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Year _____ of 10 Year Election

Tax Identification Number (FEIN)

Tax Year Ending (MMYY)

OFFICIAL USE ONLY
Vendor ID# 0002

Name of Designated Agent

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	Combined Group Report	Intercompany Eliminations	Total Before Eliminations
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 <i>from D-20, Schedule B.</i>	4		
5 Interest. <i>Attach statement.</i>	5		
6 Gross rental income (loss) <i>from D-20 Schedule 1.</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 <i>from Form D-20, Schedule C</i>	11		
12 Salaries and wages	12		
13 Repairs	13		
14 Bad debts	14		
15 Rent	15		
16 Taxes <i>from Form D-20, Schedule D & Form D-30, Schedule C</i>	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): _____

Name of Designated Agent: _____

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