



Important: Print in CAPITAL letters using black ink.

OFFICIAL USE

Taxpayer Identification Number	Fill in	if FEIN	NAICS CODE fill in	
Business name	Fill in	if SSN		Taxable year beginning MMYT Taxable year ending MMYT
Business address line #1				Fill in if Amended Return
Business address line #2				Fill in if Certified QHTC
				Fill in If Final Return
City		State	Zip Code + 4	
Mailing address line #1				Number of business locations
Mailing address line #2				In DC
				Outside DC
City		State	Zip Code + 4	

•READ INSTRUCTIONS BEFORE PREPARING RETURN•

IF LINE 10 IS \$12,000 OR LESS, NO TAX IS DUE – DO NOT FILE A RETURN.

Enter dollar amounts only.
If the amount is zero, leave line blank; if it is a minus, fill in the oval.

GROSS INCOME

DEDUCTIONS

1	Gross receipts, minus returns and allowances.	1	\$	00
2	Cost of goods sold (from D-30, Schedule A) and/or operations.	2	\$	00
3	Gross profit. <i>Line 1 minus Line 2.</i> Fill in if minus:	3	\$	00
4	Dividends. <i>Minus Subpart F income (Attach statement).</i>	4	\$	00
5	Interest. <i>Attach statement showing calculations.</i>	5	\$	00
6	Gross rental income from Schedule D, Column 3, Line 7. Fill in if minus:	6	\$	00
7	Net royalties. <i>Attach statement.</i>	7	\$	00
8(a)	Net capital gain. <i>Attach a copy of your federal Schedule D.</i>	8a	\$	00
	(b) Ordinary gain (loss) from Part II, fed. form 4797, attach copy Fill in if minus:	8b	\$	00
9	Other income. <i>Attach a detailed statement.</i> Fill in if minus:	9	\$	00
10	Total gross income. <i>Add Lines 3–9.</i> Fill in if minus:	10	\$	00
11	Salaries and wages (Do not include owner(s)/member(s)).	11	\$	00
12	Repairs.	12	\$	00
13	Bad debts. <i>Attach a copy of any statement filed with your federal return.</i>	13	\$	00
14(a)	Royalty payments made	00		
	(b) Minus payments to related entities	00		
	Enter result	14	\$	00
15	Rent.	15	\$	00
16	Taxes from D-30, Schedule C.	16	\$	00
17	Interest expense from D-30, Schedule E.	17	\$	00
18	Contributions and/or gifts from D-30, Schedule B.	18	\$	00
19	Amortization. <i>Attach a copy of your federal Form 4562, Part VI.</i>	19	\$	00
20	Depreciation. <i>Attach a copy of your federal Form 4562. Do not include the additional sec. 179 expenses or federal bonus depreciation.</i>	20	\$	00
21	Other allowable deductions from D-30, Schedule G.	21	\$	00
22	Total deductions. <i>Add Lines 11–21.</i>	22	\$	00

