Government of the
District of Columbia

2022 Combined Group Members' Schedule Sub

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

2 2 2 3 0 C 3 1 0 0 0 1

Taxpayer Identification Number of Designated Agent
999999999

Taxable Year Ending (MMDDYYYY)
99999999

X Worldwide

Number of members in the Combined Group
99999

Name of Designated Agent
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Telephone number
9999999999

Business mailing
XXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing
XXXXXXXXXXXXXXXXXXXXXXXXXX

City
XXXXXXXXXXXXXXXXXXXX

State
XX

ZIP Code + 4
999999999

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 combinded group?	E Was gross income received from District sources?	F Does the member have nexus in DC?
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X
XXXXXXXXXXXXXXXXXXXXX	999999999	Yes X	Yes X	Yes X	Yes X

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