

Government of the District of Columbia

2008 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.)

Table with 3 columns: Description, Line Number, Amount. Includes sections for GROSS INCOME (Lines 1-10), DEDUCTIONS (Lines 11-21), and a final line for 2(a) Enter royalty payments.

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



Federal Employer I.D. Number: 123456789

ENTER DOLLAR AMOUNTS ONLY

DEDUCTIONS
23. Pension, profit-sharing plans.....23 \$123456789123.00
24. Other deductions Attach statement.....24 \$123456789123.00
25. Total Deductions Add Lines 11 - 24.....25 \$123456789123.00
26. Net income Line 10 minus Line 25..... Mark if minus X 26 \$123456789123.00

27. Net operating loss deduction (For years before 2000).....27 \$123456789123.00
28. Net income after net operating loss deduction Line 26 minus Line 27..... Mark if minus X 28 \$123456789123.00
29. (a) Non-business income Attach statement..... Mark if minus X 29a \$123456789123.00
(b) Expense related to non-business income Attach statement.....29b \$123456789123.00
(c) 29(a) minus 29(b)..... Mark if minus X 29c \$123456789123.00
30. Net income subject to apportionment Line 28 minus 29(c)..... Mark if minus X 30 \$123456789123.00

TAXABLE INCOME
31. DC apportionment factor from Form D-20, Schedule F, col.3, line 5.....31 0.123456
32. Net income from trade business apportioned to DC..... Mark if minus X 32 \$123456789123.00
Line 30 amount multiplied by Line 31 factor.
33. Portion of line 29(c) attributable to DC Attach statement..... Mark if minus X 33 \$123456789123.00
34. Total taxable income before apportioned NOL deduction..... Mark if minus X 34 \$123456789123.00
Line 32 plus or minus Line 33
35. Apportioned NOL deduction (losses occurring in year 2000 and later).....35 \$123456789123.00
36. Total District taxable income Line 34 plus or minus Line 35..... Mark if minus X 36 \$123456789123.00

37. TAX 9.975% of Line 36. If less than \$100, enter required minimum of \$100.....37 \$123456789123.00
38. Minus Nonrefundable Credits from Schedule UB, Line 6.....38 \$123456789123.00
39. Net Tax (may not be less than \$100).....39 \$123456789123.00

TAX - PAYMENTS AND CREDITS
40. Payments and Refundable Credits:
(a) Tax paid if any, with request for an extension of time to file or paid with original return if this is an amended return.....40a \$123456789123.00
(b) 2008 estimated franchise tax payments.....40b \$123456789123.00
(c) Refundable credits from Schedule UB, Line 7.....40c \$123456789123.00
41. Add Lines 40(a), (b) and (c).....41 \$123456789123.00
42. Tax due If Line 39 amount is larger, subtract Line 41 from Line 39.....42 \$123456789123.00
43. Overpayment If Line 41 amount is larger, subtract Line 39 from Line 41.....43 \$123456789123.00
43. Amount you want to apply to your 2009 estimated franchise tax.....44 \$123456789123.00
45. Amount to be refunded Line 43 minus Line 44.....45 \$123456789123.00

Payment due return -make payment payable to the D.C. Treasurer. Include your FEIN, "D-20" and tax year on your payment and attach it to the D-2030P voucher.
Mail return and payment to the Office of Tax and Revenue, PO Box 679, Washington, DC 20044-0679
Refund or no payment due return - mail return to the Office of Tax and Revenue, PO Box 221, Washington, DC 20044-0221
Your return is due 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
1234567890
Officer's signature Title Date Telephone number of person to contact
PAID PREPARER ONLY
Preparer's signature (if other than taxpayer) Date Firm name Firm address
Preparer's FEIN, SSN or PTIN 123456789
If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here X