Government of the District of Columbia

2002 D-20 SUB Corporation Franchise Tax Return

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X MARK IF YOUR ADDRESS IS DIFFERENT THAN YOUR LAST RETURN

FEDERAL EMPLOYER I.D. NUMBER: XX-XXXXXXX

NUMBER OF BUSINESS LOCATIONS: In the District: XXX Outside the District: XXX

TYPE OF BUSINESS: XXXXXXXXXXXXXX

NAME OF CORPORATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Mark in the area below if this is an Amended or Consolidated Return

X AMENDED RETURN X CONSOLIDATED RETURN

D.C. ADDRESS LINE #1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

D.C. ADDRESS LINE #2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY: XXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP + 4: XXXXX-XXXX

CITY: XXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP + 4: XXXXX-XXXX

TAXABLE YEAR ENDING MM/DD/YYYY

X MARK IF YOU ARE A CERTIFIED QUALIFIED HIGH TECHNOLOGY COMPANY

1.	GROSS RECEIPTS, LESS RETURNS AND ALLOWANCES		1	XXXXXXXXXXX.00
2.	COST OF GOODS SOLD (from Schedule A) AND/OR OPERATIONS (Attach statement)		2	XXXXXXXXXXX.00
3.	GROSS PROFIT FROM SALES AND/OR OPERATIONS (Line 1 minus Line 2)	Fill in if minus X	3	XXXXXXXXXXX.00
4.	DIVIDENDS (from Schedule B)		4	XXXXXXXXXXX.00
5.	INTEREST (Attach statement)		5	XXXXXXXXXXX.00
6.	GROSS RENTAL INCOME	Fill in if minus X	6	XXXXXXXXXXX.00
7.	ROYALTIES (Attach statement)		7	XXXXXXXXXXX.00
8.	(a) NET CAPITAL GAIN (Attach copy of your Federal Schedule D)	Fill in if minus X	8a	XXXXXXXXXXX.00
	(b) ORDINARY GAIN (LOSS) FROM PART II, FEDERAL FORM 4797 (Attach copy of completed Form 4797)	Fill in if minus X	8b	XXXXXXXXXXX.00
9.	OTHER INCOME (Attach statement)	Fill in if minus X	9	XXXXXXXXXXX.00
10.	TOTAL GROSS INCOME (Add Lines 3 through 9)	Fill in if minus X	10	XXXXXXXXXXX.00
11.	COMPENSATION OF OFFICERS (from Schedule C)		11	XXXXXXXXXXX.00
12.	SALARIES AND WAGES		12	XXXXXXXXXXX.00
13.	REPAIRS		13	XXXXXXXXXXX.00
14.	BAD DEBTS (See instructions)		14	XXXXXXXXXXX.00
15.	RENT		15	XXXXXXXXXXX.00
16.	TAXES (from Schedule D)		16	XXXXXXXXXXX.00
17.	INTEREST (Attach statement)		17	XXXXXXXXXXX.00
18.	CONTRIBUTIONS (Attach statement)		18	XXXXXXXXXXX.00
19.	AMORTIZATION (Attach copy of your Federal Form 4562, See instructions.)		19	XXXXXXXXXXX.00
20.	DEPRECIATION (Attach copy of your Federal Form 4562. Do not include the Federal 30% amount. See instructions)		20	XXXXXXXXXXX.00
21.	DEPLETION (Attach statement)		21	XXXXXXXXXXX.00
22.	ADVERTISING		22	XXXXXXXXXXX.00

