

Government of the District of Columbia

2009 D-30 SUB Unincorporated Business Franchise Tax Return



Taxpayer Identification Number 123456789

Mark if: FEIN X SSN X

Number of business locations in the District 123 Outside the District 123

Tax period ending (MMYY) MMY Y

Business name ABCDEFGHIJKLMNOPQRSTUVWXYZ

Business Mailing address line #1 12345ABCDEF...GHIJKLMNOPQRSTUVWXYZ

Business Mailing address line #2 12345ABCDEF...GHIJKLMNOPQRSTUVWXYZ

City ABCDEFGHIJKLMNOP...GHI

State AB Zipcode 123456789

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

Table with 10 rows for Gross Income (Lines 1-10). Includes descriptions like 'Gross receipts, minus returns and allowances' and 'Total gross income'. Values are in dollars.

IF LINE 10 IS \$12,000 OR LESS, DO NOT FILE A RETURN

Table with 10 rows for Deductions (Lines 11-22). Includes descriptions like 'Salaries and wages', 'Repairs', 'Bad debts', 'Rent', 'Taxes', 'Interest payments', 'Contributions and/or gifts', 'Amortization', 'Depreciation', and 'Other allowable deductions'. Values are in dollars.

Line 25 minus



Taxpayer Name: ABCDEFGHIJKLMNOPABCDEFGHIJKL

FEIN or SSN: 123456789

ENTER DOLLAR AMOUNTS ONLY

TAXABLE INCOME

TAX, PAYMENT AND CREDITS

Table with 4 columns: Line number, Description, Mark if minus, and Amount. Rows include Net income, deductions, and taxable income calculations.

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

Payment due return - make payment payable to the D.C. Treasurer. Refund or no payment due return - mail return to: Office of Tax and Revenue, PO Box 234, Washington, DC 20044-0234.

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, Telephone number of person to contact. PAID PREPARER ONLY: Preparer's signature, Date, Firm name, Firm address.