



Important: Print in CAPITAL letters using black ink.

Year of 10 Year Worldwide Election

Taxpayer Identification Number (TIN) Tax Year Ending (MMYY)

Name of Designated Agent

Business mailing address #1

City State Zip Code + 4

Type of Entity: Corporation Unincorporated Business Financial Institution **Fill in all that apply**

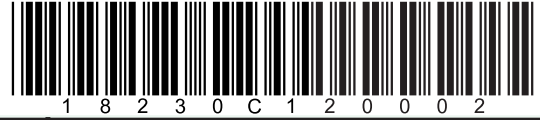
OFFICIAL USE ONLY
Vendor ID# 0002

Fill in if Water's Edge
Fill in if Worldwide
Fill in if fiscalized

Description		Combined Group Report	Intercompany Eliminations and other District specific additions or subtractions	Total Before Eliminations
1 Gross receipts, minus returns and allowances	1	\$	\$	\$
2 Cost of goods sold. (from Schedule A).	2	\$	\$	\$
3 Gross profit from sales and/or operations. <i>Line 1 minus Line 2</i>	3	\$	\$	\$
4 Dividends. <i>Attach statement.</i>	4	\$	\$	\$
5 Interest. <i>Attach statement.</i>	5	\$	\$	\$
6 Gross rental income from D-20 Schedule I and/or D-30, Line 6.	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>	8a	\$	\$	\$
(b) Ordinary gains (loss). <i>Attach copy of federal Form 4797.</i>	8b	\$	\$	\$
9 Other income (loss). <i>Attach statement.</i>	9	\$	\$	\$
10 Total gross income. Add Lines 3 - 9.	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 and/or Form D-30, Schedule C	16	\$	\$	\$
17 (a) Interest payments. \$ <input type="text"/> .00	17c	\$	\$	\$
(b) Minus nondeductible payments to related entities \$ <input type="text"/> .00 =				
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 IRC 179 expenses and IRC 168(k) depreciation.</i>	20	\$	\$	\$
21 Depletion. <i>Attach statement and copy of federal Form 4562.</i>	21	\$	\$	\$
22 (a) Royalty payments made. \$ <input type="text"/> .00	22c	\$	\$	\$
(b) Minus non-deductible payments to related entities \$ <input type="text"/> .00 =				
23 Pension, profit-sharing plans	23	\$	\$	\$
24 Other deductions. <i>Attach statement.</i>	24	\$	\$	\$
25 Total deductions. Add Lines 11-24.	25	\$	\$	\$
26 Net income. <i>Line 10 minus Line 25.</i>	26	\$	\$	\$

Taxpayer Identification Number (TIN): _____

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Description	Line	Combined Group Report	Intercompany Eliminations and other District specific additions or subtractions	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 9	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 Other income/deductions attributable to DC: Fill in if minus: <input type="radio"/>	33	\$	\$	\$
UB: Partner: Add your distributive share of post-apportioned salary allowance from the D30 Line 32: _____ UB: Partner: Add your distributive share of post-apportioned exemption from the D30 Line 33: _____				
34 Total taxable income before apportioned NOL deduction. Line 32 plus or minus Line 33. (Attach statement.) Fill in if minus: <input type="radio"/>	34	\$	\$	\$
UB: Subtract salary allowance: _____ UB: Subtract exemption: _____				
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 8.25% 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 per member.	40	\$		\$
41 Payments and refundable credits:				
(a) Tax paid with request for an extension of time to file	41a	\$		\$
(b) Paid with the original return if this is an amended return	41b	\$		\$
Estimated franchise tax payments First quarter. _____ Second quarter. _____ Third quarter. _____ Fourth quarter. _____				
(c) Total 2018 estimated franchise tax payments.	41c	\$		\$
(d) Refundable credits.	41d	\$		\$
42 If this is an amended 2018 return, enter refund requested with original return.	42	\$		\$
43 Total payments and credits. Add Lines 41(a) through 41(b). Do not include Line 42.	43	\$		\$
44 Estimated tax interest	44	\$	\$	\$
45 Total amount due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.	45	\$	\$	\$
46 Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.	46	\$	\$	\$
47 Amount you want to apply to your 2019 estimated franchise tax	47	\$	\$	\$
48 Amount to be refunded. Line 46 minus Line 47.	48	\$	\$	\$