

★★★ Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue

**FR-128 : 2001 Extension of
Time to File D.C. Franchise
or Partnership Return**



011280310000

FEDERAL EMPLOYER I.D. NUMBER

SOC. SEC. NO. (IF SELF-EMPLOYED)

OFFICIAL USE:

BUSINESS NAME

TAXABLE YEAR ENDING

MAILING ADDRESS LINE #1

MAILING ADDRESS LINE #2

CITY

STATE

ZIP + 4

Submit this form along with your payment of any tax due as shown on Line 6 below.

1. A 6-month extension of time to file until _____ 15, 2002, for the calendar year 2001, or a 6-month extension of time to file until _____, for a fiscal year ending _____, _____ is hereby requested to file the following District of Columbia return (check one):
- Corporation Franchise Tax Return, Form D-20 Unincorporated Business Franchise Tax Return, Form D-30 Partnership Return of Income, Form D-65

ENTER DOLLAR AMOUNTS ONLY

2. TOTAL TAX LIABILITY FOR THE PERIOD	\$			
3. ESTIMATED FRANCHISE TAX PAYMENTS (Include any overpayment credit)	\$			
4. OTHER PAYMENTS	\$			
5. TOTAL PAYMENTS AND CREDITS (Add Lines 3 and 4)	\$			
6. BALANCE DUE (Line 2 minus Line 5). <u>Payment in full</u> must be submitted with this form or your request will be denied. (Note: You will be subject to the failure-to-pay penalty and interest on any amount of tax due and not paid with this request)	\$			

INSTRUCTIONS

PURPOSE - Form FR-128 must be used to request a 6-month extension of time in which to file a Corporation Franchise Tax Return (Form D-20), an Unincorporated Business Franchise Tax Return (Form D-30), or a Partnership Return of Income (Form D-65).

WHEN TO FILE - The request for an extension of time to file must be submitted on or before the due date of the return.

WHERE TO SUBMIT REQUEST - Mail the completed FR-128 with your payment of any tax due to the Office of Tax and Revenue, 6th Floor, 941 North Capitol St., N.E. Washington, D.C. 20002. Be sure to sign and date the FR-128. Your payment should be made out to the D.C. Treasurer. On the payment you should include your Federal Employer Identification Number, FR-128 (or SSN), and the tax year.

REQUEST FOR EXTENSION OF TIME - A 6-month extension of time will be granted if you complete this form properly, file it on time and PAY with it the amount of tax due shown on Line 6. **A copy of the FR-128 which you filed must be attached to your return when the return is filed.** A separate extension request must be submitted for each return. Blanket requests for extensions will not be granted.

FEDERAL EXTENSION FORMS - The Office of Tax and Revenue does not accept copies of the federal application for an extension of time to file. **YOU MUST USE ONLY FORM FR-128.**

ADDITIONAL EXTENSION OF TIME - No additional extension of time to file will be granted beyond the 6-month extension unless the taxpayer is outside the continental limits of the United States. In this instance an additional extension of 6 months may be granted.

PENALTIES - The penalty for the failure to file a return on time or the failure to pay any tax when due is 5% of the unpaid portion of the tax due. The penalty is computed for each month, or fraction thereof, that the failure to file or pay continues. The penalty may not exceed 25% of the tax due.

INTEREST - Interest at the rate of .0355921 percent per day (13 percent per year) must be paid on any tax not paid on time. Interest is computed from the due date of the return until the tax is paid even if a request for an extension of time to file is granted.

SIGNATURE- The request must be signed by the following:

- **CORPORATION**
Any designated or authorized officer of the corporation.
- **UNINCORPORATED BUSINESS**
Any owner or member of the unincorporated business.
- **PARTNERSHIP**
Any member of the partnership.
- **PAID PREPARER** must sign and provide the necessary identification numbers.

NOTE: If receivers, trustees in bankruptcy, or assignees are in control of the property or business of the organization, such receivers, trustees, or assignees must sign the request.

TAXPAYER NAME : _____

FEDERAL EMPLOYER I.D. NUMBER : _____



011280320000

**PLEASE
SIGN
HERE**

Under penalties of law, including criminal penalties for false statements and tax preparer penalties under D.C. Code secs. 22-2514 and 47-161, *et seq.*, I declare that I have examined this return and, to the best of my knowledge, it is correct. If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

Telephone Number of Person to Contact

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**CORPORATE
SEAL**

TAXPAYER(S) SIGNATURE(S) (See Instructions) TITLE DATE

**PAID
PREPARER
ONLY**

PREPARER'S SIGNATURE (If other than taxpayer) DATE

Preparer's SSN or PTIN

FIRM NAME

Preparer's Federal Employer I.D. Number

FIRM ADDRESS

Mail return and payment to: Government of the District of Columbia, Office of Tax and Revenue, 6th Floor, 941 North Capitol St., N.E. Washington, D.C. 20002. Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID number (or SSN), "FR-128" and tax year on your payment.