

2018 D-20 Corporation Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

	Тахр	payer Identification Number (TIN) Num	ber of business	locations		OFFIC	CIAL USE ONLY Vendor ID# 00	002
		In DC:	Out	side DC:			Fill in if QHTC located in DC Bal	Ilpark TIF Area
	Nam	ne of corporation				Tax period ending (MMYY) Fill in if Amended Return	
							Fill in if Final Return	
	Busir	ness mailing address #1					Fill in if Certified QHTC	
							Fill in if Combined Report* *You must fill in the Designated Agent info b	pelow
	Busi	ness mailing address #2					Fill in if Worldwide**	
	City				St	ate Zip Code + 4	**Worldwide form must be filed with this ret	urn
	Oity				Ot.	219 0000 1 4		
	Desig	gnated Agent Name				Designated Ag	ent TIN	
	• RF	AD INSTRUCTIONS BEFORE PREPARING RETURN • (To all	ocato non husino	es Itams, son instruct	ions)		Enter dollar amounts only.	
	1	Gross receipts, minus returns and allowances	Jeate Hon-busine	33 1161113, 366 111311461	.101137	1 \$	ve line blank; if minus, enter amount and fill	00
	2	Cost of goods sold (from D-20 Schedule A) and (attach statement)	l/or operatio	ons		2 \$		00
GROSS INCOME	3	Gross profit from sales and/or operations Line 1 minus Line 2		Fill in if minus:		3 \$		00
NC	4	Dividends from Form D-20, Schedule B				4 \$ 1		00
SS	5	Interest (attach statement)				5 \$		00
3R0	6	Gross rental income from D-20, Schedule I, Column	3, Line 6			6 \$		00
Ū	7	Gross royalties (attach statement)				7 \$		00
	8(a	Net capital gain (loss) (attach a copy of your federa	I Schedule D)	Fill in if minus:		8(a)\$		00
) Ordinary gain (loss) from Part II, fed. Form 4797, (a		Fill in if minus:		8(b)\$		00
	9	Other income (loss) (attach statement)		Fill in if minus:		9 \$		00
	10	Total gross income. Add Lines 3–9.		Fill in if minus:		10 \$		00
	11	Compensation of officers from Form D-20, Schedu	ıle C			11 \$		00
	12	Salaries and wages				12 \$		00
	13	Repairs				13 \$		00
	14	Bad debts				14 \$		00
	15	Rent				15 \$		00
EDUCTIONS	16	Taxes from Form D-20, Schedule D				16 \$		00
CTIC	17(a) Interest payments	\$		00			
	(b) Minus nondeductible payments to related entities			00 =	17c\$		00
	18	Contributions and/or gifts (attach statement)		18 \$		00		
	19	Amortization (attach a copy of your federal Form 4		19 \$		00		
	20	Depreciation (attach a copy of your federal Form 4 any additional IRC 179 expenses or IRC 168(k) depression of the control of	20 \$		00			
	21	Depletion (attach statement)				21 \$		00
	22(a) Enter royalty payments made	\$		00			
	(1	b) Minus nondeductible payments to related entities	\$		00 =	22c\$		00

