

2019

Combined Group Members' Schedule Sub

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM



Taxpayer Identification Number of Designated Agent 123456789

Taxable Year Ending (MMDDYYYY) MMDDYYYY

X Worldwide

Number of members in the Combined Group 12345

Name of Designated Agent ABCDEFGHIJKLMNOPQRSTGHIJKLMNO

Telephone number 1234567890

Business mailing address #1 12345ABCDEF...GHIJKLMNOPQRSTU

Business mailing address #2 12345ABCDEF...GHIJKLMNOPQRSTU

City ABCDEFGHIJKLMNOPQRST

State DC ZIP Code + 4 999999999

Table with 6 columns (A-F) and 14 rows. Column A: List the designated agent and all combined members. Column B: Taxpayer Identification Number. Column C: Was a separate DC franchise tax return filed in the prior year? (Yes/No). Column D: Is the member new to the combined group? (Yes/No). Column E: Was gross income received from District sources? (Yes/No). Column F: Does the member have nexus in DC? (Yes/No).

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.

Enter the number of members in the combined group.

Column A - List the designated agent and all combined members included in the DC Combined Report.

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.