

Government of the District of Columbia

2017 D-30 SUB Unincorporated Business Franchise Tax Return



Taxpayer Identification Number (TIN) 123456789

Mark if: FEIN X SSN X

Number of business locations In DC 123 Outside DC 123

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Registered Business Name ABCDEFGHIJKLMNOP

Tax period ending (MMYY) MMYY

Mark if: X Amended Return X Final Return X Combined Report* X Worldwide**

*You must fill in the Designated Agent info below

**Worldwide form must be filed with this return

Business Mailing address line #1 12345ABCDEF...GHIJKLMNOP

Business Mailing address line #2 12345ABCDEF...GHIJKLMNOP

City ABCDEFGHIJKLMNOP

State AB Zipcode 123456789

Designated Agent Name ABCDEFGHIJKLMNOP

Designated Agent TIN 123456789

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

1 Gross receipts, minus returns and allowances 1 \$ 123456789123.00

2 Cost of goods sold (from D-30, Schedule A) and/or operations 2 \$ 123456789123.00

3 Gross profit Line 1 minus Line 2 Mark if minus X 3 \$ 123456789123.00

GROSS INCOME 4 Dividends Minus Subpart F income (attach statement) 4 \$ 123456789123.00

5 Interest (attach statements showing calculations) 5 \$ 123456789123.00

6 Gross rental income (attach statement) 6 \$ 123456789123.00

7 Gross royalties (attach statement) 7 \$ 123456789123.00

8(a) Net capital gain (attach a copy of your federal Schedule D) Mark if minus X 8a \$ 123456789123.00

(b) Ordinary gain(loss) from Part II, federal Form 4797 (attach copy) Mark if minus X 8b \$ 123456789123.00

9 Other income (attach detailed statement) Mark if minus X 9 \$ 123456789123.00

10 Total gross income Add Lines 3-9 Mark if minus X 10 \$ 123456789123.00

IF LINE 10 IS \$12,000 OR LESS, STOP HERE, DO NOT FILE THIS RETURN

11 Salaries and wages (Do not include owner(s)/member(s)) 11 \$ 123456789123.00

12 Repairs 12 \$ 123456789123.00

13 Bad debts (attach a copy of any statement filed with your federal return) 13 \$ 123456789123.00

14(a) Royalty payments made 123456789123.00

(b) Minus nondeductible payments to related entities 123456789123.00 = 14c \$ 123456789123.00

DEDUCTIONS 15 Rent 15 \$ 123456789123.00

16 Taxes from Form D-30, Schedule C 16 \$ 123456789123.00

17(a) Interest payments 123456789123.00

(b) Minus nondeductible payments to related entities 123456789123.00 = 17c \$ 123456789123.00

18 Contributions and/or gifts from D-30, Schedule B 18 \$ 123456789123.00

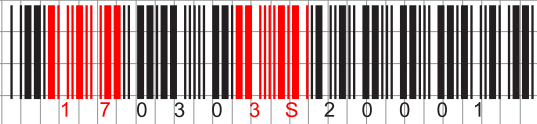
19 Amortization (attach copy of your Federal Form 4562, Part VI) 19 \$ 123456789123.00

20 Depreciation (attach copy of your Federal Form 4562 Do not include the additional federal bonus depreciation.) 20 \$ 123456789123.00

21 Other allowable deductions from D-30, Schedule G 21 \$ 123456789123.00

22 Total deductions Add Lines 11-21 22 \$ 123456789123.00

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



Taxpayer Identification Number 123456789

Enter dollar amounts only

TAXABLE INCOME

Table with 3 columns: Description, Mark if minus, Amount. Rows include Net income, Deductions, and Total DC taxable income.

TAX, PAYMENTS AND CREDITS

Table with 3 columns: Description, Mark if minus, Amount. Rows include Total DC Gross Receipts, Net Tax, Payments, and Total Amount Due.

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

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.

Signature and contact information section including Officer's signature, Preparer's signature, and Firm name.

