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Year _____ of 10 Year Election
 Taxpayer Identification Number (TIN) Tax Year Ending (MMYY)

OFFICIAL USE ONLY
 Vendor ID# 0002

Name of Designated Agent

Fill in if Water's Edge
 Fill in if World Wide
 Fill in if fiscalized

Business mailing address #1

City State Zip Code + 4

Type of Entity: Corporation Unincorporated Business Financial Institution Non-Nexus Member Fill in all that apply

Description	Combined Group Report	Intercompany Eliminations	Total Before Eliminations
1 Gross receipts, minus returns and allowances	1 \$	\$	\$
2 Cost of goods sold. (from Schedule A).	2 \$	\$	\$
3 Gross profit from sales and/or operations. <i>Line 1 minus Line 2</i> Fill in if minus: <input type="radio"/>	3 \$	\$	\$
4 Dividends. <i>Attach statement.</i>	4 \$	\$	\$
5 Interest. <i>Attach statement.</i>	5 \$	\$	\$
6 Gross rental income <i>from D-20 Schedule I and/or D-30, Line 6.</i>	6 \$	\$	\$
7 Gross royalties. <i>Attach statement.</i>	7 \$	\$	\$
8 (a) Net capital gain (loss). <i>Attach copy of federal Form 1120, Schedule D</i> Fill in if minus: <input type="radio"/>	8a \$	\$	\$
(b) Ordinary gains (loss). <i>Attach copy of federal Form 4797.</i> Fill in if minus: <input type="radio"/>	8b \$	\$	\$
9 Other income (loss). <i>Attach statement.</i> Fill in if minus: <input type="radio"/>	9 \$	\$	\$
10 Total gross income. <i>Add Lines 3 - 9.</i> Fill in if minus: <input type="radio"/>	10 \$	\$	\$
11 Compensation of officers <i>from Form D-20, Schedule C</i>	11 \$	\$	\$
12 Salaries and wages	12 \$	\$	\$
13 Repairs	13 \$	\$	\$
14 Bad debts	14 \$	\$	\$
15 Rent	15 \$	\$	\$
16 Taxes <i>from Form D-20, Schedule D and/or Form D-30, Schedule C</i>	16 \$	\$	\$
17 (a) Interest payments. \$ <input type="text"/> .00	17c \$	\$	\$
(b) Minus nondeductible payments to related entities \$ <input type="text"/> .00 =			
18 Contributions and/or gifts. <i>Attach statement.</i>	18 \$	\$	\$
19 Amortization. <i>Attach copy of your federal Form 4562.</i>	19 \$	\$	\$
20 Depreciation. <i>Attach a copy of your federal Form 4562.</i> <i>Do not include any additional IRC 179 expenses and IRC 168(k) bonus depreciation.</i>	20 \$	\$	\$
21 Depletion. <i>Attach statement and copy of federal Form 4562.</i>	21 \$	\$	\$
22 (a) Royalty payments made. \$ <input type="text"/> .00	22c \$	\$	\$
(b) Minus non-deductible payments to related entities \$ <input type="text"/> .00 =			
23 Pension, profit-sharing plans	23 \$	\$	\$
24 Other deductions. <i>Attach statement.</i>	24 \$	\$	\$
25 Total deductions. <i>Add Lines 11-24.</i>	25 \$	\$	\$
26 Net income. <i>Line 10 minus Line 25.</i> Fill in if minus: <input type="radio"/>	26 \$	\$	\$



Taxpayer Identification Number (FEIN): _____
 Name of Designated Agent: _____

Description		Combined Group Report	Intercompany Eliminations	Total Before Eliminations
27	Net operating loss deduction. (For years before 2000)	27 \$	\$	\$
28	Net income after net operating loss deduction. Line 26 minus Line 27. Fill in if minus: <input type="radio"/>	28 \$	\$	\$
29	(a) Non-business income/state adjustment. Attach statement. Fill in if minus: <input type="radio"/>	29a \$	\$	\$
	(b) Expense related to non-business income. Attach statement.	29b \$	\$	\$
	(c) 29(a) minus 29(b). Fill in if minus: <input type="radio"/>	29c \$	\$	\$
30	Net income subject to apportionment. Line 28 minus Line 29(c). Fill in if minus: <input type="radio"/>	30 \$	\$	\$
31	DC apportionment factor. Combined Reporting Schedule 2A, Line 9	31		
32	Net income from trade or business apportioned to DC. Line 30 multiplied by Line 31 factor. Fill in if minus: <input type="radio"/>	32 \$	\$	\$
33	Other income/deductions attributable to DC: Fill in if minus: <input type="radio"/> UB: Partner: Add your distributive share of post-apportioned salary allowance from the D30 Line 32: _____ UB: Partner: Add your distributive share of post-apportioned exemption from the D30 Line 33: _____	33 \$	\$	\$
34	Total taxable income before apportioned NOL deduction. Line 32 plus or minus Line 33. (Attach statement.) Fill in if minus: <input type="radio"/> UB: Subtract salary allowance: _____ UB: Subtract exemption: _____	34 \$	\$	\$
35	Apportioned NOL deduction. (Loss occurring in year 2000 and later)	35 \$		\$
36	Total District taxable income. Line 34 minus Line 35. (Do not offset income of members with NOL of other members) Fill in if minus: <input type="radio"/>	36 \$		\$
37	Tax 9.0% of Line 36 (combined tax).	37 \$		\$
38	Minus nonrefundable credits (for each member)	38 \$		\$
39	Total DC gross receipts. Attach Minimum Tax Liability Gross Receipts worksheet.	39 \$		\$
40	Net tax, Line 37 minus Line 38. 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 per member.	40 \$		\$
41	Payments and refundable credits:			
	(a) Tax paid with request for an extension of time to file	41a \$		\$
	(b) Paid with the original return if this is an amended return	41b \$		\$
	Estimated franchise tax payments			
	First quarter. _____			
	Second quarter. _____			
	Third quarter. _____			
	Fourth quarter. _____			
	(c) Total estimated franchise tax payments.	41c \$		\$
	(d) Refundable credits.	41d \$		\$
42	Add lines 41(a), (b), (c) and (d).	42 \$		\$
43	RESERVED	43 \$		\$
44	Estimated tax interest	44 \$	\$	\$
45	Total amount due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due.	45 \$	\$	\$
46	Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid.	46 \$	\$	\$
47	Amount you want to apply to your 2018 estimated franchise tax	47 \$	\$	\$
48	Amount to be refunded. Line 46 minus Line 47.	48 \$	\$	\$