TAXPAYER NAME : XXXXXXXXXXXXXXXXXXXXXXXXXX
FEDERAL EMPLOYER I.D. NUMBER: XX-XXXXXXX

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23.	PENSION, PROFIT-SHARING PLANS		23	XXXXXXXXXXXX.00
24.	OTHER DEDUCTIONS (Attach statement)		24	XXXXXXXXXXXX.00
25.	TOTAL DEDUCTIONS - (Add Lines 11 through 24)		25	XXXXXXXXXXXX.00
26.	NET INCOME (Line 10 minus Line 25)	Fill in if minus X	26	XXXXXXXXXXXX.00
27.	NET OPERATING LOSS (NOL) DEDUCTION		27	XXXXXXXXXXXX.00
28.	NET INCOME AFTER NOL DEDUCTION (Line 26 minus Line 27)	Fill in if minus X	28	XXXXXXXXXXXX.00
29.	(a) NON-BUSINESS INCOME (Attach statement)		29a	XXXXXXXXXXXX.00
	(b) EXPENSE RELATED TO NON-BUSINESS INCOME (Attach statement)		29b	XXXXXXXXXXXX.00
	(c) 29(a) minus 29(b) (see instructions)		29c	XXXXXXXXXXXX.00
30.	NET INCOME SUBJECT TO APPORTIONMENT (Line 28 minus 29(c))	Fill in if minus X	30	XXXXXXXXXXXX.00
31.	D.C. APPORTIONMENT FACTOR (from Line 5 column 3, Schedule F)		31	X.XXXXXX
32.	NET INCOME FROM TRADE OR BUSINESS APPORTIONED TO THE DISTRICT... (Line 30 multiplied by Line 31)	Fill in if minus X	32	XXXXXXXXXXXX.00
33.	PORTION OF LINE 29(c) ATTRIBUTABLE TO D.C. (Attach statement)	Fill in if minus X	33	XXXXXXXXXXXX.00
34.	TOTAL TAXABLE INCOME before apportioned NOL deduction (Line 32 plus or minus Line 33)	Fill in if minus X	34	XXXXXXXXXXXX.00
35.	APPORTIONED NOL DEDUCTION		35	XXXXXXXXXXXX.00
36.	TOTAL DISTRICT TAXABLE INCOME (Line 34 plus or minus Line 35)	Fill in if minus X	36	XXXXXXXXXXXX.00
37.	**TAX** (9.975% of Line 36). If less than $100, enter $100		37	XXXXXXXXXXXX.00
38.	(a) TAX PAID, IF ANY, WITH REQUEST FOR EXTENSION OF TIME TO FILE		38a	XXXXXXXXXXXX.00
	(b) 2001 ESTIMATED TAX PAYMENTS		38b	XXXXXXXXXXXX.00
	(c) ECONOMIC DEVELOPMENT ZONE INCENTIVES CREDIT (from worksheet)		38c	XXXXXXXXXXXX.00
	(d) QHTC CREDITS (Attach D.C. Form D-20CR)		38d	XXXXXXXXXXXX.00
39.	ADD LINES 38(a), (b), (c), and (d) and ENTER TOTAL		39	XXXXXXXXXXXX.00
40.	TAX DUE (Line 37 minus Line 39, if Line 37 is the larger)		40	XXXXXXXXXXXX.00
41.	PENALTY $_____ INTEREST $_____ TOTAL PENALTY AND INTEREST		41	XXXXXXXXXXXX.00
42.	TOTAL DUE (Add Lines 40 and 41)		42	XXXXXXXXXXXX.00
43.	OVERPAYMENT (Line 39 minus Line 37 if Line 39 is the larger)		43	XXXXXXXXXXXX.00
44.	RETRAINING COST CREDIT (Part G, Line 5, DC Form D-20CR)		44	XXXXXXXXXXXX.00
45.	CREDIT TO 2003 ESTIMATED TAX		45	XXXXXXXXXXXX.00
46.	TO BE REFUNDED (Line 43 plus Line 44 minus Line 45)		46	XXXXXXXXXXXX.00

Under penalties of law, I declare that this return, to the best of my knowledge, is correct. Declaration of paid preparer is based on all the information available to the preparer.

PLEASE SIGN HERE

OFFICER'S SIGNATURE TITLE DATE

XXX-XXX-XXXX
Telephone Number of Person to Contact

XXXXXXXXX
Preparer's FEIN, SSN or PTIN

PAID PREPARER ONLY

PREPARER'S SIGNATURE (If other than taxpayer) DATE FIRM NAME FIRM ADDRESS

Mail return and payment to: Government of the District of Columbia, Office of Tax and Revenue, Ben Franklin Station, P.O. Box 601, Washington, D.C. 20044-0601, on or before the 15th day of the third month following the close of the taxable year. Make check or money order payable to the D.C. Treasurer. Include your Federal Employer I.D. No., "D-20" and tax year on your payment.

2002 D-20 SUB P2

Rev. 1/03