

DC Combined Reporting Schedule 1B Designated Agent and Members



Year 99 of 10 Year Worldwide Election

OFFICIAL USE ONLY

Vendor ID# 9999

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

Designated agent or member's name XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Mark if X Water's Edge Mark if X Worldwide Mark if X fiscalized

Business mailing XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City XXXXXXXXXXXXXXXXXXXXXXX State XX Zip Code + 4 999999999

Designated Agent TIN 999999999

Type of Entity: X Corporation X Unincorporated Business X Financial Institution X Non-Nexus Member Mark all that apply

This Schedule shall be completed by each member and the Designated Agent

Description

Designated Agent

Table with 3 columns: Description, Designated Agent, and numerical values. Rows include Gross receipts, Cost of goods sold, Dividends, Interest, Rental income, etc.

DC Combined Reporting Schedule 1B, PAGE 2
 Tax Identification Number (TIN): 999999999
 Members Name: XXXXXXXXXXXXXXXXXXXXXXXX



This Schedule shall be completed by each member and the Designated Agent

Description

Designated Agent and/or Members

27	Total deductions. <i>Add Lines 12-26.</i>		27	999999999999.00
28	Net income. <i>Line 11 minus Line 27.</i>	Mark if minus <input checked="" type="checkbox"/>	28	999999999999.00
29	(a) Non-business income/state adjustment. <i>Attach statement.</i>	Mark if minus <input checked="" type="checkbox"/>	29a	999999999999.00
	(b) Expense related to non-business income. <i>Attach statement.</i>		29b	999999999999.00
	(c) 29(a) minus 29(b).	Mark if minus <input checked="" type="checkbox"/>	29c	999999999999.00
30	Net income subject to apportionment. <i>Line 28 minus Line 29(c).</i>	Mark if minus <input checked="" type="checkbox"/>	30	999999999999.00
31	DC apportionment factor. <i>Combined Reporting Schedule 2B, Line 9</i>		31	9.000000
32	Net income from trade or business apportioned to DC. <i>Line 30 from Combined Reporting Schedule 1A, multiplied by Line 31 factor.</i>	Mark if minus <input checked="" type="checkbox"/>	32	999999999999.00
33	Other income/deductions attributable to DC: <i>UB: Partner: Add your distributive share of post-apportioned salary allowance from the D-30 Line 32: _____</i> <i>UB: Partner: Add your distributive share of post-apportioned exemption from the D-30 Line 33: _____</i>	Mark if minus <input checked="" type="checkbox"/>	33	999999999999.00
34	Total taxable income before apportioned NOL deduction. <i>Line 32 plus or minus Line 33. (Attach statement.)</i> <i>UB: Subtract salary allowance: _____</i> <i>UB: Subtract exemption: _____</i>	Mark if minus <input checked="" type="checkbox"/>	34	999999999999.00
35	Apportioned NOL deduction. <i>(Loss occurring in year 2000 or later)*</i> <i>*(Losses occurring in tax year 2018 or later are limited to 80%. See instructions).</i>		35	999999999999.00
36	DC taxable income. <i>Line 34 minus Line 35</i>	Mark if minus <input checked="" type="checkbox"/>	36	999999999999.00
37	Tax: 8.25% of Line 36		37	999999999999.00
38	Minus non refundable credits, from Schedule UB, Line 9		38	999999999999.00
39	Total DC gross receipts. <i>Attach Minimum Tax Liability Gross Receipts worksheet.</i>		39	999999999999.00
40	Net tax, <i>Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less. The minimum tax is \$1,000 if DC gross receipts are greater than \$1M.</i>		40	999999999999.00
41	Payments and refundable credits:			
	(a) Tax paid with request for an extension of time to file		41a	999999999999.00
	(b) Paid with the original return if this is an amended return		41b	999999999999.00
	(c) Total 2024 estimated franchise tax payments.		41c	999999999999.00
	(d) Refundable credits.		41d	999999999999.00
42	If this is an amended 2024 return, enter refund requested with original return.		42	999999999999.00
43	Total payments and credits. <i>Add Lines 41(a) through 41(d). Do not include Line 42.</i>		43	999999999999.00
44	Estimated tax interest.		44	999999999999.00
45	Total amount. <i>If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.</i>		45	999999999999.00
46	Overpayment. <i>If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.</i>		46	999999999999.00
47	Amount you want to apply to your 2025 estimated franchise tax.		47	999999999999.00
48	Amount to be refunded. <i>Line 46 minus Line 47.</i>		48	999999999999.00