

DC Combined Reporting Schedule 1A Designated Agent



Year 00 of 10 Year Worldwide Election

OFFICIAL USE ONLY Vendor ID# 0000

Tax Identification Number (TIN)  
123456789

Tax Year Ending (MMDDYYYY)  
MMDDYYYY

Name of Designated Agent  
ABCDEFGHIJKLMABCDEFGHIJKLM

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

Business mailing address #1  
12345ABCDEFGHIJKLMABCDEFGHIJKLM

City  
ABCDEFGHIJKLMABCDEFGHIGH

State  
AB

Zip Code + 4  
123456789

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

Description		Total before Eliminations	Intercompany Eliminations and other District specific additions or subtractions	Combined Group Report
1	Gross receipts, minus returns and allowances.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
2	Cost of goods sold. (from Schedule A)	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
3	Gross profit from sales and/or operations. Line 1 minus Line 2. <span style="float:right">Mark if minus <input checked="" type="checkbox"/></span>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
4	Dividends. Attach Statement.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
5	Interest Attach statement.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
6	Gross rental income from D-20 Schedule I and/or D-30, Line 6.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
7	Gross royalties. Attach statement.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
8	a. Net capital gain (loss). <span style="float:right">Mark if minus <input checked="" type="checkbox"/></span> Attach copy of federal Form 1120, Schedule D.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
	b. Ordinary gains (loss). Attach copy of federal Form 4797. <span style="float:right">Mark if minus <input checked="" type="checkbox"/></span>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
9	Other income (loss). Attach statement <span style="float:right">Mark if minus <input checked="" type="checkbox"/></span>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
10	<b>Total gross income. Add Lines 3-9.</b> <span style="float:right">Mark if minus <input checked="" type="checkbox"/></span>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
11	Compensation of officers from Form D-20, Schedule C.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
12	Salaries and wages.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
13	Repairs.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
14	Bad debts.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
15	Rent.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
16	Taxes from Form D-20, Schedule D and/or Form D-30, Schedule C.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
17	(a) Interest payments. \$ 89123.00	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
	(b) Minus nondeductible payments to related entities \$ 89123.00 =			
18	Contributions and/or gifts. Attach statement.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
19	Amortization. Attach a copy of your federal Form 4562.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
20	Depreciation. Attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses and IRC 168(k) depreciation.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
21	Depletion. Attach statement and copy of federal Form 4562.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
22	(a) Royalty payments made. \$ 89123.00	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
	(b) Minus non-deductible payments to related entities. \$ 89123.00 =			
23	Pension, profit-sharing plans.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
24	Other deductions. Attach statement.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
25	Total deductions. Add Lines 11-24.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
26	Net income. Line 10 minus Line 25. <span style="float:right">Mark if minus <input checked="" type="checkbox"/></span>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00

DC Combined Reporting Schedule 1A, PAGE 2  
 Tax Identification Number (TIN): 123456789  
 Name of Designated Agent: ABCDEFGHIJKLABCDEFGHIJ



