<u>* * *</u>	Government of the
	District of Columbia



2016 D-20 Corporation Franchise Tax Return



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			
		In DC:	Outside DC:				Fill in if QHTC located in DC Ballpark TIF Are
	Nam	e of corporation			Tax p	eriod ending (MMYY)	Fill in if Amended Return
							Fill in if Final Return
	Busir	ness mailing address #1					Fill in if Certified QHTC
	Busi	ness mailing address #2					Fill in if Combined Report* *You must fill in the Designated Agent info below
							Fill in if Worldwide** **Worldwide form must be filed with this return
	City			St	tate	Zip Code + 4	
	Desig	gnated Agent Name				Designated Age	ent FEIN
	•RE/	AD INSTRUCTIONS BEFORE PREPARING RETURN • (To allocate non-bu	usiness Items, see instruc	tions)		If amount is zero, leav	Enter dollar amounts only. e line blank; if minus, enter amount and fill in oval
	1	Gross receipts, minus returns and allowances			1		00
	2	Cost of goods sold (from D-20 Schedule A) and/or oper (attach statement)	ations		2		00
GROSS INCOME	3	Gross profit from sales and/or operation Line 1 minus Line 2	Fill in if minus:		3		.00
N	4	Dividends from Form D-20, Schedule B			4		00
SSC	5	Interest (attach statement)			5		00
GR(6	Gross rental income from D-20, Schedule I, Column 3, Line 7	7 Fill in if minus:		6		00
	7	Gross royalties (attach statement)			7		00
	8(a) Net capital gain (loss) (attach a copy of your federal Schedule	e D) Fill in if minus:		8 (a))\$	00
	(b) Ordinary gain (loss) from Part II, fed. Form 4797, (attach copy	y) Fill in if minus:		8 (b))\$	00
	9	Other income (loss) (attach statement)	Fill in if minus:		9		.00
	10	Total gross income. Add Lines 3–9.	Fill in if minus:		10		.00
	11	Compensation of officers from Form D-20, Schedule C			11		.00
	12	Salaries and wages			12		00
	13	Repairs			13		.00
	14	Bad debts			14		00
	15	Rent			15		00
DEDUCTIONS	16	Taxes from Form D-20, Schedule D			16		00
JCTI	17(a) Interest payments \$		00			
EDL	(b) Minus nondeductible payments to related entities \$		00 =	170	\$	00
	18	Contributions and/or gifts (attach statement)			18		00
	19	Amortization (attach a copy of your federal Form 4562)			19		.00
	20	Depreciation (attach a copy of your federal Form 4562. Do any additional federal sec. 179 expenses or bonus depreciation			20		00
	21	Depletion (attach statement)			21		00
	22(a) Enter royalty payments made		00			
		b) Minus nondeductible payments to related entities \$		00 =	220	\$.00

D-20 FORM, PAGE 2

Taxpayer Name:

Federal Employer I.D. Number:



S					ENTER D	OLLAR AMOUNTS ONLY	
CTIONS	23 F	Pension, profit-sharing plan Fill in if	minus:	23			00
SOC	24 (Other deductions (attach statement)		24 🔇			00
DEI	24 (25 1	Total deductions. Add Lines 11-24.		25			00
	26 1	Net income Line 10 minus Line 25. Fill in if	minus:	26			00
	27 1	Net operating loss deduction for years before 2000		27			00
		Net income after net operating loss deduction Fill in if ine 26 minus Line 27	minus:	28			00
	29 (a) Non-business income/state adjustment (attach statement) Fill in if	minus:	29a			00
	(b) Expense related to non-business income (attach statement)		29b			00
ш	(c) 29(a) minus 29(b) Fill in if	minus:	29c			00
-E INCOME		Net income subject to apportionment Fill in if .ine 28 minus Line 29(c) Fill in if	minus:	30 S			00
⊆ щ	31 [DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5		31			
		Net income from trade or business Fill in if apportioned to DC Line 30 amount multiplied by Line 31 factor.	minus:	32 3			.00
1		Other income/deductions attributable to DC Fill in if attach statement - see instructions) Fill in if	minus:	33 (.00
		Total taxable income before apportioned NOL Fill in if deduction Line 32 plus or minus Line 33. Fill in if	minus:	34			00
	35 A	Apportioned NOL deduction (Losses occurring in year 2000 and later)		35			00
		Fotal DC taxable income. Line 34 minus Line 35. Fill in if f QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4, Lines		36			00
	37 1	Fax 9.2% of Line 36		37 🕄			00
		Minus nonrefundable credits from Schedule UB, Line 9		38			00
ITS		Total DC gross receipts from Line '4' MTLGR Worksheet				00	
R	a 41 F	 Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross rate \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Payments and refundable credits: a) Tax paid, if any, with request for an extension of time to file paid with original return if this is an amended return 		40 41a			.00
١TS	(b) 2016 estimated franchise tax payments		41b			00
MED	(c) Refundable credits from Schedule UB, Line 12		41c			00
PAYI	42 /	Add lines 41(a), 41(b) and 41(c).		42			00
X	42 / 43 44 E	RESERVED					
È		Estimated tax interest (Fill in oval if D-2220 attached)		44			00
	۷		See instructions.				00
		Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter a Amount you want to apply to your 2017 estimated franchise t		40			00
		Amount to be refunded. Line 46 minus Line 47.		48			00
		party designee To authorize another person to discuss this return with OTR, fill			the name and phone	number of that person. See instr	
		nee's name			Phone number		
PL	EASE	Under penalties of law, I declare that I have examined this return and, to the best of my kno	wledge, it is correct.	. Declara	ation of paid preparer is ba	sed on the information available to the	preparer.
S	IGN ERE						
		Office 's signature Title	Da	ite		Telephone number of person to contac	t
	AID						
	PARER NLY	Preparer's signature (if other than taxpayer) Date Preparer's PTIN		ou want	to allow the preparer to d Revenue fill in the oval	Firm address iscuss this return with the Office	
		2016 D-20) P2				
		Revised 12/16 Corporation	Franchise Tax Return	n nage	2		

