



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Federal Employer I.D. Number												Number of business locations				OFFICIAL USE ONLY Vendor ID# 0002															
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Name of corporation																Tax period ending (MMYY)															
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City												State		Zip Code + 4																	
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Designated Agent Name												Designated Agent FEIN																			
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• READ INSTRUCTIONS BEFORE PREPARING RETURN • (To allocate non-business items, see instructions)

Enter dollar amounts only.  
If amount is zero, leave line blank; if minus, enter amount and fill in oval

[illegible]

Taxpayer Name: \_\_\_\_\_

Federal Employer I.D. Number: \_\_\_\_\_



		ENTER DOLLAR AMOUNTS ONLY									
DEDUCTIONS	23 Pension, profit-sharing plan	Fill in if minus: <input type="radio"/>	23	\$							00
	24 Other deductions (attach statement)		24	\$							00
	25 Total deductions. Add Lines 11-24.		25	\$							00
	26 Net income Line 10 minus Line 25.	Fill in if minus: <input type="radio"/>	26	\$							00
	27 Net operating loss deduction for years before 2000		27	\$							00
TAXABLE INCOME	28 Net income after net operating loss deduction Line 26 minus Line 27	Fill in if minus: <input type="radio"/>	28	\$							00
	29 (a) Non-business income/state adjustment (attach statement)	Fill in if minus: <input type="radio"/>	29a	\$							00
	(b) Expense related to non-business income (attach statement)		29b	\$							00
	(c) 29(a) minus 29(b)	Fill in if minus: <input type="radio"/>	29c	\$							00
	30 Net income subject to apportionment Line 28 minus Line 29(c)	Fill in if minus: <input type="radio"/>	30	\$							00
	31 DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5		31								
	32 Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor.	Fill in if minus: <input type="radio"/>	32	\$							00
	33 Other income/deductions attributable to DC (attach statement - see instructions)	Fill in if minus: <input type="radio"/>	33	\$							00
	34 Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33.	Fill in if minus: <input type="radio"/>	34	\$							00
	35 Apportioned NOL deduction (Losses occurring in year 2000 and later)		35	\$							00
	36 Total DC taxable income. Line 34 minus Line 35. <b>If QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4, Lines 1-10.</b>	Fill in if minus: <input type="radio"/>	36	\$							00
	37 Tax 9.2% of Line 36		37	\$							00
	38 Minus nonrefundable credits from Schedule UB, Line 9		38	\$							00
TAX PAYMENTS AND CREDITS	39 Total DC gross receipts from Line '4' MTLGR Worksheet	\$								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	\$							00
	41 Payments and refundable credits:		41a	\$							00
	(a) Tax paid, if any, with request for an extension of time to file or paid with original return if this is an amended return		41b	\$							00
	(b) 2016 estimated franchise tax payments		41c	\$							00
	(c) Refundable credits from Schedule UB, Line 12		42	\$							00
	42 Add lines 41(a), 41(b) and 41(c).		42	\$							00
	43 RESERVED										
	44 Estimated tax interest (Fill in oval if D-2220 attached)	<input type="radio"/>	44	\$							00
	45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. Will this payment come from an account outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.		45	\$							00
46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid.		46	\$							00	
47 Amount you want to apply to your 2017 estimated franchise tax.		47	\$							00	
48 Amount to be refunded. Line 46 minus Line 47.		48	\$							00	

Third party designee To authorize another person to discuss this return with OTR, fill in here ☐ and enter the name and phone number of that person. See instructions.