Taxpayer Name: _____



FEIN or SSN: _____

TAXABLE INCOME

TAX, PAYMENTS AND CREDITS

ENTER DOLLAR AMOUNTS ONLY

23	Net income. <i>Line 10 minus Line 22.</i>	Fill in if minus:	23	\$	.00
24	Net operating loss deduction <i>for years before 2000.</i>		24	\$	.00
25	Net income after NOL deduction. <i>Line 23 minus Line 24.</i>	Fill in if minus:	25	\$	.00
26	(a) Non-business income. <i>Attach an allocation statement.</i>	Fill in if minus:	26a	\$	.00
	(b) Minus: Related expense. <i>Attach an allocation statement.</i>		26b	\$	.00
	(c) Subtract Line 26(b) from Line 26(a).	Fill in if minus:	26c	\$	.00
27	Net income from trade or business subject to apportionment. <i>Line 25 minus Line 26(c).</i>	Fill in if minus:	27	\$	.00
28	DC apportionment factor <i>from D-30, Schedule F, Col 3, Line 5.</i>		28		
29	Net income from trade or business apportioned to DC. <i>Multiply Line 27 by the factor on Line 28.</i>	Fill in if minus:	29	\$	.00
30	Portion of Line 26(c) attributable to DC. <i>Attach statement.</i>	Fill in if minus:	30	\$	.00
31	Total District net income (loss). <i>Combine Lines 29 and 30.</i>	Fill in if minus:	31	\$	.00
32	Salary for owner(s) / member(s) services <i>from D-30, Schedule J, Column 4.</i>		32	\$	.00
33	Exemption. <i>Maximum is \$5000. Enter days in DC. → 33a</i> <i>If fewer than 365 days in DC, see page 10 for amount to claim.</i>		33	\$	.00
34	Total taxable income before apportioned NOL deduction <i>Line 31 minus total of Lines 32 and 33.</i>	Fill in if minus:	34	\$	.00
35	Apportioned NOL deduction. <i>Losses occurring in year 2000 and later.</i>		35	\$	.00
36	Total taxable income. <i>Line 34 minus Line 35.</i>	Fill in if minus:	36	\$	.00
37	Tax <i>9.975% of Line 36. If less than \$100 enter \$100.</i>		37	\$	.00
38	Minus Nonrefundable Credits <i>from Schedule UB, Line 12.</i>		38	\$	.00
39	Net Tax (may not be less than \$100).		39	\$	.00
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	\$	.00
	(b) 2008 estimated franchise tax payments.		40b	\$	.00
	(c) Refundable credits <i>from Schedule UB, Line 13.</i>		40c	\$	.00
41	Add Lines 40(a), (b) and (c).		41	\$	.00
42	Tax Due. <i>If Line 39 amount is larger, subtract Line 41 from Line 39.</i>		42	\$	.00
43	Overpayment. <i>If Line 41 amount is larger, subtract Line 39 from Line 41.</i>		43	\$	.00
44	Amount you want to apply to your 2009 estimated franchise tax.		44	\$	.00
45	Amount to be refunded. <i>Line 43 minus Line 44.</i>		45	\$	.00

Payment due return – make payment payable to the DC Treasurer. Include your FEIN/SSN, D-30 and tax year on the payment and attach it to the D-2030P voucher. Mail return and payment to PO Box 7572.

Refund or no payment due return – mail to PO Box 234. PO Box mail labels are provided with the return envelope.

Your return is due by the 15th day of the fourth month following the close of your tax year.

PLEASE SIGN HERE	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.			
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
	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		If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval.	



Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)

1. Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).	\$
2. Purchases \$	
Minus cost of items withdrawn for personal use \$	
3. Cost of Labor.	
4. Material and supplies.	
5. Other costs (attach statement) – (Additional 30% and 50% federal bonus depreciation and additional IRC §179 expenses are not allowed.)	
6. Total of lines 1 through 5.	\$
7. Inventory at end of year.	\$
8. Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2.	\$
Method of inventory valuation used	

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 18.)

	\$		\$
		TOTAL (Limited to 15% of net income – also enter on D-30, Line 18.)	\$

Schedule C - TAXES (See specific instructions for Line 16.)

Type of Tax	Amount	Type of Tax	Amount
	\$		\$

TOTAL (Enter on D-30, page 1, Line 16, that portion of the total not included below in Schedule D, col. 6.)

\$

Schedule D - INCOME FROM RENT

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. D-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. D-1)
1.		\$	\$	\$	\$
2.					
3.					
4.					
5.					
6.					
7. TOTAL		\$	\$	\$	\$
8. ENTER RESULT OF COLUMN 3 minus columns 4, 5 and 6 (Also enter on D-30, Line 6.)					\$

*exclude federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

Schedule D-1 - Explanation of expenses claimed in Columns 5 and 6 of Schedule D.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$



Schedule E - Interest expense (See specific instructions for Line 17.)

TOTAL (Enter on D-30, Line 17, that portion of the total not included in Schedule D, col 6.)	\$
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Round cents to the nearest dollar. If an amount is zero, leave the line blank.

(Column 2 divided by Column 1)

- | | | | | |
|--|-----|----|-----|---|
| \$ | .00 | \$ | .00 | . |
| \$ | .00 | \$ | .00 | . |
| \$ | .00 | \$ | .00 | . |
| | | | | . |
| e 3 denominators. If fewer than 3, divide Line 4 by that number. | | | | . |

Nature of Income	Amount
	\$
TOTAL	\$

2008 D-30 P4
Unincorporated Business Franchise Tax Return page 4



Round cents to the nearest dollar.

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1 Name and Address of Owner(s)/ Member(s)	Social Security Number	Col. 2 Percentage of Time Devoted to this Business	Col. 3 Percent- age of Ownership	Col. 4 Salary Claimed	Col. 5 Exemption Claimed	Col. 6 Net Loss DC Sources	Col. 7 Net Income (or Loss) from Outside DC	Col. 8 Total Income (or to Loss) Not Taxable the Unincorporated Business 7) (Add Cols. 4 thru
		%	%	\$	\$	\$	\$	\$
TOTAL				\$	\$	\$	\$	\$

Col. 4 - See page 9 of Instructions.**Col. 5 - See page 10 of Instructions.****Col. 6 - Any loss amount from Line 31 of D-30.****Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.**

Enter total taxable income as shown on Line 34 of D-30.

