

DC Combined Reporting Schedule 1B, PAGE 2
 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"/>	29 \$123456789123.00	\$123456789123.00	\$123456789123.00
b. Expense related to non-business income. Attach statement.	29a \$123456789123.00	\$123456789123.00	\$123456789123.00
c. 29(a) minus 29(b). Mark if minus <input checked="" type="checkbox"/>	29b \$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 Net capital gain from sale or exchange of an eligible investment in a 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