Designee's name \_\_\_\_\_ Phone number \_\_\_\_\_

PLEASE SIGN HERE	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.			
	Office 's signature	Title	Date	Telephone number of person to contact
PAID PREPARER ONLY	Preparer's signature (if other than taxpayer)		Date	Firm name
	Preparer's PTIN			Firm address

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval ☐

Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year.....	\$	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale.....			\$
3. Salaries and wages.....			
4. Other costs per books (attach statement)..... (Additional federal bonus depreciation is not allowable.)			
5. Total .....	\$		
6. Minus: Inventory at end of tax year.....			
7. Cost of goods sold (Enter here and on D-20 Line 2.)	\$		
Method of inventory valuation:			
		Total Dividends	\$
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	\$

Schedule C - Compensation of officers (See specific instructions for Line 11.)						
Col. 1 Name and Address of Office	Col. 2 Official title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total DC taxable income reported (from D-20, Line 36).	\$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16)		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal bonus depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			
(b) _____			
6. TOTAL of Lines 1–5.	\$	10. TOTAL of Lines 7, 8 and 9.	\$

**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

For all businesses other than financial institutions

Column 1 TOTAL

Column 2 in DC

Column 3 Factor  
(Column 2 divided by Column 1)1. **SALES FACTOR:** All gross receipts of the business other than gross receipts from non-business income.

\$ 00 \$ 00 .

For Financial Institutions:

2. **SALES FACTOR:** All gross income of the financial institution other than gross income from non-business income.

\$ 00 \$ .00 .

3. **PAYROLL FACTOR:** Total compensation paid or accrued by the financial institution .

\$ .00 \$ .00 .

4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)

.

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on -20, Line 31. For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on -20, Line 31.

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**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	

**Qualified High Technology Companies Tax, Exemption and Credits Schedule (See instructions)**

- 1 Initial Date Of Taxable Income (MMYY)
- 2 Cumulative Amount of QHTC Exemption Previously Used \$   .00
- 3 Total DC taxable income. D-20 Line 36. Fill in if minus:    3 \$   .00
- 4 Qualified High echnology Companies Franchise Tax 6.0% of Line 3    4 \$   .00
- 5 Minus nonrefundable credits from Schedule UB, Line 9    5 \$   .00
- 6 Tentative Tax. Subtract Line 5 from Line 4    6 \$   .00
- 7 Minus QHTC Exemption This Return    7 \$   .00
- 8 Total DC gross receipts from Line '4' MTLGR Worksheet \$   .00
- 9 Net tax. Line 6 minus Line 7. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Enter here and on page 2, Line 40. Complete page 2, Lines 41 through 48.    9 \$   .00
- 10 Amount of QHTC Exemption Remaining \$   .00

1. Net income per books. . . . .	\$	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest \$	\$
2. Federal income tax . . . . .			
3. Excess of capital losses over capital gains . .			
4. Taxable income not recorded on books this year (itemize) . . . . .			
5. Expenses recorded on books this year and not deducted on this return (itemize).  (a) Depreciation . . . . . \$  (b) Depletion . . . . . \$		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation . . . . . \$ (b) Depletion . . . . . \$	
		9. TOTAL of Lines 7 and 8 . . . . .	\$
6. TOTAL of Lines 1 through 5. . . . .	\$	10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	\$

1. Balance at beginning of year . . . . .	\$	5. Distributions: (a) Cash . . . . .	\$
2. Net income per books . . . . .		(b) Stock . . . . .	
3. Other increases (itemize) . . . . .		(c) Property . . . . .	
		6. Other decreases (itemize). _____	
		7. TOTAL of Lines 5 and 6. . . . .	\$
4. TOTAL of Lines 1, 2 and 3.	\$	8. Balance at end of year (Line 4 minus Line 7). .	\$

**Schedule I – Income from Rent**

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1. _____		\$ _____	\$ _____	\$ _____	\$ _____
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
<b>7. TOTAL</b> (Enter the total of Column 3 on D-20, Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)		\$ _____	\$ _____	\$ _____	\$ _____