)-2() FO	DRM, PAGE 2	1111					(
Гахра	ayer N	lame:						
Гахра	yer lo	dentification Number:		 1	 8	3 0 2 0 0		
S						ENTER I	DOLLAR AMOUNTS ONLY	
<u>2</u>	3 F	Pension, profit-sharing plans		23	3			00
$\frac{3}{2}$ 2	4 (Other deductions (attach statement)		24	1 3			00
크 2	5 1	Total deductions. Add Lines 11–24.		25	5			00
2	6 1	Net income Line 10 minus Line 25.	Fill in if minus:	26	5			00
2	7 1	Net operating loss deduction for years before 2000		27	7 5			00
2		Net income after net operating loss deduction Line 26 minus Line 27	Fill in if minus:	28	3 5			00
2	9 ((a) Non-business income/state adjustment (attach statement)	Fill in if minus:	29)a			00
	((b) Expense related to non-business income (attach statement	nt)	29)b			00
ш	((c) 29(a) minus 29(b)	Fill in if minus:	29	Эс			00
$\frac{3}{2}$	L	Net income subject to apportionment Line 28 minus Line 29(c)	Fill in if minus:	30) {			00
는 3		DC apportionment factor from Form D-20, Schedule F, Col. 3, Lin f Combined Report, from Combined Reporting Schedule 2A, Col. 1 Line		31	L			
	2 1	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor.	Fill in if minus:	32	2 9			00
_		Other income/deductions attributable to DC (attach statement - see instructions)	Fill in if minus:	33	3 \$			00
3	4 7	Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33.	Fill in if minus:	34	1 3			00
3		Apportioned NOL deduction (Losses occurring in year 2000 and	35	5			00	
3	6 1	Total DC taxable income. Line 34 minus Line 35. If QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4	Fill in if minus:	36	5 5			00
3		Tax 8.25% of Line 36		37	7 5			00
3	8	Minus nonrefundable credits from Schedule UB, Line 9		38	3			00
<u>^</u> 3	9 1	Total DC gross receipts from Line '4' MTLGR Worksheet					00	
CRED T	а	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC are \$1M or less or \$1,000 if DC gross receipts are greater than \$1	40) (00	
≥ 4	·1 F	Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time	e to file	41	.a			00
-AYMENIS AND 4	((b) Tax paid, if any, with original return if this is an ame		41	b			00
2	((c) 2018 estimated franchise tax payments		41	lc S			00
MF	((d) Refundable credits from Schedule UB, Line 12		41	ld			00
¥ 4	-2 I	f this is an amended 2018 return, enter refund requested	I with original return	1. 42	2			00
≨ 4		otal payments and credits. Add Lines 41(a) through 41(d). D	o not include Line 42	2.43	3			00
		Estimated tax interest (Fill in oval if D-2220 attached)		44				00
4		Total Amount Due. If Line 43 is smaller than the total of Lines 40 a Will this payment come from an account outside of the U.S.? Yes	and 44, enter amount du No See instructions		5			00
4	-6 (Overpayment. If Line 43 is larger than the total of Lines 40 and 44	1, enter amount overpaid	. 46	5			00
4	7 <i>F</i>	Amount you want to apply to your 2019 estimated fran	chise tax.	47	7			00
4	8 /	Amount to be refunded. Line 46 minus Line 47.		48	3	\$		00
T	hird p	party designee To authorize another person to discuss this return with 0	OTR, fill in here a	nd en	iter	the name and phone	e number of that person. See instru	uctions.
	esign	nee's name				Phone number		
PLE. SIC HE	GΝ	Under penalties of law, I declare that I have examined this return and, to the best	of my knowledge, it is corre	ct. Dec	clara	ation of paid preparer is b	pased on the information available to the	preparer.
		Officer's signature Title		Date			Telephone number of person to contact	t
PA	ID							
PREP. ON	ARER ILY	Preparer's signature (if other than taxpayer) Date		name			Firm address	
		Preparer's PTIN				to allow the preparer to Revenue fill in the oval.	discuss this return with the Office	



Taxpayer Identification Number:

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)			Schedule B - Dividends (See specific instructions for Line 4.)							
Inventory at beginning of year	\$			NAME AND ADDRESS OF DECLARING CORPORATION					AMOUNT	
								\$		
Merchandise bought for manufacture or sale										
3. Salaries and wages										
4. Other costs per books (attach statement)										
expenses are not allowable.) 5. Total	. \$									
6. Minus: Inventory at end of tax year										
,										
7. Cost of goods sold (Enter here and on D-20 Line 2.) Method of inventory valuation:	\$									
motion of inventory variations				Total	Dividends					
					s deduction for Su	bpart F Income.		\$		
								*		
					s deduction for div y-owned subsidar		rom			
				ТОТА	L (Enter here and	on D-20, Line 4.)	\$		
Schedule C - Compensation of officers (See special	cific in	struction	s for Lir	ne 11. I	If more than 3 offi	ces attach additio	nal sheets as need	led.)		
Col. 1	C	ol. 2		l. 3	Percent of Corporation Stock Owned		Col. 6		Col. 7	
Name and Address of Officer		ial Title		of Time ted to	Col. 4	Col.5	Amount of		Expense Account	
			Bus	siness	Common	Preferred	Compensation	+	Allowances	
				%	%	%	\$	\$		
								\bot		
			9		%	%				
				70	/0	/0				
				%	%	%				
TOTAL COMPENSATION OF OFFICERS (Enter here a	and on	D-20. L	ine 11.))			\$			
Schedule D - Taxes (See specific instructions for		· ·					•			
EXPLANATION			OUNT	Т		EXPLANATION		A	MOUNT	
		\$						\$		
				+				+		
				 	OTAL (Enter here	and on D-20, Lin	e 16.)	\$		
Schedule E - Reconciliation of the net income		ed on F	ederal	and D	C returns					
 Taxable income before net operating loss deduction and sp deductions (page 1 of your Federal corporate return). 	oecial	\$		7.1	Total DC taxable in	om D-20, Line 36	5). \$			
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		·		\dashv						
Income taxes (see specific instructions for line 16).				NO	N-TAXABLE INCO	NAL DEDUCTION	IS			
DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.				8. Net income apportioned or allocated to outside DC.						
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.				1 '	Other non-taxable ncluding NOL (ite		ional deductions			
Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).				((a)					
(a)(b)					(b)			\vdash		
6. TOTAL of Lines 1–5.		Φ.		-	. TOTAL of Lines 7	7 Q and Q		_		
O. TOTAL OF LINES 1-J.		\$		1,0	. TOTAL OF LINES	, o and 5.		\$		

