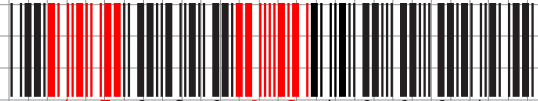


2017 D-20 SUB Corporation Franchise Tax Return



Taxpayer Identification Number (TIN)

123456789

Number of business locations

In DC: 123 Outside DC: 123

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1234

Name of corporation

ABCDEFGHIJKLMABCDEFGHIJKLM

Tax period ending(MMY)

MMYY

Markif:

- QHTC located in DC Ballpark TIF area
AMENDED RETURN
FINAL RETURN
CERTIFIED QHTC
COMBINED REPORT*

Business mailing address #1

12345ABCDEFGHIJKLMABCDEFGHIJKLM

Business mailing address #2

12345ABCDEFGHIJKLMABCDEFGHIJKLM

City

ABCDEFGHIJKLMABCDEFGHI

State Zipcode

AB 123456789

*You must fill in the Designated Agent info below

WORLDWIDE**

**Worldwide form must be filed with this return

Designated Agent Name

ABCDEFGHIJKLMABCDEFGHIJKLM

Designated Agent TIN

123456789

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, Line Number, Amount. Includes lines 1-10 for Gross Income.

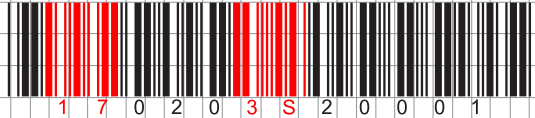
DEDUCTIONS

Table with 3 columns: Description, Line Number, Amount. Includes lines 11-22 for Deductions.



Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

Taxpayer Identification Number (TIN) 123456789



Enter dollar amounts only

DEDUCTIONS

23 Pension, profit-sharing plans.....		23	\$123456789123.00
24 Other deductions (attach statement).....		24	\$123456789123.00
25 Total deductions Add Lines 11-24		25	\$123456789123.00
26 Net income Line 10 minus Line 25.....	Mark if minus X	26	\$123456789123.00
27 Net operating loss deduction (For years before 2000).....		27	\$123456789123.00
28 Net income after net operating loss deduction Line 26 minus Line 27.....	Mark if minus X	28	\$123456789123.00
29(a) Non-business income/state adjustment (attach statement).....	Mark if minus X	29a	\$123456789123.00
(b) Expense related to non-business income (attach statement).....		29b	\$123456789123.00
(c) 29(a) minus 29(b).....	Mark if minus X	29c	\$123456789123.00
30 Net income subject to apportionment Line 28 minus 29(c).....	Mark if minus X	30	\$123456789123.00

TAXABLE INCOME

31 DC apportionment factor from Form D-20, Schedule F, col.3, Line 5.....		31	0.123456
32 Net income from trade or business apportioned to DC.....	Mark if minus X	32	\$123456789123.00
Line 30 amount multiplied by Line 31 factor			
33 Other income/deductions attributable to DC	Mark if minus X	33	\$123456789123.00
(attach statement - see instructions)			
34 Total taxable income before apportioned NOL deduction.....	Mark if minus X	34	\$123456789123.00
Line 32 plus or minus Line 33			
35 Apportioned NOL deduction (Losses occurring in year 2000 and later).....		35	\$123456789123.00
36 Total DC taxable income Line 34 minus Line 35.....	Mark if minus X	36	\$123456789123.00

If QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4, Lines 1-10.

TAX - PAYMENTS AND CREDITS

37 TAX 9.0% of Line 36.....		37	\$123456789123.00
38 Minus nonrefundable credits from Schedule UB, Line 9.....		38	\$123456789123.00
39 Total DC Gross Receipts (from Line '4' MTLGR worksheet.).....			\$123456789123.00
40 Net Tax Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M.....		40	\$123456789123.00
41 Payments and refundable Credits:			
(a) Tax paid, if any, with request for an extension of time to file.....		41a	\$123456789123.00
(b) Tax paid, if any, with original return if this is an amended return.....		41b	\$123456789123.00
(c) 2017 estimated franchise tax payments.....		41c	\$123456789123.00
(d) Refundable credits from Schedule UB, Line 12.....		41d	\$123456789123.00
42 Add Lines 41(a), 41(b), 41(c) and 41(d).....		42	\$123456789123.00

RESERVED

44 Estimated tax interest (Mark if D-2220 attached) X		44	\$123456789123.00
45 Total Amount Due. If Line 42 amount is smaller than the total of Lines 40 and 44, enter amount due.....		45	\$123456789123.00
Will this payment come from an account outside the U.S.? X Yes X No See instructions			
46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid.....		46	\$123456789123.00
47 Amount you want to apply to your 2018 estimated franchise tax.....		47	\$123456789123.00
48 Amount to be refunded Line 46 minus Line 47.....		48	\$123456789123.00

Third Party Designee To authorize another person to discuss this return with OTR, mark here X and enter the name and phone number
Designee's name XXXXXXXXXXXXXXXXXXXX Phone 1234567890

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.

