



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

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

1 Gross receipts, minus returns and allowances 1 \$ 123456789123.00

2 Cost of goods sold (from D-30, Schedule A) and/or operations 2 \$ 123456789123.00

3 Gross profit Line 1 minus Line 2... Mark if minus X 3 \$ 123456789123.00

GROSS INCOME 4 Dividends Minus Subpart F income (attach statement) 4 \$ 123456789123.00

5 Interest (attach statement showing calculations) 5 \$ 123456789123.00

6 Gross rental income (attach statement) 6 \$ 123456789123.00

7 Gross royalties (attach statement) 7 \$ 123456789123.00

8(a) Net capital gain (attach a copy of your federal Schedule D) 8a \$ 123456789123.00

(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy) Mark if minus X 8b \$ 123456789123.00

9 Other income (attach detailed statement) Mark if minus X 9 \$ 123456789123.00

10 Total gross income Add Lines 3-9... Mark if minus X 10 \$ 123456789123.00

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

11 Salaries and wages (Do not include owner(s)/member(s)) 11 \$ 123456789123.00

12 Repairs 12 \$ 123456789123.00

13 Bad debts (attach a copy of any statement filed with your federal return) 13 \$ 123456789123.00

14(a) Royalty payments made 123456789123.00

(b) Minus nondeductible payments to related entities 123456789123.00 = 14c \$ 123456789123.00

DEDUCTIONS 15 Rent 15 \$ 123456789123.00

16 Taxes from Form D-30, Schedule C 16 \$ 123456789123.00

17(a) Interest payments 123456789123.00

(b) Minus nondeductible payments to related entities 123456789123.00 = 17c \$ 123456789123.00

18 Contributions and/or gifts from D-30, Schedule B 18 \$ 123456789123.00

19 Amortization (attach copy of your Federal Form 4562, Part VI) 19 \$ 123456789123.00

20 Depreciation (attach copy of your Federal Form 4562. Do not include the additional federal bonus depreciation.) 20 \$ 123456789123.00

21 Other allowable deductions from D-30, Schedule G 21 \$ 123456789123.00

22 Total deductions Add Lines 11-21 22 \$ 123456789123.00

23 Net income Line 10 minus Line 22... Mark if minus X 23 \$ 123456789123.00

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



FEIN or SSN: 123456789

Enter dollar amounts only

TAXABLE INCOME

TAX, PAYMENTS AND CREDITS

24 Net operating loss deduction for years before 2000... 24 \$123456789123.00
25 Net income after NOL deduction... 25 \$123456789123.00
26(a) Non-business income/state adjustment... 26a \$123456789123.00
26(b) Minus: Related expenses... 26b \$123456789123.00
26(c) Subtract Line 26(b) from Line 26(a)... 26c \$123456789123.00
27 Net income from trade or business subject to apportionment... 27 \$123456789123.00
28 DC apportionment factor... 28 0.123456
29 Net income from trade or business apportioned to DC... 29 \$123456789123.00
30 Other income/deductions attributable to DC... 30 \$123456789123.00
31 Total DC net income (loss)... 31 \$123456789123.00
32 Salary for owner(s) or member(s) services... 32 \$123456789123.00
33 Exemption: Maximum amount \$5000... 33a 123 33 1234.00
34 Total taxable income before apportioned NOL deduction... 34 \$123456789123.00
35 Apportioned NOL deduction... 35 \$123456789123.00
36 Total DC taxable income... 36 \$123456789123.00
37 Tax 9.4% of Line 36... 37 \$123456789123.00
38 Minus Nonrefundable Credits from Schedule UB, Line 18... 38 \$123456789123.00
39 Total DC Gross Receipts... \$123456789123.00
40 Net Tax: Line 37 minus Line 38... 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) 2015 estimated franchise tax payments... 41b \$123456789123.00
42 Add lines 41(a) and 41(b). Enter total... 42 \$123456789123.00
43 Tax due... 43 \$123456789123.00
Will this payment come from an account outside the U.S.? X Yes X No See instructions
44 Overpayment... 44 \$123456789123.00
45 Amount you want to apply to your 2016 estimated franchise tax... 45 \$123456789123.00
46 Amount to be refunded... 46 \$123456789123.00
Will this refund go to an account outside the U.S.? X Yes X No See instructions
47 Estimated tax interest... 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	DC Apportionment Factor
1. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from non-business income.	\$ [] .00	\$ [] .00	(Column 2 divided by Column 1)

2. **DC APPORTIONMENT FACTOR:** Column 2 divided by Column 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	\$