

DC Combined Reporting Schedule 1B Designated Agent and Members



Year 00 of 10 Year Election

OFFICIAL USE ONLY Vendor ID# 0000

Tax Identification Number (TIN) 123456789 Tax Year Ending (MMYY) 1234

Designated agent or member's name ABCDEFGHIJKLMNOPQRSTUVWXYZ

Mark if X if Water's Edge Mark if X if Worldwide Mark if X if fiscalized

Business mailing address #1 1234567890123456789012345678901234

City ABCDEFGHIJKLMNOPQRSTUVWXYZ

State AB Zip Code + 4 123456789

Designated Agent TIN 123456789

Type of Entity: X Corporation X Unincorporated Business X Financial Institution X Non-Nexus Member Check all that apply

Description

Designated Agents and/or Members

Table with 2 main columns: Description and Designated Agents and/or Members. Rows include items 1-26 such as Gross receipts, Cost of goods sold, Gross profit, Dividends, Interest, etc.



**Description**

27	Net operating loss deduction. (For years before 2000)		\$123456	78912	3.00
28	Net income after net operating loss deduction. Line 26 minus 27.	Mark if minus <input checked="" type="checkbox"/>	\$123456	78912	3.00
29	a. Non-business income/state adjustment. Attach statement.	Mark if minus <input checked="" type="checkbox"/>	\$123456	78912	3.00
	b. Expense related to non-business income. Attach statement.		\$123456	78912	3.00
	c. 29(a) minus 29(b).	Mark if minus <input checked="" type="checkbox"/>	\$123456	78912	3.00
30	Net income subject to apportionment. Line 28 minus Line 29(c).	Mark if minus <input checked="" type="checkbox"/>	\$123456	78912	3.00
31	DC apportionment factor. Combined Reporting Schedule 2B, Line 9			10000000	
32	Net income from trade or business apportioned to DC. Line 30 multiplied by Line 31 factor.	Mark if minus <input checked="" type="checkbox"/>	\$123456	78912	3.00
33	Other income/deductions attributable to DC: <i>UB Partner: Add your distributive share of post-apportioned salary allowance from the D-30 Line 32:</i> <i>UB Partner: Add your distributive share of post-apportioned exemption from the D-30 Line 33:</i>	Mark if minus <input checked="" type="checkbox"/>	\$123456	78912	3.00
34	Total taxable income before apportioned NOL deduction. Line 32 plus minus Line 33. (Attach statement) <i>UB: Subtract salary allowance:</i> <i>UB: Subtract exemption:</i>	Mark if minus <input checked="" type="checkbox"/>	\$123456	78912	3.00
35	Apportioned NOL deduction. (Loss occurring in year 2000 and later)		\$123456	78912	3.00
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"/>	\$123456	78912	3.00
37	Tax 8.25% of Line 36 (combined tax).		\$123456	78912	3.00
38	Minus nonrefundable credits. (for each member)		\$123456	78912	3.00
39	Total DC gross receipts. Attach Minimum Tax Liability Gross Receipts worksheet.		\$123456	78912	3.00
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.		\$123456	78912	3.00
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.		\$123456	78912	3.00
42	If this is an amended 2018 return, enter refund requested with original return.		\$12345	67891	23.00
43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.		\$12345	67891	23.00
44	Estimated tax interest.		\$1234	56789	123.00
45	Total amount. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.		\$1234	56789	123.00
46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.		\$1234	56789	123.00
47	Amount you want to apply to your 2019 estimated franchise tax.		\$12345	67891	23.00
48	Amount to be refunded. Line 46 minus Line 47.		\$12345	67891	23.00