District of Columbia (DC) 2017 D-20 Corporate Franchise Tax **Forms and Instructions**



Simpler. Faster. Safer.

- Any payment that exceeds \$5,000 per period must be paid electronically.
- Make tax payments electronically with e-check, ACH Debit and Credit Card. If electronic payments are made using ACH Credit, please visit MyTax.DC.gov for instructions in the Electronic Funds Transfer (EFT) guide.
- When making a payment with your D-20 please use the voucher (D-20P) that is provided.

What's New:

- Filing Deadline For taxable years beginning after December 31, 2015, all returns of income required to be filed for corporations shall be filed on or before the 15th day of April of each year; except that such returns if made on the basis of a fiscal year, shall be filed on or before the 15th day of the 4th month following the close of such fiscal year. For Tax Year 2017 the filing deadline will be Tuesday, April 17, 2018.
- **New Tax Rate** For taxable years beginning after December 31, 2016, the tax rate for corporations and financial institutions is 9.0% of taxable income.
- Food Commodity Donations Tax Credit The non-refundable business tax credit for farm to food donations has been repealed effective April 7, 2017. Corporations may only claim this credit for donations made between January 1, 2017 and April 7, 2017. See instructions, page 15.
- New Business Registration Policy The Office of Tax and Revenue (OTR) will no longer automatically register businesses for Corporate or Unincorporated Franchise Tax from the D-20 or D-30 tax returns. All new entities starting business operations or promoting/ vending at special events in DC MUST register on MyTax.DC.gov using the new business registration process by completing the FR-500 for business income (Corporate or Unincorporated Franchise, Sales and Use, Withholding Wage, Withholding Non-Wage), or FR-500B for Special Event Promoters and/or Vendors.
- Exemption Certification Beginning in November 2017, organizations applying for an exemption from the District of Columbia Sales and Use Tax will be required to complete an online application and attach supporting documentation via MyTax.DC.gov. If the exemption is approved, OTR will issue an official certificate which will include an expiration date. Taxpayers must reapply for a new exemption prior to the expiration date on the certificate.
- Combined Reporting Enter the number of members in the combined group in the space allocated on page 4. Complete Schedule 1 from the DC Combined Reporting Schedule 1A Designated Agent.

Reminders:

- General Instructions Failure to use the business or trade name that you used when
 registering with the DC Office of Tax and Revenue will cause processing delays with returns
 and/or payments.
- Modernized e-File (MEF) Corporate Franchise taxpayers are encouraged to e-file the D-20 return through MEF.

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Note: At the time this tax package went to print, line references to federal tax forms were correct.

General Instructions for the D-20

Who must file a Form D-20?

Generally, every corporation or financial institution must file a Form D-20 (including small businesses, professional corporations, and S corporations) if it is carrying on or engaging in any trade, business, or commercial activity in the District of Columbia (DC) or receiving income from DC sources.

If you perform services in DC for subsidiary corporations, you are carrying on a trade or business.

A corporation that engages an independent agent or a representative who solicits orders in DC for more than one principal and who holds himself/herself out as such must file a DC Form D-20.

Income from sales of tangible personal property or services to the US Government is treated as income from a DC source unless the:

- Corporation's principal place of business is outside DC;
- · Property is delivered from outside DC; and
- Property is for use outside DC.

For District tax purposes, an S corporation is a C corporation. Therefore, it must file Form D-20 and prepare all applicable schedules on the D-20. The fact that an S corporation does not have similar schedules on the federal form should not be considered as a relief for an S corporation from completing the schedules on the D-20.

You might not have to file a Form D-20 if the corporation has been granted an exemption by the DC Office of Tax and Revenue (OTR). If you are an exempt organization with unrelated business income, as defined in the Internal Revenue Code (IRC) §512, you must file a Form D-20, by the 15th day of the fifth month after the end of your tax year. You are required to pay at least the minimum tax even if your tax is less than the minimum tax.

Minimum Tax

The minimum tax is \$250 if DC gross receipts are \$1M or less. Minimum tax is \$1,000 if DC gross receipts are greater than \$1M. DC gross receipts for purposes of minimum tax includes District gross receipts that are derived from any activity such as sales, rents, services, commissions, etc., from any source within the District. Gross receipts are determined without deduction of any expenses.

Note: Each member of a combined group must use the Minimum Tax Liability Gross Receipts (MTLGR) worksheet for the purposes of determining a minimum tax liability of a member whose computed tax is less than the minimum tax.

See Minimum Tax Liability Gross Receipts Worksheet (MTLGR) below. You must complete Schedule F even if your operation is 100% in the District.

| | Minimum Tax Liability Gross Receipts (MTLGR) Worksheet | | | | | | | | | | |
|---|---|--------|---|--|--|--|--|--|--|--|--|
| | DC gross receipts for minimum tax due an | d only | for minimum tax due is computed as follows: | | | | | | | | |
| 1 | Amount from numerator of DC sales apportionment factor from Schedule F, Line 1, Column 2 of D-20 or D-30. Financial institutions must use amount on Schedule F, Line 2, Column 2 of D-20. | 1 \$ | | | | | | | | | |
| 2 | Add the adjusted basis of any property sold for which the gain is included in Line 1. | 2 \$ | | | | | | | | | |
| 3 | Add Non-Business income allocated to DC reported per D-20, Line 33 or D-30, Line 30. | 3 \$ | | | | | | | | | |
| 4 | Total DC Gross Receipts (Add Lines 1, 2 and 3) | 4 \$ | | | | | | | | | |

Minimum Tax

The minimum tax is \$250.00 if the amount on Line 4 above is \$1,000,000 or less.

The minimum tax is \$1,000.00 if the amount on Line 4 above is greater than \$1,000,000.

Which other DC forms or Schedules may corporations need to file?

To download DC tax forms, visit MyTax.DC.gov.

Business Non-Refundable and Refundable Credits, Schedule UB

The various non-refundable and refundable credits available to businesses have been consolidated on Schedule UB. The total non-refundable credits from Schedule UB, Line 9 are reported on Line 38 of the D-20. The total refundable credits from Schedule UB, Line 12 are reported on Line 41(d).

FR-120, Extension of Time to File a DC Corporation Franchise Tax Return

You may request an extension of time to file your return by filing DC Form FR-120 (copy included in this booklet) no later than the return due date. An extension of time to file is not an extension of time to pay. You must pay any tax liability with the extension request, otherwise the request will be denied and you may be subject to penalties for failure to file or failure to pay. Do not use the federal extension form for DC tax purposes. For combined report filers, the designated agent shall file.

D-20ES, Declaration of Estimated Franchise Tax for Corporations

A corporation must file a declaration of estimated franchise tax if it expects its DC franchise tax liability to exceed \$1000 for the taxable year. See the Form D-20ES and the Declaration of Estimated Franchise Tax for Corporations booklet for payment vouchers and details. You will automatically be assessed interest for any underpayment of DC estimated tax.

Note: Electronic payment required. If the amount of the payment due for a period exceeds \$5,000, you must pay electronically. Visit MyTax.DC.gov.

D-2220 Underpayment of Estimated Franchise Tax By Businesses

You will be charged interest of 10 percent per year, compounded daily, on underpayments of estimated franchise tax installment payments. The charge is computed from the installment payment due date to the date the tax is paid. It is in addition to the penalty imposed for false statements. Interest will be assessed automatically by OTR's integrated tax system. For additional information, see Form D-2220, Underpayment of Estimated Franchise Tax by Businesses. Attach a completed Form D-2220 with your D-20.

FR-399 Qualified High Technology Companies (QHTC)

If you are a Qualified High Technology Company (QHTC), you may be eligible for tax benefits such as certain exemptions, a reduced tax rate, and certain tax credits. For Taxable Years beginning after December 31, 2000, QHTCs which are corporations are granted a reduced corporate franchise tax rate of 6%, except:

- (i) QHTCs certified pursuant to DC Code §47-1805.05 before January 1, 2012, shall not be subject to the tax for 5 years after the date that the QHTC commences business in the District; and
- (ii) QHTCs certified on or after January 1, 2012, shall not be subject to the tax for 5 years after the date that the QHTC has taxable income.

The total amount that each QHTC may receive in franchise tax exemptions shall not exceed \$15 million. After the 5 year period or the \$15 million limit is reached, incorporated QHTCs pay a rate of 6%. The FR-399 is available online at MyTax.DC.gov, and at 1101 4th Street, SW, Suite W270, Washington, D.C. 20024.

Qualified High Technology Companies Tax, Corporate QHTC Franchise Tax Exemption and Credits Schedule

Incorporated QHTCs will now report their tax, franchise tax exemption amount, and amount of credits on the new Qualified High Technology Companies Tax, Franchise Tax Exemption and Credits Schedule on page 4 of the D-20. If you are a QHTC, fill in the QHTC oval on page 1 of the D-20, attach the QHTC-CERT form and the Certification of Gross Revenue Worksheet from the FR-399 to the D-20. Follow the line instructions on the QHTC Schedule. A QHTC cannot be a member of a combined group, and a QHTC cannot be located in the DC Ballpark TIF area. For other forms, credit worksheets, and further details, see Publication FR-399, QHTC, and DC Code §47-1817.01, et seq.

FR-1500 Ballpark Fee

If you have \$5 million or more in annual DC Gross Receipts, you must file and pay the ballpark fee, with Form FR-1500, electronically. For details, visit www.taxpayerservicenter.com, click on 'Business Tax Service Center', and then click on 'Ballpark-Related Fees and Taxes'. Note: Each member of a combined group is responsible for filing and paying its own ballpark fee.

Combined Reporting

The District of Columbia no longer permits consolidated filing for tax years beginning after December 31, 2010. For tax years beginning after December 31, 2010, a corporation or unincorporated business entity subject to tax in the District of Columbia, engaged in a unitary business with one or more corporations or unincorporated business entities, is required to file a combined report pursuant to DC Official Code §47-1805.02a.

Combined reporting is a tax reporting method where all of the members of a unitary group are required to determine their net income based on the activities of the unitary group as a whole. Unitary group members will calculate their taxable net income derived from the unitary business as its apportioned share of the income or loss of the combined group engaged in the unitary business.

A "Unitary business" means a single economic enterprise that is made up either of separate parts of a single business entity or of a commonly owned or controlled group of business entities that are sufficiently interdependent, integrated, and interrelated through their activities so as to provide synergy and mutual benefit that produces a sharing or exchange of value among them and a significant flow of value to the separate parts.

If you are filing a combined report, enter the designated agent information and fill in the 'if Combined Report' oval on page 1 of the return.

The combined reporting regulations are contained in DC Municipal Regulations (DCMR) Title 9, Taxation and Assessments, §§156 through 176. Schedules for combined reporting are located on our website at MyTax.DC.gov.

When are your taxes due?

Non-exempt organizations must file their return and pay any tax due by:

- Calendar year filer April 15th; or
- Fiscal year filer the 15th day of the fourth month after the tax year closes.

Exempt organizations must file their return by the 15th day of the fifth month after the end of their tax year.

If the due date falls on a Saturday, Sunday or legal holiday, the return is due the next business day. For tax year 2017 the filing deadline will be Tuesday, April 17, 2018.

Taxable year

Enter the tax period ending date on page 1 of the D-20. It can be either a calendar year or a fiscal year. You must receive OTR approval to change your taxable year. Combined report filers shall use the designated agent's tax year.

Filing your return By mail

If mailing a return with a <u>payment</u>, make the check or money order (US dollars) payable to the DC Treasurer. Write your Taxpayer Identification Number (TIN), 'D-20', and the tax year on the payment. Staple your payment to the voucher Form D-20P. Do not attach the D-20P and payment to the D-20 return. Send your return and payment to:

Office of Tax and Revenue PO Box 96166 Washington, DC 20090-6166

If mailing a <u>no payment due or refund</u> return, send the return to:

Office of Tax and Revenue

PO Box 96148

Washington, DC 20090-6148

Mail labels for these two post office boxes are on the back flap of the return envelope included in this booklet.

Send in your original DC return with any schedules, not a copy. Fold your return once. Be sure to keep a copy for your records.

Substitute forms

You may file your DC Corporation Franchise Tax Return using a computer-generated substitute form, provided the form is approved in advance by the Office of Tax and Revenue (OTR). The fact that a software package is available for retail purchase does not mean that the substitute form has been approved for use. Call or check with the software developer to determine if its form is approved by DC OTR.

By Modernized e-File (MeF)

MeF offers most DC Corporate taxpayers a full federal/state electronic filing program. There are three ways in which taxpayers can file their federal and District returns together electronically:

- 1. Through an authorized software provider listed on the Internal Revenue Service (IRS) website;
- Through a tax practitioner who is an authorized e-File provider; or
- 3. Through a commercial online filing service. This allows taxpayers to transmit their DC and federal returns from their PC for a fee.

Corporate taxpayers may file the D-20ES, Declaration of Estimated Franchise Tax for Corporations, or the FR-120, Extension of Time to File a DC Corporation Franchise Tax Return. These forms can also be found on MyTax.DC.gov.

Payment options

Refer to the Electronic Funds Transfer (EFT) Payment Guide available on the DC website at $\underline{\text{MyTax.DC.gov}}$ for instructions for electronic payments.

Payment options are as follows:

- **Electronic check (e-check)**. E-check is similar to ACH debit, but it is a one-time transaction where the taxpayer provides the banking information at the time of payment. There is no fee for e-check payments. Payments can be scheduled up to one year in advance. Visit MyTax.DC.gov.
- ACH Credit. ACH credit is for business taxpayers only. There is no fee charged by OTR, but the taxpayer's bank may charge a fee. The taxpayer directly credits OTR's bank account. A taxpayer does not need to be registered to use this payment type, and does not need access to the website.

Note: When making ACH Credit payments through your bank, please use the correct tax type code (00250) and tax period ending date (YYMMDD).

- ACH Debit. There is no fee. Taxpayers' bank routing and account numbers are stored within their online account. This account can be used to pay any existing liability. The taxpayer gives OTR the right to debit the money from their bank account. Foreign bank accounts cannot be used for business ACH Debit.
- Credit/Debit Card. The taxpayer may pay the amount owed using Visa®, MasterCard®, Discover® or American Express®. You will be charged a fee that is paid directly to the District's credit card service provider. Payment is effective on the day it is charged.
- Check or money order. Include a check or money order (US dollars), payable to the DC Treasurer, with your completed return. Write your TIN, daytime telephone number, '2017', and 'D-20' on the check or money order. Attach your payment to the Form D-20P Payment Voucher provided in this booklet. Mail the D-20P with, but not attached to the D-20 tax return, to:

Office of Tax and Revenue PO Box 96166 Washington, DC 20090-6166

Note: International ACH Transaction (IAT). Your payment cannot be drawn on a foreign account. Pay by money order (US dollars) or credit card instead.

Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

Penalties and interest

OTR will charge -

- A penalty of 5% per month if you fail to file a return or pay any tax due on time. It is computed on the unpaid tax for each month or fraction of a month, that the return is not filed or the tax is not paid. It may not exceed an additional amount equal to 25% of the tax due;
- A 20% penalty on the portion of an underpayment of taxes
 if attributable to negligence. Negligence is failure to make a
 reasonable attempt to comply with the law or to exercise
 ordinary and reasonable care in preparing tax returns without the
 intent to defraud. One indication of negligence is failure to
 keep adequate books and records;
- Interest of 10% per year, compounded daily, on a late payment;
- A one-time fee to cover internal collection efforts on any unpaid balance. The collection fee assessed is 10% of the tax balance due after 90 days. Payment received by OTR on accounts subject to a collection fee are applied first to the collection fee, then to penalty, interest and tax owed;
- A civil fraud penalty of 75% of the underpayment which is attributable to fraud (see DC Code §47-4212).

Special circumstances

Office of Tax and Revenue (OTR) rulings

All rulings issued prior to December 31, 2002 were revoked. Taxpayers cannot rely on these rulings unless they were resubmitted to the OTR for review, and if approved, reissued. Direct any ruling questions to OTR, General Counsel at (202) 442-6500.

Special rules on depreciation and business expenses

For federal tax purposes, businesses may deduct additional bonus depreciation and additional IRC §179 expenses. DC does not allow the additional bonus depreciation deduction nor any additional IRC §179 expenses. Do not claim the 30 or 50 percent federal bonus depreciation deduction or the additional IRC §179 expenses on your DC return. DC limits the IRC §179 expense deductions to \$25,000 (\$40,000 for a QHTC).

Net operating loss (NOL) carry backs

For federal tax purposes, businesses are allowed to carry back a NOL. DC does not allow NOL carry backs. Therefore, you may not claim a NOL carry back for DC tax purposes.

Discharge of indebtedness

The District has decoupled from the section of the American Recovery and Reinvestment Act of 2009 which allows exclusion and deferral from gross income of a discharge of indebtedness. For District tax purposes, a discharge of indebtedness results in income that is includible in gross income.

DC Ballpark TIF Area

If a business business entity claiming to be a QHTC is located in the DC Ballpark TIF Area as specified in DC Code §2-1217.12, fill in the 'if QHTC located in DC Ballpark TIF Area' oval on page 1 of the D-20. A business entity located in the DC Ballpark TIF Area cannot receive QHTC tax benefits, and must complete the D-20 form and schedules the same as a corporation that is not a QHTC.

Getting started

To complete the paper Form D-20, in general you will need:

- Copies of your completed 2017 federal forms, as applicable (1120, 1120S, 4797, 4562, etc.)
- A pen with black ink
- A calculator

Not all items will apply. Fill in only those that do apply. If an amount is zero, make no entry, leave the line blank.

All entries on the return and attachments are whole dollars only. Do not enter cents. Round cents to the nearest dollar. *Examples:*

\$10,500.50 rounds to \$10,501

\$10,500.49 rounds to \$10,500

Taxpayer Identification Number (TIN)

You must have a TIN, whether it is a Federal Employer Identification Number (FEIN), Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) or Preparer Tax Identification Number (PTIN).

 An FEIN is a valid number issued by the IRS. To apply for an FEIN, get Form SS-4, Application for Employer Identification Number, or get this form online at www.irs.gov/businesses and click on Employer Identification Number (EIN) under Starting a Business. You may also get this form by calling 1-800-TAX- FORM (1-800-829-3676).

- An SSN is a valid number issued by the Social Security Administration (SSA) of the United States Government. To apply for an SSN, get form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213.
- An Individual Taxpayer Identification Number (ITIN) is a valid number issued by the Internal Revenue Service (IRS). The IRS issues ITINs to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain, a Social Security number (SSN) from the Social Security Administration (SSA). ITINs do not serve any purpose other than federal tax reporting.
- The Preparer Tax Identification Number (PTIN) is an identification number issued by the IRS that all paid tax preparers must use on tax returns or claims for refund.

Corporate tax rate and minimum tax

The tax rate is 9.0 percent on your "total district taxable income" on Line 36. If you are a QHTC the tax rate is 6.0 percent. The minimum tax is \$250 if your DC gross receipts are \$1 million or less. It is \$1,000 if your DC gross receipts are greater than \$1 million, even if you have a loss.

Incomplete forms will delay processing

Complete all items on the D-20 and all applicable schedules including combined schedules, otherwise OTR will send the return back to you for completion and resubmission.

Help us identify your forms and attachments

Write your Taxpayer Identification Number (TIN), tax form number, tax period, business name and address on any statements submitted with the return or filed separately. The TIN is used for tax administration purposes only.

All D-20 filers must pay and submit pages 1-6, Schedule UB and D-2220, if applicable. All other attachments must be on a CD. The CD should include a copy of the entire return and indicate on the CD the taxpayer identification number, tax year and tax type. Images on the CD must be in PDF format.

QHTC Filers

In addition to the above, the QHCT-CERT Form, the Certification of Gross Revenue Worksheet, and the D-20CR (if applicable) must be attached to the return and on the CD.

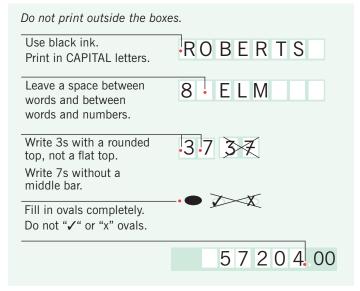
Combined Reporting Filers

If you are filing a combined report, enter the designated agent information and shade the "fill in if Combined Report" oval on page 1 of the return. Complete and submit Combined Reporting Schedules 1A, 1B, 2A, and 2B, along with the Combined Group Members' Schedule, and the Worldwide Combined Reporting Election Form, if applicable. In addition, attach Federal Schedule M-3, Federal UTP, and Federal Forms 851, 5471, 8975 (including Schedule A).

Failure to use the business or trade name that you used when registering with the DC Office of Tax and Revenue will cause processing delays with returns and/or payments.

Filling out the form

To aid us in processing your return, please follow these rules:



Personal information

Complete the personal information as instructed using CAPITAL letters and black ink. Use one block per letter, including using a space between address fields. Please write clearly; otherwise this can delay processing your return.

Assembling your D-20 return

- Do not staple or otherwise damage the Bar Code located in the upper right hand corner of this form and schedule(s) being attached:
- Do not cross out the tax year on the 2017 return. If you are
 not filing a 2017 D-20 Corporate Franchise Tax Return, do not
 use this booklet. Request a booklet for the specific year you are
 filing by calling our Forms Center at (202) 442-6546, or visit
 the Customer Service Center at 1101 4th Street, SW, 2nd floor,
 Washington, DC 20024. You also may visit our website at
 MyTax.DC.gov for prior year corporate franchise tax returns.
- Attach any other supporting forms or schedules as applicable:
 - o Worldwide Combined Reporting Election Form
 - Combined Group Members' Schedule
 - o Combined Reporting Schedules 1A, 1B, 2A, and 2B
 - o Federal Forms 851, 5471, and 8975 (including Schedule A)
 - o Federal Schedule M-3
 - o Federal UTP
 - o Any other forms or schedules necessary to process the return.
- Staple check or money order (US dollars) to the D-20P, Payment Voucher.
- Use the appropriate mailing label on the back flap of the return envelope.

Third Party Designee

If you want to authorize another person to discuss your 2017 tax return with OTR, check the oval in the Third Party Designee block on page 2 of the D-20 and enter the designee's name and phone number. If you want to authorize your paid preparer, enter 'preparer' in the 'third party designee' block.

Checking the oval gives the designee authorization to:

- Give OTR any information missing from your return;
- Contact OTR for information about processing your return and the status of any refund or payment; and
- Request, receive and/or respond to OTR notices related to your return.

The authorization does not:

- Give the designee the right to receive your refund;
- Bind you to any additional tax liability related to your return; or
- Otherwise represent you before OTR.

This authorization automatically ends on April 15, 2019 (without regard to extensions).

Signature and verification

An authorized officer or designated agent of the corporation must sign and date the return. A receiver, trustee, or assignee must sign any return that he/she is required to file for the corporation. Any person who prepared the return for compensation must also sign, date and provide the necessary identification number. If a firm or corporation prepares a return, it should be signed in the name of the entity. The signature requirement does not apply when a taxpayer's regular employee prepares the return. Please review the tax return before you allow a paid preparer to issue a return on your behalf.

Explanation of terms

Business income

This is income from transactions and activities occurring in the regular course of trade or business. It includes income from tangible and intangible property if the acquisition, management and disposition of the property are part of the taxpayer's regular trade or business operations. Income of any type — manufacturing income, compensation for services, sales income, interest, dividends, rents, royalties, gains, operating and non-operating income from any class or from any source — is business income if it is from transactions and activities occurring in the regular course of a trade or business. Whether income is business or non-business depends on the underlying transactions and activities — the elements of a particular trade or business. In general, transactions and activities that depend on or contribute to the operation of your enterprise constitute your trade or business.

Commercial domicile

The principal place from which you direct or manage your trade or business.

Compensation

Wages, salaries, commissions and other forms of remuneration paid or accrued to employees for personal services.

Non-business income

All income except business income.

Transportation company

Any business engaged in transporting persons, goods, or property of others for hire.

Sales

All gross receipts which are not required to be allocated.

Taxable in another state

For purposes of allocating and apportioning income among DC and another jurisdiction, you must be subject in that jurisdiction to:

- a net income tax,
- a franchise tax measured by net income,
- a franchise tax for the privilege of doing business, or
- a corporate stock tax, or
- that state has the jurisdiction to subject the taxpayer to a net income tax regardless of whether in fact, the state does or does not

Specific Instructions

Negative amounts

If you enter a negative amount on a line, fill in the oval to the left of the entry where it states: "Fill in if minus", do not enter a minus sign or parenthesis.

Allocation and apportionment required

You must complete Schedule F even if your operation is 100% in the District. Any corporation carrying on a trade or business in DC and other jurisdiction(s) must apportion its business income among DC and the other jurisdiction(s).

Apportion DC net income from trade or business activities using the appropriate apportionment factor. See D-20, page 4, Schedule F.

Non-business income

All non-business income must be allocated.

Allocating to DC

Allocate to DC items of non-business income from sources in DC. The following gains and losses from sales or other dispositions are allocated to DC:

- Real property located in DC (other than realty used in the trade or business whether held for sale or otherwise);
- Tangible personal property (other than any tangible personal property used in the trade or business whether held for sale or otherwise) if:
 - The property had a situs in DC at the time of sale; or
 - Your principal place of business is in DC and you are not taxable in the situs state; and
- Intangible personal property (other than intangible personal property of any kind used in the trade or business whether held for sale or otherwise) is allocable to DC if the taxpayer's principal place of business is in DC.

Allocate to DC net rents and royalties from real property located in DC.

Allocate to DC any non-business interest and dividends from sources in DC unless specifically excluded from tax and/or subject to apportionment as business income.

Allocate to DC, non-business rents and royalties from patents, copyrights, trademarks, service marks, secret processes and formulas, franchises and other like property (if not used in the trade or business). These royalties are allocated according to the patent's location or use, or where the copyrighted material is published or used. If DC is the principal place of business of a corporate entity, not subject to tax anywhere else, then the rent or royalty income is allocable to DC. Income from the sale of tangible personal property to the United States Government by a corporation that has its principal place of business outside DC is income from DC sources if the property is delivered from outside DC for use in DC.

All other non-business income derived from sources in DC is allocable to DC.

Where income is allocable among DC <u>and other jurisdictions</u> allocate all expenses, losses and other deductions incurred in the production of the income in the same way. Losses incurred in the production of non-business income are allowable only if profits from the transaction would be taxable.

Gross Income

NOTE: When OTR requests that a statement be attached, the statement should show the source of the items making up the entry.

Amended returns

You must use the D-20 tax form of the year you are amending. Fill in the 'Amended Return' oval on Page 1 of the D-20 and complete the 'Tax Year Ending' box. Attach a detailed statement of the adjustment(s) and the amount of any refund received.

If the Internal Revenue Service (IRS) adjusts your federal return or if you file an amended federal return, you must file an amended DC return within 90 days of the IRS notice. If the federal adjustment makes you eligible for a DC tax refund, you must file for the DC refund within 180 days of the adjustment or filing the amended return.

Mail the amended return and any additional attachments to:
Office of Tax and Revenue
PO Box 96166
Washington, DC 20090-6166

Final return

If you are not required to continue filing a return due to the ending of business operations, shade the 'fill in if final return' oval on the return. OTR will then cancel your filing requirement. Do not use this oval to indicate the return is the final for the period being reported.

D-20, page 1, line-by-line

Line 1 Gross receipts, minus returns and allowances

Enter the total gross receipts from sales and operations, minus returns and allowances.

Line 2 Cost of goods sold and/or operations

Enter the figure from D-20, Schedule A, Line 7. If the production, manufacture, purchase, or sale of merchandise is an incomedetermining factor in the trade or business, you must take inventories of merchandise at the start and end of the tax year. You may value them at cost or market value, whichever is lower; or by another IRS-approved method. You must continue to use the method you choose until you get permission from the OTR to change. If the inventories are not consistent with the balance sheet figures, attach a statement explaining any differences.

Cost of operations (where inventories are not an income–determining factor): If the amount entered on Line 2 includes an amount associated with the cost of operations, attach a detailed statement showing: (1) salaries and wages; and (2) other costs.

Line 3 Gross profit from sales and/or operations

Enter the result of Line 1 minus Line 2.

Line 4 Dividends

Enter the total of all dividends reported on D-20, page 3, Schedule B. Do not include Subpart F income (as defined in IRC §952); and dividends from wholly-owned subsidiaries.

Include on Line 29(a) all dividends from sources outside DC that are not trade or business income. Dividends received by corporations, financial institutions, or investment firms are business income not subject to allocation. Do not include dividends paid on securities issued by the United States or its instrumentalities, if it is non-business income.

Dividends received from the following corporations with their principal place of business in DC are non-business income:

- Corporations subject to this franchise tax;
- Insurance corporations, including bonding companies and real estate title insurance companies; and
- Banks, if the bank dividends were paid to a bank-holding company.

Line 5 Interest

Enter all the interest which the corporation received or is credited with during the tax year, including interest paid on obligations of a State, Territory of the United States, or any of their political subdivisions, except those of DC.

Exclude any interest income on obligations or securities issued by the United States or its instrumentalities which is included in income for federal tax purposes.

Interest received by a corporation not engaged in a trade or business in DC is not considered income from DC sources if it is from one of the following organizations with a principal place of business in DC:

- Corporations subject to this franchise tax;
- Insurance corporations, including bonding companies and real estate title insurance companies; and
- Banks, if the bank interest was paid to a bank-holding company.

Report this non-business interest income on Line 29(a). When interest income is related to trade or business activity, carried on or engaged in, in DC enter it on Line 5, do not enter it on Line 29(a). Attach a statement providing the detailed description and amount.

Line 6 Gross rental income

Enter from D-20, page 6, Schedule I the gross rental income received from real or personal property rental. Enter expenses such as repairs, interest, taxes and depreciation on the Schedule I. Enter rental income related to a trade or business on Line 6, do not enter it on line 29(a).

Note: DC does not allow the additional bonus depreciation allowed under federal law and limits the additional IRC §179 expenses. If you claimed bonus depreciation on your federal return, adjust the depreciation you claim on the D-20 by that amount. Attach a computation showing that your DC claimed depreciation does not include the federal bonus depreciation and that the basis of the depreciated property for DC tax purposes has not been reduced by the additional federal bonus depreciation amount. DC allows a maximum of \$25,000 in IRC §179 expenses (\$40,000 for a QHTC). If you claimed these additional expenses on your federal return, reduce such expenses taken on your D-20 by that additional amount.

Line 7 Gross royalties

Report royalty income and related expenses on the D-20 in the same manner and detail as rental income and rental expenses. Royalties from patents you developed from the licensing of processes or a trade name and sales of know-how are business income.

Line 8(a) Net capital gain (loss)

Capital gains or losses are treated by DC in the same manner as they are for federal corporation income tax purposes. (See detailed instructions on federal Schedule D, Form 1120, U.S. Corporation Income Tax Return.) IRC §1231 gains are business income.

Note: Since the additional federal bonus depreciation is not allowed for DC tax purposes, recalculate the capital gain/loss you reported on your federal return without taking into account the additional federal bonus depreciation. Attach a statement showing the adjustment.

Note: Depreciation recapture is considered ordinary income and is to be reported on the D-20.

Line 8(b) Ordinary gain (loss) from Part II, Federal Form 4797 Enter the total ordinary gain (or loss) from federal Form 4797 Sales of Business Property. Attach a copy of your Form 4797 to the D-20.

Line 9 Other Income (loss)

Enter the total income not reported elsewhere on the return; attach a detailed statement. Enter any International Banking Facility income on Lines 9 and 29(a); attach a detailed statement listing the source of this income. Do not enter other income related to a trade or business on Line 29(a); enter it on line 9. Attach a statement.

Line 10 Total gross income

Enter the total of Lines 3 - 9.

Deductions

Line 11 Compensation of officers

Enter the total compensation for all officers shown on D-20, page 3, Schedule C. Include compensation for services rendered in any capacity, other than salaries connected with the production of income from U.S. Treasury securities included on Line 29(b).

Line 12 Salaries and wages

Enter all salaries and wages not deducted elsewhere on the return, except salaries connected with the production of income from U.S. Treasury securities. Also, do not include wages connected with computing the Economic Development Zone incentives credit, QHTC wage credit, and Bone Marrow Credit.

Line 13 Repairs

Enter the cost of incidental repairs, including labor, supplies and other items that do not add to the value of, or appreciably prolong, the property's life. You may charge a capital account for new buildings, machinery, equipment and/or permanent improvements or betterments that increase the value or appreciably prolong the life of the property.

Line 14 Bad debts

Report bad debts in the same manner as you report them for federal tax purposes. Attach a copy of any information you submitted with your federal return.

Line 15 Rent

Enter rent paid or accrued for business property in which you have no equity. If property is leased from an affiliated corporation, or from one of the stockholders, attach a statement giving the lessor's name and address, rent paid and a description of the property.

Line 16 Taxes

Enter taxes reported on D-20, page 3, Schedule D. Note: Taxes reported on your federal Form 1120 must be reported on Schedule D. Do not deduct these taxes:

- Income and excess profit taxes;
- DC franchise tax; and
- Taxes assessed for local benefits of a kind tending to increase the value of the property assessed.

Payments to related parties

(Lines 17 and 22). DC legislation allows the deduction of certain interest and intangible expenses, including royalty expenses paid directly or indirectly to related parties if:

- the principal purpose of the payment was not the avoidance of tax;
- the payments were made at arm's length; and
- the related party paid income tax equal to or greater than 4.5 percent of the amount of interest or intangible expense in another jurisdiction.

You are allowed ordinary and necessary deductions if the income they are related to is subject to the DC corporation franchise tax and subject to IRC limitations either directly or through the inclusion of this income in the determination of the DC apportionment factor.

Line 17(a) Interest

Enter interest paid or accrued on business debt. If any interest income is not taxable, then the related interest expense is not deductible.

Line 17(b) Minus nondeductible payments to related entities

Subtract the nondeductible payments made to related parties. Refer to **Payments to Related Parties** instructions.

Line 18 Contributions and/or gifts

Enter contributions and/or gifts made in the tax year if no portion benefits any private stockholder or individual. The total amount claimed cannot be more than 15% of net income (Line 26) computed without regard to any deduction for contributions. Attach a statement with detailed information about contributions and gifts. Contribution and gift carry-overs are not allowed.

Note: A charitable expense incurred by a member of a combined group shall, to the extent allowable as a deduction pursuant to IRC §170 (1986), be subtracted first from the business income of the combined group, subject to the income limitations of that section applied to the entire business income of the group, and any remaining amount shall then be treated as a nonbusiness expense allocable to the member that incurred the expense, subject to the income limitations of that section applied to the nonbusiness income of that specific member.

Line 19 Amortization

Enter the amortization amount from your federal Form 4562 (or 4562FY), Depreciation and Amortization and attach a copy.

Line 20 Depreciation

Enter the depreciation amount from your federal Form 4562 subject to limits described herein on page 7 and in the note below.* The depreciation allowance does not apply to inventories, stock-intrade, or land. Use the same depreciation method on your DC return as that used on your federal return. Attach a copy of your Form 4562.

*Note: If you claimed the additional federal bonus depreciation amount and/or the additional IRC §179 expenses above \$25,000 on your federal return, do not claim them on your D-20. In addition, do not reduce the basis of the depreciable property for DC tax purposes by the additional write off and/or federal bonus depreciation. Attach a statement showing your write off and/or of the depreciation amount.

A QHTC may deduct the lesser of \$40,000 \underline{or} the actual cost of personal property, as described in IRC §179(d)(1).

Line 21 Depletion

Enter the depletion amount shown on your federal form. Attach an explanation of how you determined the depletion allowance.

Line 22(a) Royalty payments

Royalty payments are deductible only if paid to unrelated entities. See DC Code §47-1803.03(d)(7)(D)(v) for the definition of <u>related entity</u>. See DC Code §47-1803.03(d)(7)(B) for the <u>limited exceptions</u> to the general disallowance of such payments.

Line 22(b) Minus nondeductible payments to related entities

If you are the recipient of a related entity's royalty payments and you are filing a return and paying tax on these payments in the District, see the instructions for Line 24 to determine whether you can deduct any of the payment amount from your income.

D-20 page 2, line-by-line

Line 23 Pension, profit-sharing plans

Enter the contributions made to employees' pension, profit-sharing, stock bonus and annuity plans. These are deductible to the same extent as they are on your federal return.

Line 24 Other deductions

Enter advertising and other allowable deductions connected with the business of income production, subject to the DC corporation franchise tax. Enter deductions connected directly and indirectly with non-business income production, as well as International Banking Facility deductions, on Line 29(b). If you are the recipient of royalty, interest or other intangible payments from a related entity that has not deducted the payment amounts on their return and you are filing a return and paying tax on these payments in the District, enter expenses related to this income on Line 24.

Note: Relocation costs incurred by a QHTC are not deductible if the QHTC credits for relocation are taken.

Line 25 Total deductions

Enter the total of Lines 11-24.

Line 26 Net income

Subtract Line 25 from Line 10; enter the amount on Line 26.

Line 27 Net operating loss deduction (before year 2000)

Enter any DC net operating loss carried <u>forward</u> from a year before 2000. (DC does not allow net operating loss (NOL) carrybacks.) A form for claiming the NOL, D-20 NOL, is provided in this booklet. Complete NOL deduction form and attach with the return.

Line 28 Net income after net operating loss deduction

Subtract Line 27 from Line 26 and enter the result on Line 28. Also enter the amount on Line 35, if it is entirely from a DC trade or business.

Line 29(a) Non-business income

Enter non-business income on Line 29(a).

Line 29(b) Expense related to non-business income

Enter expenses related to non-business income. Include expenses related to the purchase or production of income from U.S. Treasury securities. Attach a detailed explanation of income and expense allocation.

Line 30 Net income subject to apportionment

Subtract Line 29(c) from Line 28

Line 31 DC apportionment factor

Enter the apportionment factor from Form D-20, Schedule F, column 3, Line 5. If the return is a Combined Report, enter the apportionment factor from Combined Reporting Schedule 2A, column 1, Line 9.

Line 32 Net income from trade or business apportioned to DC

Multiply Line 30 amount by Line 31 apportionment factor.

Line 33 Other income/deductions attributable to DC

Enter the Line 29(c) income/deduction attributable to the District.

Note: If you are a partner in a partnership that filed an unincorporated business franchise tax return and claimed a deduction for the salary allowance, you must add the post-apportioned distributive share of the unincorporated business salary allowance attributable to the partner under DC Code §47-1803.03(a)(11), and the unincorporated business exemption amount attributable to the partner under DC Code §47-1808.04, on Line 33 of the D-20. If filing a combined report, this amount will be reflected as an addition under the partner's column on Line 33 of Schedules 1A and 1B of the combined report.

Also you must include a statement to reflect the specific amounts for each of following items:

- portion of Line 29(c) attributable to DC;
- portion of unincorporated business salary allowance attributable
- portion of unincorporated business exemption attributable to DC.

Line 34 - Total taxable income before apportioned NOL deduction

Line 32 plus or minus Line 33.

Line 35 Apportioned NOL deduction (for year 2000 and later) Enter any DC apportioned net operating loss carry-forward occurring in the year 2000 or later. A form, D-20 NOL, for claiming the NOL is provided in this booklet. Complete the NOL deduction form and submit with this return.

Line 36 Total District taxable income

Enter the result of subtracting Line 35 from Line 34.

Line 37 Tax

Unless you are a QHTC, calculate the tax by multiplying any positive amount on Line 36 (Total District taxable income) by 9.0 percent. Enter the result on Line 37. If you are a QHTC, skip Lines 37-39 and complete the QHTC Schedule on page 4 of Form D-20, Lines 1-10.

Line 38 Minus nonrefundable credits

Subtract the nonrefundable credits entered from Schedule UB, Line 9. Employers who hire at least 10 DC residents after January 1, 2010, and continue to employ such DC employees for at least one year for any business project that encourages, promotes and stimulates economic development in key economic sectors, may qualify for an annual job growth tax credit. See instructions for Schedule UB Business Credits on page 14.

Line 39 Total DC gross receipts

From Line 4 of (MTLGR) worksheet.

Line 40 Net tax

Line 37 minus Line 38 unless you are a QHTC. If you are a QHTC enter the amount of QHTC Schedule, Line 9 from page 4 of the D-20. Enter the result on Line 40, except:

- 1. If Line 39 is less than or equal to \$1M and Line 40 is less than \$250, enter \$250;
- 2. If Line 39 is greater than \$1M and Line 40 is less than \$1,000, enter \$1,000.

Line 41 Payments and refundable credits

Enter on Line 41(c) the total amount of estimated franchise tax payments made in 2017, including any credit carry forward brought forward from a prior year. Attach an explanation of detailed payments to the return.

Note: The credits cannot be shared among combined group members. Lines 42 Add Lines 41(a), 41(b), 41(c) and 41(d)

Lines 43 Reserved

Do not enter any amount on Line 43.

Line 44 Estimated tax interest

If you are filing Form D-2220, Underpayment of Estimated Franchise Tax by Businesses, with your D-20 return, fill in the oval and enter the amount on Line 44. Attach the D-2220 to the return.

Line 45 Total Amount Due

If Line 42 is smaller than the sum of Lines 40 and 44, subtract Line 42 from the sum of Lines 40 and 44. Enter the amount on Line 45.

Line 46 Overpayment

If Line 42 amount is larger than the sum of Lines 40 and 44, subtract Lines 40 and 44 from Line 42. Enter amount on Line 46.

Line 47 Amount to be applied to 2018 estimated franchise

Line 48 Amount to be refunded

Subtract Line 47 amount from Line 46 amount and enter the result on Line 48.

Form D-20 schedules

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

Complete this schedule, and attach statement(s) to provide details and explain any differences between the net income reported on your federal return and that reported on your D-20.

Schedule F - DC apportionment Factor

All businesses other than financial institutions engaging in a trade or business both in and outside DC must use the single sales factor formula to apportion their business income. Businesses domiciled in DC and not subject to tax elsewhere must report 100% of their net business income as DC income and allocate 100% of their nonbusiness income to DC. Businesses carrying on a trade or business in DC and in other jurisdictions must apportion trade or business income to DC. Multiply the total income by a fraction. The numerator is the taxpayer's total sales in DC during the tax year. The denominator is the taxpayer's total sales everywhere during the tax year. Sales other than sales of tangible personal property shall be apportioned to the District by using the market-based sourcing rules.

Financial institutions must use a two-factor formula, determined by multiplying the financial institution's base (net income for the tax year) by an apportionment fraction. The numerator is the sum of the payroll factor plus the gross income factor; the denominator is 2.

Sales factor

- The sales factor for all businesses except financial institutions and transportation companies is a fraction. The numerator is the taxpayer's total sales in DC during the tax year. The denominator is the taxpayer's total sales everywhere during the tax year.
- **Financial institutions** the sales factor is a fraction. The numerator is the financial institution's gross income in DC during the tax year. The denominator is the financial institution's total gross income during the tax year.
 - · A financial institution whose commercial domicile is in DC and which is subject to tax in another jurisdiction, includes in the numerator of the DC income factor, any income which the other jurisdiction does not require to be included in the numerator of its income factor.

- If the predominant part of the secured property is or will be located in DC, treat all interest, loan placement fees, discount, net gain and other forms of gross income from each loan, secured primarily by real estate, as located in DC.
- If the loan originated in DC, treat all interest, loan placement fees, discount and net gain from unsecured loans and loans secured primarily by tangible or intangible personal property, or any resulting interest, as located in DC.
- For any financial institution whose commercial domicile is in DC, treat income from securities, investments, money market instruments, or any other source not required to be apportioned to outside DC, as located in DC. This income includes, but is not limited to, interest, dividends and net gains.
- Treat all fees, commissions, service charges and other forms
 of gross income from sales of depository or financial services
 as located in DC if the service is performed in DC. Include
 sales or services performed in two or more tax jurisdictions
 in the numerator of the jurisdiction where the most incomeproducing activity is performed, based on performance cost.
 - If the property is located in DC, treat gross income from leases of tangible property as located in DC.
 - If the financial institution's principal office is located in DC, then treat all income (previously described) that is located in a jurisdiction where the financial institution is not subject to tax as being located in DC.
- Transportation companies the sales factor is a fraction: the numerator is the total revenue units the company first received as originating or connecting traffic at a point in DC. Add to this the total of revenue units the company discharged or unloaded at a point in DC, upon termination of the transportation movement or upon transfer to a connecting carrier. The denominator is twice the total revenue units originated everywhere during the tax year. One ton of freight equals one revenue unit; ten passengers equal one revenue unit. If the company's revenue is predominantly from transporting passengers, you may use the number of passengers loaded and discharged, in place of the originating and terminating tonnage.
- Tangible personal property sales, including sales to the U.S. Government, are considered as taking place in DC, regardless of where title is transferred, F.O.B. point, or other sales conditions, if the property:
 - Is delivered or shipped to a purchaser in DC; or
 - Has an ultimate destination in DC, after all transportation (including that of the purchaser's) is complete; or
 - Is delivered or shipped from an office, store, factory, warehouse or other storage place in DC to a purchaser in a jurisdiction outside DC — and you are not taxable in that jurisdiction.

Except for transportation companies, non-tangible personal property sales are considered to take place in DC if the income-producing activity or service is performed:

- In DC; or
- The proportion of the income-producing activity or service performed in DC is greater than that performed in any other jurisdiction, based on performance cost.

Payroll factor

 Financial institutions — financial institutions must use a two-factor formula, determined by multiplying the financial institution's base (net income for the tax year) by an apportionment fraction. The numerator is the sum of the payroll factor plus the gross income factor; the denominator is 2.

The payroll factor is a fraction: the numerator is the total compensation the financial institution paid to or accrued for persons performing services in DC during the tax year. The denominator is the total compensation the financial institution paid or accrued elsewhere during the tax year. Compensation is paid in DC if it is paid to an employee located or having a regular presence in DC. Any compensation paid to an employee located in a state where the financial institution is not taxable is treated as paid in DC, if the institution's principle office is in DC.

The value of compensation paid or accrued other than cash is its fair market value on the date of the payment or accrual. Do not include in either the numerator or denominator any compensation paid or accrued to employees for personal services rendered in the production of non-business income. Also, do not include payments to independent contractors.

General

If your use of the income allocation and apportionment rules results in a tax that does not fairly represent your tax liability on income from your trade or business or from non-business sources in DC, you may petition for, or OTR may require, if reasonable:

- a separate accounting, unless the entity is conducting a unitary business;
- · exclusion of one or more factors;
- inclusion of one or more factors that reflect the extent of your trade or business in DC; or
- use of any other method to effect a fair allocation and apportionment of income.

Schedule G - Balance sheets (page 5 of Form D-20)

Submit balance sheets for the start and end of the tax year. Conform them to the corporation's books and records and your federal return. Attach an explanation of any variation. For combined reporting you may submit a separate balance sheet for each member.

Schedule H-1 Reconciliation of income (Loss) per Books with income (Loss) per Return and H-2 Analysis of Unappropriated Retained Earnings per Books (page 5 of Form D-20)

Generally, these schedules must conform to the corresponding schedules on the federal form filed for the corporation. Use Schedule H-1 to reconcile the difference between the income (loss) per books with income (loss) per Federal return. Attach statement(s) to provide details.

NOTE: If you filed a federal Schedule M-3, Net Income (Loss) Reconciliation for Corporations with Total Assets of \$10 Million or More, with your Form 1120, attach a copy of it to your D-20.

Remember, attach all requested statements to your D-20 return.

Supplemental Information (page 6 of Form D-20) Provide all the information requested in this schedule.

Combined Group Members' Schedule

If filing a Combined Report, it is necessary to identify each member of the DC Combined Group subject to the franchise tax. Complete and submit the Combined Group Members' Schedule. Fill in Columns A through F for all members of the group and attach a copy of Federal Forms 851, 5471 and 8975 (including Schedule A). File this schedule each year that a DC Combined Report is filed.

Worldwide Combined Reporting Election Form

If the Worldwide Combined Reporting Election Form is completed and submitted, ensure the "Fill in if Worldwide" oval is shaded on D-20, page 1. Submit this form with the initial year of election.

Schedule UB, Business Credits

Use this schedule to claim: the Economic Development Zone Incentives Credits (see instructions); QHTC credits (see instructions); the Organ and Bone Marrow donor credit (see below); the Job Growth Incentive Act credit (see below); the Alternative Fuel Infrastructure Installation Credit; and the Alternative Fuel Vehicle Conversion Credit; (see below); and the Employer-Assisted Home Purchase Tax Credit (see below). The Organ and Bone Marrow Donor Act of 2006 provides a credit to an employer who allows an employee up to 30 days paid leave to donate an organ and up to 7 days paid leave to donate bone marrow. This is a non-refundable credit equal to 25% of the regular salary paid to the donor-employee during the leave period. This credit may not be used to reduce the required \$250 or \$1,000 minimum tax payment. An employer claiming this credit may not also deduct the salary paid the employee for the same leave period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

The 2011 Budget Support Act of 2010 authorized funds for the Job Growth Incentive Act tax credits. The credit must be approved by the Mayor in advance of starting the project. The process for applying for the credit is found in DC Official Code §47-1807.54. The approval will provide the amount of the allowable credit and the periods for which the credit can be claimed if the employer continues to qualify. The allowable approved amount of the credit can be claimed on Schedule UB, Business Credits, Line 4 for D-20 filers or Line 15 for D-30 filers.

In order to apply for the credit, the employer must be planning a project that:

- Will bring a net job growth to DC of at least 10 new jobs with an average yearly wage of at least 120% of the average yearly wage of DC residents;
- Will increase income tax and payroll revenue for DC;
- Will result in a retention of any new positions for at least one year; and
- Would not have occurred but for the job growth tax credit.

Beginning in 2014,through the taxable year ending December 31, 2026, there are 2 non-refundable credits allowed against DC Corporate Franchise Tax for: (1) alternative fuel infrastructure installation; and, (2) alternative fuel vehicle conversion. (See DC Code §47-1807.10 and §47-1807.11)

The alternative fuel infrastructure credit is a credit in the amount of 50% of the equipment and labor costs attributable to the purchase and installation of alternative fuel storage and dispensing or charging equipment on a qualified alternative fuel vehicle refueling property. The equipment and labor costs for which this tax credit may be claimed may not include costs associated with the purchase of land, access to land, the purchase of an existing qualified alternative fuel vehicle refueling property, or construction or purchase of any structure.

If the amount of the tax credit exceeds the tax otherwise due, the amount of the credit not used may be carried forward for up to 2 tax years. If the alternative fuel storage and dispensing equipment or charging equipment on a qualified alternative fuel vehicle refueling property is no longer used to dispense or sell alternative fuel to the public, any unused tax credit is forfeited and the taxpayer may not claim a tax credit for the portion of the tax year after the date on which the alternative fuel storage and dispensing equipment was no longer used to dispense or sell alternative fuel to the public.

The alternative fuel vehicle conversion credit is a credit in the amount of 50% of the equipment and labor costs attributable to the cost of converting a motor vehicle licensed in the District that operates on petroleum diesel or petroleum derived gasoline to a motor vehicle that operates on an alternative fuel. This credit is limited to \$19,000 per vehicle.

The term "alternative fuel" means a fuel used to power a motor vehicle that consists of one or more of the following:

- a. At least 85% ethanol:
- b. Natural gas;
- c. Compressed natural gas;
- d. Liquefied natural gas;
- e. Liquefied petroleum gas;
- f. Biodiesel, excluding kerosene;
- g. Electricity provided by a vehicle-charging station; or
- h. Hydrogen.

The term "qualified alternative fuel vehicle refueling property" means a property in the District that contains equipment available for use by the public for storing and dispensing alternative fuel, including charging electrically.

If you are claiming one of these credits complete the Commercial Form, Alternative Fuel Vehicle Conversion and Infrastructure Credits, available online at MyTax.DC.gov. Attach it to the D-20, Schedule UB.

The Employer-Assisted Home Purchase Tax Credit is a credit equal to 1/2 of the amount of the homeownership assistance provided by the employer to its eligible employees during the taxable year; provided, that: (a) the credit shall not exceed \$2,500 for any one eligible employee who receives homeownership assistance; (b) the assistance is provided through a certified employer-assisted home purchase program; (c) the assistance is used for the purchase of a qualified residential real property; and (d) the eligible employee is a new homebuyer. "Homeownership assistance" means money provided to an eligible employee for the down payment or other acquisition costs for the purchase of the principal place of residence of the employee. "New homebuyer" means an employee (and, if married or in a registered domestic partnership, the employee's spouse or registered domestic partner) who did not own a principal place of residence in the District during the previous 12 months. "Certified employer-assisted home purchase program" means a program: (a) through which an employer provides homeownership assistance to its employees; (b) which is provided uniformly to its employees; provided, that the employer may limit eligibility for the program by establishing a maximum income limit and may limit assistance to new homebuyers; and (c) which is certified by the Mayor.

To claim the credit, the employer shall attach to its tax return a statement certifying, for each person for whom the employer is claiming the credit: (i) the person is an eligible employee of the employer; (ii) the employer provided homeownership assistance to the employee under a certified employer-assisted home purchase

program; (iii) the amount of homeownership assistance provided to the employee; (iv) the employee used the homeownership assistance to purchase qualified residential property; (v) the household size and household income of the employee; (vi) the address of the qualified residential real property; and (vii), the employee intends to reside in the property for at least 5 years. A copy of the certification by the Mayor of the employer's employer- assisted affordable homeownership program must be provided. See DC Code §47-1807.07 for further details. A worksheet for computation of the credit is on the reverse side of Schedule UB.

Economic Development Zone Incentives Credits

Supporting Documentation Required If you are claiming an Economic Development Zone Incentives (EDZI) credits against your DC franchise tax liability, you MUST attach to your return:

- 1. A copy of the DC Council resolution approving the qualification for any credits claimed;
- A certification of eligible employees issued by the DC Department of Employment Services; and
- 3. A completed EDZI Credit Worksheet.

If you do not have items 1 and 2, you do not qualify for this credit.

The EDZI Amendment Act allows a qualified business, under certain circumstances, to take various credits against its franchise tax liability. A qualified business is one that is approved as qualified under Section 5 of EDZI by the DC Office of Economic Development. You MUST complete the worksheet below and include it with the other attachments to your return. The following credits are allowed under EDZI to qualified businesses:

- A non-refundable credit (not exceeding \$7,500 per certified employee) against the franchise tax in an amount equal to 50 percent of the wages of all certified employees who meet the requirements of Section 10(b) of EDZI;
- A non-refundable credit against the franchise tax in an amount equal to 50 percent of the insurance premiums attributable to all employees for whom it obtains employer liability insurance under the District of Columbia Workers Compensation Act of 1979;

- 3. A non-refundable rent credit for lessors against the franchise tax. The credit allowed is the difference between the rental market value of the space leased to a licensed non-profit child care center and the actual rent stated in the lease agreement as indicated in the DC Council resolution approving the qualification of the business. A non-profit child care center is a child development center as defined in Section 10 of EDZI; and
- 4. A non-refundable credit (not exceeding \$5,000 per business) against the franchise tax equal to 50% of the value of food commodity donations made between January 1, 2017 and April 7, 2017 only, to a DC food bank or shelter recognized as a tax-exempt organization pursuant to U.S.C. §501(c) (3). See DC Code §47-1807.12. If the business elects to claim the credit for a contribution, no deduction under DC Code §47-1803.03(a)(8), (charitable contributions), shall be allowable on account of the contribution.

Economic Development Zone Incentives credits shall not reduce the minimum tax liability under DC Code §47-1807.02(b) or §47-1808.03(b). For credits 1, 2, & 3 listed above, amounts not used as an offset against the tax may be carried forward or back for up to 5 years, except that no portion of the credits shall be claimed for any taxable year in which the qualified business was not located within an economic development zone or did not employ a certified employee. There is no carry back or carry forward for the Food Commodity Donation credit.

| Economic Development Zone Incentives Credit Worksheet | | | | | | | | | | |
|--|--|--------------------|----------------|----|--|--|--|--|--|--|
| Column 1 - Credit Category | Column 2 | Column 4 | | | | | | | | |
| A. Certified employees wages maximum \$7,500 per certified employee in any taxable year | Total Wages \$ | 50% of Wages | Col. 2 x .50 = | \$ | | | | | | |
| B. Certified (eligible employees) workers compensation liability insurance premiums | Total Premiums \$ | 50% of Premiums | Col. 2 x .50 = | \$ | | | | | | |
| C. Child care center rent (lessor) | Rental market value Minus rent shown on lease agreement Total child care center credit | | | \$ | | | | | | |
| D. Food Commodity Donations** maximum \$5,000 per business in any taxable year. January 1-April 7, 2017. | Total Value \$ | 50% of Value | Col. 2 x .50 = | \$ | | | | | | |
| | Total of Column 4 | | | \$ | | | | | | |
| | Add any EDZI credit carry forward from | \$ | | | | | | | | |
| | Total EDZI credit (enter on Line 1, Sche | edule UB) | | \$ | | | | | | |

^{**}The business tax credit for farm to food donations has been repealed effective April 7, 2017. Businesses may only claim this credit for donations made between January 1, 2017 and April 7, 2017. Funds available for the credit are limited and will be allocated on a "first come first serve" basis.



2017 D-20 Corporation Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

| | Тахр | payer Identification Number (TIN) Number | ber of business | locations | | | OFFICIAL US | E ONLY Vendor ID# 0000 |
|--------------|-------|---|------------------|------------------------|--------|------------------|------------------|--|
| | | In DC: | Out | side DC: | | | | Fill in if QHTC located in DC Ballpark TIF Are |
| | Nam | ne of corporation | | | | Tax period endir | ng (MMYY) | Fill in if Amended Return |
| | | | | | | | | Fill in if Final Return |
| | Busin | ness mailing address #1 | | | | | | Fill in if Certified QHTC |
| | | | | | | | | Fill in if Combined Report* |
| | Busii | ness mailing address #2 | | | | | | st fill in the Designated Agent info below Fill in if Worldwide** |
| | | | | | | | | wide form must be filed with this return |
| | City | | | | St | ate Zip C | Code + 4 | |
| | Щ | | | | | | | |
| | Desig | gnated Agent Name | | | | Desig | gnated Agent TIN | |
| | | | | | ш | | | |
| | •RE/ | AD INSTRUCTIONS BEFORE PREPARING RETURN • (To allo | ocate non-busine | ss Items, see instruct | tions) | If amount | | ollar amounts only. ank; if minus, enter amount and fill in oval. |
| | 1 | Gross receipts, minus returns and allowances | | | | 1 \$ | | .00 |
| | 2 | Cost of goods sold (from D-20 Schedule A) and (attach statement) | or operation | ons | | 2 \$ | | .00 |
| OME | 3 | Gross profit from sales and/or operations Line 1 minus Line 2 | | Fill in if minus: | | 3 \$ | | 00 |
| GROSS INCOME | 4 | Dividends from Form D-20, Schedule B | | | | 4 \$ | | 00 |
| | 5 | Interest (attach statement) | | | | 5 \$ | | 00 |
| | 6 | Gross rental income from D-20, Schedule I, Column | 3, Line 6 | | | 6 \$ | | 00 |
| Ū | 7 | Gross royalties (attach statement) | | | | 7 \$ | | 00 |
| | 8(a) | Net capital gain (loss) (attach a copy of your federal | Schedule D) | Fill in if minus: | | 8(a) S | | 00 |
| | | Ordinary gain (loss) from Part II, fed. Form 4797, (a | | Fill in if minus: | | 8(b)\$ | | 00 |
| | 9 | Other income (loss) (attach statement) | | Fill in if minus: | | 9 \$ | | 00 |
| | 10 | Total gross income. Add Lines 3–9. | | Fill in if minus: | | 10 \$ | | 00 |
| | 11 | Compensation of officers from Form D-20, Schedu | ule C | | | 11 \$ | | 00 |
| | 12 | Salaries and wages | | | | 12 \$ | | 00 |
| | 13 | Repairs | | | | 13 \$ | | .00 |
| | 14 | Bad debts | | | | 14 \$ | | 00 |
| | 15 | Rent | | | | 15 \$ | | 00 |
| EDUCTIONS | 16 | Taxes from Form D-20, Schedule D | | | | 16 \$ | | 00 |
| CTI | 17(| a) Interest payments | \$ | | 00 | | | |
| EDL | () | b) Minus nondeductible payments to related entities | \$ | | 00 = | 17c\$ | | .00 |
| | 18 | Contributions and/or gifts (attach statement) | | 18 \$ | | 00 | | |
| | 19 | Amortization (attach a copy of your federal Form 4 | 562) | | | 19 \$ | | 00 |
| | 20 | Depreciation (attach a copy of your federal Form 4 any additional federal sec. 179 expenses or bonus de | | 20 \$ | | 00 | | |
| | 21 | Depletion (attach statement) | | | | 21 \$ | | 00 |
| | 22(| a) Enter royalty payments made | \$ | | 00 | | | |
| | (| b) Minus nondeductible payments to related entities | \$ | | 00 = | 22c\$ | | .00 |

| D-2 | 20 FC | DRM, PAGE 2 | [] | | | | | (| |
|--|---------|--|----------------------------------|-----------------|-------------------|------------------------------|--|-----------|--|
| Tax | oayer N | Name: | | | | | | | |
| Тахр | oayer l | dentification Number: | | | ∎ 1 | 7 0 2 0 0 | | | |
| S | | | | | | ENTER | DOLLAR AMOUNTS ONLY | | |
| TIONS | 23 | Pension, profit-sharing plans | | 2 | 23 | | | 00 | |
| | 24 | Other deductions (attach statement) | | 2 | 24 | | | 00 | |
| | 25 . | Total deductions. Add Lines 11–24. | | 2 | 25 | | | 00 | |
| | 26 | Net income Line 10 minus Line 25. | Fill in if minus: | 5 2 | 26 | | | 00 | |
| | 27 | Net operating loss deduction for years before 2000 | | 2 | 27 | | | 00 | |
| | | Net income after net operating loss deduction Line 26 minus Line 27 | Fill in if minus: |) 2 | 28 | | | .00 | |
| | 29 | (a) Non-business income/state adjustment (attach statement) | Fill in if minus: | 5 | 29a | | | 00 | |
| | | (b) Expense related to non-business income (attach statement | nt) | 2 | 29b | \$ | | 00 | |
| ш | | (c) 29(a) minus 29(b) | Fill in if minus: | | 29c | | | 00 | |
| COM | ı | Net income subject to apportionment Line 28 minus Line 29(c) | Fill in if minus: |) ; | 30 | | | 00 | |
| <u></u> ≥ | | DC apportionment factor from Form D-20, Schedule F, Col. 3, Li If Combined Report, from Combined Reporting Schedule 2A, Col. 1 Line | | ; | 31 | | | | |
| AXABL | 32 | Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor. | Fill in if minus: | 5 | 32 | | | 00 | |
| 1 | | Other income/deductions attributable to DC (attach statement - see instructions) | Fill in if minus: |) | 33 | | | 00 | |
| | | Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33. | Fill in if minus: |) | 34 | | | 00 | |
| | 35 | Apportioned NOL deduction (Losses occurring in year 2000 and | | | | | | | |
| | | Total DC taxable income. Line 34 minus Line 35. If QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4 | Fill in if minus: 4, Lines 1-10. |) | 36 | | | 00 | |
| | 37 | Tax 9.0% of Line 36 | | | 37 | | | 00 | |
| | 38 | Minus nonrefundable credits from Schedule UB, Line 9 | | | 38 | | | 00 | |
| S | 39 | Total DC gross receipts from Line '4' MTLGR Worksheet | | | | | .00 | | |
| CRED | ć | Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC are \$1M or less or \$1,000 if DC gross receipts are greater than \$30.00 if DC gross receipts ar | | 4 | 40 | | | 00 | |
| AND CREDITS 4 4 4 7 7 | | Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time | e to file | 4 | 11a | | | 00 | |
| S | | (b) Tax paid, if any, with original return if this is an ame | | 4 | 41b | \$ | | 00 | |
| Z | (| (c) 2017 estimated franchise tax payments | | 4 | 41c | | | 00 | |
| ME | (| (d) Refundable credits from Schedule UB, Line 12 | | | 41d | \$ | | 00 | |
| EA. | 42 | Add lines 41(a), 41(b), 41(c) and 41(d). | | 4 | 12 | | | 00 | |
| ¥ | 43 | RESERVED | | | | | | 00 | |
| | 45 | Estimated tax interest (Fill in oval if D-2220 attached) Total Amount Due. If Line 42 is smaller than the total of Lines 40 is will this payment come from an account outside of the U.S.? Yes | and 44, enter amount o | due. | 44 45 | | | 00 | |
| | | Overpayment. If Line 42 is larger than the total of Lines 40 and 44 | | | 46 | | | 00 | |
| | 47 | Amount you want to apply to your 2018 estimated fran | chise tax. | | 47 | \$ | | 00 | |
| | 48 | Amount to be refunded. Line 46 minus Line 47. | | | 48 | | | 00 | |
| | Third | party designee To authorize another person to discuss this return with 0 | OTR, fill in here | and | ente | r the name and phone | e number of that person. See instru | uctions. | |
| | Design | nee's name | | | | Phone number | | | |
| | | Under penalties of law, I declare that I have examined this return and, to the best | of my knowledge, it is cor | rect. | Decla | ration of paid preparer is I | pased on the information available to the | preparer. | |
| DEDUCE 1 AX PAYMENTS AND CREDITS 1 AX PAYMENTS AND CREDITS 1 AXABLE INCOME 1 AXABLE INC | | | | _ | | | | الله | |
| | | Officer's signature Title | | Date | 9 | | Telephone number of person to contact | ct | |
| 43 44 47 48 TH DO PLEA SIG HER | | | | | | | | | |
| | | Preparer's signature (if other than taxpayer) Date | Fi | irm na If yo | | nt to allow the preparer to | Firm address discuss this return with the Office | | |
| | | Preparer's PTIN | | | | Revenue fill in the oval. | | | |

| Taxpayer Name: | | |
|----------------|--|--|
| | | |



Taxpayer Identification Number:

| Schedule A - Cost of Goods Sold (See specific instructions for Line 2.) | | | Schedule B - Dividends (See specific instructions for Line 4.) | | | | | | | | |
|--|----------|--------------------|--|--|--|--------------------|------------------|----|--------------------|--|--|
| Inventory at beginning of year | \$ | | | | NAME AND ADDR | ESS OF DECLARING C | ORPORATION | ΑN | MOUNT | | |
| Merchandise bought for manufacture or sale | - 1 | | | | | | | \$ | | | |
| · · | | | | | | | | | | | |
| Salaries and wages Other costs per books (attach statement) | | | | | | | | | | | |
| (Additional federal bonus depreciation is not allowable.) | | | | | | | | | | | |
| 5. Total | | | | | | | | | | | |
| 6. Minus: Inventory at end of tax year | · | | | | | | | | | | |
| 7. Cost of goods sold (Enter here and on D-20 Line 2.) | \$ | | | | | | | | | | |
| Method of inventory valuation: | | | | | | | | | | | |
| | | | | Total | Dividends | | | | | | |
| | | | | Minus | s deduction for Su | bpart F Income. | | \$ | | | |
| | | | | | s deduction for div y-owned subsidary | | rom | | | | |
| | | | | | L (Enter here and | | \ | \$ | | | |
| Schedule C - Compensation of officers (See spec | cific in | struction | s for Lir | | | | <u>′</u> | т | | | |
| | | | | l. 3 | Percent of | Corporation | Col. 6 | | Col. 7 | | |
| Col. 1 Name and Address of Officer | | ol. 2 ial Title | Percent | of Time | Stock Owned Col. 4 Col. 5 | | Amount | | Expense Account | | |
| | | | | siness | Conmon Common | Preferred | Compensation | | Allowances | | |
| | | | % % % | | % | % | \$ | \$ | | | |
| | | | | | % | | | | | | |
| | | | | | | | % | % | | | |
| | | | | | | | /0 | /0 | | | |
| | | | | | | | | | | | |
| | | | | | % | % | | | | | |
| TOTAL COMPENSATION OF OFFICERS (Enter here a | and on | D-20, L | ine 11.) |) | | | \$ | | | | |
| Schedule D - Taxes (See specific instructions for | r Line | 16.) | | | | | | | | | |
| EXPLANATION | | | OUNT | | | EXPLANATION | | | MOUNT | | |
| | | \$ | | + | | | | \$ | | | |
| | | | | + | | | | + | | | |
| | | | | | OTAL (Enter here | and on D-20, Line | e 16.) | \$ | | | |
| Schedule E - Reconciliation of the net income 1. Taxable income before net operating loss deduction and sp | | ed on F | ederal | and D | C returns | | | _ | | | |
| deductions (page 1 of your Federal corporate return). | , co.u. | \$ | | 7. Total DC taxable income reported (from D-20, Line 3 | | | | | | | |
| UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME | | | | | | | | | | | |
| 2. Income taxes (see specific instructions for line 16). | | | | NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIO | | | | | | | |
| DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended. | | | | 1.8 | Net income apport | ioned or allocated | to outside DC. | | | | |
| 4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof. | | | | 1 . | Other non-taxable ncluding NOL (ite | | ional deductions | | | | |
| Other unallowable deductions and additional income (item include additional federal bonus depreciation and addition IRC § 179 expenses). (a) | al | | | | (a) | | | | | | |
| (b) | | | | ─ ' | ,b) | | | | | | |
| 6. TOTAL of Lines 1–5. | | \$ | | 10 | . TOTAL of Lines 7 | 7, 8 and 9. | | \$ | | | |

D-20 FORM, PAGE 4

| D-20 F | -ORM, PAGE 4 | | | | | | | | | |
|---------------|--|---|--------------------------------------|-------------------------|----------------------|---|--|--|--|--|
| Taxpaye | r Name: | | | | | | | | | |
| Taxpaye | r Identification Number: | | | 1 7 0 2 | 0 0 1 4 0 | 0 0 0 | | | | |
| Sched | ule F - DC apportionmen | t factor (See instructions) | | | | | | | | |
| | cents to the nearest dollar. | | | | | factors to six decimal places | | | | |
| | ousinesses other than financi | | Column 1 TOTAL | Columr | 2 in DC | Column 3 Factor (Column 2 divided by Column 1) | | | | |
| | S FACTOR: All gross receipts ss receipts from non-business | | \$ | 00 \$ | .00 | | | | | |
| For Fin | ancial Institutions: | | | | | | | | | |
| | S FACTOR: All gross income gross income from non-busing | of the financial institution other ess income. | \$ | 00 \$ | .00 | | | | | |
| | ROLL FACTOR: Total comper cial institution. | nsation paid or accrued by the | \$ | 00 \$ | .00 | | | | | |
| 4. SUM | OF FACTORS: (For Financia | al Institutions add Lines 2 and 3 | of Column 3) | | | | | | | |
| | | OR: For businesses other than fi divide Line 4, Column 3 by 2. If | | | | | | | | |
| For Co | mbined Reporting | | | | | | | | | |
| | e number of members in the | combined group pmbined Reporting Schedule 1A | Designated Agent | | | | | | | |
| Complete | o deficació i from the bo oc | <u> </u> | Schedule 1 - Combined Rep | ort Tax Due | | | | | | |
| Tax D Comb | ue ined Group Report | Tax Due Intercompany Eliminations | Tax Due Total Before Eliminations | Tax Due Designated A | | Tax Due Member 1 | | | | |
| Tax D | lue | Tax Due | Tax Due | Tax Due | | | | | | |
| Meml | ber 2 | Member 3 | Member 4 | Member 5 | | | | | | |
| | | | | | <u> </u> | | | | | |
| | | Qualified High Technology | Companies Tax, Exemption | and Credits Schedule | e (See instructions) | | | | | |
| 1 | Initial Date Of Taxable | e Income (MMYY) | | | | | | | | |
| 2 | Cumulative Amount of | of QHTC Franchise Tax Ex | emption Previously Used | | | .00 | | | | |
| 3 | Total DC taxable inco | me. D-20 Line 36. | Fill in if minus: | 3\$ | | .00 | | | | |
| 4 | Qualified High Techno | ology Companies Franchis | se Tax 6.0% of Line 3 | 4\$ | | 00 | | | | |
| 5 | Minus nonrefundable | credits from Schedule UI | 3, Line 9 | 5\$ | | .00 | | | | |
| 6 | Tentative Tax. Subtract | Line 5 from Line 4 | | 6\$ | | 00 | | | | |
| 7 | Minus QHTC Franchis | se Tax Exemption This Re | turn | 7\$ | | .00 | | | | |
| 8 | Total DC gross receipts | from Line '4' MTLGR Works | sheet \$ | | 00 | | | | | |
| 9 | are \$1M or less or \$1,0 | Line 7. The minimum tax is 000 if DC gross receipts are gmplete page 2, Lines 41 thro | greater than \$1M. Enter her | 9 \$ e and | | .00 | | | | |
| 10 | Amount of QHTC Fra | nchise Tax Exemption Rer | maining \$ | | 00 | | | | | |

