



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

Year _____ of 10 Year Election
 Tax Identification Number (FEIN/SSN) Tax Year Ending (MMYY)

OFFICIAL USE ONLY
 Vendor ID# 0002

Designated agent or member's name

Fill in if Water's Edge
 Fill in if World Wide
 Fill in if fiscalized

Business mailing address #1

City State Zip Code + 4

Type of Entity: Corporation Unincorporated Business Financial Institution Non-Nexus Member

Description	Designated Agent/Members
1 Gross receipts, minus returns and allowances	1 \$
2 Cost of goods sold	2 \$
3 Gross profit from sales and/or operations. <i>Line 1 minus Line 2.</i>	Fill in if minus: <input type="radio"/> 3 \$
4 Dividends from D-20, Schedule B.	4 \$
5 Interest. <i>Attach statement.</i>	5 \$
6 Gross rental income (loss) from D-20 Schedule I.	Fill in if minus: <input type="radio"/> 6 \$
7 Gross royalties. <i>Attach statement.</i>	7 \$
8 (a) Net capital gain (loss). <i>Attach copy of federal Form 1120, Schedule D.</i>	Fill in if minus: <input type="radio"/> 8a \$
(b) Ordinary gains (loss). <i>Attach copy of federal Form 4797.</i>	Fill in if minus: <input type="radio"/> 8b \$
9 Other income (loss). <i>Attach statement.</i>	Fill in if minus: <input type="radio"/> 9 \$
10 Total gross income. <i>Add Lines 3 - 9.</i>	Fill in if minus: <input type="radio"/> 10 \$
11 Compensation of officers from Form D-20, Schedule C	11 \$
12 Salaries and wages	12 \$
13 Repairs	13 \$
14 Bad debts	14 \$
15 Rent	15 \$
16 Taxes from Form D-20, Schedule D & Form D-30, Schedule C	16 \$
17 Interest payments. <i>Attach statement for non-deductible payment to related entity.</i>	17 \$
18 Contributions and/or gifts. <i>Attach statement.</i>	18 \$
19 Amortization. <i>Attach copy of your federal Form 4562.</i>	19 \$
20 Depreciation. <i>Attach a copy of your federal Form 4562.</i> <i>Do not include any additional federal sec. 179 expenses or bonus depreciation.</i>	20 \$
21 Depletion. <i>Attach statement.</i>	21 \$
22 Royalty payments made. <i>Net of non-deductible payments to related entities.</i> <i>Attach statement.</i>	22 \$
23 Pension, profit-sharing plans	Fill in if minus: <input type="radio"/> 23 \$
24 Other deductions. <i>Attach statement.</i>	24 \$
25 Total deductions. <i>Add Lines 11-24.</i>	25 \$
26 Net income. <i>Line 10 minus Line 25.</i>	Fill in if minus: <input type="radio"/> 26 \$

Tax Identification Number (FEIN/SSN): _____

Member's name: _____



Description			
27	Net operating loss deduction. <i>(For years before 2000)</i>	27	\$
28	Net income after net operating loss deduction. <i>Line 26 minus Line 27.</i>	28	\$
	Fill in if minus: <input type="radio"/>		
29	(a) Non-business income/state adjustment. <i>Attach statement.</i>	29a	\$
	(b) Expense related to non-business income. <i>Attach statement.</i>	29b	\$
	(c) 29(a) minus 29(b).	29c	\$
	Fill in if minus: <input type="radio"/>		
30	Net income subject to apportionment. <i>Line 28 minus Line 29(c).</i>	30	\$
	Fill in if minus: <input type="radio"/>		
31	DC apportionment factor. <i>Combined Reporting Schedule 2B, Line 13.</i>	31	\$
32	Net income from trade or business apportioned to DC. <i>Line 30 multiplied by Line 31 factor.</i>	32	\$
	Fill in if minus: <input type="radio"/>		
33	Portion of D20 Line 29 (c) / D30 Line 26 (c) attributable to DC: _____ <i>Partner: Add your distributive share of post-apportioned salary allowance from the D30 Line 32: _____</i> <i>Partner: Add your distributive share of post-apportioned exemption from the D30 Line 33: _____</i>	33	\$
	Fill in if minus: <input type="radio"/>		
34	Total taxable income before apportioned NOL deduction. <i>Line 32 plus or minus Line 33. (Attach statement.)</i> <i>UB: Subtract salary allowance: _____</i> <i>UB: Subtract exemption: _____</i>	34	\$
	Fill in if minus: <input type="radio"/>		
35	Apportioned NOL deduction. <i>(Loss occurring in year 2000 and later)</i>	35	\$
36	Total District taxable income. <i>Line 34 minus Line 35. (Do not offset income of members with NOL of other members)</i>	36	\$
	Fill in if minus: <input type="radio"/>		
37	Tax 9.2% of Line 36 (combined tax).	37	\$
38	Minus nonrefundable credits <i>(for each member)</i>	38	\$
39	Total DC gross receipts. <i>Attach Minimum Tax Liability Gross Receipts worksheet.</i>	39	\$
40	Net tax, <i>Line 37 minus Line 38. The 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.</i>	40	\$
41	Payments and refundable credits:	41	
	(a) Tax paid with request for an extension of time to file or paid with the original return if this is an amended return.	41a	
	(b) 2016 estimated franchise tax payments - First quarter.	41b	
	Second quarter.		
	Third quarter.		
	Fourth quarter.		
	Total estimated franchise tax payments.		
	(c) Refundable credits.	41c	\$
42	Add lines 41(a), (b), and (c).	42	\$
43	RESERVED	43	\$
44	Estimated tax interest	44	\$
45	Total amount. <i>If Line 42 is smaller than the total of Lines 40 and 44, enter amount due.</i>	45	\$
46	Overpayment. <i>If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid.</i>	46	\$
47	Amount you want to apply to your 2017 estimated franchise tax	47	\$
48	Amount to be refunded. <i>Line 46 minus Line 47.</i>	48	\$