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 ADDRE	AMOUNT			
 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:								
							¢	
				Dividends			\$	
			IVIINUS	deduction for Sul	opart F Income.			
				deduction for div -owned subsidary		om		
			ΤΟΤΑΙ	L (Enter here and	on D-20, Line 4.)	\$	
Schedule C - Compensation of officers (See speci	ific instruction	s for Li	ne 11.					
Col. 1	Col. 2		ol. 3	Percent of 0 Stock 0		Col. 6		Col. 7
Name and Address of Office	Official itle	Devo	t of Time . oted to	Col. 4	Col.5	Amount of		Expense Account
		Bu	siness	Common %	Preferred %	Compensation		Allowances
			/0	/0	/o	\$	\$	
			%	%	%			
			%	%	%			
							+	
			%	%	%			
TOTAL COMPENSATION OF OFFICERS (Enter here ar	nd on D-20, L	ine 11.)	I		\$		
Schedule D - Taxes (See specific instructions for	Line 16.						-	
EXPLANATION		IOUNT	EXPLANATION					MOUNT
	\$		_				\$	
							+	
				OTAL (Enter here	and on D-20, Lin	e 16.)	\$	
Schedule E - Reconciliation of the net income re 1. Taxable income before net operating loss deduction and spe		ederal	and DC	C returns				
deductions (page 1 of your Federal corporate return).	\$		7. Total DC taxable income reported (from D-20, Line 36). \$					
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME								
2. Income taxes (see specific instructions for line 16)			NON	N-TAXABLE INCOI	ME AND ADDITIC	NAL DEDUCTION	IS	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.			8. N	let income apport	ioned or allocated	to outside DC.		
 Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.)ther non-taxable i ncluding NOL (iter		ional deductions		
 Other unallowable deductions and additional income (itemi, include additional federal bonus depreciation and additiona IRC § 179 expenses). 			(a	a)			-	
(a)			(t)				
(b)			_				\vdash	
6. TOTAL of Lines 1–5.	\$		10.	TOTAL of Lines 7	', 8 and 9.		\$	



00

00

Schedule F - DC apportionment factor (See instructions)						
Round cents to the nearest dollar. If an amount is zero, leave the lin	e blank.	Carr	ry 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 othe than gross income from non-business income.	\$ 00	\$. 00			
3. PAYROLL FACTOR: Total compensation paid or accrued by the financial institutio .	\$ 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.						
	Schedule 1 - Combined Report Tax	Due				
Tax Due Tax Due Combined Group Report Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1			
Tax Due Tax Due Member 2 Member 3	Tax DueTax DueMember 4Member 5					
Qualified High Technology	Companies Tax, Exemption and C	redits Schedule (See instructions	;)			
1 Initial Date Of Taxable Income (MMYY)						
2 Cumulative Amount of QHTC Exemption Previ	ously Used \$		00			
3 Total DC taxable income. D-20 Line 36.	Fill in if minus:	3\$.00			
4 Qualified High echnology Companies Franchi	se Tax 6.0% of Line 3	4\$	00			
5 Minus nonrefundable credits from Schedule U	B, 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 Work	sheet \$		00			