\*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

**Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.**

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$ _____			\$ _____

**Supplemental Information**

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –		5. LOCATED AT –	
6. During 2016, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES <input type="radio"/> NO <input type="radio"/> If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.		If you have already provided OTR with a detailed statement, enter the date it was sent. <input type="text"/> MM/DD/YYYY	
7. Is this corporation unitary with another entity? <input type="radio"/> YES <input type="radio"/> NO		If yes, explain:	
8. Is this return made on the accrual basis? <input type="radio"/> YES <input type="radio"/> NO		If no, indicate basis used: <input type="radio"/> Cash Basis <input type="radio"/> Other (specify)	
9. Did you file a franchise tax return with D for the year 2015? <input type="radio"/> YES <input type="radio"/> NO		If no, state reason	
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2016? <input type="radio"/> YES <input type="radio"/> NO		If no, state reason:	
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2016? <input type="radio"/> YES <input type="radio"/> NO			
12. (a) Has the business been terminated? <input type="radio"/> YES <input type="radio"/> NO		If yes, explain and give date:	
(b) Have you moved out of DC? <input type="radio"/> YES <input type="radio"/> NO			
13. Did you file an annual ballpark fee return		<input type="radio"/> YES <input type="radio"/> NO	

Worldwide Combined Reporting  
Election Form



FEIN of Designated Agent

Taxable Year YYYY

☐ Worldwide

Name of Designated Agent

Telephone number

Business address line #1

Business address line #2

City

State

Zip code +4

- In accordance with the provisions of DC Official Code § 47-1810.07 and the combined reporting regulations, election is hereby made to report on a worldwide unitary combined basis.
- A worldwide unitary combined reporting election is binding for and applicable to the tax year it is made and all years thereafter for a period of ten years.
- It may be withdrawn or reinstituted after withdrawal, prior to the expiration of the ten-year period, only upon written request for reasonable cause based on extraordinary hardship due to unforeseen changes in DC tax statutes, law or policy and only with the written permission from the Office of Tax and Revenue.
- Upon the expiration of the ten-year period, a taxpayer may withdraw from the worldwide unitary combined reporting election.
- Withdrawal must be made in writing within one year of the expiration of the election and is binding for a period of ten years, subject to the same conditions as applied to the original election.

Date Beginning Tax Period: MMDDYYYY

Date Ending Tax Period: MMDDYYYY

Authorized Signature

Printed Name

Date

Under penalties of law, I declare that the designated agent has authorized me to sign on behalf of all members of the combined group, and that I have examined this form and the information contained herein is, to the best of my knowledge and belief, correct and complete.



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OFFICIAL USE ONLY  
Vendor ID# 0002



**Organ and Bone Marrow Donor Credit**

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

<b>Organ and Bone Marrow Donor Credit</b> — Computation —			
<b>Column 1</b> <b>Credit Category</b>	<b>Column 2</b> <b>Total Paid Leave</b>	<b>Column 3</b> <b>Leave Credit Calculation</b>	<b>Column 4</b> <b>Total Credit</b>
<b>Organ Donor(s)</b>	<b>Total Paid Leave Wages</b> \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
<b>Bone Marrow Donor(s)</b>	<b>Total Paid Leave Wages</b> \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
		<b>Total of Col. 4.</b> <b>Enter here and</b> <b>on Schedule UB.*</b>	\$ _____

\*Line 3 of Schedule UB for D-20 filers

Line 14 of Schedule UB for D-30 filers

<b>Employer-Assisted Home Purchase Tax Credit</b> — Computation —	
<b>1. Number of Eligible Employees</b>	<input type="text"/>
<b>2. Amount of Homeownership Assistance provided during this period to Eligible Employees.....x 50%</b>	\$ _____
<b>3. Tax Credit ..... (Cannot exceed Line 2 amount and limited to \$2,500 per Eligible Employee)</b>	\$ _____
<p align="center"><b>Enter amount from Line 3 on</b> <b>Line 7 of Schedule UB for D-20 filers, or</b> <b>Line 18 of Schedule UB for D-30 filers.</b></p>	

**Employer-Assisted Home Purchase Tax Credit**

An employer who provides homeownership assistance to eligible employees through a certified home purchase program may be eligible to claim a credit against the franchise tax if certain conditions are met. See instructions and DC Code Section 47-1807.07 for further details.