



Important: Print in CAPITAL letters using black ink.

**Year**  **of 10 Year Worldwide Election**

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

Designated agent or member's name

Business mailing address #1

City  State  Zip Code + 4

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

Designated Agent TIN

Description	Line	Amount	Designated Agent and/or Members
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 <i>from D-20 Schedule I and/or D-30, Line 6.</i>	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. <i>Add Lines 3 - 9.</i>	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 and/or Form D-30, Schedule C</i>	16	\$	
17(a) Interest payments. <input type="text"/> .00		\$	
(b) Minus nondeductible payments to related entities. <input type="text"/> .00 =	17c	\$	
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. 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		\$	
(b) Minus non-deductible payments to related entities. <input type="text"/> .00 =	22c	\$	
23 Pension, profit-sharing plans	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>	26	\$	

This Schedule shall be completed by each member and the Designated Agent

Taxpayer 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>	Fill in if minus: <input type="radio"/>	28
29 (a) Non-business income/state adjustment. <i>Attach statement.</i>	Fill in if minus: <input type="radio"/>	29a
(b) Expense related to non-business income. <i>Attach statement.</i>		29b
(c) 29(a) minus 29(b).	Fill in if minus: <input type="radio"/>	29c
30 Net income subject to apportionment. <i>Line 28 minus Line 29(c).</i>	Fill in if minus: <input type="radio"/>	30
31 DC apportionment factor. <i>Combined Reporting Schedule 2B, Line 9</i>		31
32 Net income from trade or business apportioned to DC. <i>Line 30 multiplied by Line 31 factor.</i>	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. <i>Line 32 plus or minus Line 33. (Attach statement.)</i>	Fill in if minus: <input type="radio"/>	34
UB: Subtract salary allowance: _____		
UB: Subtract exemption: _____		
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>	Fill in if minus: <input type="radio"/>	36
37 Tax 8.25% 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 per member.</i>		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. <i>Add Lines 41(a) through 41(d). Do not include Line 42.</i>		43
44 Estimated tax interest.		44
45 Total amount due. <i>If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.</i>		45
46 Overpayment. <i>If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.</i>		46
47 Amount you want to apply to your 2019 estimated franchise tax		47
48 Amount to be refunded. <i>Line 46 minus Line 47.</i>		48