8b)	Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus <input checked="" type="checkbox"/>	8(b)	999999999999.00
9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund		9	999999999999.00

DEDUCTIONS

10	Other income (loss) (attach statement)	Mark if minus <input checked="" type="checkbox"/>	10	999999999999.00
11	Total gross income. Add Lines 3-10	Mark if minus <input checked="" type="checkbox"/>	11	999999999999.00
12	Compensation of officers from Form D-20, Schedule C		12	999999999999.00
13	Salaries and wages		13	999999999999.00
14	Repairs		14	999999999999.00
15	Bad debts		15	999999999999.00
16	Rent		16	999999999999.00
17	Taxes From Form D-20, Schedule D		17	999999999999.00
18a)	Interest payments			999999999999.99
18b)	Minus nondeductible payments to related entities		18c	999999999999.00
19	Contributions and/or gifts (attach statement)		19	999999999999.00
20	Amortization (attach a copy of your federal form 4562)		20	999999999999.00
21	Depreciation (attach a copy of your federal Form 4562)		21	999999999999.00
Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)				
22	Depletion (attach statement)		22	999999999999.00
23a)	Enter royalty payments made			999999999999.99
23b)	Minus nondeductible payments to related entities		23c	999999999999.00

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXX



Taxpayer Identification Number (TIN) 999999999

Enter dollar amounts only

DEDUCTIONS

Table with 4 columns: Line number, Description, Mark if minus, and Amount. Rows include Pension, profit-sharing plans (999,999,999.00), Capital gains deferred (999,999,999.00), Total deductions (999,999,999.00), Net income (999,999,999.00), and Total DC taxable income (999,999,999.00).

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

Designee's name XXXXXXXXXXXXXXXXXXXXXXXX Phone number 999999999

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.

999999999

Officer'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 999999999

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue mark in the oval. [X]

Email Address

XX



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Taxpayer Identification Number (TIN) 999999999

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year.....	999999999	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale.....	999999999	999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
3. Salaries and wages.....	999999999	999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
4. Other costs per books (attach statement)..... (Additional federal depreciation and additional IRC § 179 expenses are notallowable.)	999999999	999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
5. Total	999999999	999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
6. Minus: Inventory at end of tax year.....	999999999	999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
7. Cost of goods sold (Enter here and on D-20 Line 2.)	999999999	999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
Method of inventory valuation:		Total Dividends	
		999999999	
		Minus deduction for Subpart F Income.	
		999999999	
		Minus deduction for dividends received from wholly-owned subsidiary	
		999999999	
		TOTAL (Enter here and on D-20, Line 4.)	
		999999999	

Schedule C - Compensation of officers (See specific instructions for Line 12. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	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		
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999 %	999 %	999 %	999999999	999999999
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999 %	999 %	999 %	999999999	999999999
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999 %	999 %	999 %	999999999	999999999
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999 %	999 %	999 %	999999999	999999999
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999 %	999 %	999 %	999999999	999999999
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 12.)					999999999	

Schedule D - Taxes (See specific instructions for Line 17.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	TOTAL (Enter here and on D-20, Line 17)	999999999

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 17).		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 depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			
(b) _____			
6. TOTAL of Lines 1-5.		10. TOTAL of Lines 7, 8 and 9.	

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXX



Taxpayer Identification Number (TIN) 999999999

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			
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		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation (b) Depletion	
6. TOTAL of Lines 1 through 5.		9. TOTAL of Lines 7 and 8	
		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 (b) Stock (c) Property	
2. Net income per books			
3. Other increases (itemize)		6. Other decreases (itemize). _____	
4. TOTAL of Lines 1, 2 and 3.		7. TOTAL of Lines 5 and 6.	
		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. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
2. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
3. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
4. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
5. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
6. TOTAL (Enter the total of Column 3 on D-20 Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)		99999999	99999999	99999999	99999999

Schedule I-1 – Explanation of deductions claimed in Column 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount

