	2019 FP-31 SUB Pers Property Tax Ret			1	9 0 3 1	0 2) 1	
							DEVELOPER USE		
Taxpayer Identificatio	on Number Mark if X FEI	N				TaxY	ear beginning	gJuly 1, <mark>2018</mark>	
123456789	Mark if X SSI	N					endingJune 30		
							Date: July 31		
Business name									
ABCDEFGHI	JKLABCDEFGHIJKLAB	BCDEF							
Business mailing add	SFGHIJKLABCDEFGHI								
City		State	Zip Cod						
ABCDEFGHI	JKLABCDEFGH	AB	1234	156789					
Mark if X Amende	d Return	M	ark if 🗙						
		174			OHTC (Attach Q	HTC-Cert)			
Mark if X Final R	efurn	м	ark if 🛛 🗙	Remaining	g cost is \$225,00) or less			
	Statement of personal	property	and comj			erty tax			
A. Kind of business or				putation of j	personal prop	erty tax			
A. Kind of business or	Statement of personal profession: ABCDEFGHIJF			putation of j	personal prop	erty tax			
B. Number of DC loca	profession: ABCDEFGHIJF	LABCD	EFGH	putation of J	personal prop		1234		
B. Number of DC loca Report for all busin	profession: ABCDEFGHIJF tions ess locations in the District on <u>one</u> per	LABCD	EFGH	putation of J	personal prop		1234		
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Taxpayer name	ABCDEI	FGHIJK	LABCD	EFGHIJKL

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a. Subtract Line 12 from the sum of Lines 10 and 11 b. Balance due (Line 9 minus Line 13. If less than zero, enter zero) b. Balance due (Line 9 minus Line 13. If less than zero, enter zero) b. Will this payment come from an account outside of the U.S.? b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) b. Determine the name and phone number of that persor besignee's name b	l. If this is a	n amended 2019 return, payments made with original 2	019 FP-31		\$123456789.00
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Will this payment come from an account outside of the U.S.? X yes X No See instructions 5. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) \$123456789.00 Will this refund go to an account outside of the U.S.? X yes X No See instructions 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 persor persons to discuss 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. Phone number 123456789 PLEASE SIGN Officer's or owner's signature Title Date Preparer's signature (If other than taxpayer) Date PTIN Firm name 123456789 Preparer's telephone Number of Person to Conter PREPARER Firm name 123456789 ONLY Firm address 123456789 Make check or money order (US dollars) payable to the DC Treasurer. Include your TIN, "FP-31"and tax year 2019 on your payment. Mashington, DC 20090-6183.	3. Subtract I	Line 12 from the sum of Lines 10 and 11			\$123456789.00
Will this payment come from an account outside of the U.S.? X yes X No See instructions 5. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) \$123456789.00 Will this refund go to an account outside of the U.S.? X yes X No See instructions 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 persor beingnee's name 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. MMDDYYYY PLEASE Officer's or owner's signature Title Date MMDDYYYY 123456789 Person to Contate Preparer's signature (If other than taxpayer) Date PREASE Firm name 123456789 PrinN PREASE Firm name 123456789 PAID Preparer's signature (If other than taxpayer) Date PTIN Firm name 123456789 Paid Preparer's Telephone Number PAID Firm address 123456789 Paid Will this return and payment voucher FP-31P with payment to: Office of Tax and Revenue, PO Boy 9618	4. Balance of	due (Line 9 minus Line 13. If less than zero, enter zero)			\$123456789.00
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Will this refund go to an account outside of the U.S.? Xres X No See instructions 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 phone number Phone number 123456789 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. MMDDYYYY PLEASE Officer's or owner's signature Title Date Preparer's signature (If other than taxpayer) Date PTIN Firm name 123456789 Preparer's Telephone Number PAID Preparer's Telephone Number 123456789 PREPARER Date PTIN ONLY Firm name 123456789 PREPARER Descrete the correst or the DC Treasurer. Include your TIN, "FP-31" and tax year 2019 on your payment. Mait this return and payment youcher FP-31P with payment to: Office of Tax and Revenue, PO Box 96183, Washington, DC 20090-6183.	5. Overpayn	nent (If Line 13 is greater than Line 9, enter amount over	erpaid)		\$123456789.00
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4.	Х	Deri	ves at least 519	% of its gross revenue:	s earned in th	e District from c	one or m	ore of th	e	
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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 <u>Owner, General Partner or Officer</u> 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 <u>not</u> 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.

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