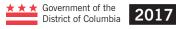
Taxpayer Identification Number:

| Schedule G - Balance Sheets | | Beginning o | f 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 instrumentalitie | s | | | | | |
| | (b) States, subdivisions thereof, | etc | | | | | |
| လ | 5. Other current assets (attach statement) | | | | | | |
| SETS | 6. Loans to stockholders | | | | | | |
| SS | 7. Mortgage and real estate loans | | | | | | |
| Ä | 8. Other investments (attach statement) | | | | | | |
| | Buildings and other fixed depreciable assets | | | | | | |
| | (a) MINUS: Accumulated depreciation | | | 1 | | | |
| | 10. Depletable assets | | | | | | |
| | (a) MINUS: Accumulated depletion | + | | | | | |
| | 11. Land (net of any amortization) | 1 | | | | | |
| | 12. Intangible assets (amortizable only) | - t | | | | | |
| | (a) MINUS: Accumulated amortization | | | - | | - | |
| | 13. Other assets (attach statement) | - | | 1 | | | |
| | 14. TOTAL ASSETS | ŀ | | | | | |
| | 15. Accounts payable | | | | | | |
| _ | 16. Mortgages, notes, bonds payable in less than 1 year | | | | _ | | |
| 丞 | 17. Other current liabilities (attach statement) | | | | | | |
| CAPITA | 18. Loans from stockholders | | | | | | |
| ¥ | | | | | | | |
| | 19. Mortgages, notes, bonds payable in 1 year or more and 20. Other liabilities (attach statement) | | | | _ | | |
| AND | | - | | | | | |
| | 21. Capital stock: (a) Preferred stock | - | | | | | |
| ES | (b) Common stock | - | | | | | |
| BILITIE | 22. Paid-in or capital surplus (attach statement) | | | | | | |
| = | 23. Retained earnings - Appropriated (attach statement) | | | | | | |
| LIAE | 24. Retained earnings - Unappropriated | | | , | \ | (| |
| \exists | 25. MINUS: Cost of treasury stock | | | (| <u>/</u> | 1 | |
| _ | 26. TOTAL LIABILITIES AND CAPITAL | | | | | | |
| So | chedule H-1 – Reconciliation of Income (Los | s) per Boo | ks With Income (Lo | ss) per Return | | | |
| 1. | Net income per books | \$ | 7. Inc | come recorded on bool | ks this vear and not | \$ | |
| | • | ' | | cluded in this return (it | | <u> </u> | |
| | Federal income tax | | Tax- | exempt interest \$ | | | |
| | Excess of capital losses over capital gains Taxable income not recorded on books this | | | | | | |
| 4. | year (itemize) | | | | | | |
| | <u>,</u> | | 0 0-1 | uctions on this tay rate | urn and not obarrad | | |
| 5 | Expenses recorded on books this year and not | | | uctions on this tax retunst book income this y | _ | | |
| ٥. | deducted on this return (itemize). | | | | | | |
| | • | | |) Depreciation | | | |
| | (a) Depreciation \$ | | (b |) Depletion | .\$ | | |
| | (b) Depletion \$ | | | | | ¢ | |
| | (b) Depiction | | | TAL of Lines 7 and 8. | | \$ | |
| | TOTAL of Lines 1 through 5 | \$ | | able Income (federal Forn uld equal Line 6 minus | Line 9 of this Schedule.) | \$ | |
| | TOTAL of Lines 1 through 5 | <u> </u> | | | | | |
| So | chedule H-2 – Analysis of Unappropriated R | etained Ea | rnings per Books | | | | |
| 1. | Balance at beginning of year | \$ | 5. Dist | ributions: (a) Cash | | \$ | |
| 2 | Net income per books | | | (b) Stock | | | |
| | | | | (c) Prope | erty | | |
| 3. | Other increases (itemize) | | | | | | |
| _ | | | 6. Oth | er decreases (itemize). | | | |
| _ | | | | | | - | |
| _ | | | 7 707 | Al of Lines E and C | | b | |
| | | | | AL of Lines 5 and 6 | | \$ | |
| 4. | TOTAL of Lines 1, 2 and 3. | \$ | 8. Bala | nce at end of year (Lin | e 4 minus Line 7) | \$ | |

| D-20 FORM | , PAGE 6 | | | | 1100 | | | | | |
|------------------------------|--|--------------------------------|-------|--------------------------------|----------------|--|-------|-------------------------------------|-------------|--|
| Taxpayer Name: | | | | | | | | | | |
| | ication Number: | | | | | 1 7 0 | 2 (| 0 1 6 0 | 0 0 (|) |
| Schedule I | – Income from Rent | ı | | | | | ı | | | |
| Col. 1 | Address of Property | Col. 2 Kind of Property | | Col. 3 Gross Amount of Rent | or Amort | epreciation* ization (Per form 4562) | | ol. 5 Repairs blain in Sch. I-1) | and other | axes, Interest er Expenses* i in Sch. I-1) |
| 1. | | | \$ | | \$ | | \$ | | \$ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 6. TOTAL (| Enter the total of Colum Column 4, 5, and 6 on a deral 30% and 50% bon | appropriate deductior | ı lin | | \$ expenses de | ductions | \$ | | \$ | |
| | 1 – Explanation of dec | | | | | | | | | |
| | 1 | | | | | | | | | |
| Column No. | Explan | nation | | Amount | Column No. | | E | xplanation | | Amount |
| | | | | \$ | | | | | | \$ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | _ | | | | | | | |
| | | | - | | | | | | | |
| | | | _ | | | | | | | |
| <u> </u> | 4-11-6 | | | | | <u> </u> | | | | |
| | tal Information DUNTRY OF INCORPORATION | 2.(a) DA | ATE C | OF INCORPORATION | 2.(b) DATE B | USINESS BEGAN | IN DC | 3. IRS SERVICE CENT | | |
| | | | | | | | | WAS FILED FOR PE | ERIOD COVER | ED BY THIS RETUI |
| 4. THE CORPOR | RATION'S BOOKS ARE IN THE CA | ARE OF – | | | 5. LOCATED | AT - | | | | |
| adjustme returns w | 017, has the Internal Revorts to your federal incomith the IRS? YES | ne tax return, or did yo NO | ou fi | ile any amended | ac | | | ovided OTR with enter the date | MA | I/DD/YYYY |
| | please submit separately d, to the address shown of | | | | 10.1 | was serie. | | | 14114 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 7. Is this corp | poration unitary with ano | ther entity? | | YES | NO I | f yes, explain | : | | | |
| 8. Is this retu | ırn made on the accrual l | basis? | | YES | NO I | f no, indicate | basis | used: Cash B | asis | Other (specif |
| 9. Did you fill for the year | le a franchise tax return v ar 2016? | with DC | | YES | NO I | f no, state rea | ason | | | |
| | vithhold DC income tax fr nt employees during 201 | | ır | YES | NO I | f no, state rea | ason: | | | |
| | le annual information retu , relating to payment of o | | | | NO | | | | | |
| 12. (a) Has th | e business been termina | ted? | | YES | NO I | f yes, explain | and g | ive date: | | |
| (b) Have y | you moved out of DC? | | | YES | NO | | | | | |

YES

NO





Important: Print in CAPITAL letters using black ink. Attach to your Form D-20 or D-30.



OFFICIAL USE ONLY Vendor ID# 0000

| | payer Identification Number Fill in if FEIN Fill in if filing a D-20 Retur Fill in if SSN Fill in if filing a D-30 Retur er your business name | |
|-------------------|---|----------------------|
| D-2 | 20 Return | |
| No 1 2 3 | Prefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax Economic Development Zone Incentives Credits (see worksheet). 1a Amount of Line 1 that is Food Commodity Donation Credit. January 1- April 7, 2017. (see worksheet). 1a January 1- April 7, 2017. (see worksheet). Qualified High Technology Company Credits from Part E, Line 5, DC Form D-20CR, from pub. 399. Organ and Bone Marrow Donor Credit (see computation on reverse side). | x) 1 |
| 4 | Job Growth Incentive Act | 4 \$ 00 |
| 5 | Enter alternative fuel credits. See instructions | |
| | 5a Alternative fuel infrastructure. \$ 00 # of stations | |
| | 5b Alternative fuel vehicle conversion. # of vehicles | |
| 6 7 | Total alternative fuel credits. Add Lines 5a and 5b only and enter here. Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a | 6 \$.00 7 \$.00 |
| 8 | RESERVED # of employees | 8 0 .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. | r 9 \$ |
| | fundable Credits | 10 \$.00 |
| 10 | Qualified High Technology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR, from pub. 399. | 10 \$ |
| 11 | | 11 \$ |
| 12 | Total the refundable D-20 credits, enter here and on Form D-20, Line 41d. | 12 \$ |
| D-3 | 30 Return | |
| | nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax | ^ ^ |
| 13 | Economic Development Zone Incentives Credit (see worksheet). 13a Amount of Line 13 that is Food Commodity Donation Credit. | 13 \$ 00 |
| | January 1- April 7, 2017. (see worksheet). | 00 |
| 14 | Organ and Bone Marrow Donor Credit (see computation on reverse side). | 14 \$ |
| 15 | Job Growth Incentive Act | 15 \$.00 |
| 16 | Enter alternative fuel credits. See instructions | |
| | 16a Alternative fuel infrastructure. | |
| | # of stations | |
| | 16b Alternative fuel vehicle conversion. \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| 17 | Total alternative fuel credits. Add Lines 16a and 16b only and enter here. | 17 \$.00 |
| 18 | Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a | 18 \$ 00 |
| 19 | # of employees | 19 \$ 00 |
| 20 | Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38. | 20 \$.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.

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

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

| Employer-Assisted Home Purchase Tax Credi — Computation — | t |
|---|----|
| 1. Number of Eligible Employees | |
| 2. Amount of Homeownership Assistance provided during this period to Eligible Employeesx 50% | \$ |
| 3. Tax Credit | \$ |
| Enter amount from Line 3 on Line 7 of Schedule UB for D-20 filers, or Line 18 of Schedule UB for D-30 filers. | |

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.



2017

Combined Group Members' Schedule



Important: Print in CAPITAL letters using black ink.

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

| Taxpayer Identification Number o | Designated Agent | Taxable year ending MMYY Worldwide | | | | | | | |
|---|---|---|--|---|----------------------------------|--|--|--|--|
| Name of Designated Agent | | Telephone number | | | | | | | |
| | | | | | TIT | | | | |
| Business mailing address line #1 | | | | | | | | | |
| | | | | | | | | | |
| Business mailing address line #2 | | | | | | | | | |
| City | | | State Zip Coo | de + 4 | | | | | |
| | | | | | | | | | |
| A t the designated agent and all combined members | B Taxpayer Identification Number | C Was a separate DC franchise tax return filed in the prior year? | Is the member new to the combined group? | E Was gross income received from District sources? | F Does the me have nexus i | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes [| | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes [| | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes [| | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ | | | | |

Note: If more than 14 combined members, continue list on a separate sheet of paper.



Combined Group Members' Schedule

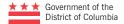
Instructions

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

Attach a copy of Federal Forms 851, 5471, and 8975 (including Schedule A).

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 Taxpayer Identification Number (TIN) 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.



Worldwide Combined Reporting Election Form



| Taxpayer Identification Number of Designated Agent | Taxable Year YYYY Worldwide |
|---|--|
| Name of Designated Agent | Telephone number |
| Business address line #1 | |
| Business address line #2 | |
| | |
| City | State Zip code +4 |
| In accordance with the provisions of DC Official Code hereby made to report on a worldwide unitary combination. | § 47-1810.07 and the combined reporting regulations, election is ned basis. |
| A worldwide unitary combined reporting election is be thereafter for a period of ten years. | pinding for and applicable to the tax year it is made and all years |
| | , prior to the expiration of the ten-year period, only upon written hardship due to unforeseen changes in DC tax statutes, law or Office of Tax and Revenue. |
| Upon the expiration of the ten-year period, a taxpaye election. | er may withdraw from the worldwide unitary combined reporting |
| Withdrawal must be made in writing within one year years, subject to the same conditions as applied to the same conditions. | r of the expiration of the election and is binding for a period of ten he original election. |
| | |
| Date Beginning Tax Period: MMDDYYYY | Date Ending Tax Period: MMDDYYYY |
| Dute Beginning Tax Feriod. WIVIDD1111 | Date Lifeting Tax Feriod. Wild Date 1 |
| | |
| | |
| Authorized Signature | |
| | |
| Printed Name | Date |
| | ed me to sign on behalf of all members of the combined group, and that I have examined s, to the best of my knowledge and belief, correct and complete. |

Revised 07/17

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D-20 Corporation Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

| | Тахр | rer Identification Number (TIN) Number of business locations | | | | OFFICIAL USE ONLY Vendor ID# 0000 | | | |
|------------|-------|---|------------------|------------------------|--------|-----------------------------------|---|-------|--|
| | | In DC: | Out | side DC: | | | Fill in if QHTC located in DC Ballpa | | |
| | Nam | ne of corporation | | | | Tax period ending (MM) | (Y) Fill in if Amended Return | | |
| | | | | | | | Fill in if Final Return | | |
| | Busir | ness mailing address #1 | | | | | Fill in if Certified QHTC | | |
| | Busi | ness mailing address #2 | | | | | Fill in if Combined Report* *You must fill in the Designated Agent info belo | ow | |
| | | | | | | | Fill in if Worldwide** **Worldwide form must be filed with this return | n | |
| | City | | | | St | tate Zip Code + | | • | |
| | | | | | | | | | |
| | Desig | gnated Agent Name | | | | Designated A | Agent TIN | | |
| | | | | | Ш | | | | |
| | •RE/ | AD INSTRUCTIONS BEFORE PREPARING RETURN • (To allo | ocate non-busine | ss Items, see instruct | tions) | If amount is zero, le | Enter dollar amounts only. eave line blank; if minus, enter amount and fill in | oval. | |
| COM | 1 | Gross receipts, minus returns and allowances | | | | 1 \$ | | 00 | |
| | 2 | Cost of goods sold (from D-20 Schedule A) and (attach statement) | or operation | ons | | 2 \$ | | 00 | |
| | 3 | Gross profit from sales and/or operations Line 1 minus Line 2 | | Fill in if minus: | | 3 \$ | | 00 | |
| | 4 | Dividends from Form D-20, Schedule B | | | | 4 \$ | | 00 | |
| | 5 | Interest (attach statement) | | | | 5 \$ | | 00 | |
| GR(| 6 | Gross rental income from D-20, Schedule I, Column | 3, Line 6 | | | 6 \$ | | 00 | |
| | 7 | Gross royalties (attach statement) | | | | 7 \$ | | 00 | |
| | 8(a | Net capital gain (loss) (attach a copy of your federal | Schedule D) | Fill in if minus: | | 8(a)\$ | | 00 | |
| | (b |) Ordinary gain (loss) from Part II, fed. Form 4797, (a | ttach copy) | Fill in if minus: | | 8(b)\$ | | 00 | |
| | 9 | Other income (loss) (attach statement) | | Fill in if minus: | | 9 \$ | | 00 | |
| | 10 | Total gross income. Add Lines 3–9. | | Fill in if minus: | | 10 \$ | | 00 | |
| | 11 | Compensation of officers from Form D-20, Schedu | ıle C | | | 11 \$ | | 00 | |
| | 12 | Salaries and wages | | | | 12 \$ | | 00 | |
| | 13 | Repairs | | | | 13 \$ | | 00 | |
| | 14 | Bad debts | | | | 14 \$ | | 00 | |
| | 15 | Rent | | | | 15 \$ | | 00 | |
| DEDUCTIONS | 16 | Taxes from Form D-20, Schedule D | | | | 16 \$ | | 00 | |
| CT | 17(| a) Interest payments | \$ | | 00 | | | | |
| EDU | | b) Minus nondeductible payments to related entities | | | 00 = | 17c\$ | | 00 | |
| | | Contributions and/or gifts (attach statement) | | | | 18 \$ | | 00 | |
| | 19 | Amortization (attach a copy of your federal Form 4 | | 19 \$ | | 00 | | | |
| | 20 | Depreciation (attach a copy of your federal Form 4 any additional federal sec. 179 expenses or bonus de | | 20 \$ | | 00 | | | |
| | 21 | Depletion (attach statement) | | | | 21 \$ | | 00 | |
| | 22(| a) Enter royalty payments made | \$ | | 00 | | | | |
| | | b) Minus nondeductible payments to related entities | | | 00 = | 22c\$ | | 00 | |

