

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 (MMDDYYYY)
MMDDYYYY

Designated agent or member's name
ABCDEFGHIJKLMABCDEFGHIJKLM

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

Business mailing address #1
12345ABCDEFGHIJKLMABCDEFGHIJKLM

City
ABCDEFGHIJKLMABCDEFGHI

State Zip Code + 4
AB 123456789

Designated Agent TIN
123456789

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

Description	Total Before Eliminations	Intercompany Eliminations and other District specific additions or subtractions	Total After Eliminations
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. <i>Line 1 minus Line 2.</i> Mark if minus <input checked="" type="checkbox"/>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
4 Dividends. <i>Attach Statement.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
5 Interest (attach statements showing calculations).	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
6 Gross rental income <i>from D-20 Schedule I and/or D-30, Line 6.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
7 Gross royalties. <i>Attach statement.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
8 a. Net capital gain (loss). <i>Attach copy of federal Form 1120, Schedule D.</i> Mark if minus <input checked="" type="checkbox"/>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
b. Ordinary gains (loss). <i>Attach copy of federal Form 4797.</i> Mark if minus <input checked="" type="checkbox"/>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
9 Other income (loss). <i>Attach statement</i> Mark if minus <input checked="" type="checkbox"/>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
10 Total gross income. Add Lines 3-9. Mark if minus <input checked="" type="checkbox"/>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
11 Compensation of officers <i>from Form D-20, Schedule C.</i>	\$ 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 <i>from Form D-20, Schedule D and/or Form D-30, Schedule C.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
17 (a) Interest payments. \$ 89123.00			
(b) Minus nondeductible payments to related entities. \$ 89123.00 =	17c \$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
18 Contributions and/or gifts. <i>Attach statement.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
19 Amortization. <i>Attach a copy of your federal Form 4562.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
20 Depreciation. <i>Attach a copy of your federal Form 4562.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
<i>Do not include any additional IRC 179 expenses and IRC 168 (k) depreciation.</i>			
21 Depletion. <i>Attach statement and copy of federal Form 4562.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
22 (a) Royalty payments made. \$ 89123.00			
(b) Minus non-deductible payments to related entities. \$ 89123.00 =	22c \$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
23 Pension, profit-sharing plans.	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
24 Other deductions. <i>Attach statement.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
25 Total deductions. <i>Add Lines 11-24.</i>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00
26 Net income. <i>Line 10 minus Line 25.</i> Mark if minus <input checked="" type="checkbox"/>	\$ 123456789123.00	\$ 123456789123.00	\$ 123456789123.00

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 Tax Identification Number (TIN): 123456789
 Members Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



Description	Total Before Eliminations	Intercompany Eliminations and/or District specific additions or subtractions	Total After Eliminations
27 Net operating loss deduction. (For years before 2000)	27 \$123456789123.00	\$123456789123.00	\$123456789123.00
28 Net income after net operating loss deduction. Line 26 minus Line 27. Mark if minus <input checked="" type="checkbox"/>	28 \$123456789123.00	\$123456789123.00	\$123456789123.00
29 a. Non-business income/state adjustment. Attach statement. Mark if minus <input checked="" type="checkbox"/>	29a \$123456789123.00	\$123456789123.00	\$123456789123.00
b. Expense related to non-business income. Attach statement.	29b \$123456789123.00	\$123456789123.00	\$123456789123.00
c. 29(a) minus 29(b). Mark if minus <input checked="" type="checkbox"/>	29c \$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"/>	30 \$123456789123.00	\$123456789123.00	\$123456789123.00
31 DC apportionment factor. Combined Reporting Schedule 2B, Line 9	31 1.000000	1.000000	1.000000
32 Net income from trade or business apportioned to DC. Line 30 from Combined Reporting Schedule 1A, multiplied by Line 31 factor. Mark if minus <input checked="" type="checkbox"/>	32		
33 Other income/deductions attributable to DC: Mark if minus <input checked="" type="checkbox"/>	33 \$123456789123.00	\$123456789123.00	\$123456789123.00
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: _____			
34 Total taxable income before apportioned NOL deduction. Line 32 plus or minus Line 33. (Attach statement) Mark if minus <input checked="" type="checkbox"/>	34 \$123456789123.00	\$123456789123.00	\$123456789123.00
UB: Subtract salary allowance: _____			
UB: Subtract exemption: _____			
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).	35 \$123456789123.00		\$123456789123.00
36 Tentative DC 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"/>	36 \$123456789123.00		\$123456789123.00
37 Allocated/apportioned net capital gain from sale or exchange of an eligible investment in a DC QHTC, from Schedule QCGI, Line 3	37 \$123456789123.00		\$123456789123.00
38 DC Taxable Income. Line 36 minus Line 37. Mark if minus <input checked="" type="checkbox"/>	38 \$123456789123.00		\$123456789123.00
39 Tentative Tax 8.25% of Line 38	39 \$123456789123.00		\$123456789123.00
40 3% tax on eligible QHTC capital gain income, from Schedule QCGI, Line 4.	40 \$123456789123.00		\$123456789123.00
41 Total Tax. Add Line 39 and Line 40.	41 \$123456789123.00		\$123456789123.00
42 Minus nonrefundable credits, from Schedule UB, Line 9	42 \$123456789123.00		\$123456789123.00
43 Total DC gross receipts. Attach Minimum Tax Liability Gross Receipts worksheet.	43 \$123456789123.00		\$123456789123.00
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 \$1,000 if DC gross receipts are greater than \$1M.	44 \$123456789123.00		\$123456789123.00
45 Payments and refundable credits:			
(a) Tax paid with request for an extension of time to file	45a \$123456789123.00		\$123456789123.00
(b) Paid with the original return if this is an amended return	45b \$123456789123.00		\$123456789123.00
(c) Total 2019 estimated franchise tax payments.	45c \$123456789123.00		\$123456789123.00
(d) Refundable credits.	45d \$123456789123.00		\$123456789123.00
46 If this is an amended 2019 return, enter refund requested with original return.	46 \$123456789123.00		\$123456789123.00
47 Total payments and credits. Add Lines 45(a) through 45(d). Do not include Line 46.	47 \$123456789123.00		\$123456789123.00
48 Estimated tax interest.	48 \$123456789123.00		\$123456789123.00
49 Total amount. If Line 47 is smaller than the total of Lines 44 and 48, enter amount due.	49 \$123456789123.00		\$123456789123.00
50 Overpayment. If Line 47 is larger than the total of Lines 44 and 48, enter amount overpaid.	50 \$123456789123.00		\$123456789123.00
51 Amount you want to apply to your 2020 estimated franchise tax.	51 \$123456789123.00		\$123456789123.00
52 Amount to be refunded. Line 50 minus Line 51.	52 \$123456789123.00		\$123456789123.00