

DC Combined Reporting Schedule 1A Designated Agent



Year 00 of 10 Year Election

OFFICIAL USE ONLY Vendor ID# 0000

Tax Identification Number (TIN) 123456789

Tax Year Ending (MMYY) 1234

Name of Designated Agent ABCDEFGHIJKLMNOPQRSTUVWXYZ

Mark if X if Water's Edge Mark X if World Wide Mark X if fiscalized

Business mailing address #1 123456789012345678901234

City ABCDEFGHIJKLMNOPQRST

State AB Zip Code + 4 123456789

Type of Entity: X Corporation X Unincorporated Business X Financial Institution Check all that apply



Table with 4 columns: Description, Combined Group Report, Intercompany Eliminations, Total Before Eliminations. Rows 1-26 detailing income and deductions.



Description	Combined Group Report	Intercompany Eliminations	Total Before Eliminations
27 Net operating loss deduction. (For years before 2000)	\$123456789123.00	\$123456789123.00	\$123456789123.00
28 Net income after net operating loss deduction. Line 26 minus 27. Mark if minus <input checked="" type="checkbox"/>	\$123456789123.00	\$123456789123.00	\$123456789123.00
29 a. Non-business income/state adjustment. Attach statement. Mark if minus <input checked="" type="checkbox"/>	\$123456789123.00	\$123456789123.00	\$123456789123.00
b. Expense related to non-business income. Attach statement.	\$123456789123.00	\$123456789123.00	\$123456789123.00
c. 29(a) minus 29(b). Mark if minus <input checked="" type="checkbox"/>	\$123456789123.00	\$123456789123.00	\$123456789123.00
30 Net income subject to apportionment. Line 28 minus Line 29(c). Mark if minus <input checked="" type="checkbox"/>	\$123456789123.00	\$123456789123.00	\$123456789123.00
31 DC apportionment factor. Combined Reporting Schedule 2A, Line 9.	1.000000	1.000000	1.000000
32 Net income from trade or business apportioned to DC. Line 30 multiplied by Line 31 factor. Mark if minus <input checked="" type="checkbox"/>	\$123456789123.00	\$123456789123.00	\$123456789123.00
33 Other income/deductions attributable to DC: UB Partner: Add your distributive share of post-apportioned salary allowance from the D-30 Line 32: UB Partner: Add your distributive share of post-apportioned exemption from the D-30 Line 33. Mark if minus <input checked="" type="checkbox"/>	\$123456789123.00	\$123456789123.00	\$123456789123.00
34 Total taxable income before apportioned NOL deduction. Line 32 plus minus Line 33. (Attach statement) UB: Subtract salary allowance: UB: Subtract exemption: Mark if minus <input checked="" type="checkbox"/>	\$123456789123.00		\$123456789123.00
35 Apportioned NOL deduction. (Loss occurring in year 2000 and later)	\$123456789123.00		\$123456789123.00
36 Total District taxable income. Line 34 minus Line 35 (Do not offset income of members with NOL of other members) Mark if minus <input checked="" type="checkbox"/>	\$123456789123.00		\$123456789123.00
37 Tax 8.25% of Line 36 (combined tax).	\$123456789123.00		\$123456789123.00
38 Minus nonrefundable credits. (for each member)	\$123456789123.00		\$123456789123.00
39 Total DC gross receipts. Attach Minimum Tax Liability Gross Receipts worksheet.	\$123456789123.00		\$123456789123.00
40 Net tax, Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less. The minimum tax is \$1,000 if DC gross receipts are greater than \$1M.	\$123456789123.00		\$123456789123.00
41 Payments and refundable credits: (a) Tax paid with request for an extension of time to file (b) Paid with the original return if this is an amended return Estimated franchise tax payments First quarter. Second quarter. Third quarter. Fourth quarter. (c) Total 2018 estimated franchise tax payments. (d) Refundable credits.	\$123456789123.00		\$123456789123.00
42 If this is an amended 2018 return, enter refund requested with original return.	\$123456789123.00		\$123456789123.00
43 Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.	\$123456789123.00		\$123456789123.00
44 Estimated tax interest.	\$123456789123.00	\$123456789123.00	\$123456789123.00
45 Total amount. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.	\$123456789123.00	\$123456789123.00	\$123456789123.00
46 Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.	\$123456789123.00	\$123456789123.00	\$123456789123.00
47 Amount you want to apply to your 2019 estimated franchise tax.	\$123456789123.00	\$123456789123.00	\$123456789123.00
48 Amount to be refunded. Line 46 minus Line 47.	\$123456789123.00	\$123456789123.00	\$123456789123.00