| Proposed Intermittation Number 1 7 0 2 0 0 1 2 0 0 0 Proposed Intermittation Planton 1 7 0 2 0 0 1 2 0 0 0 Proposed Intermittation Planton 1 7 0 2 0 0 1 2 0 0 0 Proposed Intermittation Planton 1 7 0 2 0 0 1 2 0 0 0 0 Proposed Intermittation Planton 1 7 0 2 0 0 1 2 0 0 0 0 Proposed Intermittation Planton 2 8 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |)-2 | 20 FC | DRM, PAGE 2 | | | | | | (|
|--|--------|---------|---|---------------------------|---------|----------------------|--------------------------------------|----------------------------------|-----------|
| 23 Pension, profit-sharing plans 00 24 Other deductions (ortach statement) 24 Section 100 25 Total deductions. And Lines 11-24. 25 Section 100 26 Net income Lise 10 minus Line 25. 5 00 27 Net operating loss deduction for years before 2000 28 Net income Lise 10 minus Line 25. 6 Section 100 29 Net income Lise 10 minus Line 25. 6 Section 100 29 (a) Non-bianses income/state adjustment canada statement. Fill in it minus: 29 Section 100 29 (a) Non-bianses income/state adjustment canada statement. Fill in it minus: 29 Section 100 30 Net income subject to apportionment. Fill in it minus: 29 Section 100 30 Net income subject to apportionment. Fill in it minus: 29 Section 100 30 Net income subject to apportionment. Fill in it minus: 29 Section 100 30 Net income subject to apportionment. Fill in it minus: 29 Section 100 30 Net income floating from 100 Pension 100 30 Net income subject to apportionment. Fill in it minus: 30 Section 100 30 Net income subject to apportionment. Fill in it minus: 30 Section 100 31 Discapportion 100 Cell Line 30 amount multiplied by Line 31 bedute. 31 Section 32 Section 100 32 Net income floating floating state subscious 100 33 Net income floating floating state subscious 100 34 Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 35. Fill in it minus: 34 Section 100 35 Apportioned NOL deduction (Linese caractering in year 2000 and laker) 35 Section 100 36 Total DC gross receipts from Line 45 MILGR Worksheet 100 37 Tax 9.0% of Line 36 Section 100 Section 200 pension services 110 occurs 100 pension 100 pensio | Тахр | oayer N | Name: | | | | | | |
| 24 Other deductions (attach statement) 25 Total deductions, sate Lines 11-24 26 Net income time to finitus Line 25. 27 Net operating loss deduction for years before 2000 27 Net operating loss deduction for years before 2000 28 Net income after net operating loss deduction fill in it minus: 28 Use a line 25 minus Line 27 29 (a) Non-business income/state adjustment consensatement 29 (c) 29(a) minus 29(b) 30 Not finitus 29(b) 31 Discommendation of the state of t | Тахр | ayer lo | dentification Number: | | | I IIIIII 1 | 7 0 2 0 0 1 2 | | |
| 24 Other deductions (attach statement) 25 Total deductions, sate Lines 11-24 26 Net income time to finitus Line 25. 27 Net operating loss deduction for years before 2000 27 Net operating loss deduction for years before 2000 28 Net income after net operating loss deduction fill in it minus: 28 Use a line 25 minus Line 27 29 (a) Non-business income/state adjustment consensatement 29 (c) 29(a) minus 29(b) 30 Not finitus 29(b) 31 Discommendation of the state of t | S | | | | | | ENTER DOLLAR | AMOUNTS ONLY | |
| 25 Total deductions. Add Lines 11–24. 26 Net income Line 10 minus Line 25. 27 Net operating loss deduction for years before 2000 28 Net income after net operating loss deduction Line 26 minus Line 29. 29 (a) Non-business income/state adjustment liminal statement fill in it minus. 29 (b) Expense related to non-business income union statement. (b) Expense related to non-business income union statement. (c) 29(a) minus 29(b) 30 Net income subject to apportionment Fill in it minus. 29 (a) Non-business income subject to apportionment Fill in it minus. 29 (a) Non-business income subject to apportionment Fill in it minus. 29 (b) Expense related to non-business income union statement. 30 Net income subject to apportionment Fill in it minus. 31 Not income apportionment facility for them from D.20, Satindole F.Col. 3, Line 5. If Contained Report, from Combined Reporting Schedule 28, Col. 1 Line 9. 31 Line 28 minus Line 28 plas or minus trumplate by Line 31 factor. 32 Other income/deductions attributable to DC Fill in it minus. 33 Other income/deductions attributable to DC Fill in it minus. 34 Total taxable income before apportioned MOL. 45 Fill in it minus. 36 Apportioned NOL deduction (Losses eccanning in year 2000 and later) 37 Tax 9.0% of Line 35 38 Minus nonretundable credits from Schedule UB, Line 9 38 Otal DC gross receipts from Line 4 MTLCR Windsheet 40 Otal DC gross receipts from Line 4 MTLCR Windsheet 41 Payments and refundable credits from Schedule UB, Line 9 38 Otal DC gross receipts from Schedule UB, Line 12 41 Estimated franchise tax payments 42 Add lines 41(a), 41(b), 41(c) and 41(d). 43 Tax 9.0% of Line 35 44 Estimated tax interest (Fill in oval if D.2220 attached) 45 Total Amount Due, It Line 42 is analised franchise tax payments 46 Overpayment. If Line 42 is analised franchise tax payments 47 Amount you want to apply out your 2018 settlement of Lines 40 and 44, enter amount overpaid. 48 Amount to be refunded. Line 46 minus Line 47. 49 Amount to be refunded. Line 46 minu | | 23 | Pension, profit-sharing plans | | | 23 | | | 00 |
| Total deductions. And Lines 11-24. 25 000 26 Net income Line 10 minus Line 25. Fill in if minus. 26 000 27 Net operating loss deduction for years before 2000 27 000 28 Net income after net operating loss deduction Fill in if minus. 28 000 29 (a) Non-business income/state adjustment lessach salement Fill in if minus. 29 000 (b) Expense related to non-business income (unus nazionard Fill in if minus. 29 000 (c) 29 (a) minus 29 (b) Fill in if minus. 29 000 (d) Expense related to non-business income (unus nazionard Fill in if minus. 29 000 (e) 29 (a) minus 29 (b) Fill in if minus. 29 000 (e) 29 (a) minus 29 (b) Fill in if minus. 29 000 30 Net income subject to apportionment Fill in if minus. 29 000 31 DC apportionment factor from Form D-20, Schodule F.Col. 3, Line 5. His of minus. 30 000 32 Net income room trade or business Fill in if minus. 32 000 33 Other income/deductions attributable to DC Fill in if minus. 32 000 33 Other income/deductions attributable to DC Fill in if minus. 34 000 43 Total taxable income before apportioned NOL deduction in 32 gives eminus the 33 000 34 Total taxable income before apportioned NOL deduction in use 32 gives eminus the 33 000 35 Tax 9.0% of Line 36 000 36 Total DC taxable income. Line 34 minus Line 35. Fill in if minus. 36 000 40 Payments and refundable credits from Schedule UB, Line 9 38 000 41 Payments and refundable credits from Schedule UB, Line 12 000 42 Payments and refundable credits from Schedule UB, Line 12 000 43 Tax 9.0% of Line 36 000 44 Payments and refundable credits from Schedule UB, Line 12 000 44 Estimated tax interest (Fill in oval of D-2220 attached) 000 45 Total Amount Due. It Line 42 is smaller than the total of Lines 40 and 44, enter amount ovarpaid. 46 000 46 Units and the overlandable credits from Schedule UB, Line 12 000 47 Amount you want to apply to your 2018 extension of time to file 000 48 Amount to be refunded. Line 46 minus Line 47. 000 49 Amount you want to apply to your 2018 extension to file of the presence of the in | | 24 (| Other deductions (attach statement) | | | 24 | | | 00 |
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| 28 Net income after net operating loss deduction 18 Net income after net operating loss deduction 19 (a) Non-business income/state adjustment latach statement Fill in it minus: 29 (a) Non-business income/state adjustment latach statement Fill in it minus: 29 (b) Expense related to non-business income (attach statement Fill in it minus: 29 (c) 29 (a) minus 29 (b) 30 Net income subject to apportionment Fill in it minus: 30 Subject income subject to apportionment Fill in it minus: 30 Subject income subject to apportionment Fill in it minus: 31 De apportionment factor from Form 0-20, Schedule F. Col. 3, Line 5. 31 De apportionment factor from Form 0-20, Schedule F. Col. 3, Line 5. 31 To apportionment factor from Torum 0-20, Schedule F. Col. 3, Line 5. 32 To apportionment factor from Torum 0-20, Schedule F. Col. 3, Line 5. 33 Fill in it minus: 34 Total income/deductions attributable to DC Fill in it minus: 35 Total DC attable income before apportioned NOL fell in it minus: 36 Total DC stable income. Line 34 minus Line 33. 37 Apportioned NOL deduction (Lesses occurring in year 2000 and later) 38 Apportioned NOL deduction (Lesses occurring in year 2000 and later) 39 Total DC gross receipts from Line 44 MTLGR Worksheld 20 Total DC gross receipts from Line 44 MTLGR Worksheld 20 Total DC gross receipts from Line 44 MTLGR Worksheld 20 Total DC gross receipts from Line 44 MTLGR Worksheld 20 Total DC gross receipts from Line 44 MTLGR Worksheld 21 Payments and refundable credits from Schedule UB, Line 9 38 Supportionate and refundable credits from Schedule UB, Line 9 39 Total DC gross receipts from Line 44 MTLGR Worksheld 40 Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts and refundable credits from Schedule UB, Line 9 41 Estimated tax interest (Fill in Payment In Schedule UB, Line 9 42 Estimated tax interest (Fill in Payment In Schedule UB, Line 9 43 Estimated Tax non-time from an account oxidite of the U.S.? Yes No See instructions. 44 Estimated tax interest (Fill | | 26 | Net income Line 10 minus Line 25. | Fill in if minus: | | 26 | | | 00 |
| Une 26 minus Line 27 9 (a) Non-business income/state adjustment catach statement Fill in if minus: 29a 00 (b) Expense related to non-business income (attach statement) 29b 00 (c) 29(a) minus 29(b) Fill in if minus: 29c 00 Not income subject to apportionment Fill in if minus: 30 00 Line 28 minus Line 29(b) 00 30 Not income subject to apportionment Fill in if minus: 30 00 Line 28 minus Line 29(b) 00 31 DC apportionment factor from Form D-20, Schedule F, Col. 3, Line 5, If Combined Report, from Report Report, from Report Report, from Report Report, from Report | | 27 | Net operating loss deduction for years before 2000 | | | 27 | | | 00 |
| (b) Expense related to non-business income (attach statement) (c) 29(a) minus 29(b) Net income subject to apportionment Line 28 minus Line 29(c) 10 Capportionment factor frem Form D-20, Schedule F, Col. 3, Line 5. If Combined Report, from Combined Reporting Schedule 2A, Col. 1 Line 9. 11 Combined Report, from Combined Reporting Schedule 2A, Col. 1 Line 9. 12 Act income from trade or business paper schedule 2A, Col. 1 Line 9. 13 Other income/deductions attributable to DC Fill in if minus: 32 Sapportioned to DC Line 30 amount multiplied by Line 31 factor. 33 Other income/deductions attributable to DC Fill in if minus: 34 Total taxable income before apportioned NOL fill in if minus: 35 Total DC taxable income. Line 33. 36 Apportioned NOL deduction (Losses occurring in year 2000 and later) 37 Total DC taxable income. Line 34 minus Line 35. 18 If OHTC, skip Lines 37-39. Complete OHTC Schedule on Page 4, Lines 1-10. 38 Minus nonrefundable credits from Schedule UB, Line 9 39 Total DC gross receipts from Line 44 MTLGR Worksheet 40 Veryaments and refundable credits are greater than \$1.ML. 41 Payments and refundable credits: (a) Tax paid, if any, with original return if this is an amended return (b) Tax paid, if any, with original return if this is an amended return 41 Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts 42 Add lines 41(a), 41(b), 41(c) and 41(d). 43 Estimated tax interest (Fill in oval if De 2200 attached) 44 Estimated tax interest (Fill in oval if De 2200 attached) 45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. 45 Switch allows the preparer to based on the information available to the preparer to discuss this return with OTR, fill in here 46 Overpayment. If Line 42 is larger than the bust of Lines 40 and 44, enter amount due. 45 Switch allows the preparer to discuss this return with OTR, fill in here 47 Amount you want to apply to your 2018 estimated franchise tax. 48 Amount to be refunded. Line 46 minus Line 47 | | | · | Fill in if minus: | | 28 | | | 00 |
| (c) 29(a) minus 29(b) Fill in if minus: 29 ₀ CS | | 29 (| (a) Non-business income/state adjustment (attach statement) | Fill in if minus: | | 29a | ı\$ | | 00 |
| Net income subject to apportionment Line 28 minus Line 29(c) 13 DC apportionment factor from Form D-20, Schedule F, Col. 3, Line 5. 15 Carportionment factor from Form D-20, Schedule F, Col. 3, Line 5. 16 Carportionment factor from Form D-20, Schedule F, Col. 3, Line 5. 17 Cambring Report, from Combined Reporting Schedule 2A, Col. 1 Line 9. 18 Net income from trade or business 18 January 19 January 1 | | (| (b) Expense related to non-business income (attach statement | nt) | | 29b | \$ | | 00 |
| 33 Other incompleductions attributable to DC fill in if minus: 33 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | ш | (| (c) 29(a) minus 29(b) | Fill in if minus: | | 29c | \$ | | 00 |
| 33 Other incompleductions attributable to DC fill in if minus: 33 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | COM | l | Line 28 minus Line 29(c) | | | 30 | | | 00 |
| 33 Other incompleductions attributable to DC fill in if minus: 33 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | ⊆ Ш | | | | | 31 | | | |
| 33 Other incompleductions attributable to DC fill in if minus: 33 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | XABL | 32 | Net income from trade or business | | | 32 | | | 00 |
| deduction Line 32 plus or minus Line 33. 35 Apportioned NOL deduction (Losses occurring in year 2000 and later) 36 Total DC taxable income. Line 34 minus Line 35. Fill in if minus: 37 Tax 9.0% of Line 36 38 Minus nonrefundable credits from Schedule UB, Line 9 38 Minus nonrefundable credits from Schedule UB, Line 9 38 Minus nonrefundable credits from Schedule UB, Line 9 39 Total DC gross receipts from Line '4' MTLGR Worksheet 40 Net tax. Line 37 minus Line 33. The minimum tax is \$250 if DC gross receipts are greater than \$1M. 41 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time to file (b) Tax paid, if any, with original return if this is an amended return (c) 2017 estimated franchise tax payments 41c 000 42 Add lines 41(a), 41(b), 41(c) and 41(d). 43 RESERVED 44 Estimated tax interest (Fill in oval if D-2220 attached) 45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. 45 Will this payment come from an account outside of the U.S.? Yes No See instructions. 46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount outpart designee on a macrount outpart of the 10 and 10 clines 40 and 44, enter amount outpart designee on a count outside of the U.S.? Yes No See instructions. 47 Amount you want to apply to your 2018 estimated franchise tax. 48 Monum to be refunded. Line 46 minus Line 47. 48 Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions. 48 Monum to be refunded. Line 46 minus Line 47. 49 Designee's name Phone number Phone number Phone number Phone number Phone number of person to contact Firm address If you went to allow the preparer to discuss this return with the Office | 1 | | • | Fill in if minus: | | 33 | | | 00 |
| Total DC taxable income. Line 34 minus Line 35. If QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4, Lines 1-10. Tax 9.0% of Line 36 Minus nonrefundable credits from Schedule UB, Line 9 Minus nonrefundable credits from Schedule UB, Line 9 Total DC gross receipts from Line '4' MTLGR Worksheet O0 Total DC gross receipts from Line '4' MTLGR Worksheet Will the Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1.00 if DC gross | | | | | 34 | | | 00 | |
| Tax 9.0% of Line 36 37 38 37 38 38 38 38 38 | | 35 / | Apportioned NOL deduction (Losses occurring in year 2000 and | | 35 | | | 00 | |
| Minus nonrefundable credits from Schedule UB, Line 9 38 Minus nonrefundable credits from Line '4' MTLGR Worksheet ON 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. Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time to file (b) Tax paid, if any, with original return if this is an amended return (c) Dax paid, if any, with original return if this is an amended return (d) Refundable credits from Schedule UB, Line 12 41d \$ 00 Add lines 41(a), 41(b), 41(c) and 41(d). 42 Add lines 41(a), 41(b), 41(c) and 41(d). 43 RESERVED 44 Estimated tax interest (Fill in oval if D-2220 attached) 45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. 45 Will this payment come from an account outside of the U.S.? Yes No See instructions. 46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid. 47 Amount you want to apply to your 2018 estimated franchise tax. 47 000 Amount to be refunded. Line 46 minus Line 47. Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions. Designee's name Phene number Officer's signature Officer's signature Title Date Telephone number of person to contact Firm name Firm address If you want to allow the preparer to discuss this return with the Office | | | | | | 36 | | | 00 |
| Total DC gross receipts from Line '4' MTLGR Worksheet 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 \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time to file (b) Tax paid, if any, with original return if this is an amended return (c) 2017 estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 41d 42 Add lines 41(a), 41(b), 41(c) and 41(d). 43 RESERVED 44 45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. 45 Will this payment come from an account outside of the U.S.? Yes No See instructions. 46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid. 46 47 Amount you want to apply to your 2018 estimated franchise tax. 48 Amount to be refunded. Line 46 minus Line 47. Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions. Designee's name Phone number Under penaltics 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. PAID PREPARER Officer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return with the Office | | 37 | Tax 9.0% of Line 36 | | | 37 | | | 00 |
| 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. Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time to file (b) Tax paid, if any, with original return if this is an amended return (c) 2017 estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 41d 41d 42 43 44 44 45 45 46 47 48 48 48 49 49 40 50 60 60 60 60 60 60 60 60 60 60 60 60 60 | | 38 | Minus nonrefundable credits from Schedule UB, Line 9 | | | 38 | | | 00 |
| Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time to file (b) Tax paid, if any, with original return if this is an amended return (c) 2017 estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 41d\$ 00 42 Add lines 41(a), 41(b), 41(c) and 41(d). 43 44 Estimated tax interest (Fill in oval if D-2220 attached) 45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. 45 Will this payment come from an account outside of the U.S.? Yes No See instructions. 46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid. 47 Amount you want to apply to your 2018 estimated franchise tax. 47 48 Out Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions. PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return with Office Firm name Firm address If you want to allow the preparer to discuss this return with Hoffice | S | 39 | Total DC gross receipts from Line '4' MTLGR Worksheet | | | | | 00 | |
| (a) Tax paid, if any, with request for an extension of time to file (b) Tax paid, if any, with original return if this is an amended return (c) 2017 estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 41d 00 42 Add lines 41(a), 41(b), 41(c) and 41(d). 43 44 Estimated tax interest (Fill in oval if D-2220 attached) 45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. 45 Will this payment come from an account outside of the U.S.? Yes No See instructions. 46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid. 47 Amount you want to apply to your 2018 estimated franchise tax. 48 Amount to be refunded. Line 46 minus Line 47. 48 Doo Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions. PRIADE PREPARER ONLY Preparer's signature Title Date Tim name Firm address If you want to allow the preparer is based on the information available to the preparer If you want to allow the preparer to discuss this return with the Office | CKED | ć | are \$1M or less or \$1,000 if DC gross receipts are greater than $\$1$ | | | 40 | | | 00 |
| (c) 2017 estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 41d 41d 42 \$ 00 42 Add lines 41(a), 41(b), 41(c) and 41(d). 43 RESERVED 44 Estimated tax interest (Fill in oval if D-2220 attached) 45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. 45 \$ 00 45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount overpaid. 46 \$ 00 47 Amount you want to apply to your 2018 estimated franchise tax. 48 Amount to be refunded. Line 46 minus Line 47. 48 S 00 Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions. PERSERVED 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. Officer's signature Title Date Telephone number of person to contact PRID Officer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return with the Office | | | | e to file | | 41a | \$ | | 00 |
| ## Estimated tax interest (Fill in oval if D-2220 attached) | S | | | | | 41b | \$ | | 00 |
| 43 | Ž | (| (c) 2017 estimated franchise tax payments | | | 41c | :\$ | | 00 |
| ## Estimated tax interest (Fill in oval if D-2220 attached) | ME | (| | | | | ı\$ | | |
| ## Estimated tax interest (Fill in oval if D-2220 attached) | Æ. | 42 / | | | | 42 | | | 00 |
| Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. 45 \$ Will this payment come from an account outside of the U.S.? Yes No See instructions. 46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid. 46 \$ 47 Amount you want to apply to your 2018 estimated franchise tax. 47 \$ 48 Amount to be refunded. Line 46 minus Line 47. 48 \$ Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions. Designee's name PLEASE SIGN HERE 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 If you want to allow the preparer to discuss this return with the Office | ¥ | 43 | | | | | | | 00 |
| 46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid. 46 \$ | | 45 | Total Amount Due. If Line 42 is smaller than the total of Lines 40 a | | due. | | | | |
| Amount you want to apply to your 2018 estimated franchise tax. 47 \$ 00 48 Amount to be refunded. Line 46 minus Line 47. 48 \$ 00 Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions. Designee's name Phone number Please SIGN HERE 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 If you want to allow the preparer to discuss this return with he Office | | | | | | 46 | | | 00 |
| Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions. Designee's name 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. 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 If you want to allow the preparer to discuss this return with He Office | | | | | 47 | \$ | | 00 | |
| Designee's name Phone number 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. 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 If you want to allow the preparer to discuss this return with the Office | | 48 / | Amount to be refunded. Line 46 minus Line 47. | | | 48 | | | 00 |
| PLEASE SIGN HERE Officer's signature Title Date Telephone number of person to contact PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return with the Office | | Third | party designee To authorize another person to discuss this return with 0 | OTR, fill in here | and | ente | er the name and phone number | er of that person. See instru | uctions. |
| SIGN HERE 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 If you want to allow the preparer to discuss this return with the Office | | Design | nee's name | | | | Phone number | | |
| 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 If you want to allow the preparer to discuss this return with the Office | S | IGN | Under penalties of law, I declare that I have examined this return and, to the best | of my knowledge, it is co | orrect. | Decla | aration of paid preparer is based on | the information available to the | preparer. |
| PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return with the Office | | | Officer's signature Title | | Dat | e | Teleph | one number of person to contac | t |
| PREPARER ONLY Preparer's signature (if other than taxpayer) Date Firm name Firm address If you want to allow the preparer to discuss this return with the Office | P | ΔΙΡ | | | | | | | |
| If you want to allow the preparer to discuss this return with the Office | PRE | PARER | Preparer's signature (if other than taxpayer) Date | F | Firm n | ame | Firm | 1 address | |
| | J | | Preparer's PTIN | | | | | his return with the Office | |

| Taxpayer Name: | | |
|----------------|--|--|
| | | |



Taxpayer Identification Number:

