	<u> </u>	C Corporation Franchise	e i ax keturn
	Purpose Use Form FR-120 to request a 6-month extensi	on of time to file a Corporation Fran	chise Tax Return (Form D-20) or a 7-month extension of time to file if you
	are a Combined Reporting filer.		
	When to file The request for an extension of time to file must	be submitted as later than the due	data of the return
	The request for all extension of time to me must	be submitted no later than the due	date of the feturn.
+	Where to submit your request		
+			ffice of Tax and Revenue, PO Box 96019 Washington, DC 20090-6019.
+	Make your payment out to the DC Treasurer. Inc	clude your TIN, FR-120 and the tax	year on the payment.
	Extension of time to file		
			rs) will be allowed if you complete this form properly, file it on time and
+			le your return (D-20), attach a copy of the FR-120 which you filed. A
	separate extension request must be filed for eac	return. Dianket requests for extens	sions will flot be accepted.
	Federal extension forms		
	The Office of Tax and Revenue does not accept	the federal application for an extens	ion of time to file. You must use DC Form FR-120.
	Additional extension of time		
	Additional extension of time No additional extension of time to file will be gra	anted beyond the 6-month extension	n unless the taxpayer is outside the continental limits of the United States.
	In that case, an additional extension up to 6 mo	nths may be granted, but in no cas	e shall such extension be granted for more than one year. To request the
	additional extension of time for living or traveling	g outside the U.S., fill in the oval or	the front of this form.
Ť	Notes:		
Ť	If your payment exceeds \$5,000 in any period	l, you must pay electronically. Visit	t MyTax.DC.gov.
Ť			
			the question "Will the funds for this payment come from an account
Ť			oney order (US dollars) or credit card. Please notify this agency if your ear. You will be charged a \$65 fee if your check or electronic payment is
Ť	not honored by your financial institution and ret		San Too Sharges a 400 too in your cheek or cleaning payment is
Ť			
T			
1			ENTER DOLLAR AMOUNTS
1	Total estimated corporation franchise tax liability for	the tax period.	1 999999999999.00
2	2 Estimated franchise tax payments (include any tax o	verpayment credit).	2 99999999999.00
3	3 Other payments.		3 999999999999.00
4	Total payments and credits (add Lines 2 and 3).		4 99999999999.00
5	J Baianos ado (Emo I minao Emo I). I ajmone in ian		
	(Note: you will be subject to the failure-to-pay pena	ity and interest on any tax due and not	paid with this form.)
	Detach at perfora	tion and mail the vouch	ner, with payment attached, to the:
		Office of Tax and	Revenue
		PO Box 96	019
		Washington DC 2	0090-6019
	Government of the District of Columbia 2023 FR-120 SUB E		
	to File a D	C Corporation	
	to File a D Franchis	C Corporation e Tax Return	
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation e Tax Return	2 3 1 2 0 0 S 1 0 0 0 1
	to File a D Franchis	C Corporation e Tax Return 0.00	2 3 1 2 0 0 S 1 0 0 0 1 SOFTWARE DEVELOPER USE ONLY
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation e Tax Return 0.00 Tax period ending (MMDDYYYY	
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation e Tax Return 0.00) VENDOR ID# 9999
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation e Tax Return 0.00 Tax period ending (MMDDYYYY	VENDOR ID# 9999 Mark X if Combined Report
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation E Tax Return D.00 Tax period ending (MMDDYYYY 99999999) VENDOR ID# 9999
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation E Tax Return D.00 Tax period ending (MMDDYYYY 99999999	VENDOR ID# 9999 Mark X if Combined Report
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation E Tax Return 0.00 Tax period ending (MMDDYYYY 999999999 XXXXXXXXXXXXXX Intrinent number if applicable)	VENDOR ID# 9999 Mark X if Combined Report
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation E Tax Return 0.00 Tax period ending (MMDDYYYY 999999999 XXXXXXXXXXXXXX Intrinent number if applicable)	VENDOR ID# 9999 Mark X if Combined Report Mark X if Living or Traveling Outside the U.S. State Zip Code + 4
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation E Tax Return 0.00 Tax period ending (MMDDYYYY 999999999 XXXXXXXXXXXXXX Intrinent number if applicable)	VENDOR ID# 9999 Mark X if Combined Report Mark X if Living or Traveling Outside the U.S.
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation E Tax Return D.00 Tax period ending (MMDDYYYY 99999999 XXXXXXXXXXXXXXXXXXXXXXX	VENDOR ID# 9999 Mark X if Combined Report Mark X if Living or Traveling Outside the U.S. State Zip Code + 4 XX 9999999999
	to File a D Franchise Amount of payment 999999999999999999999999999999999999	C Corporation E Tax Return D.00 Tax period ending (MMDDYYYY 99999999 XXXXXXXXXXXXXXXXXXXXXXX	VENDOR ID# 9999 Mark X if Combined Report Mark X if Living or Traveling Outside the U.S. State Zip Code + 4