Government of the District of Columbia

2003 D-30 SUB Unincorporated Business Franchise Tax Return

030300310000

X MARK IF THIS IS YOUR FIRST RETURN OR IF YOUR ADDRESS IS DIFFERENT THAN YOUR LAST RETURN

OFFICIAL USE ONLY

TAXPAYER IDENTIFICATION NUMBER Mark if: X FEIN X SSN

XXXXXXXXX

NAICS CODE XXXXXX

BUSINESS NAME

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TAXABLE YEAR BEGINNING MM/YY TAXABLE YEAR ENDING MM/YY

Mark if: X AMENDED RETURN X CERTIFIED QHTC X GROSS INCOME $12,000 OR LESS X FINAL RETURN

BUSINESS ADDRESS LINE #1

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #1

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

BUSINESS ADDRESS LINE #2

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #2

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF BUSINESS LOCATIONS

In the District: XXX

Outside the District: XXX

CITY XXXXXXXXXXXXXXX STATE XX ZIPCODE XXXXX-XXXX

CITY XXXXXXXXXXXXXXX STATE XX ZIPCODE XXXXX-XXXX

- READ INSTRUCTIONS BEFORE PREPARING RETURN

If gross income is $12,000 or less, do not fill in rest of form. Instead sign, date and file your return.

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

GROSS INCOME

1.	GROSS RECEIPTS, MINUS RETURNS and ALLOWANCES		1	XXXXXXXXXXXX.00
2.	COST OF GOODS SOLD (from Schedule A) and/or OPERATIONS *(Attach statement)*		2	XXXXXXXXXXXX.00
3.	GROSS PROFIT *(Line 1 minus Line 2)*	Mark if minus X	3	XXXXXXXXXXXX.00
4.	DIVIDENDS *Minus Subpart F Income (Attach statement)*		4	XXXXXXXXXXXX.00
5.	INTEREST *(Attach statement)*		5	XXXXXXXXXXXX.00
6.	GROSS RENTAL INCOME *(From D-30 Schedule D)*	Mark if minus X	6	XXXXXXXXXXXX.00
7.	ROYALTIES *(Attach statement)*		7	XXXXXXXXXXXX.00
8.	(a) NET CAPITAL GAIN (LOSS) *(Attach copy of your Federal Schedule D)*	Mark if minus X	8a	XXXXXXXXXXXX.00
	(b) ORDINARY GAIN (LOSS) FROM PART II, FEDERAL FORM 4797 *(Attach copy of completed Form 4797)*	Mark if minus X	8b	XXXXXXXXXXXX.00
9.	OTHER INCOME (LOSS) *(Attach statement)*	Mark if minus X	9	XXXXXXXXXXXX.00
10.	TOTAL GROSS INCOME *(Add Lines 3 - 9)*	Mark if minus X	10	XXXXXXXXXXXX.00

ATTACH CHECK OR MONEY ORDER HERE

DEDUCTIONS

11.	SALARIES AND WAGES *(Do not include owner(s)/member(s)*	11	XXXXXXXXXXXX.00
12.	REPAIRS	12	XXXXXXXXXXXX.00
13.	BAD DEBTS *(Attach copy of any statement filed with federal return)*	13	XXXXXXXXXXXX.00
14.	RENTAL EXPENSES RELATED TO RENTAL INCOME *(Do not take the 30% or 50% federal bonus depreciation.)*	14	XXXXXXXXXXXX.00
15.	RENT	15	XXXXXXXXXXXX.00
16.	TAXES *(From D-30 Schedule C)*	16	XXXXXXXXXXXX.00
17.	INTEREST *(From D-30 Schedule E)*	17	XXXXXXXXXXXX.00
18.	CONTRIBUTIONS or GIFTS *(From D-30 Schedule B)*	18	XXXXXXXXXXXX.00
19.	AMORTIZATION *(Attach copy of your Federal Form 4562, Part VI.)*	19	XXXXXXXXXXXX.00
20.	DEPRECIATION *(Attach copy of your Federal Form 4562 Do not include the 30% or 50% federal bonus depreciation.)*	20	XXXXXXXXXXXX.00
21.	OTHER ALLOWABLE DEDUCTIONS *(From D-30 Schedule G)*	21	XXXXXXXXXXXX.00
22.	TOTAL DEDUCTIONS *(Add Lines 11 - 21)*	22	XXXXXXXXXXXX.00

