Government of the District of Columbia

2022

D-20 SUB Corporation Franchise Tax Return

2 2 0 2 0 3 S 1 0 0 0 1

Taxpayer Identification Number (TIN): 999999999

Number of business locations — In DC: 999 Outside DC: 999

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 9999

Name of corporation: XXXXXXXXXXXXXXXXXXXXXXXXXX

Tax period ending (MMDDYYYY): 99999999

Mark if: X QHTC located in DC Ballpark TIF area

Mark if: X AMENDED RETURN

Mark if: X FINAL RETURN

Mark if: X CERTIFIED QHTC

Mark if: X COMBINED REPORT*

*You must fill in the Designated Agent info below

Mark if: X WORLDWIDE**

**Worldwide form must be filed with this return

Business mailing address #1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing address #2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City: XXXXXXXXXXXXXXXXXXX

State: XX

Zipcode+4: 999999999

Designated Agent Name: XXXXXXXXXXXXXXXXXXXXXXXXXX

Designated Agent TIN: 999999999

• 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	9999999999999.00
	2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)		2	9999999999999.00
	3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus X	3	9999999999999.00
	4	Dividends from Form D-20, Schedule B		4	9999999999999.00
	5	Interest (attach statement)		5	9999999999999.00
	6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6	9999999999999.00
	7	Gross royalties (attach statement)		7	9999999999999.00
	8a)	Net capital gain (loss) (attach a copy of your federal Schedule D)	Mark if minus X	8(a)	9999999999999.00
	(b)	Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus X	8(b)	9999999999999.00
	9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund		9	9999999999999.00
	10	Other income (loss) (attach statement)	Mark if minus X	10	9999999999999.00
	11	**Total gross income.** Add Lines 3-10	Mark if minus X	11	9999999999999.00
DEDUCTIONS	12	Compensation of officers from Form D-20, Schedule C		12	9999999999999.00
	13	Salaries and wages		13	9999999999999.00
	14	Repairs		14	9999999999999.00
	15	Bad debts		15	9999999999999.00
	16	Rent		16	9999999999999.00
	17	Taxes From Form D-20, Schedule D		17	9999999999999.00
	18a)	Interest payments	9999999999999.99		
	(b)	Minus nondeductible payments to related entities	9999999999999.99 =	18c	9999999999999.00
	19	Contributions and/or gifts (attach statement)		19	9999999999999.00
	20	Amortization (attach a copy of your federal form 4562)		20	9999999999999.00
	21	Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)		21	9999999999999.00
	22	Depletion (attach statement)		22	9999999999999.00
	23a)	Enter royalty payments made	9999999999999.99		
	(b)	Minus nondeductible payments to related entities	9999999999999.99 =	23c	9999999999999.00

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Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number (TIN) 999999999

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DEDUCTIONS

Line	Description	Mark if minus	Line	Enter dollar amounts only
24	Pension, profit-sharing plans		24	999999999999.00
25	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund		25	999999999999.00
26	Other deductions (attach statement)		26	999999999999.00
27	**Total deductions.** Add lines 12 - 26.		27	999999999999.00
28	Net income Line 11 minus Line 27	Mark if minus X	28	999999999999.00
29	(a) Non-business income/state adjustment (attach statement)	Mark if minus X	29a	999999999999.00
	(b) Expense related to non-business income (attach statement)		29b	999999999999.00
	(c) 29(a) minus 29(b)	Mark if minus X	29c	999999999999.00
30	Net income subject to apportionment Line 28 minus Line 29(c)	Mark if minus X	30	999999999999.00
31	DC apportionment factor from Form D-20, Schedule F, col.3, Line 5 if Combined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9		31	9.999999
32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor	Mark if minus X	32	999999999999.00
33	Other income/deductions attributable to DC (attach statement - see instructions)	Mark if minus X	33	999999999999.00
34	Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33	Mark if minus X	34	999999999999.00
35	Apportioned NOL deduction (Losses occurring in year 2000 and later) * *(Losses occuring in tax year 2018 or later are limited to 80%. See instructions.)		35	999999999999.00
36	**Total DC taxable income.** Line 34 minus Line 35	Mark if minus X	36	999999999999.00
37	Tax 8.25% of Line 36		37	999999999999.00
38	Minus nonrefundable credits from Schedule UB, Line 9		38	999999999999.00
39	Total DC gross receipts from Line '4' MTLGR Worksheet	999999999999.00		
40	Net tax. Line 37 minus Line 38. The minimum tax is $250 if DC gross receipts are $1M or less or $1,000 if DC gross receipts are greater than $1M		40	999999999999.00
41	Payments and refundable credits:			
	(a) Tax paid, if any, with request for an extension of time to file		41a	999999999999.00
	(b) Tax paid, if any, with original return if this is an amended return		41b	999999999999.00
	(c) 2022 estimated franchise tax payments		41c	999999999999.00
	(d) Refundable credits from Schedule UB, Line 12		41d	999999999999.00
42	If this is an amended 2022 return, enter refund requested with original return.		42	999999999999.00
43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.		43	999999999999.00
44	Estimated tax interest (Mark if D-2220 attached) X		44	999999999999.00
45	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due. *Will this payment come from an account outside of the U.S.?* X Yes X No *See instructions.*		45	999999999999.00
46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.		46	999999999999.00
47	Amount you want to apply to your 2023 estimated franchise tax.		47	999999999999.00
48	Amount to be refunded. Line 46 minus Line 47.		48	999999999999.00

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 9999999999

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.

