

Government of the District of Columbia

2013 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

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1234

Business name ABCDEFGHIJKLMNOP

Tax period ending (MMYY) MMY

Mark if: X AMENDED RETURN X FINAL RETURN X CERTIFIED QHTC X COMBINED REPORT* X WORLDWIDE**

Business Mailing address line #1 12345ABCDEF

Business Mailing address line #2 12345ABCDEF

City ABCDEFGHIJKL

State AB Zipcode 123456789

Designated Agent Name ABCDEFGHIJKLMNOP

Designated Agent FEIN 123456789

Enter dollar amounts only. If amount is zero, leave line blank. If minus, enter amount and mark X in oval.

Table with 3 columns: Line number, Description, Amount. Includes lines 1-10 for Gross Income and line 10a for Total gross income.

IF LINE 10 IS \$12,000 OR LESS, STOP HERE, DO NOT FILE THIS RETURN

Table with 3 columns: Line number, Description, Amount. Includes lines 11-13 for Deductions.

Table with 3 columns: Line number, Description, Amount. Includes lines 14(a) and 14(b) for Royalty payments.

Table with 3 columns: Line number, Description, Amount. Includes lines 15 and 16 for Deductions.

Table with 3 columns: Line number, Description, Amount. Includes lines 17(a) and 17(b) for Deductions.

Table with 3 columns: Line number, Description, Amount. Includes lines 18 and 19 for Deductions.

Table with 3 columns: Line number, Description, Amount. Includes line 20 for Depreciation.

Table with 3 columns: Line number, Description, Amount. Includes lines 21 and 22 for Deductions.

Table with 3 columns: Line number, Description, Amount. Includes line 23 for Net income.

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



FEIN or SSN: 123456789

Enter dollar amounts only

TAXABLE INCOME

24 Net operating loss deduction (for years before 2000).....24 \$123456789123.00

25 Net income after NOL (net operating loss deduction Line 23 minus Line 24)..... Mark if minus 25 \$123456789123.00

26(a) Non-business income/state adjustment Attach statement..... Mark if minus 26a \$123456789123.00

(b) Minus: Related expenses Attach an allocation statement..... 26b \$123456789123.00

(c) Subtract Line 26(b) from Line 26(a)..... Mark if minus 26c \$123456789123.00

27 Net income from trade or business subject to apportionment Line 25 minus Line 26c Mark if minus 27 \$123456789123.00

28 DC apportionment factor From Form D-30 Schedule F, Col 3, Line 6..... 28 0.123456

29 Net income from trade or business apportioned to DC..... Mark if minus 29 \$123456789123.00
Multiply Line 27 by the factor on Line 28.

30 Portion of line 26(c) attributable to DC Attach statement..... Mark if minus 30 \$123456789123.00

31 Total District net income (loss)..... Mark if minus 31 \$123456789123.00
Combine Lines 29 and 30

32 Salary for owner(s) or member(s) services From Form D-30 Schedule J, Column 4 32 \$123456789123.00

33 Exemption: Maximum amount \$5000 (Enter days in DC in 33a) 33a 123 33 1234.00
If less than 365 days in DC, see instructions for amount to claim.)

34 Total taxable income before apportioned NOL deduction..... Mark if minus 34 \$123456789123.00
Line 31 minus total of Lines 32 and 33

35 Apportioned NOL deduction Losses occurring in year 2000 and later..... 35 \$123456789123.00

36 Total District taxable income Line 34 minus Line 35..... Mark if minus 36 \$123456789123.00

37 Total DC Gross Receipts Line 4 from MTLGR worksheet..... 37 \$123456789123.00

TAX, PAYMENTS AND CREDITS

38 TAX 9.975% of Line 36. Minimum tax is \$250 if DC gross receipts are \$1M or less. The minimum tax is \$1,000 if DC gross receipts are greater than \$1M..... 38 \$123456789123.00

39 Minus Nonrefundable Credits from Schedule UB, Line 14..... 39 \$123456789123.00

40 Net Tax See instructions for minimum requirements..... 40 \$123456789123.00

41 Payments and Refundable Credits:

(a) Tax paid, if any, with request for extension of time to file or paid with original return if this is an amended return..... 41a \$123456789123.00

(b) 2013 estimated franchise tax payments..... Mark here if Form D-2220 is attached. 41b \$123456789123.00

(c) Refundable credits from Schedule UB, Line 17 41c \$123456789123.00

42 Add lines 41(a), (b) and (c) Enter total..... 42 \$123456789123.00

43 Tax due If Line 40 is larger, subtract Line 42 from Line 40..... 43 \$123456789123.00

Will this payment come from an account outside the U.S.? Yes No See instructions

44 Overpayment If Line 42 is larger, subtract Line 40 from Line 42..... 44 \$123456789123.00

45 Amount you want to apply to your 2014 estimated franchise tax..... 45 \$123456789123.00

46 Amount to be refunded Line 44 minus Line 45..... 46 \$123456789123.00

Will this refund go to an account outside the U.S.? Yes No See instructions

47 Enter FAS 109 Deduction from Worksheet..... 47 \$123456789123.00

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 PTIN

123456789

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here