

2019 FP-31 SUB Personal Property Tax Return



SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1234

Taxpayer Identification Number 123456789
Mark if X FEIN
Mark if X SSN

Tax Year beginning July 1, 2018
and ending June 30, 2019
Due Date: July 31, 2018

Business name
ABCDEFGHIJKLABCDEFGHIJKLABCDEF

Business mailing address line 1
12345ABCDEFGHIJKLABCDEFGHIJKLA

Business mailing address line 2
12345ABCDEFGHIJKLABCDEFGHIJKLA

City State Zip Code + 4
ABCDEFGHIJKLABCDEFGH AB 123456789

Mark if X Amended Return
Mark if X Certified QHTC (Attach QHTC-Cert)
Mark if X Final Return
Mark if X Remaining cost is \$225,000 or less

Statement of personal property and computation of personal property tax

A. Kind of business or profession: ABCDEFGHIJKLABCDEFGHIJKLABCDEF

B. Number of DC locations..... 1234
Report for all business locations in the District on one personal property tax return. Do not file separate returns for each location. (See instructions)

C. If a hotel or motel, enter the number of rooms..... 1234

D. Are you a lessee or lessor personal property not reported in Schedule A of this return?..... YES X NO X
If "YES", complete Schedule D-1 or D-2 as appropriate.

E. Are you a certified QHTC that purchased qualifying tangible personal property after December 31, 2000... YES X NO X
that is used or held for use by the QHTC or leased under a capital lease to a certified QHTC? If so, complete Schedule D-3.

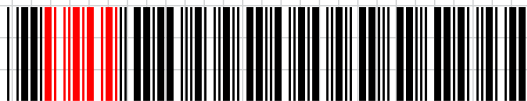
F. Are you a non QHTC that purchased qualifying tangible personal property after December 31, 2000..... YES X NO X
that is leased to a certified QHTC under a capital lease? If so, complete Schedule D-4.

G. Are there other companies doing business from your address under a lease, sublease or concession?..... YES X NO X
If "YES", attach a separate schedule listing the name of each company.

Office building owners must attach a list of tenants as of July 1, 2018.
Include the building address, taxpayer ID and room number

Taxpayer name ABCDEFGHIJKLMNOPQRSTUVWXYZ

TIN 123456789



Column A - Original Cost Dollars (Round cents to the nearest dollar)
Column B - Remaining Cost (Current Value) Dollars (Round cents to the nearest dollar)

Table with 3 columns: Description, Column A - Original Cost, Column B - Remaining Cost. Rows include Books, Furniture, Unregistered motor vehicles, Supplies, Total original cost, Remaining cost, Deduct: Exclusion, Taxable remaining cost, TAX, Tax paid, and Overpayment.

Third Party Designee To authorize another person to discuss this return with OTR, mark here X and enter the name and phone number of that person
Designee's name \_\_\_\_\_ Phone number 123456789

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

PLEASE SIGN HERE Officer's or owner's signature Title Date MMDDYYYY Telephone Number of Person to Contact 1234567890

Preparer's signature (If other than taxpayer) Date MMDDYYYY

PTIN 123456789
Preparer's Telephone Number 1234567890

PAID PREPARER ONLY Firm name Firm address

Make check or money order (US dollars) payable to the DC Treasurer. Include your TIN, "FP-31" and tax year 2019 on your payment. Mail this return and payment voucher FP-31P with payment to: Office of Tax and Revenue, PO Box 96183, Washington, DC 20090-6183. If this return does not require a payment, mail the return to: Office of Tax and Revenue, PO Box 96144, Washington, DC 20090-6144.

QHTC-CERT 20\_\_\_\_
Certification for Qualified High Technology Company



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Taxpayer Identification Number 123456789
Fill in X if FEIN Taxable Year Ending (MMYY) MMYY
Initial Year of Certification as QHTC (YYYY) YYYY
Fill in X if SSN

Name of Business ABCDEFGHIJKLMNOPQRSTUVWXYZ
Real Property Eligible for Abatement
Square Suffix Lot
YYYY YYYY YYYY

I certify that this business is a Qualified High Technology Company and that it (mark all that apply):

- 1. X Is an individual or entity organized for profit;
2. X Leases or owns an office in the District of Columbia, attach copy of lease or proof of ownership;
3. X Has two or more qualified employees in the District of Columbia;
4. X Derives at least 51% of its gross revenues earned in the District from one or more of the following (check all that apply):
a. X Internet-related services and sales, etc., as defined in DC Code §47-1817.015(A)(i)(I)
b. X Information and communication technologies, equipment and systems that involve advanced computer software and hardware, data processing, visualization technologies, or human interface technologies, whether deployed on the Internet or other electronic or digital media,
c. X Advanced materials and processing technologies that involve the development, modification, or improvement of one or more materials or methods to produce devices and structures with improved performance characteristics or special functional attributes, or to activate, speed up, or otherwise alter chemical, biochemical, or medical processes,
d. X Engineering, production, biotechnology and defense technologies that involve knowledge-based control systems and architectures; advanced fabrication and design processes, equipment and tools; or propulsion, navigation, guidance, nautical, aeronautical and astronautical ground and airborne systems, instruments and equipment, or
e. X Electronic and photonic devices and components for use in producing electronic, optoelectronic, mechanical equipment and products of electronic distribution with interactive media content.
5. X Does not derive 51% or more of its gross revenue from the operation in DC of an on-line or brick and mortar retail store or an electronic equipment facility as defined in DC Code §47-1817.01(5)(B) (i)II; or is a building or construction company or professional athletic team.
6. X Is not located in the DC Ballpark TIF Area as defined in DC Code §2-1217.12a(a); and
7. X Is appropriately registered as a business in DC. (Visit MyTax.DC.gov)
8. X Description of the principal business activity ABCDEFGHIJKLMNOPQRSTUVWXYZ
ABCDEFGHIJKLMNOPQRSTUVWXYZ