 9
 Net tax. Line 6 minus Line 7. The minimum tax is \$250 if DC gross receipts are greater than \$1M. Enter here and on page 2, Line 40. Complete page 2, Lines 41 through 48.
 9

10 Amount of QHTC Exemption Remaining

Sel	hedule C - Balance Shoots		Beginning of Taxable Year End			of Taxable Year		
SC	hedule G - Balance Sheets		(A) Amount	(B) Total	(A) Amount	(B) Total		
	1. Cash							
	2. Trade notes and accounts receivable.							
	(a) MINUS: Allowance for bad debts			1	<u> </u>	-		
	3. Inventories							
	4. Gov't obligations: (a) U.S. and its instrumentalitie:							
	(b) States, subdivisions thereof,			+		-		
(0	5. Other current assets (attach statement)							
ETS	6. Loans to stockholders							
SSE	7. Mortgage and real estate loans.							
AS	Mortgage and real estate loans							
	9. Buildings and other fixed depreciable asset							
	(a) MINUS: Accumulated depreciation			-				
	10. Depletable assets.			4		-		
	(a) MINUS: Accumulated depletion							
	12. Intangible assets (amortizable only)			4		_		
	(a) MINUS: Accumulated amortization			-		-		
	13. Other assets (attach statement)				-			
	14. TOTAL ASSETS							
	15. Accounts payable							
TAL	16. Mortgages, notes, bonds payable in less than 1 year							
ΡT	17. Other current liabilities (attach statement)							
◄	18. Loans from stockholders							
С С	19. Mortgages, notes, bonds payable in 1 year or more							
Q	20. Other liabilities (attach statement)							
۷	21. Capital stock: (a) Preferred stock			4		_		
ES	(b) Common stock							
LITIES	22. Paid-in or capital surplus (attach statement)							
	23. Retained earnings - Appropriated (attach statement)							
AB	24. Retained earnings - Unappropriated							
Ľ	25. MINUS: Cost of treasury stock			()		()		
	26. TOTAL LIABILITIES AND CAPITAL							
¢.	chedule H-1 – Reconciliation of Income (Los	s) per Books V	With Income (Le	ss) per Peturn				
_		-		-				
1.	Net income per books	\$		me recorded on books t uded in this return (item		\$		
2.	Federal income tax			exempt interest \$	1120).			
3.	Excess of capital losses over capital gains			οφ				
	Taxable income not recorded on books this							
	year (itemize)							
				uctions on this tax retur	0			
5.	Expenses recorded on books this year and not			nst book income this ye				
	deducted on this return (itemize).		(a)) Depreciation	\$			
	(a) Depreciation \$		(b)) Depletion	\$			
	(b) Depletion\$			TAL of Lines 7 and 8 \cdot \cdot		\$		
				ble Income (federal Form	1 0 1			
6.	TOTAL of Lines 1 through 5	\$	sho	uld equal Line 6 minus L	ine 9 of this Schedule.)	\$		
S	chedule H-2 – Analysis of Unappropriated R	etained Earnin	gs per Books					
1.	Balance at beginning of year	\$	5. Distri	ibutions: (a) Cash		\$		
۷.	Net income per books	ļ			ty			
3.	Other increases (itemize)							
			6. Othe	r decreases (itemize).				
						-		
			7. TOTA	L of Lines 5 and 6		\$		

8. Balance at end of year (Line 4 minus Line 7). .

\$

4	TOTAL	of Lines	1 2	and 3

\$

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)
		\$	\$	\$	\$
. TOTAL (Enter the total of Colun	\$	\$	\$	\$	

Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)

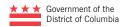
*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

