

Government of the District of Columbia

2009 D-20 SUB Corporation Franchise Tax Return



0 9 0 2 0 0 3 1 0 0 0 1 OFFICIAL USE ONLY

Federal Employer I.D. Number

Number of business locations

1 2 3 4 5 6 7 8 9

In the District: 1 2 3 Outside the District: 1 2 3

Name of corporation

ABCDEFGHIJKLMABCDEFGHIJKLM

Tax period ending (MMYY)

MMYY

- Mark if: X AMENDED RETURN X CERTIFIED QHTC X CONSOLIDATED RETURN X FINAL RETURN

Business mailing address #1

1 2 3 4 5 ABCDEFGHIJKLMNOPABCDEFGHIJKLM

Business mailing address #2

1 2 3 4 5 ABCDEFGHIJKLMNOPABCDEFGHIJKLM

City

ABCDEFGHIJKLMABCDEFGHI

State

AB

Zipcode

1 2 3 4 5 6 7 8 9

READ INSTRUCTIONS BEFORE PREPARING RETURN

(To allocate Non-Business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank.

GROSS INCOME

Table with 3 columns: Line number, Description, Amount. Includes lines 1-16 for Gross Income and lines 17-21 for Deductions.

DEDUCTIONS

Table with 3 columns: Line number, Description, Amount. Includes lines 17-21 for Deductions and lines 22-23 for Royalty payments.

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

Federal Employer I.D. Number: 123456789



23 Pension, profit-sharing plans..... Mark if minus 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 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 28 \$123456789123.00

29(a) Non-business income *Attach statement*..... Mark if minus 29a \$123456789123.00
 (b) Expense related to non-business income *Attach statement*..... 29b \$123456789123.00
 (c) 29(a) minus 29(b)..... Mark if minus 29c \$123456789123.00

30 Net income subject to apportionment *Line 28 minus 29(c)*..... Mark if minus 30 \$123456789123.00

31 DC apportionment factor *from Form D-20, Schedule F, col.3, line 5*..... 31 0.123456

32 Net income from trade or business apportioned to DC..... Mark if minus 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 33 \$123456789123.00

34 Total taxable income *before* apportioned NOL deduction..... Mark if minus 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 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

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) 2009 estimated franchise tax payments..... 40b \$123456789123.00
 (c) Refundable credits from Schedule UB, Line 9..... 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

44 Amount you want to apply to your 2010 estimated franchise tax..... 44 \$123456789123.00

45 Amount to be refunded *Line 43 minus Line 44*..... 45 \$123456789123.00

Will this refund go to an account outside of the U.S.? See instructions

Payment due return - make payment payable to the D.C. Treasurer. Include your F E I N, "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

Officer's signature

Title

Date

1234567890

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

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Rev. 01/10