

D-20 SUB Corporation Franchise Tax Return



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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Tax period ending (MMDDYYYY)

99999999

Mark if: X Amended Return

Mark if: X Final Return

Mark if: X 52-53 week filer

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

Mark if: X Certified QHTC

Mark if: X QHTC located in DC Ballpark TIF Area

Business mailing address #1

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing address #2

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City

XXXXXXXXXXXXXXXXXXXX

State

XX

Zipcode+4

99999999

Designated Agent Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Designated Agent TIN

999999999

• READ INSTRUCTIONS BEFORE PREPARING RETURN • (To allocate non-business items, see instructions)

Enter dollar amounts only. If amount is zero, leave line blank; if minus, enter amount and mark X in oval.

GROSS INCOME

Table with 3 columns: Description, Mark if minus, Amount. Rows 1-9: Gross receipts, Cost of goods sold, Gross profit, Dividends, Interest, Gross rental income, Gross royalties, Net capital gain, Ordinary gain, Capital gains.

DEDUCTIONS

Table with 3 columns: Description, Mark if minus, Amount. Rows 10-23: Other income, Total gross income, Compensation of officers, Salaries and wages, Repairs, Bad debts, Rent, Taxes, Interest payments, Minus nondeductible payments, Contributions and gifts, Amortization, Depreciation, Depletion, Royalty payments, Minus nondeductible payments.

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXX



Taxpayer Identification Number (TIN) 999999999

Enter dollar amounts only

Table with columns for line number, description, and amount. Includes sections for DEDUCTIONS (lines 24-48) and other tax-related items. Amounts are mostly 9999999999.00.

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 999999999

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.

999999999

Officer's signature Title Date 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 here [X]

Email Address

XX



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Taxpayer Identification Number (TIN) 999999999

Schedule A - Cost of Goods Sold and Schedule B - Dividends table with columns for inventory items, dividends, and totals.

Schedule C - Compensation of officers table with columns for officer name, title, time devoted, stock ownership, and compensation.

Schedule D - Taxes table with columns for explanation and amount.

Schedule E - Reconciliation of the net income reported on Federal and DC returns table with columns for federal and DC income items.



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number (TIN) 999999999

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 Combined 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: inDC	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

End of Taxable Year

	Beginning of Taxable Year		End of Taxable Year	
	(A) Amount	(B) Total	(A) Amount	(B) Total
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.				
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				

ASSETS

LIABILITIES AND CAPITAL

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXX



Taxpayer Identification Number (TIN) 999999999

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 (b) Stock (c) Property	
2. Net income per books			
3. Other increases (itemize)		6. Other decreases (itemize). _____	
		7. TOTAL of Lines 5 and 6.	
4. TOTAL of Lines 1, 2 and 3.		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. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
2. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
3. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
4. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
5. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	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

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number (TIN) 999999999



*

Schedule K- Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for 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.)

Table with 2 columns: Disregarded Entity Name, TIN. Multiple rows of red X's and 999999999.

Supplemental Information

Form with questions 1-13 regarding incorporation, books, adjustments, unitary status, accrual basis, franchise tax, withholding, and business termination.

*Schedule J has been deleted.