Officer's signature | Title | Date | 9999999999 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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number (TIN) 999999999

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)

1.	Inventory at beginning of year	999999999
2.	Merchandise bought for manufacture or sale	999999999
3.	Salaries and wages	999999999
4.	Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are notallowable.)	999999999
5.	Total	999999999
6.	Minus: Inventory at end of tax year	999999999
7.	Cost of goods sold (Enter here and on D-20 Line 2.)	999999999

Method of inventory valuation:

Schedule B - Dividends (See specific instructions for Line 4.)

NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
999XXXXXXXXXXXXXXXXXXXXXXXX	999999999
999XXXXXXXXXXXXXXXXXXXXXXXX	999999999
999XXXXXXXXXXXXXXXXXXXXXXXX	999999999
999XXXXXXXXXXXXXXXXXXXXXXXX	999999999
999XXXXXXXXXXXXXXXXXXXXXXXX	999999999

Total Dividends	999999999
Minus deduction for Subpart F Income.	999999999
Minus deduction for dividends received from wholly-owned subsidary	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. 4 Common	Percent of Corporation Stock Owned Col.5 Preferred	Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
999XXXXXXXXXXXXXXXXXXXXXXXX 999XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	999 %	999 %	999 %	999999999	99999999
999XXXXXXXXXXXXXXXXXXXXXXXX 999XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	999 %	999 %	999 %	999999999	99999999
999XXXXXXXXXXXXXXXXXXXXXXXX 999XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	999 %	999 %	999 %	999999999	99999999

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
999XXXXXXXXXXXXXXXXXXXXXXXX	99999999	999XXXXXXXXXXXXXXXXXXXXXXXX	99999999
999XXXXXXXXXXXXXXXXXXXXXXXX	99999999	999XXXXXXXXXXXXXXXXXXXXXXXX	99999999
999XXXXXXXXXXXXXXXXXXXXXXXX	99999999	999XXXXXXXXXXXXXXXXXXXXXXXX	99999999
999XXXXXXXXXXXXXXXXXXXXXXXX	99999999	TOTAL (Enter here and on D-20, Line 17	99999999

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).

UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME

2. Income taxes (see specific instructions for line 17).
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).
   (a) _____
   (b) _____
6. **TOTAL** of Lines 1–5.
7. Total DC taxable income reported (from D-20, Line 36).

NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS

8. Net income apportioned or allocated to outside DC.
9. Other non-taxable income and additional deductions including NOL (itemize):
   (a) _____
   (b) _____
10. TOTAL of Lines 7, 8 and 9.

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Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number (TIN) 999999999

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Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combind Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar. Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
1. **SALES FACTOR:** All gross receipts of the business other than gross receipts from non-business income.	999999999.00	999999999.00	9.999999

For Financial Institutions:

2. **SALES FACTOR:** All gross income of the financial institution other than gross income from non-business income.	999999999.00	999999999.00	9.999999
3. **PAYROLL FACTOR:** Total compensation paid or accrued by the financial institution.	999999999.00	999999999.00	9.999999
4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)			9.999999
5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31 For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.			9.999999

Schedule G - Balance Sheets

	Beginning of Taxable Year (A) Amount	Beginning of Taxable Year (B) Total	End of Taxable Year (A) Amount	End of Taxable Year (B) Total
ASSETS				
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 instrumentalities				
(b) States, subdivisions thereof, 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				
13. Other assets (attach statement)				
14. TOTAL ASSETS				
LIABILITIES AND CAPITAL				
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)				
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
25. MINUS: Cost of treasury stock		( )		( )
26. TOTAL LIABILITIES AND CAPITAL				

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number (TIN) 999999999

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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)		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation (b) Depletion	
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation (b) Depletion		9. TOTAL of Lines 7 and 8	
6. TOTAL of Lines 1 through 5		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	
2. Net income per books		(b) Stock	
3. Other increases (itemize)		(c) Property	
		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.	999XXXXXXXXXXXXX	XXXXXXXXXX	99999999	99999999	99999999	99999999
2.	999XXXXXXXXXXXXX	XXXXXXXXXX	99999999	99999999	99999999	99999999
3.	999XXXXXXXXXXXXX	XXXXXXXXXX	99999999	99999999	99999999	99999999
4.	999XXXXXXXXXXXXX	XXXXXXXXXX	99999999	99999999	99999999	99999999
5.	999XXXXXXXXXXXXX	XXXXXXXXXX	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

*excludes federal depreciation and additional IRC §179 expenses.

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

Column No.	Explanation	Amount	Column No.	Explanation	Amount

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Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number (TIN) 999999999

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Schedule K- Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entityfor District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District).(See instructions.)

Disregarded Entity Name	TIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:

4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –

5. LOCATED AT –

6. During 2022, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES X NO X

If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.

If you have already provided OTR with a detailed statement, it enter the date was sent. MM/DD/YYYY

7. Is this corporation unitary with another entity? X YES X NO If yes, explain:

8. Is this return made on the accrual basis? X YES X NO If no, indicate basis used: X Cash Basis X Other (specify)

9. Did you file a franchise tax return with DC for the year 2021? X YES X NO If no, state reason

10. Did you withhold DC income tax from wages paid to your DC resident employees during 2022? X YES X NO If no, state reason:

11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2022? X YES X NO

12. (a) Has the business been terminated? X YES X NO If yes, explain and give date:

(b) Have you moved out of DC? X YES X NO

13. Did you file an annual ballpark fee return? X YES X NO

*Schedule J has been deleted.