

2017 Combined Group Members' Schedule
NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM



Taxpayer Identification Number of Designated Agent
123456789

Taxable Year Ending (MMYY)
MMYY

Worldwide

Name of Designated Agent
ABCDEFGHIJKLMN NOPQRSTGHIJKLMNO

Telephone number
1234567890

Business mailing address #1
12345ABCDEF GHIJKLMN OPQRSTU

Business mailing address #2
12345ABCDEF GHIJKLMN OPQRSTU

City
ABCDEFGHIJKLMN OPQRST

State ZIP Code + 4
DC 999999999

Table with 6 columns (A-F) and 15 rows. Column A: List the designated agent and all combined members. Column B: Taxpayer Identification Number. Column C: Was a separate DC franchise tax return filed in the prior year? (Yes/No). Column D: Is the member new to the combined group? (Yes/No). Column E: Was gross income received from District sources? (Yes/No). Column F: Does the member have nexus in DC? (Yes/No).

Note: If more than 15 combined members, continue list on a separate sheet of paper.

# Combined Group Members' Schedule

## Instructions

It is necessary to identify each member of the DC Combined Group subject to the franchise tax.

Attach a copy of Federal Forms 851 and 5471.

File this schedule each year that a DC Combined Report is filed.

**Column A** - List the designated agent and all combined members included in the DC Combined Reporting group.

**Column B** - Give the Federal Employer Identification Number (FEIN) for each member listed.

**Column C** - Indicate if each member listed filed a separate DC franchise tax return in the prior tax year.

**Column D** - Indicate if any members are new to the DC Combined Group.

**Column E** - Indicate if the member received gross income from DC sources.

**Column F** - Indicate if the member has nexus in DC.