

2021 Combined Group Members' Schedule Sub

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM



Taxpayer Identification Number of Designated Agent 999999999

Taxable Year Ending (MMDDYYYY) 99999999

Worldwide

Number of members in the Combined Group 99999

Name of Designated Agent XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Telephone number 9999999999

Business mailing XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City XXXXXXXXXXXXXXXXXXXXXXX

State XX ZIP Code + 4 999999999

Table with 6 columns: A (List the designated agent and all combined members), B (Taxpayer Identification Number), C (Was a separate DC franchise tax return filed in the prior year?), D (Is the member new to the combined group?), E (Was gross income received from District sources?), F (Does the member have nexus in DC?). Rows contain placeholder text and 'Yes/No' options.

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