

2017 SCHEDULE UB Business Credits



SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1234

Important: Attach to your Form D-20 or D-30.

Taxpayer Identification Number 123456789
Fill in X if FEIN
Fill in X if filing a D-20 Return
Fill in X if SSN
Fill in X if filing a D-30 Return

Enter your business name
ABCDEFGHIJKLMABCDEFGHIJKLM

D-20 Return

Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax.)

- 1 Economic Development Zone Incentives (See worksheet). 1 \$ 123456789.00
1a Amount of Line 1 that is Food Commodity Donation Credit January 1 - April 7, 2017. (see worksheet) 1a \$ 123456789.00
2 Qualified High Technology Company Credit from Part E, Line 5, DC Form D-20CR, from pub 399. 2 \$ 123456789.00
3 Organ and Bone Marrow Donor Credit. See computation. 3 \$ 123456789.00
4 Job Growth Incentive Act 4 \$ 123456789.00
5 Enter alternative fuel credits. See instructions.
5(a) Alternative fuel infrastructure. 1234 \$12345678.00
# of stations
5(b) Alternative fuel vehicle conversion. 1234 \$12345678.00
# of vehicles
6 Total alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here. 6 \$ 123456789.00
7 Employer-assisted Home Purchase Tax Credit (See computation). 7a 123 7 \$ 123456789.00
# of employees
8 RESERVED 8 \$ 123456789.00
9 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. If QHTC, enter here and on QHTC Schedule, Line 5. 9 \$ 123456789.00

Refundable Credits

- 10 Qualified High Technology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR, from pub 399. 10 \$ 123456789.00
11 RESERVED 11 \$ 123456789.00
12 Total the refundable D-20 credits, enter here and on Form D-20, Line 41(d). 12 \$ 123456789.00

D-30 Return

Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax.)

- 13 Economic Development Zone Incentives (See worksheet). 13 \$ 123456789.00
13a Amount of Line 13 that is Food Commodity Donation Credit January 1 - April 7, 2017. (see worksheet) 13a \$ 123456789.00
14 Organ and Bone Marrow Donor Credit. See computation. 14 \$ 123456789.00
15 Job Growth Incentive Act 15 \$ 123456789.00
16 Enter alternative fuel credits. See instructions.
16(a) Alternative fuel infrastructure. 1234 \$12345678.00
# of stations
16(b) Alternative fuel vehicle conversion. 1234 \$12345678.00
# of vehicles
17 Total alternative fuel credits. Add Lines 16(a) and 16(b) only and enter here. 17 \$ 123456789.00
18 Employer-assisted Home Purchase Tax Credit (See computation). 18a 123 18 \$ 123456789.00
# of employees
19 RESERVED 19 \$ 123456789.00
20 Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38. 20 \$ 123456789.00

Schedule UB Instructions

Qualified High Technology Companies
If you claim credits on Lines 2 or 10 above, attach a copy of your DC Form D-20CR to the D-20.

**Organ and Bone Marrow Donor Credit**

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

| <b>Organ and Bone Marrow Donor Credit</b><br>— Computation — |                                       |   |                          |
|--|---------------------------------------|---|--------------------------|
| Column 1<br>Credit Category                                  | Column 2<br>Total Paid Leave          | Column 3<br>Leave Credit Calculation                            | Column 4<br>Total Credit |
| Organ Donor(s)   | Total Paid Leave<br>Wages<br>\$ _____ | Col 2 _____<br>amt.<br>× 25% _____<br>\$ _____                  | \$ _____                 |
| Bone Marrow Donor(s)   | Total Paid Leave<br>Wages<br>\$ _____ | Col 2 _____<br>amt.<br>× 25% _____<br>\$ _____                  | \$ _____                 |
|  |                                       | <b>Total of Col. 4.<br/>Enter here and<br/>on Schedule UB.*</b> | \$ _____                 |

\*Line 3 of Schedule UB for D-20 filers  
Line 14 of Schedule UB for D-30 filers

| <b>Employer-Assisted Home Purchase Tax Credit</b><br>— Computation —  |          |
|---|----------|
| 1. Number of Eligible Employees <input style="width: 40px; height: 20px;" type="text"/>   |          |
| 2. Amount of Homeownership Assistance provided during this period to Eligible Employees.....x 50%                                   | \$ _____ |
| 3. Tax Credit .....<br>(Cannot exceed Line 2 amount and limited to \$2,500 per Eligible Employee)                                   | \$ _____ |
| <p><b>Enter amount from Line 3 on<br/>Line 7 of Schedule UB for D-20 filers, or<br/>Line 18 of Schedule UB for D-30 filers.</b></p> |          |

**Employer-Assisted Home Purchase Tax Credit**

An employer who provides homeownership assistance to eligible employees through a certified home purchase program may be eligible to claim a credit against the franchise tax if certain conditions are met. See instructions and DC Code Section 47-1807.07 for further details.