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

Taxpayer Identification Number 123456789



Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)

Table with 2 columns: Description and Amount. Rows include: 1. Inventory at beginning of year, 2. Purchases, Minus cost of items withdrawn for personal use, 3. Cost of Labor, 4. Material and supplies, 5. Other costs, 6. Total of lines 1 through 5, 7. Inventory at end of year, 8. Cost of goods sold. Includes a 'Method of inventory valuation used' field.

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 18.)

Table with 2 columns: Description and Amount. Includes a TOTAL row at the bottom.

Schedule C - TAXES (See specific instructions for Line 16.)

Table with 4 columns: Type of Tax, Amount, Type of Tax, Amount. Includes a TOTAL row at the bottom.

* Schedule D has been deleted.

Schedule E - INTEREST EXPENSE (See specific instructions for Line 17.)

Table with 4 columns: Name and Address of Payee, Amount, Name and Address of Payee, Amount. Includes a TOTAL row at the bottom.

* Schedule D has been deleted.

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

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Schedule F - DC apportionment factor (See instructions)

Round cents to the nearest dollar. If an amount is zero, leave the line blank. Carry all factors to six decimal places

1. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income. \$ [] .00 \$ [] .00 (Column 2 divided by Column 1)

2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28.

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

Table with 5 columns: 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.

Schedule G - Other allowable deductions

Table with 2 columns: Nature of Deduction, Amount. Includes a TOTAL row.

Schedule H - Income not reported (claimed as nontaxable) (See instructions.)

Table with 2 columns: Nature of Income, Amount. Includes a TOTAL row.

Taxpayer Name: **ABCDEFGHIJKLMABCDEFGHIJKL**



Taxpayer Identification Number **123456789**

		Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS	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. Mortgage and real estate loans				
	7. Other investments (attach statement)				
	8. Buildings and other fixed depreciable assets				
	(a) MINUS: Accumulated depreciat				
	9. Depletable assets				
	(a) MINUS: Accumulated deplet				
10. Land (net of any amortization)					
11. Intangible assets (amortizable only)					
(a) MINUS: Accumulated amortization					
12. Other assets (attach statement)					
13. TOTAL ASSETS					
LIABILITIES AND CAPITAL	14. Accounts payable				
	15. Mortgages, notes, bonds payable in less than 1 year				
	16. Other current liabilities (attach statement)				
	17. Mortgages, notes, bonds payable in 1 year or more				
	18. Other liabilities (attach statement)				
	19. Capital stock				
	20. TOTAL LIABILITIES AND CAPITAL				

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Name and Address of Owner(s)/ Member(s)		Percentage of Time Devoted to this Business	Percentage of Ownership	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss) from Outside DC	Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
TOTAL				\$	\$	\$	\$	\$

Col. 4 - See Instructions.
 Col. 5 - See Instructions.
 Col. 6 - Any loss amount from Line 31 of D-30.
 Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.

Enter total taxable income as shown on Line 34 of D-30. \$

Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30) \$

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

Taxpayer Identification Number 123456789

SUPPLEMENTAL INFORMATION

1. During 2017, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service?

Yes No

If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue. See instructions for address.

2. PRINCIPAL BUSINESS ACTIVITY

3. DATE BUSINESS BEGAN

4. IF BUSINESS HAS TERMINATED. STATE REASON

5. TERMINATION DATE

6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.)

7. Place where federal income tax return for period covered by this return was filed:

8. Name(s) under which federal return for period covered by this return was filed:

9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2017?

Yes

No

If no, please state reason:

10. Is this return reported on the accrual basis?

Yes

No

If no, fill in the method used:

Cash basis

Other (specify)

11. Did you withhold DC income tax from the wages of your DC employees during 2017?

Yes

No

If no, state reason:

12. Did you file a franchise tax return for the business with the District of Columbia for the year 2016?

Yes

No

If no, state reason:

If yes, enter name under which return was filed:

13. Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.)

Yes

No

14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.)

Yes

No

15. (a) Is this business unitary with a partnership or another corporation?

Yes

No

If yes, explain:

(b) Is this business unitary with a combined group?

Yes

No

If yes, explain:

16. Did you file an annual ballpark fee return?

Yes

No