Under penalty of law, I declare that I have examined this certificate and, to the best of my knowledge, it is correct.

Signature of Owner or Officer ABCDEFGHIJKLMNOPQRSTUVWXYZ
Company Name ABCDEFGHIJKLMNOPQRSTUVWXYZ
Date 01012000
1234 ABCDEFGHIJKLMNOPQRSTUVWXYZ123456
Company Address 1234567890
Telephone Number 1234567890
1234567890
Fax Number ABCDEFGHIJKLMNOPQRSTUVWXYZ
e-mail address

# **INSTRUCTIONS FOR FORM QHTC-CERT, CERTIFICATION FOR QUALIFIED HIGH TECHNOLOGY COMPANY**

## WHO MAY USE THE CERTIFICATION FORM?

Any business which qualifies and wishes to be certified as a Qualified High Technology Company.

## **How should a company submit Form QHTC-CERT?**

File the Form QHTC-CERT as an attachment to any of the DC tax returns shown below claiming tax benefits under the New E-Conomy Transformation Act of 2000.

Form D-20 – DC Corporate Franchise Tax Return  
Form FP-31 – DC Personal Property Tax Return  
Form D-65 – DC Partnership Return  
Form D-40 – Individual Income Tax Return with Schedule C attached

## **Instructions for completing Form QHTC-CERT**

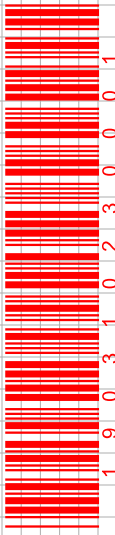
Enter the business name, the **Taxpayer Identification Number (TIN)**, and the ending date of the taxable year. For businesses claiming an abatement of real property tax, fill in the square, suffix and lot numbers identifying the real property eligible for abatement. If claiming an abatement for more than one property, please attach a detailed listing. Also indicate the first year certified as a QHTC.

**Lines 1 through 6.** Place an X in each box that applies to your business.

The Form QHTC-CERT must be signed and dated by an Owner, General Partner or Officer of the business who is authorized to sign. Please provide the business' address, telephone, fax number and e-mail address.

**NOTE:** The boxes for lines 1, 2, 3, 4; and at least one box in line 4a through 4e; and lines 5 through 8 must be completed. If these boxes are not completed, the business is not a certified Qualified High Technology Company and is not entitled to any of the tax credits or other tax benefits of the New E-Conomy Transformation Act of 2000.

Taxpayer name: ABCDEFGHIJKLMNOPQRST  
TIN: 123456789



**Form FP-31 Personal Property  
Schedules D-3 and D-4**

Tax Return Year Beginning XXXX, XX, 20 XX and ending XXXX, XX, 20XX  
TIN: 123456789

**SCHEDULE D-3 - QUALIFYING TANGIBLE PERSONAL PROPERTY PURCHASED BY A CERTIFIED QHTC AND USED OR HELD FOR USE BY THE QHTC (OR LEASED UNDER A CAPITAL LEASE) TO A CERTIFIED QHTC.**

PROPERTY TYPE	PURCHASE DATE	QHTC CERT DATE	ORIGINAL COST	REMAINING COST	LESSOR'S NAME AND ADDRESS	MONTHLY RENT	DATE LEASE BEGAN
			\$	\$		\$	
			\$123456789.00	\$123456789.00			
			\$123456789.00	\$123456789.00			
			\$123456789.00	\$123456789.00			
			\$123456789.00	\$123456789.00			
TOTAL:			\$123456789.00	\$123456789.00			

**SCHEDULE D-4 - QUALIFYING TANGIBLE PERSONAL PROPERTY PURCHASED BY A NON QHTC AND LEASED TO A CERTIFIED QHTC UNDER A CAPITAL LEASE.**

PROPERTY TYPE	PURCHASE DATE	LESSEE'S CERT DATE	ORIGINAL COST	REMAINING COST	LESSOR'S NAME AND ADDRESS	MONTHLY RENT	DATE LEASE BEGAN
			\$	\$		\$	
			\$123456789.00	\$123456789.00			
			\$123456789.00	\$123456789.00			
			\$123456789.00	\$123456789.00			
			\$123456789.00	\$123456789.00			
TOTAL:			\$123456789.00	\$123456789.00			

