

**Combined Group
Members' Schedule**NOTE: READ INSTRUCTIONS BEFORE
COMPLETING THIS FORM

Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number of Designated Agent

Taxable year ending MMY

☐ Worldwide

Name of Designated Agent

Telephone number

Business mailing address line #1

Business mailing address line #2

City

State

Zip Code + 4

| A List the designated agent and all combined members | B Taxpayer Identification Number | C Was a separate DC franchise tax return filed in the prior year? | D Is the member new to the combined group? | E Was gross income received from District sources? | F Does the member have nexus in DC? |
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Note: If more than 14 combined members, continue list on a separate sheet of paper.

Combined Group Members' Schedule

Instructions

It is necessary to identify each member of the DC Combined Group subject to the franchise tax.

Attach a copy of Federal Forms 851, 5471, and 8975 (including Schedule A).

File this schedule each year that a DC Combined Report is filed.

Column A - List the designated agent and all combined members included in the DC Combined Reporting group.

Column B - Give the Taxpayer Identification Number (TIN) for each member listed.

Column C - Indicate if each member listed filed a separate DC franchise tax return in the prior tax year.

Column D - Indicate if any members are new to the DC Combined Group.

Column E - Indicate if the member received gross income from DC sources.

Column F - Indicate if the member has nexus in DC.