

2024

Combined Group Members' Schedule Sub

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM



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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Telephone number 9999999999

Business mailing address line #1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing address line #2 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 X' for C, D, E, and F.

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