Description		Total Before Eliminations	Intercompany Eliminations and other District specific additions or subtractions	Combined Group Report
27	Net operating loss deduction. (For years before 2000)	\$1 23456 78912 3.00	\$1 2345 67891 23.00	\$1 23456 78912 3.00
28	Net income after net operating loss deduction. Line 26 minus Line 27. Mark if minus <input checked="" type="checkbox"/>	\$1 23456 78912 3.00	\$1 2345 67891 23.00	\$1 23456 78912 3.00
29	a. Non-business income/state adjustment. Attach statement. Mark if minus <input checked="" type="checkbox"/>	\$1 23456 78912 3.00	\$1 2345 67891 23.00	\$1 23456 78912 3.00
	b. Expense related to non-business income. Attach statement.	\$1 23456 78912 3.00	\$1 2345 67891 23.00	\$1 23456 78912 3.00
	c. 29(a) minus 29(b). Mark if minus <input checked="" type="checkbox"/>	\$1 23456 78912 3.00	\$1 2345 67891 23.00	\$1 23456 78912 3.00
30	Net income subject to apportionment. Line 28 minus Line 29(c). Mark if minus <input checked="" type="checkbox"/>	\$1 23456 78912 3.00	\$1 2345 67891 23.00	\$1 23456 78912 3.00
31	DC apportionment factor. Combined Reporting Schedule 2B, Line 9.	1.0000 00	1.0000 00	1.0000 00
32	Net income from trade or business apportioned to DC. Line 30. multiplied by Line 31 factor. Mark if minus <input checked="" type="checkbox"/>	\$1 23456 78912 3.00	\$1 2345 67891 23.00	\$1 23456 78912 3.00
33	Other income/deductions attributable to DC: Mark if minus <input checked="" type="checkbox"/> UB: Partner: Add your distributive share of post-apportioned salary allowance from the D30 Line 32: 123456789 UB: Partner: Add your distributive share of post-apportioned exemption from the D30 Line 33: 123456789	\$1 23456 78912 3.00	\$1 2345 67891 23.00	\$1 23456 78912 3.00
34	Total taxable income before apportioned NOL deduction. Line 32 plus or minus Line 33. (Attach statement ) Mark if minus <input checked="" type="checkbox"/> UB: Subtract salary allowance: 123456789 UB: Subtract exemption: 123456789	\$1 23456 78912 3.00	\$1 23456 78912 3.00	\$1 23456 78912 3.00
35	Apportioned NOL deduction. (Loss occurring in year 2000 and later) * (Losses occurring in tax year 2018 or later are limited to 80%. See instructions).	\$1 23456 78912 3.00		\$1 23456 78912 3.00
36	Tentative DC Taxable Income. Line 34 minus Line 35. Mark if minus <input checked="" type="checkbox"/> (Do not offset income of members with NOL of other members)	\$1 23456 78912 3.00		\$1 23456 78912 3.00
37	Net capital gain from sale or exchange of an eligible investment in a QHTC, from Schedule QCGI, Line 3.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
38	DC taxable income. Line 36 minus Line 37. Mark if minus <input checked="" type="checkbox"/>	\$1 23456 78912 3.00		\$1 23456 78912 3.00
39	Tentative Tax. 8.25% of Line 38	\$1 23456 78912 3.00		\$1 23456 78912 3.00
40	3% tax on eligible QHTC capital gain income, from Schedule QCGI, Line 4.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
41	Total Tax. Add Line 39 and Line 40	\$1 23456 78912 3.00		\$1 23456 78912 3.00
42	Minus nonrefundable credits, from Schedule UB, Line 9.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
43	Total DC gross receipts. Attach Minimum Tax Liability Gross Receipts worksheet.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
44	Net tax, Line 41 minus Line 42. The minimum tax is \$250 if DC gross receipts are \$1M or less. The minimum tax is \$1000, if DC gross receipts are greater than \$1M per member.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
45	Payments and refundable credits:			
	(a) Tax paid with request for an extension of time to file	\$1 23456 78912 3.00		\$1 23456 78912 3.00
	(b) Paid with the original return if this is an amended return	\$1 23456 78912 3.00		\$1 23456 78912 3.00
	(c) Total 2019 estimated franchise tax payments.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
	(d) Refundable credits.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
46	If this is an amended 2019 return, enter refund requested with original return.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
47	Total payments and credits. Add Lines 45(a) through 45(d). Do not include Line 46.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
48	Estimated tax interest.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
49	Total amount due. If Line 47 is smaller than the total of Lines 44 and 48, enter amount due.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
50	Overpayment. If Line 47 is larger than the total of Lines 44 and 48, enter amount overpaid.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
51	Amount you want to apply to your 2020 estimated franchise tax.	\$1 23456 78912 3.00		\$1 23456 78912 3.00
52	Amount to be refunded. Line 50 minus Line 51.	\$1 23456 78912 3.00		\$1 23456 78912 3.00