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
ouppionionitai	momuton

1.	STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF I	NCORPORATION	2.(b) D	ATE BUSINESS BEGAN IN DC		TER WHERE FEDERAL RETURN PERIOD COVERED BY THIS RETUR	۲N:
4.	THE CORPORATION'S BOOKS ARE IN THE CARE OF -	1		5. LOC	ATED AT –			
6.	During 2016, has the Internal Revenue Service adjustments to your federal income tax return, returns with the IRS? YES NO If "YES", please submit separately a detailed st submitted, to the address shown on page 9 un	or did you file	any amendeo s previously	1	If you have already pro a detailed statement, e it was sent.		MM/DD/YYYY	
7.	Is this corporation unitary with another entity?		YES	O NO	If yes, explain:			
8.	Is this return made on the accrual basis?		YES	O NO	If no, indicate basis u	used: 🔵 Cash E	Basis Other (specify	r)
9	. Did you file a franchise tax return with D for the year 2015?		◯ YES	O NO	If no, state reason			
10). Did you withhold DC income tax from wages pa DC resident employees during 2016?	aid to your	YES	○ NO	If no, state reason:			
11	. Did you file annual information returns, federal and 1099, relating to payment of dividends and 2016?		○ YES	○ NO				
12	. (a) Has the business been terminated?		YES	O NO	lf yes, explain and gi	ve date:		
	(b) Have you moved out of DC?		YES	O NO				
13	3. Did you file an annual ballpark fee return		O YES	O NO				
	Revised 12/16							



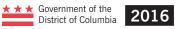
Worldwide Combined Reporting Election Form



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 repo ting 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
	ized me to sign on behalf of all members of the combined group, and that I have examir n is, to the best of my knowledge and belief, correct and complete.



SCHEDULE UB Business Credits

Important: Print in CAPITAL letters using black ink. Attach to your Form D-20 or D-30.



0.			0.121
Ven	dor	ID#	0002

Тах	payer Identification Number Fill in if FEIN Fill in if filing a D-20 Return			
Ent	Fill in if SSN Fill in if filing a D-30 Return Fill in if filing a D-30 Return	1		
DÍ	20 Return			
	nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax)		
1	Economic Development Zone Incentives Credits (see worksheet).	1 \$		00
	1a Amount of Line 1 that is Food Commodity Donation Credit (see worksheet).		00	
2	Qualified High echnology Company Credits from Part E, Line 5, DC Form D-20CR, from pub. 399.	2 \$		00
3	Organ and Bone Marrow Donor Credit (see computation on reverse side).	3 \$		00
4	Job Growth Incentive Act	4 \$		00
5	Enter alternative fuel credits. See instructions			
	5a Alternative fuel infrastructure. 00 # of stations			
	5b Alternative fuel vehicle conversion.			
6	Total alternative fuel credits. Add Lines 5a and 5b only and enter here.	6 \$		00
7	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a	7 \$		00
8	RESERVED # of employees	8 \$		00
9	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. If QHTC, enter here and on QHTC Schedule, Line 5.	9 \$		00
Re	fundable Credits			
10	Qualified High echnology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR, from pub. 399.	10 \$.00
11		11 \$		00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 41c.	12 \$		00
D- 3	30 Return			
No	nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax	:)		
13	Economic Development Zone Incentives Credit (see worksheet).	13 \$		00
	13a Amount of Line 13 that is Food Commodity Donation Credit (see worksheet).		00	
14	Organ and Bone Marrow Donor Credit (see computation on reverse side).	14 \$		00
15	Job Growth Incentive Act	15 \$		00
16	Enter alternative fuel credits. See instructions			
	16a Alternative fuel infrastructure. 00 # of stations			
	16b Alternative fuel vehicle conversion. # of vehicles			
17	Total alternative fuel credits. Add Lines 16a and 16b only and enter here.	17 \$		00
18	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a	18 \$		00
19	RESERVED # of employees	19 \$		00
20		20 \$		00
20	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	20 0		00
	Schedule UB Instructions Qualified High Technology Companies If you claim credits on Lines 2 or 10 above, attach a copy of your DC Form D-20CR to the D-20. 2016 SCHEDULE UB			_

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.

	-	e Marrow Donor Credit		
Column 1 Credit Category	Column 2 Total Paid Leave	Column 3 Leave Credit Calculation	Column 4 Total Credit	
Organ Donor(s)	Total Paid Leave Wages \$	Col 2 amt. × 25% \$	\$	
Bone Marrow Donor(s)	Total Paid Leave Wages \$	Col 2 amt. × 25% \$	\$	
		Total of Col. 4. Enter here and on Schedule UB.*	\$	
		*Line 3 of Schedule UB for Line 14 of Schedule UB for		
		Home Purchase Tax Creater Mome Purchase Tax Creater Cr	dit	
1. Number of Eli	gible Employees]		
2. Amount of Homeownership Assistance provided during this period to Eligible Employeesx 50% \$				
3. Tax Credit (Cannot excee	d Line 2 amount and li	imited to \$2,500 per Eligible	\$	

Employee)

Enter amount from Line 3 on Line 7 of Schedule UB for D-20 filers, or Line 18 of Schedule UB for D-30 filers.

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.