

DC Combined Reporting Schedule 1A Designated Agent



Year 99 of 10 Year Worldwide Election

OFFICIAL USE ONLY

Vendor ID# 9999

Tax Identification Number (TIN) 999999999  
 Tax Year Ending (MMDDYYYY) 99999999

Mark  if Water's Edge  
 Mark  if World Wide  
 Mark  if fiscalized

Name of Designated Agent  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing address #1  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City XXXXXXXXXXXXXXXXXXXX State XX Zip Code + 4 99999999

Type of Entity:  Corporation  Unincorporated Business  Financial Institution Mark all that apply

Description	Total before Eliminations	Intercompany Eliminations and other District specific additions or subtractions	Combined Group Report
1 Gross receipts, minus returns and allowances.	999999999.00	999999999.00	999999999.00
2 Cost of goods sold. (from Schedule A)	999999999.00	999999999.00	999999999.00
3 Gross profit from sales and/or operations. Line 1 minus Line 2. Mark if minus <input checked="" type="checkbox"/>	999999999.00	999999999.00	999999999.00
4 Dividends. Attach Statement.	999999999.00	999999999.00	999999999.00
5 Interest. Attach statement.	999999999.00	999999999.00	999999999.00
6 Gross rental income from D-20 Schedule I and/or D-30, Line 6.	999999999.00	999999999.00	999999999.00
7 Gross royalties. Attach statement.	999999999.00	999999999.00	999999999.00
8 (a) Net capital gain (loss). Mark if minus <input checked="" type="checkbox"/> Attach copy of federal Form 1120, Schedule D.	999999999.00	999999999.00	999999999.00
8b (b) Ordinary gains (loss). Attach copy of federal Form 4797. Mark if minus <input checked="" type="checkbox"/>	999999999.00	999999999.00	999999999.00
9 Capital gains deferred on federal return due to investment in a federal	999999999.00	999999999.00	999999999.00
10 Other income (loss) Attach statement Mark if minus <input checked="" type="checkbox"/>	999999999.00	999999999.00	999999999.00
11 Total gross income. Add Lines 3-10. Mark if minus <input checked="" type="checkbox"/>	999999999.00	999999999.00	999999999.00
12 Compensation of officers from Form D-20, Schedule C.	999999999.00	999999999.00	999999999.00
13 Salaries and wages.	999999999.00	999999999.00	999999999.00
14 Repairs.	999999999.00	999999999.00	999999999.00
15 Bad debts.	999999999.00	999999999.00	999999999.00
16 Rent.	999999999.00	999999999.00	999999999.00
17 Taxes from Form D-20, Schedule D and/or Form D-30, Schedule C.	999999999.00	999999999.00	999999999.00
18 (a) Interest payments. 99999.00	999999999.00	999999999.00	999999999.00
18c (b) Minus nondeductible payments to related entities 99999.00=	999999999.00	999999999.00	999999999.00
19 Contributions and/or gifts. Attach statement.	999999999.00	999999999.00	999999999.00
20 Amortization. Attach a copy of your feder	999999999.00	999999999.00	999999999.00
21 Depreciation. Attach a copy of your federal Form 4562.	999999999.00	999999999.00	999999999.00
22 Depletion. Attach statement and copy of federal Form 4562.	999999999.00	999999999.00	999999999.00
23 (a) Royalty payments made. 99999.00	999999999.00	999999999.00	999999999.00
23c (b) Minus non-deductible payments to related entities. 99999.00=	999999999.00	999999999.00	999999999.00
24 Pension, profit-sharing plans.	999999999.00	999999999.00	999999999.00
25 Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund	999999999.00	999999999.00	999999999.00

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Tax Identification Number (TIN): 999999999

Name of Designated Agent: XXXXXXXXXXXXXXXXXXXXXXXX



Description	Total Before Eliminations	Intercompany Eliminations and other District specific additions or subtractions	Combined Group Report
26 Other deductions. Attach statement.	999999999.00	999999999.00	999999999.00
27 Total deductions. Add Lines 12-26.	999999999.00	999999999.00	999999999.00
28 Net income. Line 11 minus Line 27.	999999999.00	999999999.00	999999999.00
29 (a) Non-business income/state adjustment. Attach statement.	999999999.00	999999999.00	999999999.00
29b (b) Expense related to non-business income. Attach statement.	999999999.00	999999999.00	999999999.00
29c (c) 29(a) minus 29(b).	999999999.00	999999999.00	999999999.00
30 Net income subject to apportionment. Line 28 minus Line 29(c)	999999999.00	999999999.00	999999999.00
31 DC apportionment factor. Combined Reporting Schedule 2A, Line 9.			9.9999999
32 Net income from trade or business apportioned to DC. Line 30 multiplied by Line 31 factor			999999999.00
33 Other income/deductions attributable to DC:			999999999.00
33 UB: Partner: Add your distributive share of post-apportioned salary allowance from the D30 Line 32: 999999999			
33 UB: Partner: Add your distributive share of post-apportioned exemption from the D30 Line 33: 999999999			
34 Total taxable income before apportioned NOL deduction. Line 32 plus or minus Line 33. (Attach statement)			999999999.00
34 UB: Subtract salary allowance: 999999999			
34 UB: Subtract exemption: 999999999			
35 Apportioned NOL deduction. (Loss occurring in year 2000 and later) *			999999999.00
35 *Losses occurring in tax year 2018 or later are limited to 80%. See instructions.			
36 DC taxable income. Line 34 minus Line 35			999999999.00
37 Tax. 8.25% of Line 36			999999999.00
38 Minus nonrefundable credits, from Schedule UB, Line 9.			999999999.00
39 Total DC gross receipts. Attach Minimum Tax Liability Gross Receipts worksheet.			999999999.00
40 Net tax, Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less. The minimum tax is \$1000, if DC gross receipts are greater than \$1M per member.			999999999.00
41 Payments and refundable credits:			
41a (a) Tax paid with request for an extension of time to file			999999999.00
41b (b) Paid with the original return if this is an amended return			999999999.00
41c (c) Total 2021 estimated franchise tax payments.			999999999.00
41d (d) Refundable credits.			999999999.00
42 If this is an amended 2021 return, enter refund requested with original return.			999999999.00
43 Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.			999999999.00
44 Estimated tax interest.			999999999.00
45 Total amount due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.			999999999.00
46 Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.			999999999.00
47 Amount you want to apply to your 2022 estimated franchise tax.			999999999.00
48 Amount to be refunded. Line 46 minus Line 47.			999999999.00