PLEASE SIGN HERE
Officer's signature _____ Title _____ Date _____ Telephone number of person to contact 1234567890

PAID PREPARER ONLY
Preparer's signature (If other than taxpayer) _____ Date _____ Firm name _____ Firm address _____
Preparer's PTIN 123456789
If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here X



Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



Taxpayer Identification Number (TIN) 123456789

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.) Schedule B - Dividends (See specific instructions for Line 4.)

Table for Schedule A and B. Schedule A includes lines 1-7 for Cost of Goods Sold. Schedule B includes lines for Total Dividends, Minus deduction for Subpart F Income, and Minus deduction for dividends received from wholly-owned subsidiary.

Method of inventory valuation:

Table for Method of inventory valuation and Schedule B totals. Includes 'TOTAL (Enter here and on D-20, Line 4.)'.

Schedule C - Compensation of officers (See specific instructions for Line 11. If more than 3 offices attach additional sheets as needed.)

Table for Schedule C with columns: Col. 1 Name and Address of Officer, Col. 2 Official Title, Col. 3 Percent of Time Devoted to Business, Percent of Corporation Stock Owned (Col. 4 Common, Col. 5 Preferred), Col. 6 Amount of Compensation, Col. 7 Expense Account Allowances.

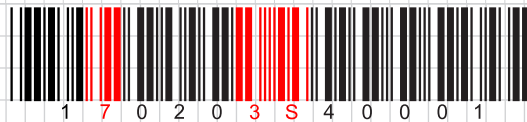
Schedule D - Taxes (See specific instructions for Line 16.)

Table for Schedule D with columns: EXPLANATION, AMOUNT, EXPLANATION, AMOUNT. Includes 'TOTAL (Enter here and on D-20, Line 16.)'.

Schedule E - Reconciliation of the net income reported on Federal and DC returns

Table for Schedule E with columns for Federal and DC items. Includes lines 1-6 for Federal items and 7-10 for DC items.

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



Taxpayer Identification Number (TIN) 123456789

Schedule F - DC apportionment factor (See instructions.)

Round cents to the nearest dollar. If an amount is zero, leave the line blank.
 For all businesses other than financial institutions: Carry all factors to six decimal places
 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.
 Column 1 TOTAL: \$.00 Column 2 in DC: \$.00 Column 3 Factor: .

For Financial Institutions:

2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income.
 Column 1 TOTAL: \$.00 Column 2 in DC: \$.00 Column 3 Factor: .

3. PAYROLL FACTOR: Total compensation paid or accrued by the financial institution.
 Column 1 TOTAL: \$.00 Column 2 in DC: \$.00 Column 3 Factor: .

4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3 of Column 3)
 Column 3 Factor: .

5. DC APPORTIONMENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Col.3. Enter on D-20, Line 31
 For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31.
 Column 3 Factor: .

For Combined Reporters

Enter the number of members in the combined group
 Complete Schedule 1 from the DC Combined Reporting Schedule 1A Designated Agent

Schedule 1 - Combined Report Tax Due				
Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

Qualified High Technology Companies Tax, Exemption and Credits Schedule (See instructions)

1 Initial Date of Taxable Income (MMYY) MMY	
2 Cumulative Amount of QHTC Exemption Previously Used	\$123456789123.00
3 Total DC taxable income. D-20 Line 36. Mark if minus: X	3 \$123456789123.00
4 Qualified High Technology Companies Franchise Tax 6.0% of Line 3	4 \$123456789123.00
5 Minus nonrefundable credits from Schedule UB, Line 9	5 \$123456789123.00
6 Tentative Tax. Subtract Line 5 from Line 4	6 \$123456789123.00
7 Minus QHTC Exemption This Return	7 \$123456789123.00
8 Total DC gross receipts from Line '4' MTLGR Worksheet	8 \$123456789123.00
9 Net tax. Line 6 minus Line 7. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Enter here and on page 2, Line 40. Complete page 2, Lines 41 through 48.	9 \$123456789123.00
10 Amount of QHTC Exemption Remaining	10 \$123456789123.00



Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



Taxpayer Identification Number (TIN) 123456789

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.		\$	\$	\$	\$
2.					
3.					
4.					
5.					
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.)		\$	\$	\$	\$

*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –		5. LOCATED AT –	
6. During 2017, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES NO		If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY	
If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.			
7. Is this corporation unitary with another entity?	YES NO	If yes, explain:	
8. Is this return made on the accrual basis?	YES NO	If no, indicate basis used: Cash Basis Other (specify)	
9. Did you file a franchise tax return with DC for the year 2016?	YES NO	If no, state reason	
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2017?	YES NO	If no, state reason:	
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2017?	YES NO		
12. (a) Has the business been terminated?	YES NO	If yes, explain and give date:	
(b) Have you moved out of DC?	YES NO		
13. Did you file an annual ballpark fee return?	YES NO		