| Schedule A - Cost of Goods Sold (See specific instru | uctions f | or Line 2.) | | Sched | ule B - Dividend | s (See specific instru | uctions for Line 4.) | | |
|--|-----------|--------------------|-----------|--------------|--|------------------------|----------------------|-------|--------------------|
| Inventory at beginning of year | \$ | | | | NAME AND ADDR | ESS OF DECLARING C | ORPORATION | ΑN | MOUNT |
| Merchandise bought for manufacture or sale | - 1 | | | | | | | \$ | |
| · · | | | | | | | | | |
| Salaries and wages Other costs per books (attach statement) | | | | | | | | | |
| (Additional federal bonus depreciation is not allowable.) | | | | | | | | | |
| 5. Total | | | | | | | | | |
| 6. Minus: Inventory at end of tax year | · | | | | | | | | |
| 7. Cost of goods sold (Enter here and on D-20 Line 2.) | \$ | | | | | | | | |
| Method of inventory valuation: | | | | | | | | | |
| | | | | Total | Dividends | | | | |
| | | | | Minus | s deduction for Su | bpart F Income. | | \$ | |
| | | | | | s deduction for div y-owned subsidary | | rom | | |
| | | | | | L (Enter here and | | \ | \$ | |
| Schedule C - Compensation of officers (See spec | cific in | struction | s for Lir | | | | <u>′</u> | т | |
| | | | | l. 3 | Percent of | Corporation | Col. 6 | | Col. 7 |
| Col. 1 Name and Address of Officer | | ol. 2 ial Title | Percent | of Time | Stock Owned Col. 4 Col.5 | | Amount | | Expense Account |
| | | | | siness | Conmon Common | Preferred | of Compensation | | Allowances |
| | | | | % | % | % | \$ | \$ | |
| | | | | | | | | | |
| | | | | % | % | % | | | |
| | | | | /0 | /0 | /0 | | | |
| | | | | | | | | | |
| | | | | % | % | % | | | |
| TOTAL COMPENSATION OF OFFICERS (Enter here a | and on | D-20, L | ine 11.) |) | | | \$ | | |
| Schedule D - Taxes (See specific instructions for | r Line | 16.) | | | | | | | |
| EXPLANATION | | | OUNT | | | EXPLANATION | | | MOUNT |
| | | \$ | | + | | | | \$ | |
| | | | | + | | | | + | |
| | | | | | OTAL (Enter here | and on D-20, Line | e 16.) | \$ | |
| Schedule E - Reconciliation of the net income 1. Taxable income before net operating loss deduction and sp | | ed on F | ederal | and D | C returns | | | _ | |
| deductions (page 1 of your Federal corporate return). | , co.u. | \$ | | 7.1 | Total DC taxable in | come reported (fr | om D-20, Line 36 |). \$ | |
| UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME | | | | | | | | | |
| 2. Income taxes (see specific instructions for line 16). | | | | NO | N-TAXABLE INCO | ME AND ADDITIC | NAL DEDUCTION | S | |
| DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended. | | | | 1.8 | Net income apport | ioned or allocated | to outside DC. | | |
| 4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof. | | | | 1 . | Other non-taxable ncluding NOL (ite | | ional deductions | | |
| Other unallowable deductions and additional income (item include additional federal bonus depreciation and addition IRC § 179 expenses). (a) | al | | | | (a) | | | | |
| (b) | | | | ─ ' | ,b) | | | | |
| 6. TOTAL of Lines 1–5. | | \$ | | 10 | . TOTAL of Lines 7 | 7, 8 and 9. | | \$ | |

D-20 FORM, PAGE 4

| D-20 I | -ORM, PAGE 4 | | | | | |
|---|---|---|---|-----------------------|------------------------|--|
| Taxpaye | r Name: | | | | | |
| Taxpaye | r Identification Number: | | | 1 7 0 2 | 2 0 0 1 4 0 | 0 0 0 |
| Sched | ule F - DC apportionment | factor (See instructions) | | | | |
| | cents to the nearest dollar. | | | | • | factors to six decimal places |
| | ousinesses other than financia | | Column 1 TOTAL | Colum | nn 2 in DC | Column 3 Factor (Column 2 divided by Column 1) |
| | ES FACTOR: All gross receipts ass receipts from non-business | | \$ | 00 \$ | .00 | |
| For Fin | ancial Institutions: | | | | | |
| 2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income. | | | \$ | 00 \$ | .00 | |
| | ROLL FACTOR: Total compensional institution. | sation paid or accrued by the | \$ | 00 \$ | .00 | |
| 4. SUM | OF FACTORS: (For Financial | Institutions add Lines 2 and 3 | of Column 3) | | | |
| | | | inancial institutions enter the nut there are less than two factors, | | | |
| For Co | mbined Reporting | | | | | |
| | e number of members in the or schedule 1 from the DC Co | combined group mbined Reporting Schedule 1A | Designated Agent | | | |
| | | Ç | Schedule 1 - Combined Rep | ort Tax Due | | |
| Tax D Comb | lue bined Group Report | Tax Due Intercompany Eliminations | Tax Due Total Before Eliminations | Tax Due Designated | | Tax Due Member 1 |
| L | | | | | | |
| Tax D Mem | | Tax Due Member 3 | Tax Due Member 4 | Tax Due Member 5 | | |
| | | | | | | |
| | | | | | | |
| | | | Companies Tax, Exemption | and Credits Schedu | Ile (See instructions) | |
| 1 | Initial Date Of Taxable | e Income (MMYY) | | | | |
| 2 | Cumulative Amount o | f QHTC Franchise Tax Ex | emption Previously Used | | | 00 |
| 3 | Total DC taxable incor | me. D-20 Line 36. | Fill in if minus: | 3\$ | | .00 |
| 4 | Qualified High Techno | logy Companies Franchis | se Tax 6.0% of Line 3 | 4\$ | | 00 |
| 5 | Minus nonrefundable | credits from Schedule UI | B, Line 9 | 5\$ | | .00 |
| 6 | Tentative Tax. Subtract I | Line 5 from Line 4 | | 6\$ | | .00 |
| 7 | Minus QHTC Franchis | e Tax Exemption This Re | turn | 7\$ | | 00 |
| 8 | Total DC gross receipts | from Line '4' MTLGR Works | sheet \$ | | 00 | |
| 9 | are \$1M or less or \$1,0 | Line 7. The minimum tax is 00 if DC gross receipts are g nplete page 2, Lines 41 thro | greater than \$1M. Enter here | 9 \$ e and | | .00 |
| 10 | Amount of QHTC Fran | nchise Tax Exemption Rer | maining \$ | | .00 | |

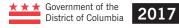
Taxpayer Identification Number:

| Schedule G - Balance Sheets | | Beginning o | f Taxable Year | End of | 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 instrumentalitie | s | | | | | |
| | (b) States, subdivisions thereof, | etc | | | | | |
| လ | 5. Other current assets (attach statement) | | | | | | |
| SSETS | 6. Loans to stockholders | | | | | | |
| | 7. Mortgage and real estate loans | | | | | | |
| Ä | 8. Other investments (attach statement) | | | | | | |
| | Buildings and other fixed depreciable assets | | | | | | |
| | (a) MINUS: Accumulated depreciation | | | 1 | | | |
| | 10. Depletable assets | | | | | | |
| | (a) MINUS: Accumulated depletion | + | | | | | |
| | 11. Land (net of any amortization) | 1 | | | | | |
| | 12. Intangible assets (amortizable only) | - t | | | | | |
| | (a) MINUS: Accumulated amortization | | | - | | _ | |
| | 13. Other assets (attach statement) | - | | 1 | | | |
| | 14. TOTAL ASSETS | ŀ | | | | | |
| | 15. Accounts payable | | | | | | |
| _ | 16. Mortgages, notes, bonds payable in less than 1 year | | | | _ | | |
| 丞 | 17. Other current liabilities (attach statement) | | | | | | |
| CAPITA | 18. Loans from stockholders | | | | | | |
| ¥ | | | | | | | |
| | 19. Mortgages, notes, bonds payable in 1 year or more and 20. Other liabilities (attach statement) | | | | _ | | |
| AND | | - | | | | | |
| | 21. Capital stock: (a) Preferred stock | - | | | | | |
| ES | (b) Common stock | - | | | | | |
| BILITIE | 22. Paid-in or capital surplus (attach statement) | | | | | | |
| = | 23. Retained earnings - Appropriated (attach statement) | | | | | | |
| LIAE | 24. Retained earnings - Unappropriated | | | , | \ | (| |
| \exists | 25. MINUS: Cost of treasury stock | | | (| <u>/</u> | , | |
| _ | 26. TOTAL LIABILITIES AND CAPITAL | | | | | | |
| So | chedule H-1 – Reconciliation of Income (Los | s) per Boo | ks With Income (Lo | ss) per Return | | | |
| 1. | Net income per books | \$ | 7. Inc | come recorded on bool | ks this vear and not | \$ | |
| | • | ' | | cluded in this return (it | | * | |
| | Federal income tax | | Tax- | Tax-exempt interest \$ | | | |
| | Excess of capital losses over capital gains Taxable income not recorded on books this | | | | | | |
| 4. | year (itemize) | | | | | | |
| | <u>,</u> | | 0 0-1 | uctions on this tay rate | | | |
| 5 | Expenses recorded on books this year and not | | | uctions on this tax retunst book income this y | | | |
| ٥. | deducted on this return (itemize). | | | | | | |
| | • | | |) Depreciation | | | |
| | (a) Depreciation \$ | | (b |) Depletion | .\$ | | |
| | (b) Depletion \$ | | _ | | | ¢ | |
| | (b) Depiction | | | TAL of Lines 7 and 8. | | \$ | |
| 6. TOTAL of Lines 1 through 5 | | | able Income (federal Forn uld equal Line 6 minus | Line 9 of this Schedule.) | \$ | | |
| | TOTAL of Lines 1 through 5 | <u> </u> | | | | | |
| So | chedule H-2 – Analysis of Unappropriated R | etained Ea | rnings per Books | | | | |
| 1. | Balance at beginning of year | \$ | 5. Dist | ributions: (a) Cash | | \$ | |
| 2 | Net income per books | | | (b) Stock | | | |
| | | | | (c) Prope | erty | | |
| 3. | Other increases (itemize) | | | | | | |
| | | 6. Oth | 6. Other decreases (itemize). | | | | |
| _ | | | | | | | |
| _ | | | 7 707 | Al of Lines E and C | | c | |
| _ | | | | AL of Lines 5 and 6 | | \$ | |
| 4. | TOTAL of Lines 1, 2 and 3. | \$ | 8. Bala | nce at end of year (Lin | e 4 minus Line 7) | \$ | |

| D-20 FORM | 1, PAGE 6 | | | | 1100 | | | | | |
|---|--|--------------------------------|------------------|---------|-------------------|--|---------------------------------------|-----------------------------------|--|--|
| Taxpayer Name | | | | | _ | | | | | |
| | ification Number: - Income from Rent | | | | | 1 7 0 | 2 0 0 1 6 | 0 0 0 | 0 | |
| | Address of Property | Col. 2 Kind of Property | Col. 3 Gre | | or Amorti | epreciation* ization (Per form 4562) | Col. 5 Repair (Explain in Sch. | s and oth | axes, Interest er Expenses* n in Sch. I-1) | |
| 1. | | | \$ | | \$ | | \$ | \$ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 6. TOTAL Enter total o | (Enter the total of Colum of Column 4, 5, and 6 on orderal 30% and 50% bon | appropriate deduction | i lines.) | §179 e | \$ xpenses dec | ductions. | \$ | \$ | | |
| Schedule I | -1 – Explanation of dec | ductions claimed in | Columns 5 aı | nd 6 o | f Schedule | e I. | | | | |
| Column No. Explanation | | nation | Amount | | Column No. | | Explanation | | Amount | |
| | | | \$ | | | | | | \$ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | 1 | | | | | | |
| - | | | | _ | | | | | | |
| Suppleme | ntal Information | | | | | | | | <u> </u> | |
| | | | ATE OF INCORPORA | ATION 2 | 2.(b) DATE B | USINESS BEGAN | | E CENTER WHERE FOR PERIOD COVE | FEDERAL RETURN RED BY THIS RETUF | |
| 4. THE CORPO | DRATION'S BOOKS ARE IN THE C | ARE OF – | | ! | 5. LOCATED | AT – | | | | |
| | 2017, has the Internal Rev | | | | | | | | | |
| | ents to your federal incon with the IRS? YES | ne tax return, or did yo NO | ou file any ame | nded | | | dy provided OTR whent, enter the date | | | |
| If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns. MM/DD/YYYY | | | | | | M/DD/YYYY | | | | |
| 7. Is this co | rporation unitary with and | ther entity? | YI | ES (| NO I | f yes, explain: | | | | |
| 8. Is this ref | turn made on the accrual | basis? | Y | ES (| NO If | f no, indicate | basis used: C | ash Basis | Other (specif | |
| 9. Did you file a franchise tax return with DC for the year 2016? | | | | ES (| NO I | f no, state rea | son | | | |
| | withhold DC income tax fr ent employees during 201 | | Y | ES (| NO I | f no, state rea | son: | | | |
| | file annual information reti 9, relating to payment of o | | | 'ES 🤇 | NO | | | | | |
| 12. (a) Has t | he business been termina | ted? | Y | ES | NO I | f yes, explain | and give date: | | | |
| (b) Have | ○ YI | ES C | NO | | | | | | | |

YES

NO





Important: Print in CAPITAL letters using black ink. Attach to your Form D-20 or D-30.



OFFICIAL USE ONLY Vendor ID# 0000

| | payer Identification Number Fill in if FEIN Fill in if filing a D-20 Return Fill in if SSN Fill in if filing a D-30 Return Fill in if FEIN Fill in if filing a D-30 Return Fill in if FEIN Fill in if filing a D-30 Return Fill in if FEIN Fill in if filing a D-30 Return Fill in if FEIN Fill in if filing a D-30 Return Fill in if FEIN Fill in if filing a D-30 Return Fill in if FEIN Fil | | | |
|-----|--|-----|----|----|
| | | | | |
| D-2 | 20 Return | | | |
| No | nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax | ax) | | 1 |
| 1 | Economic Development Zone Incentives Credits (see worksheet). 1a Amount of Line 1 that is Food Commodity Donation Credit. | 1 | 00 | 00 |
| 2 | January 1- April 7, 2017. (see worksheet). Qualified High Technology Company Credits from Part E, Line 5, DC Form D-20CR, from pub. 399. | 2 | | 00 |
| 3 | Organ and Bone Marrow Donor Credit (see computation on reverse side). | 3 | | 00 |
| 4 | Job Growth Incentive Act | 4 | | 00 |
| 5 | Enter alternative fuel credits. See instructions | 4 | | 00 |
| 5 | | ١ | | |
| | 5a Alternative fuel infrastructure. # of stations | | | |
| | 5b Alternative fuel vehicle conversion. # of vehicles |) | | |
| 6 | Total alternative fuel credits. Add Lines 5a and 5b only and enter here. | 6 | | 00 |
| 7 | Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a | 7 | | 00 |
| 8 | RESERVED # of employees | 8 | | 00 |
| 9 | Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. If QHTC, enter | | | 00 |
| _ | here and on QHTC Schedule, Line 5. | | | |
| _ | fundable Credits | | | 00 |
| 10 | Qualified High Technology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR, from pub. 399. | 10 | | 00 |
| 11 | | 11 | | 00 |
| 12 | Total the refundable D-20 credits, enter here and on Form D-20, Line 41d. | 12 | | 00 |
| D-3 | 80 Return | | | |
| No | nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax | ix) | | |
| 13 | Economic Development Zone Incentives Credit (see worksheet). | 13 | | 00 |
| | 13a Amount of Line 13 that is Food Commodity Donation Credit. | | 00 | |
| | January 1- April 7, 2017. (see worksheet). | | 00 | |
| 14 | Organ and Bone Marrow Donor Credit (see computation on reverse side). | 14 | | 00 |
| 15 | Job Growth Incentive Act | 15 | | 00 |
| 16 | Enter alternative fuel credits. See instructions | | | |
| | 16a Alternative fuel infrastructure. |) | | |
| | # of stations | | | |
| | 16b Alternative fuel vehicle conversion. \$ 00 # of vehicles | | | |
| 17 | Total alternative fuel credits. Add Lines 16a and 16b only and enter here. | 17 | | 00 |
| 18 | Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a | 18 | | 00 |
| | # of employees | | | |
| 19 | RESERVED | 19 | | 00 |
| 20 | Total the nonrefundable D-30 credits, enter here and on Form D-30. Line 38 | 20 | | 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.

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

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

| Employer-Assisted Home Purchase Tax Ci — Computation — | redit |
|---|-----------|
| 1. Number of Eligible Employees | |
| 2. Amount of Homeownership Assistance provided during this period to Eligible Employeesx 50 | % \$ |
| 3. Tax Credit | \$ ble |
| Enter amount from Line 3 on Line 7 of Schedule UB for D-20 filers, or Line 18 of Schedule UB for D-30 filers. | |

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.



2017

Combined Group Members' Schedule



Important: Print in CAPITAL letters using black ink.

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

| Taxpayer Identification Number o | Designated Agent | Taxable y | ear ending MMYY | Worldwid | е |
|---|---|---|--|---|----------------------------------|
| Name of Designated Agent | | | Т | elephone number | |
| | | | | | TIT |
| Business mailing address line #1 | | | | | |
| | | | | | |
| Business mailing address line #2 | | | | | |
| City | | | State Zip Coo | de + 4 | |
| | | | | | |
| A t the designated agent and all combined members | B Taxpayer Identification Number | C Was a separate DC franchise tax return filed in the prior year? | Is the member new to the combined group? | E Was gross income received from District sources? | F Does the me have nexus i |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes [|
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes [|
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes [|
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes [|
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ |

Note: If more than 14 combined members, continue list on a separate sheet of paper.



Combined Group Members' Schedule

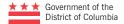
Instructions

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

Attach a copy of Federal Forms 851, 5471, and 8975 (including Schedule A).

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 Taxpayer Identification Number (TIN) 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.