Net income of Unincorporated Business from both within and
outside DC (from Line 25 of D-30)**SUPPLEMENTAL INFORMATION**

1. During 2008, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service?

Yes ☐ No ☐

If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue, PO Box 7572, Washington, DC 20044-7572.

2. PRINCIPAL BUSINESS ACTIVITY

3. DATE BUSINESS BEGAN

4. IF BUSINESS HAS TERMINATED, STATE REASON

5. TERMINATION DATE

6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.)

7. Place where federal income tax return for period covered by this return was filed:

8. Name(s) under which federal return for period covered by this return was filed:

9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2008?

Yes

No

If no, please state reason:

10. Is this return reported on the accrual basis?

Yes

No

If no, fill in the method used:

☐ Cash basis☐ Other (specify)

11. Did you withhold DC income tax from the wages of your DC employees during 2008?

Yes

No

If no, state reason:

12. Did you file a franchise tax return for the business with the District of Columbia for the year 2007?

Yes

No

If no, state reason:

If yes, enter name under which return was filed:

13. Does this return include income from more than one business conducted by the taxpayer?
(If yes, list businesses and net income (loss) of each.)

Yes

No

14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return?
(If yes, list names and addresses of the other businesses.)

Yes

No

15. Is this business an adjunct of a corporation, or affiliated with any corporation?
(If yes, explain affiliation to stockholders and proprietors.)

Yes

No



OFFICIAL USE ONLY

Important: Print in CAPITAL letters using black ink.
Attach to your Form D-20 or D-30.

Taxpayer Identification Number	Fill in	if FEIN	Fill in	if filing a D-20 Return
	Fill in	if SSN	Fill in	if filing a D-30 Return

Enter your business name

D-20 Return

Nonrefundable Credits

- | | | | | |
|----|--|---|----|-----|
| 1. | Economic Development Zone Incentives Credit <i>from page 12 worksheet.</i> | 1 | \$ | .00 |
| 2. | Qualified High Technology Company Credit <i>from Part F, DC Form D-20CR.</i> | 2 | \$ | .00 |
| 3. | Organ and Bone Marrow Donor Credit <i>(see computation on reverse).</i> | 3 | \$ | .00 |
| 4. | RESERVED | 4 | \$ | .00 |
| 5. | RESERVED | 5 | \$ | .00 |
| 6. | Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38.
<i>These credits may not be applied against the required \$100 minimum tax.</i> | 6 | \$ | .00 |

Refundable Credits

- | | | | |
|---|---|----|----|
| 7. Qualified High Technology Company Retraining Costs Credit from Part G, Form D-20CR. Enter on D-20, Line 40(c). | 7 | \$ | 00 |
|---|---|----|----|

D-30 Return

Nonrefundable Credits

- | | | | | |
|-----|--|----|----|-----|
| 8. | Economic Development Zone Incentives Credit <i>from page 12 worksheet.</i> | 8 | \$ | .00 |
| 9. | Organ and Bone Marrow Donor Credit <i>(see computation on reverse).</i> | 9 | \$ | .00 |
| 10. | RESERVED | 10 | \$ | .00 |
| 11. | RESERVED | 11 | \$ | .00 |
| 12. | Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.
<i>These credits may not be applied against the required \$100 minimum tax.</i> | 12 | \$ | .00 |

Refundable Credits

- | | | |
|--|-------|-----|
| 13. Qualified High Technology Company Retraining Costs Credit <i>from Line 6, DC Form D-30CR.</i>
Enter here and on D-30, Line 40(c). | 13 \$ | .00 |
|--|-------|-----|

Schedule UB Instructions

Qualified High Technology Companies

If you claim credits on Lines 2 or 7 above, attach a copy of your DC Form D-20CR to the D-20.

If you claim a credit on line 13 above, attach a copy of your DC Form D-30CR to the D-30.

Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

Organ and Bone Marrow Donor Credit

— Computation —

Keep this page for your records

Column 1 Credit Category	Column 2 Total Paid Leave Wages	Column 3 Leave Credit Calculation	Column 4 Total Credit
Organ Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. x *25% _____ \$ _____	
Bone Marrow Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. x *25% _____ \$ _____	
		Total of Col. 4. Enter here and on Schedule UB	

* Key .25 behind the 0 in the fill-in field, then hit enter. Totals will automatically calculate.