



Year 00 of 10 Worldwide Year Election

OFFICIAL USE ONLY Vendor ID# 0000

Tax Identification Number (TIN) 123456789
 Tax Year Ending (MMDDYYYY) MMDDYYYY

Designated agent or member's name ABCDEFGHIJKLMNOPQRSTUVWXYZ

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

Business mailing address #1 123456789ABCDEFGHIJKLMN

City ABCDEFGHIJKLMNOPQRST

State AB Zip Code + 4 123456789

Designated Agent TIN 123456789

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

This Schedule shall be completed by each member and the Designated Agent



Description

Designated Agent and/or Members

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



This Schedule shall be completed by each member and the Designated Agent

Description

Designated Agent and/or Members

| | | | | |
|----|--|---|-----|-------------------|
| 27 | Net operating loss deduction. (For years before 2000) | | 27 | \$123456789123.00 |
| 28 | Net income after net operating loss deduction. <i>Line 26 minus Line 27.</i> | Mark if minus <input checked="" type="checkbox"/> | 28 | \$123456789123.00 |
| 29 | a. Non-business income/state adjustment. <i>Attach statement.</i> | Mark if minus <input checked="" type="checkbox"/> | 29a | \$123456789123.00 |
| | b. Expense related to non-business income. <i>Attach statement.</i> | | 29b | \$123456789123.00 |
| | c. 29(a) minus 29(b). | Mark if minus <input checked="" type="checkbox"/> | 29c | \$123456789123.00 |
| 30 | Net income subject to apportionment. <i>Line 28 minus Line 29(c).</i> | Mark if minus <input checked="" type="checkbox"/> | 30 | \$123456789123.00 |
| 31 | DC apportionment factor. <i>Combined Reporting Schedule 2B, Line 9</i> | | 31 | 1.000000 |
| 32 | Net income from trade or business apportioned to DC. <i>Line 30 from Combined Reporting Schedule 1A, multiplied by Line 31 factor.</i> | Mark if minus <input checked="" type="checkbox"/> | 32 | \$123456789123.00 |
| 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"/> | 33 | \$123456789123.00 |
| 34 | Total taxable income before apportioned NOL deduction. <i>Line 32 plus or minus Line 33. (Attach statement)</i> <i>UB: Subtract salary allowance: _____</i> <i>UB: Subtract exemption: _____</i> | Mark if minus <input checked="" type="checkbox"/> | 34 | \$123456789123.00 |
| 35 | Apportioned NOL deduction. (Loss occurring in year 2000 and later)* <i>*(Losses occurring in tax year 2018 or later are limited to 80%. See instructions).</i> | | 35 | \$123456789123.00 |
| 36 | Tentative DC taxable income. <i>Line 34 minus Line 35 (Do not offset income of members with NOL of other members)</i> | Mark if minus <input checked="" type="checkbox"/> | 36 | \$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 |
| 38 | DC Taxable Income. <i>Line 36 minus Line 37.</i> | Mark if minus <input checked="" type="checkbox"/> | 38 | \$123456789123.00 |
| 39 | Tentative Tax 8.25% of Line 38 | | 39 | \$123456789123.00 |
| 40 | 3% tax on eligible QHTC capital gain income, from Schedule QCGI, Line 4. | | 40 | \$123456789123.00 |
| 41 | Total Tax. <i>Add Line 39 and Line 40.</i> | | 41 | \$123456789123.00 |
| 42 | Minus nonrefundable credits, from Schedule UB, Line 9 | | 42 | \$123456789123.00 |
| 43 | Total DC gross receipts. <i>Attach Minimum Tax Liability Gross Receipts worksheet.</i> | | 43 | \$123456789123.00 |
| 44 | Net tax, <i>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.</i> | | 44 | \$123456789123.00 |
| 45 | Payments and refundable credits: <i>(a) Tax paid with request for an extension of time to file</i> <i>(b) Paid with the original return if this is an amended return</i> <i>(c) Total 2019 estimated franchise tax payments.</i> <i>(d) Refundable credits.</i> | | 45a | \$123456789123.00 |
| | | | 45b | \$123456789123.00 |
| | | | 45c | \$123456789123.00 |
| | | | 45d | \$123456789123.00 |
| 46 | <i>If this is an amended 2019 return, enter refund requested with original return.</i> | | 46 | \$123456789123.00 |
| 47 | Total payments and credits. <i>Add Lines 45(a) through 45(d). Do not include Line 46.</i> | | 47 | \$123456789123.00 |
| 48 | Estimated tax interest. | | 48 | \$123456789123.00 |
| 49 | Total amount. <i>If Line 47 is smaller than the total of Lines 44 and 48, enter amount due.</i> | | 49 | \$123456789123.00 |
| 50 | Overpayment. <i>If Line 47 is larger than the total of Lines 44 and 48, enter amount overpaid.</i> | | 50 | \$123456789123.00 |
| 51 | Amount you want to apply to your 2020 estimated franchise tax. | | 51 | \$123456789123.00 |
| 52 | Amount to be refunded. <i>Line 50 minus Line 51.</i> | | 52 | \$123456789123.00 |