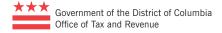
Worldwide Combined Reporting Election Form



| Taxpayer Identification Number of Designated Agent | Taxable Year YYYY Worldwide |
|---|--|
| Name of Designated Agent | Telephone number |
| Business address line #1 | |
| Business address line #2 | |
| | |
| City | State Zip code +4 |
| In accordance with the provisions of DC Official Code hereby made to report on a worldwide unitary combination. | § 47-1810.07 and the combined reporting regulations, election is ned basis. |
| A worldwide unitary combined reporting election is be thereafter for a period of ten years. | pinding for and applicable to the tax year it is made and all years |
| | , prior to the expiration of the ten-year period, only upon written hardship due to unforeseen changes in DC tax statutes, law or Office of Tax and Revenue. |
| Upon the expiration of the ten-year period, a taxpaye election. | er may withdraw from the worldwide unitary combined reporting |
| Withdrawal must be made in writing within one year years, subject to the same conditions as applied to the same conditions. | r of the expiration of the election and is binding for a period of ten he original election. |
| | |
| Date Beginning Tax Period: MMDDYYYY | Date Ending Tax Period: MMDDYYYY |
| Dute Beginning Tax Feriod. WIVIDD1111 | Date Lifeting Tax Feriod. Wild Date 1 |
| | |
| | |
| Authorized Signature | |
| | |
| Printed Name | Date |
| | ed me to sign on behalf of all members of the combined group, and that I have examined s, to the best of my knowledge and belief, correct and complete. |

Revised 07/17

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| | IMPORTANT: Please read the instructions on the reve | ise belole c | ombioting t | | |
|-----------------|---|------------------------|------------------------|------------------------|------------------------|
| Busi | ness Name (from your D-20 or D-30 return) | Taxpayer Ident | ification Number (| TIN) | |
| | | | | | |
| Pers | on to contact if there are questions | Daytime telepl | none number | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | - 4 | |
| | No underpayment interest is due and this | form sh | ould not | be filed | if: |
| . You | r tax liability on taxable income after deducting DC applicable credit | s and estimat | ed tax pavm | ents is less tl | nan \$1001. |
| . Υοι | have made the required periodic DC estimated franchise tax paym | ents and the | total is equa | I to or more | than 110% |
| | year's taxes or 90% of the current year's taxes. Note: In order to us | | | eption, you r | nust have fi |
| аъ | C franchise tax return last year and you must have been in business | S III DC IOT LIN | e enure year. | | |
| | | | | | |
| | Computation of Underpayme | ent Interest | | | |
| 1 | 2017 DC franchise tax liability from Forms D-20, or D-30. | | \$ | | |
| 2 | Multiply the amount on Line 1 by 90% (.90). | | \$ | | |
| 3 | 2016 DC franchise tax liability <i>from Forms D-20, or D-30 X 110</i> 9 | 2% | \$ | | |
| | · | | | | |
| 4 | Minimum estimated tax requirement for tax year 2017 (lesser of L | Lines 2 and 3 | | | |
| 5 | Multiply the amount on Line 4 by 25% (.25). Note: If your income was not evenly received over 4 periods, see instructions on the second over 4 periods. | the | \$ | | |
| | reverse of this form on the "Annualized Income" method. | | | | |
| | | | | | |
| | | | Due date o | of Payments | |
| | the dates shown are for calendar year; for fiscal year, use the 15th day of the 4th, | 1 st Period | 2 nd Period | 3 rd Period | 4 th Period |
| 6 th | , 9 th and 12 th months after the end of the fiscal year. | 04/15/17 | 06/15/17 | 09/15/17 | 12/15/17 |
| 6 | Enter the amount from Line 5 or the annualized amount in each | | | | |
| | period (the 2^{nd} period includes the 1^{st} period amount, 3^{rd} period includes the 1^{st} and 2^{nd} period amounts, the 4^{th} period includes all period amounts). | | | | |
| | | | | | |
| | Check here if you are using the "Annualized Income" method. | | | | |
| 7 | DC estimated taxes paid each period (the 2 nd period includes the | | | | |
| | 1 st period amount, 3 rd period includes 1 st and 2 nd period amounts, the 4 th period includes all period amounts). | | | | |
| | | | | | |
| 8 | Underpayment each period (Line 6 minus Line 7). | | | | |
| 9 | Underpayment Interest Factors. | .0175 | .0265 | .0262 | .0348 |
| | | | | | |
| 10 |) Line 8 multiplied by Line 9. | | | | |
| 1: | Underpayment Interest - Total of amounts from Line 10. Pay this | amount. | | \$ | |
| | (See D-2220 instructions). | | | | |

Instructions for Underpayment of Estimated Tax by D-20 or D-30 Filers

Estimated Tax Interest

DC law requires any business that expects its DC franchise tax liability to exceed \$1000 for the tax year to file a declaration of estimated franchise tax using the payment youchers in:

- D-20ES Declaration of Estimated Franchise Tax for Corporations; or
- D-30ES Declaration of Estimated Franchise Tax for Unincorporated Businesses.

The law states that any business required to file and pay estimated tax that fails to pay the amount required by the due date is subject to interest on the underpayment of estimated franchise tax.

When is interest assessed for Underpayment of Estimated Franchise Tax?

A 10% interest, compounded daily, is assessed if your total DC estimated franchise tax payments compared to your DC franchise tax liability do not equal at least the smaller of:

- 90% of the tax due on your 2017 DC franchise tax return; or
- 110% of the tax due on your 2016 DC franchise tax return (consisting of 12 months).

You must have filed a 2016 DC franchise tax return to use the 110% exception.

A penalty will be assessed if any statement made on an estimated tax payment voucher is not true and accurate to the best of the signatory's knowledge.

Are there any exceptions?

You are not subject to interest for underpayment of estimated franchise tax if:

- You had no DC franchise tax liability for the tax year 2016 and in that year, you did business in DC for the entire 12 months;
- The franchise tax due for 2017, minus any estimated tax payments, is less than \$1001:
- Your total DC estimated franchise tax payments are equal to or greater than 110% of your 2016 DC franchise tax liability for the entire year; or
- Your remaining tax due after totaling all credits and estimated tax payments is less than 10% of your total DC franchise tax liability for the year.

When do you use this form?

- You may use this form to calculate your underpayment interest. If you
 do, attach it to your tax return and enter the underpayment interest
 on Line 44 of Forms D-20 or D-30. Fill-in the oval if the D-2220 is
 attached. If you do not wish to calculate the interest, OTR will do it
 when your return is processed and will notify you of the amount due.
- You may also complete this form if you believe the interest amount assessed by OTR for underpayment of estimated franchise tax is incorrect.

How do you file this form?

Attach it to your return if you complete the form <u>before</u> filing your tax return. If you complete the D-2220 <u>after</u> filing and receiving a notice of interest assessment, send it to:

Office of Tax and Revenue 1101 4th St SW, 2nd Floor Washington DC 20024

Completing this form

Line 1

Enter the amount from your 2017 D-20 or D-30.

Line 2

Multiply the amount on Line 1 by 90% (.90). Your estimated franchise tax payments must be equal to or greater than this amount.

Line 3

Enter 110% of the amount from your 2016 DC Forms D-20 or D-30. If your 2016 return was amended or corrected, multiply 110% times the corrected amount.

Line 4

Enter the lesser of the amounts on Line 2 and Line 3. If you did not file a DC franchise tax return for 2016, you may only use Line 2. This is your minimum estimated franchise tax payment for 2017.

Line 5

Multiply the amount on Line 4 by 25% (.25). This gives you an even distribution of your tax liability over the four periods of the tax year.

Line 6

Enter the amount required from Line 5 under each of the payment columns. For example, if Line 5 is \$2000, you would enter \$2000 for the 1^{st} period, \$4000 for the 2^{nd} period, \$6,000 for the 3^{rd} period and \$8,000 for the 4^{th} period.

Annualized income method: If your income was different for each period, determine the percentage for each period (divide the period income by the full year's income). Multiply Line 4 by each period's percentage and enter the amounts earned by period on Line 6. Accumulate the periodic amounts as shown above. Check the "Annualized Income" box.

Line 7

Enter the amount of estimated franchise tax payments made in each period. Include the amounts from the previous period with the 2nd, 3rd and 4th periods. For example, if your estimated payment amount is \$1,000 in each period, you would enter \$1,000 in the 1st period, \$2,000 in the 2nd period, \$3,000 in the 3rd period and \$4,000 in the 4th period.

Line 8 Underpayment each period

For each column, subtract Line 7 from Line 6. If Line 7 exceeds Line 6, you have no underpayment interest. If there is an amount remaining, this is your periodic underpayment amount.

Line 9 Underpayment Interest Factors

These are the underpayment interest factors by period.

Line 10

For each period, multiply the amount on Line 8 by the factor on Line 9. This is your underpayment interest amount by period.

Line 11 Underpayment Interest

Add the amounts on Line 10 for each period. This is your total underpayment of estimated franchise tax penalty.

- If you are filing the D-2220 with your D-20 or D-30 return, enter the amount on Line 44 and pay the total amount with the return. Fill in the oval on Line 44 and attach the D-2220 to the return.
- If you are filing the D-2220 form separately, pay the amount you owe and attach to the D-20P Payment Voucher, using the applicable mailing address.

Make the check or money order payable to the **DC Treasurer.**

D-20P PAYMENT VOUCHER See instructions on back

Detach at perforation and mail the voucher, with payment attached. See mailing address on back.

| the District of Columbia | 2017 D-20P Payment Voucher for Corporation Franchise Tax |
|---|--|
| mportant: Print in CAPI | TAL letters using black ink. 1 7 0 2 0 P 1 1 0 0 0 0 |
| Amount of payment (dollars) Taxpayer Identification Numbe | Official Use Only Vendor ID# 0000 To avoid penalties and interest, your payment must be postmarked no later than the due date of your return. |
| Business name or Designated | Agent name Tax period ending (MMYY) |
| | |
| Business mailing address (num | ber, street and suite/apartment number if applicable) |
| | |
| Business mailing address (num | ber, street and suite/apartment number if applicable) |
| | |
| City | State Zip Code + 4 |
| | |
| Revised 05/17 Government of | 2017 D-20P Payment Voucher for |
| Government of the District of Columbia | 2017 D-20P Payment Voucher for Corporation Franchise Tax TAL letters using black ink. |
| Government of the District of Columbia | Corporation Franchise Tax TAL letters using black ink. 1 7 0 2 0 P 1 1 0 0 0 0 0 0 Official Use Only Vendor ID# 0000 |
| Government of the District of Columbia | Corporation Franchise Tax TAL letters using black ink. 1 7 0 2 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 To avoid penalties and interest, your payment must be postmarked no later than the due date of your return. |
| Government of the District of Columbia mportant: Print in CAPI Amount of payment (dollars) Taxpayer Identification Numbe | Corporation Franchise Tax TAL letters using black ink. 1 7 0 2 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 To avoid penalties and interest, your payment must be postmarked no later than the due date of your return. |
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| Government of the District of Columbia mportant: Print in CAPI Amount of payment (dollars) Taxpayer Identification Numbe Business name or Designated | Corporation Franchise Tax TAL letters using black ink. 1 7 0 2 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 To avoid penalties and interest, your payment must be postmarked no later than the due date of your return. |
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| Government of the District of Columbia mportant: Print in CAPI Amount of payment (dollars) Taxpayer Identification Number Business name or Designated and Business mailing address (num | Corporation Franchise Tax TAL letters using black ink. 1 7 0 2 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 To avoid penalties and interest, your payment must be postmarked no later than the due date of your return. Agent name Tax period ending (MMYY) |
| Government of the District of Columbia mportant: Print in CAPI Amount of payment (dollars) Taxpayer Identification Number Business name or Designated and Business mailing address (num | Corporation Franchise Tax TAL letters using black ink. 1 7 0 2 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 To avoid penalties and interest, your payment must be postmarked no later than the due date of your return. Agent name Tax period ending (MMYY) Aber, street and suite/apartment number if applicable) |
| Government of the District of Columbia mportant: Print in CAPI Amount of payment (dollars) Taxpayer Identification Number Business name or Designated and Business mailing address (num | Corporation Franchise Tax TAL letters using black ink. 1 7 0 2 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 To avoid penalties and interest, your payment must be postmarked no later than the due date of your return. Agent name Tax period ending (MMYY) Aber, street and suite/apartment number if applicable) |

Instructions for D-20P PAYMENT VOUCHER – please print clearly

Use the D-20P Payment Voucher to make any payment due on your **D-20** return.

- Do not use this voucher to make estimated tax payments.
- Enter your Taxpayer Identification Number (TIN).
- Enter name and address exactly as they appear on your return.
- Enter the amount of your payment.
- Make the check or money order (US dollars) payable to the DC Treasurer.
- Write your TIN, tax period and type of return filed (D-20) on the payment.
- Staple your check or money order to the D-20P voucher only. Do not attach your payment to your D-20 return.
- Mail the D-20P with, but not attached to, your D-20 tax return in the envelope provided in this tax booklet. If you do not have the return envelope, make sure to address your envelope to: Office of Tax and Revenue PO Box 96166, Washington DC 20090-6166.

Notes:

- If your payment exceeds \$5,000 in any period, you must pay electronically. Visit MyTax.DC.gov.
- For electronic filers, in order to comply with banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by money order (US dollars) or credit card. Please notify this agency if your response changes in the future. Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

FR-120 Extension of Time to File a DC Corporation Franchise Tax Return Worksheet

| | | ENTER DOLLAR AMOUNTS ONLY | |
|---|--|---------------------------|---|
| 1 | Total estimated corporation franchise tax liability for the tax period. | 1 \$ |) |
| 2 | Estimated franchise tax payments (include any tax overpayment credit). | 2 \$ |) |
| 3 | Other payments. | 3 \$.00 |) |
| 4 | Total payments and credits (add Lines 2 and 3). | 4 \$.00 | C |
| 5 | Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your request will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.) | 5 \$.00 |) |
| | | | |

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue. (See addresses on back)

| Government of the District of Columbia Important: Print in CAPITAL le | | O Extension of Tim to File a DC Corpor Franchise Tax Retu | | | | |
|--|------------------------------|---|--------------------|-------------------------|----------------------------|---|
| Amount of payment | | | | | | |
| (dollars only) | | | .00 | OFFIC | CIAL USE ONLY | |
| Taxpayer Identification Number | | | | Vendo | or ID# 0000 | |
| | | | | | | |
| Business Name or Designated Ag | ent name | | Ta | ax period ending (MMYY) | Fill in if Combined Report | 1 |
| | | | | | | |
| Business mailing address (number | er, street and suite/apartme | ent number if applicable) | | | | |
| | | | | | | |
| City | | | State | Zip Code +4 | | |
| | | | | | | |
| A 6 or 7 month extension of tir | ne to file until | 15, 2018, for calendar ye | ear 2017, or until | , | , for fiscal year ending | |
| , is requested. | | , , , | , | | <u>-</u> , , , , | |
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★★★ Government of the 2017 FR-120 Extension of Time District of Columbia to File a DC Corporation Franchise Tax Return Important: Print in CAPITAL letters using black ink. Amount of payment 00 OFFICIAL USE ONLY (dollars only) Taxpayer Identification Number Vendor ID# 0000 Tax period ending (MMYY) Fill in ____ if Combined Report Business Name or Designated Agent name Business mailing address (number, street and suite/apartment number if applicable) City Zip Code +4 State A 6 or 7 month extension of time to file until ______ 15 2018, for calendar year 2017, or until , is requested.

Revised 05/17

Instructions for Form FR-120 (Corporation Franchise Tax)

Purpose

Use Form FR-120 to request a 6-month extension of time to file a Corporation Franchise Tax Return (Form D-20) or a 7-month extension of time to file if you are a Combined Reporting filer.

When to file

The request for an extension of time to file must be submitted no later than the due date of the return.

Where to submit your request

Mail the completed FR-120 with your payment in full of any tax due for D-20 to: Office of Tax and Revenue, PO Box 96019 Washington, DC 20090-6019. Make your payment out to the DC Treasurer. Include your TIN, FR-120 and the tax year on the payment.

Note: If you are a Qualified High Technology Company please submit a completed DC Form QHTC-CERT with your extension request.

Extension of time to file

A 6-month extension of time to file (7-month extension for Combined Reporting filers) will be allowed if you complete this form properly, file it on time and PAY the full amount of any tax due shown on Line 5 of the Worksheet. When you file your return (D-20), attach a copy of the FR-120 which you filed. A separate extension request must be filed for each return. Blanket requests for extensions will not be accepted.

Federal extension forms

The Office of Tax and Revenue does not accept the federal application for an extension of time to file. **You must use DC Form FR-120.**

Additional extension of time

No additional extension of time to file will be granted beyond the 6-month extension unless the taxpayer is outside the continental limits of the United States. In that case, an additional extension up to 6 months may be granted, but in no case shall such extension be granted for more than one year.

Notes:

- If your payment exceeds \$5,000 in any period, you must pay electronically. Visit MyTax.DC.gov.
- For electronic filers, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you wil be required to pay by money order (US dollars) or credit card. Please notify this agency if your response changes in the future. Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.



D-20 NOL Net Operating Loss Deduction for Tax Years <u>Before</u> 2000

Complete a separate D-20 NOL for each business carrying forward a NOL. Please attach this form to your D-20.

| Year | DC net income/loss | Losses claimed | Losses remaining |
|-------------------|--------------------|----------------|------------------|
| Oldest loss year | \$ | \$ | \$ |
| Subsequent year 1 | | | |
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D-20 NOL Net Operating Loss Deduction for Tax Year 2000 and Later Complete a separate D-20 NOL for each business carrying forward a NOL. Please attach this form to your D-20.

| Name of corporati | on | Taxpayer Identification Number | |
|-------------------|--------------------|--------------------------------|---|
| Year | DC net income/loss | Losses claimed | Losses remaining |
| Oldest loss year | \$ | \$ | \$ |
| Subsequent year 1 | | | |
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| | Summa | Total losses claimed. | Total losses remaining (to be carried forward |

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Key Website Resources

DC Official Code

www.lexisnexis.com/hottopics/dccode/

DC Regulations

www.dcregs.dc.gov/

DC Tax Forms/Publications

MyTax.DC.gov

Mailing Address for Returns

MyTax.DC.gov

Electronic Funds Transfer (EFT) Guide

MyTax.DC.gov

Need assistance?

File or pay online: MyTax.DC.gov.

Get tax forms Download forms at MyTax.DC.gov. Request forms by mail: 202-442-6546

Pick up forms:

Office of Tax and Revenue

1101 4th St SW 2nd Floor 8:15 am-5:30 pm

Ask tax questions; get tax forms preparation help free

Visit our Walk-In Center, 1101 4th St SW 2nd Floor; or Contact our Customer Service Administration: 202-727-4TAX(4829)

Regular hours

8:15 am–5:30 pm Monday–Friday

Do you need help with this form?

Visit our Walk-In Center, at 1101 4th St SW 2nd Floor.

Are you unable to hear or speak?

Call the DC Relay Service, 202-727-3363.

[Spanish] Si necesita ayuda en Español, por favor llame al <u>(202) 727-4829</u> para proporcionarle un intérprete **de manera gratuita**.

[Vietnamese] Nếu quý vị cần giúp đỡ về tiếng Việt, xin gọi (202) 727-4829 để chúng tôi thu xếp có thông dịch viên đến giúp quý vị **miễn phí**.

[French] Si vous avez besoin d'aide en Français appelez-le <u>(202) 727-4829</u> et l'assistance d'un interprète vous sera <u>fournie gratuitement</u>.

[Amharic] በአጣርኛ አርዳታ ከፊለጉ በ <u>(202) 727-4829</u> ይደውሉ። የ<u>ነፃ</u> አስተርጓጣ ይመደብልዎታል።

[Korean] 한국어로 언어 지원이 필요하신 경우 (202) 727-4829 로 연락을 주시면 **무료로** 통역이 제공됩니다.

[Chinese] 如果您需要用(中文)接受幫助,請電治 (202) 727-4829 將**発費**向您提供口譯員服務。

NACHA Guidelines

www.nacha.org/

Social Security Administration

www.ssa.gov/

Internal Revenue Service

www.irs.gov