

Government of the District of Columbia

2007 D-20 SUB Corporation Franchise Tax Return



OFFICIAL USE ONLY

Federal Employer I.D. Number: 123456789
Number of business locations: In the District: 123 Outside the District: 123

Name of corporation: ABCDEFGHIJKLMNOP
Taxable year beginning MMY: MMY
Taxable year ending MMY: MMY

Business address line #1: 12345ABCDEF...
Business address line #2: 12345ABCDEF...
City: ABCDEFGHIJKLMNOP
State: AB Zipcode: 123456789
Mailing address line #1: 12345ABCDEF...
Mailing address line #2: 12345ABCDEF...
City: ABCDEFGHIJKLMNOP
State: AB Zipcode + 4: 123456789

Mark if: [X] AMENDED RETURN
[X] CERTIFIED QHTC
[X] CONSOLIDATED RETURN
[X] FINAL RETURN
NAICS CODE: 123456

READ INSTRUCTIONS BEFORE PREPARING RETURN
(To allocate Non-Business items, see instructions.)
Enter dollar amounts only. If amount is zero, leave line blank.

Table with 3 columns: Line number, Description, and Amount. Includes sections for GROSS INCOME (Lines 1-10) and DEDUCTIONS (Lines 11-22). Total gross income is \$123,456,789.123.00.

STAPLE CHECK OR MONEY ORDER HERE

DEDUCTIONS

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



Federal Employer I.D. Number: 123456789

ENTER DOLLAR AMOUNTS ONLY

Table with columns for line numbers, descriptions, and dollar amounts. Includes sections for DEDUCTIONS (lines 23-30), TAXABLE INCOME (lines 31-36), and PAYMENTS AND CREDITS (lines 37-44).

Make check or money order payable to the D.C. Treasurer. Include your FEIN, "D-20" and tax year on your payment. If you have a refund or no payment due, send your return to the Office of Tax and Revenue, PO Box 221, Washington, DC 20044-0221. If you have a payment, mail your return and payment to the Office of Tax and Revenue, PO Box 679, Washington, DC 20044-0679. Attach your payment to the D-2030P voucher. Mail your return and any payment by the 15th day of the third month following the close of the tax year.

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

PLEASE SIGN HERE PAID PREPARER ONLY. Includes fields for Officer's signature, Title, Date, Telephone number, Preparer's signature, Date, Firm name, Firm address, and Preparer's FEIN, SSN or PTIN (123456789).