

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

Federal Employer I.D. Number: 123456789



Enter dollar amounts only

DEDUCTIONS

23	Pension, profit-sharing plans.....	Mark if minus	X	23	\$123456789123.00
24	Other deductions <i>Attach statement</i>			24	\$123456789123.00
25	Total deductions <i>Add Lines 11 - 24</i>			25	\$123456789123.00
26	Net income <i>Line 10 minus Line 25</i>	Mark if minus	X	26	\$123456789123.00
27	Net operating loss deduction <i>(For years before 2000)</i>			27	\$123456789123.00
28	Net income after net operating loss deduction <i>Line 26 minus Line 27</i>	Mark if minus	X	28	\$123456789123.00
29(a)	Non-business income <i>Attach statement</i>	Mark if minus	X	29a	\$123456789123.00
	(b) Expense related to non-business income <i>Attach statement</i>			29b	\$123456789123.00
	(c) 29(a) minus 29(b).....	Mark if minus	X	29c	\$123456789123.00
30	Net income subject to apportionment <i>Line 28 minus 29(c)</i>	Mark if minus	X	30	\$123456789123.00

TAXABLE INCOME

31	DC apportionment factor <i>from Form D-20, Schedule F, col.3, line 5</i>			31	0.123456
32	Net income from trade or business apportioned to DC.....	Mark if minus	X	32	\$123456789123.00
	<i>Line 30 amount multiplied by Line 31 factor.</i>				
33	Portion of line 29(c) attributable to DC <i>Attach statement</i>	Mark if minus	X	33	\$123456789123.00
34	Total taxable income <i>before</i> apportioned NOL deduction.....	Mark if minus	X	34	\$123456789123.00
	<i>Line 32 plus or minus Line 33</i>				
35	Apportioned NOL deduction <i>(Losses occurring in year 2000 and later)</i>			35	\$123456789123.00
36	Total District taxable income <i>Line 34 minus Line 35</i>	Mark if minus	X	36	\$123456789123.00
37	TAX 9.975% of Line 36. <i>If less than \$100, enter required minimum of \$100</i>			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 <i>if any, with request for an extension of time to file or paid with original return if this is an amended return</i>			40a	\$123456789123.00
	(b) 2010 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 <i>If Line 39 amount is larger, subtract Line 41 from Line 39</i>			42	\$123456789123.00
	<i>Will this payment come from an account outside the U.S.? Yes X No X See instructions</i>				
43	Overpayment <i>If Line 41 amount is larger, subtract Line 39 from Line 41</i>			43	\$123456789123.00
44	Amount you want to apply to your 2011 estimated franchise tax.....			44	\$123456789123.00
45	Amount to be refunded <i>Line 43 minus Line 44</i>			45	\$123456789123.00
	<i>Will this refund go to an account outside the U.S.? Yes X No X See instructions</i>				

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 PAID PREPARER ONLY

Officer's signature	Title	Date	1234567890	Telephone number of person to contact
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

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