

Government of the District of Columbia

2014 D-30 SUB Unincorporated Business Franchise Tax Return



Taxpayer Identification Number 123456789

Mark if: FEIN X SSN X

Number of business locations In DC 123 Outside DC 123

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Business name ABCDEFGHIJKLMNOP

Tax period ending (MMYY) MMYY

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

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

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

City ABCDEFGHIJKLMNOP

State AB Zipcode 123456789

Designated Agent Name ABCDEFGHIJKLMNOP

Designated Agent FEIN 123456789

Table with 3 columns: Line number, Description, Amount. Includes Gross receipts, Cost of goods sold, Gross profit, Dividends, Interest, Rental income, Royalties, Net capital gain, Other income, 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 Salaries and wages, Repairs, Bad debts.

Table with 3 columns: Line number, Description, Amount. Includes Royalty payments made, Minus nondeductible payments to related entities.

Table with 3 columns: Line number, Description, Amount. Includes Rent, Taxes.

Table with 3 columns: Line number, Description, Amount. Includes Interest payments, Minus nondeductible payments to related entities.

Table with 3 columns: Line number, Description, Amount. Includes Contributions and/or gifts, Amortization.

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

Table with 3 columns: Line number, Description, Amount. Includes Other allowable deductions, Total deductions, Net income.

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

FEIN or SSN: 123456789



Enter dollar amounts only

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

25 Net income after NOL deduction. Line 23 minus Line 24..... Mark if minus X 25 \$123456789123.00

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

27 Net income from trade or business subject to apportionment Line 25 minus Line 26c Mark if minus X 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 X 29 \$123456789123.00

Multiply Line 27 by the factor on Line 28.

30 Other income/deductions attributable to DC Attach statement..... Mark if minus X 30 \$123456789123.00

31 Total DC net income (loss)..... Mark if minus X 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 X 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 DC taxable income Line 34 minus Line 35..... Mark if minus X 36 \$123456789123.00

37 TAX 9.975% of Line 36..... 37 \$123456789123.00

38 Minus Nonrefundable Credits from Schedule UB, Line 18..... 38 \$123456789123.00

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

40 Net Tax: Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less. or \$1,000 if DC gross receipts are greater than \$1M..... 40 \$123456789123.00

41 Payments:

(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) 2014 estimated franchise tax payments..... 41b \$123456789123.00

42 Add lines 41(a) and 41(b). 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.? X Yes X 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 2015 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.? X Yes X No See instructions

47 Underestimated penalty (Fill in oval if D-2220 attached) X \$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 X



Schedule F - DC apportionment factor (See instructions.)

Round cents to the nearest dollar. If an amount is zero, leave the line blank. Carry all factors to six decimal places

	Column 1 TOTAL	Column 2 TOTAL	Column 3 Factor (Column 2 divided by Column 1)
1. PROPERTY FACTOR: Average value of real estate and tangible personal property owned or rented to and used by the unincorporated business .	\$.00	\$.00	.
2. PAYROLL FACTOR: Total compensation paid or accrued by the unincorporated business .	\$.00	\$.00	.
3. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	\$.00	\$.00	.
4. SALES FACTOR: Enter factor from Column 3, Line 3	\$.00	\$.00	.
5. SUM OF FACTORS: (Lines 1 through 4.)	\$.00	\$.00	.
6. DC APPORTIONMENT FACTOR: Line 5, Col. 3 divided by 4 if there are 4 denominators. If 3 entries or less in Col. 1, divide Line 5, Col. 3 by the actual number of factors in Col. 1. Enter on D-30, Line 28.			.

Schedule 1 - Combined Report Tax Due

Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

Schedule G - Other allowable deductions

Nature of Deduction	Amount
	\$
TOTAL (Also enter on D-30, Line 21.)	\$

Schedule H - Income not reported (claimed as nontaxable) (See instructions.)

Nature of Income	Amount
	\$
TOTAL	\$