TAXPAYER NAME : XXXXXXXXXXXXXXXXXXXXXXXXXX

FEDERAL EMPLOYER ID NUMBER or SSN: XXXXXXXXX

030300320000

TAXABLE INCOME

23.	NET INCOME *(Line 10 minus Line 22)*	Mark if minus	X	23	XXXXXXXXXXX.00
24.	NET OPERATING LOSS (NOL) DEDUCTION *Prior to year 2000*			24	XXXXXXXXXXX.00
25.	NET INCOME AFTER NOL DEDUCTION *(Line 23 minus Line 24)*	Mark if minus	X	25	XXXXXXXXXXX.00
26.	(a) NON-BUSINESS INCOME *(Attach statement)*	Mark if minus	X	26a	XXXXXXXXXXX.00
	(b) MINUS: RELATED EXPENSE *(Attach statement)*			26b	XXXXXXXXXXX.00
	(c) SUBTRACT LINE 26(b) from LINE 26(a)	Mark if minus	X	26c	XXXXXXXXXXX.00
27.	NET INCOME FROM TRADE or BUSINESS SUBJECT TO APPORTIONMENT *(Line 25 minus 26(c))*	Mark if minus	X	27	XXXXXXXXXXX.00
28.	D.C. APPORTIONMENT FACTOR *(From D-30 Schedule F, Col 3, Line 5)*			28	X.XXXXXX
29.	NET INCOME FROM TRADE OR BUSINESS APPORTIONED TO THE DISTRICT *(Multiply Line 27 by Line 28)*	Mark if minus	X	29	XXXXXXXXXXX.00
30.	PORTION OF LINE 26(c) ATTRIBUTABLE TO D.C. *(Attach statement)*	Mark if minus	X	30	XXXXXXXXXXX.00
31.	TOTAL DISTRICT NET INCOME (OR LOSS) *Combine LINE 29 and LINE 30)*	Mark if minus	X	31	XXXXXXXXXXX.00
32.	MINUS: SALARY FOR OWNER(S) OR MEMBER (S) SERVICES *(from D-30,Schedule J, Col 4)*			32	XXXXXXXXXXX.00
33.	EXEMPTION: Maximum amount $5000 *(Enter days in DC in 33a, if less than 365, see instructions for amount to claim.)*	33a	XXX	33	XXXXXXXXXXX.00
34.	TOTAL TAXABLE INCOME before apportioned NOL deduction *(Line 31 minus Lines 32 and 33)*	Mark if minus	X	34	XXXXXXXXXXX.00
35.	APPORTIONED NOL DEDUCTION			35	XXXXXXXXXXX.00
36.	TOTAL TAXABLE INCOME *(Line 34 plus or minus Line 35)*	Mark if minus	X	36	XXXXXXXXXXX.00

TAX

37.	**TAX** (9.975% of Line 36) *If less than $100, enter $100*	37	XXXXXXXXXXX.00
38.	MINUS: (a) TAX PAID *If any, with request for extension of time to file (or with original return, if this is an amended return.)*	38a	XXXXXXXXXXX.00
	(b) 2003 ESTIMATED TAX PAYMENTS	38b	XXXXXXXXXXX.00
	(c) ECONOMIC DEVELOPMENT ZONE INCENTIVES CREDIT *(From worksheet)*	38c	XXXXXXXXXXX.00
39.	ADD LINES 38(a), (b), and (c)	39	XXXXXXXXXXX.00
40.	BALANCE DUE *(Line 37 minus Line 39, if Line 37 is greater than Line 39)*	40	XXXXXXXXXXX.00
41.	PENALTY $ **XXXXX.00** INTEREST $ **XXXXX.00** TOTAL PENALTY AND INTEREST	41	XXXXXXXXXXX.00
42.	TOTAL UNPAID BALANCE, PLUS PENALTY and INTEREST *(Add Lines 40 and 41)*	42	XXXXXXXXXXX.00
43.	OVERPAYMENT *(Line 39 minus Line 37, if Line 39 is greater than Line 37)*	43	XXXXXXXXXXX.00
44.	(a) CREDIT TO 2004 ESTIMATED TAX	44a	XXXXXXXXXXX.00
	(b) AMOUNT TO BE REFUNDED *(Line 43 minus Line 44a)*	44b	XXXXXXXXXXX.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.

Do you want to allow the preparer to discuss this return with the Office of Tax and Revenue? Mark X if yes.

PLEASE SIGN HERE

OFFICER'S SIGNATURE TITLE DATE

XXX-XXX-XXXX

Telephone Number of Person to Contact

PAID PREPARER ONLY

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

XXXXXXXXX

Preparer's FEIN, SSN or PTIN

Mail return and payment to: Government of the District of Columbia, Office of Tax and Revenue, Ben Franklin Station, P.O. Box 610, Washington, DC 20044-0610, on or before the 15th day of the fourth month following the close of the taxable year. Make check or money order payable to the DC Treasurer. Include your Federal Employer I.D. No., "D-30" and tax year on your payment.