

Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)

1. Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).	\$
2. Purchases \$ _____	
Minus cost of items withdrawn for personal use \$ _____	Enter result here →
3. Cost of Labor.	
4. Material and supplies.	
5. Other costs (attach statement) – (Additional 30% and 50% federal bonus depreciation and additional IRC §179 expenses are not allowed.)	
6. Total of lines 1 through 5.	\$
7. Inventory at end of year.	\$
8. Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2.	\$
Method of inventory valuation used _____	

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 18.)

	\$		\$
		TOTAL (Limited to 15% of net income – also enter on D-30, Line 18.)	\$

Schedule C - TAXES (See specific instructions for Line 16.)

Type of Tax	Amount	Type of Tax	Amount
	\$		\$
TOTAL			\$

Schedule E - INTEREST EXPENSE (See specific instructions for Line 17.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount
	\$		\$
TOTAL			\$

*Schedule D has been deleted.



Schedule F - DC apportionment factor (See page 10 of the instructions.)

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
1. PROPERTY FACTOR: Average value of real estate and tangible personal property owned or rented to and used by the unincorporated business.	\$.00	\$.00	.
2. PAYROLL FACTOR: Total compensation paid or accrued by the unincorporated business.	\$.00	\$.00	.
3. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	\$.00	\$.00	.
4. SALES FACTOR: Enter factor from Column 3, Line 3			.
5. SUM OF FACTORS: (Add Column 3 entries, Lines 1 through 4.)			.
6. DC APPORTIONMENT FACTOR: Line 5 divided by 4 if there are 4 denominators. If fewer than 3 entries in Col. 1, divide Line 5 by the actual number of factors in Col. 3. Enter on D-30, Line 28.			.

Schedule G - Other allowable deductions

Nature of Deduction	Amount
	\$
TOTAL (Also enter on D-30, Line 21.)	\$

Schedule H - Income not reported (claimed as nontaxable)
(See page 11 of instructions.)

Nature of Income	Amount
	\$
TOTAL	\$

Schedule I - BALANCE SHEETS (See page 11 of Instructions.)

	BEGINNING OF TAX YEAR		END OF TAX YEAR	
	AMOUNT	TOTAL	AMOUNT	TOTAL
Assets	1. Cash.			
	2. Trade notes and accounts receivable. (a) MINUS: Allowance for bad debts.			
	3. Inventories.			
	4. Gov't obligations: (a) U.S. and its instrumentalities. (b) States, subdivisions thereof, etc.			
	5. Other current assets (attach statement).			
	6. Mortgage and real estate loans.			
	7. Other investments.			
	8. Buildings and other fixed depreciable assets. (a) MINUS: Accumulated depreciation.			
	9. Depletable assets (a) MINUS: Accumulated depletion.			
	10. Land (net of any amortization).			
	11. Intangible assets (amortizable only). (a) MINUS: Accumulated amortization.			
	12. Other assets (attach statement).			
	13. TOTAL ASSETS.			
Liabilities - Capital	14. Accounts payable.			
	15. Mortgages, notes, bonds payable in less than 1 year.			
	16. Other current liabilities (attach statement).			
	17. Mortgages, notes, bonds payable in 1 year or more.			
	18. Other liabilities (attach statement).			
	19. Capital.			
	20. TOTAL LIABILITIES AND CAPITAL.			

Round cents to the nearest dollar.

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Name and Address of Owner(s)/ Member(s)	Social Security Number	Percentage of Time Devoted to this Business	Percentage of Ownership	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss) from Outside DC	Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
TOTAL				\$	\$	\$	\$	\$
Col. 4 - See page 9 of Instructions.				Enter total taxable income as shown on Line 34 of D-30.				\$
Col. 5 - See page 10 of Instructions.								
Col. 6 - Any loss amount from Line 31 of D-30.				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)				\$
Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.								

SUPPLEMENTAL INFORMATION

1. During 2011, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service? Yes <input type="radio"/> No <input type="radio"/> If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue, PO Box 7572, Washington, DC 20044-7572.	2. PRINCIPAL BUSINESS ACTIVITY	3. DATE BUSINESS BEGAN
	4. IF BUSINESS HAS TERMINATED, STATE REASON	5. TERMINATION DATE
6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.)		
7. Place where federal income tax return for period covered by this return was filed:		
8. Name(s) under which federal return for period covered by this return was filed:		
9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2011?	Yes <input type="radio"/> No <input type="radio"/>	If no, please state reason:
10. Is this return reported on the accrual basis?	Yes <input type="radio"/> No <input type="radio"/>	If no, fill in the method used: <input type="radio"/> Cash basis <input type="radio"/> Other (specify) _____
11. Did you withhold DC income tax from the wages of your DC employees during 2011?	Yes <input type="radio"/> No <input type="radio"/>	If no, state reason: _____
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2010? If yes, enter name under which return was filed:	Yes <input type="radio"/> No <input type="radio"/>	If no, state reason: _____
13. Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.)	Yes <input type="radio"/> No <input type="radio"/>	_____
14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.)	Yes <input type="radio"/> No <input type="radio"/>	_____
15. Is this business an adjunct of a corporation, or affiliated with any corporation? (If yes, explain affiliation to stockholders and proprietors.)	Yes <input type="radio"/> No <input type="radio"/>	_____

Organ and Bone Marrow Donor Credit
— Computation —

Column 1 Credit Category	Column 2 Total Paid Leave	Column 3 Leave Credit Calculation	Column 4 Total Credit
Organ Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
Bone Marrow Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
		Total of Col. 4. Enter here and on Schedule UB*.	

*Line 3 for D-20 filers
Line 10 for D-30 filers