Taxpaye	er Name:				
Тахрау	er Identification Number:			0 1 4 0	
	ule F - DC apportionment factor (See instructions) No chedule F blank. Use Combined Reporting Schedule 2A, Li		o not use Schedule F to derive	the apportionm	ent factor for the group.
Round	cents to the nearest dollar.			Carry all f	factors to six decimal places
For all	businesses other than financial institutions:	Column 1 TOTAL	Column 2 in	DC	Column 3 Factor
	ES FACTOR: All gross receipts of the business other oss receipts from non-business income.	\$	00 \$	00	(Column 2 divided by Column 1)
For Fir	nancial Institutions:				
	ES FACTOR: All gross income of the financial institution other gross income from non-business income.	\$	00 \$	00	
	ROLL FACTOR: Total compensation paid or accrued by the icial institution.	\$	00 \$	00	
4. SUN	OF FACTORS: (For Financial Institutions add Lines 2 and 3	of Column 3)			
	APPORTIONMENT FACTOR: For businesses other than f				
	31. For financial institutions divide Line 4, Column 3 by 2. If mbined Reporting	there are less than two factors, us	e Line 4, Column 3. Enter on	D-20, Line 31.	
	ne number of members in the combined group te Schedule 1 from the DC Combined Reporting Schedule 1A	Designated Agent			
	, ,	Schedule 1 - Combined Repor	rt Tax Due		
Tax [Com	Due Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent		Tax Due Member 1
L.,	7.0	T D	T 5		
Tax [Mem	Due Tax Due ber 2 Member 3	Tax Due Member 4	Tax Due Member 5		
	Qualified High Technology	Companies Tax, Exemption a	ind Credits Schedule (See	instructions)	
1	Initial Date Of Taxable Income (MMYY)				
2	Cumulative Amount of QHTC Franchise Tax Ex	emption Previously Used			00
3	Total DC taxable income. D-20 Line 36.	Fill in if minus:	3\$		00
4	Qualified High Technology Companies Franchis	se Tax 6.0% of Line 3	4\$.00
5	Minus nonrefundable credits from Schedule U	B, Line 9	5\$		00
6	Tentative Tax. Subtract Line 5 from Line 4		6\$		00
7	Minus QHTC Franchise Tax Exemption This Re	eturn	7\$		00
8	Total DC gross receipts from Line '4' MTLGR Works	sheet \$		00	
9	Net tax. Line 6 minus Line 7. The minimum tax is are \$1M or less or \$1,000 if DC gross receipts are a on page 2, Line 40. Complete page 2, Lines 41 through	greater than \$1M. Enter here	9 \$ and		.00

00

10 Amount of QHTC Franchise Tax Exemption Remaining

Taxpaver Name:			

Taxpayer Identification Number:

Schedule G - Balance Sheets		Beginning of	Taxable Year		Taxable Year
		A) Amount	(B) Total	(A) Amount	(B) Total
1. Cash					
2. Trade notes and accounts receivable			_		
(a) MINUS: Allowance for bad debts					
3. Inventories					
4. Gov't obligations: (a) U.S. and its instrumentaliti	ies				
(b) States, subdivisions thereo	f, etc				
5. Other current assets (attach statement)					
6. Loans to stockholders					
7. Mortgage and real estate loans					
8. Other investments (attach statement)					
9. Buildings and other fixed depreciable assets					
(a) MINUS: Accumulated depreciation			1		
10. Depletable assets					
(a) MINUS: Accumulated depletion			1		
11. Land (net of any amortization)					
12. Intangible assets (amortizable only)					
(a) MINUS: Accumulated amortization			1		
13. Other assets (attach statement)					
14. TOTAL ASSETS					
15. Accounts payable					
16. Mortgages, notes, bonds payable in less than 1 year					
17. Other current liabilities (attach statement)					
18. Loans from stockholders					
17. Other current liabilities (attach statement)					
20. Other liabilities (attach statement)					
			-		
22. Paid-in or capital surplus (attach statement)					
23. Retained earnings - Appropriated (attach statemen)					
(b) Common stock					
25. MINUS: Cost of treasury stock			/		(
26. TOTAL LIABILITIES AND CAPITAL			,		
Schedule H-1 – Reconciliation of Income (Lo	ss) per Books Wit	h Income (Lo	ss) per Return		
. Net income per books	. \$		come recorded on books		\$
2. Federal income tax		I	cluded in this return (ite exempt interest \$	mıze).	
3. Excess of capital losses over capital gains		Iax-	exempt interest \$		
I. Taxable income not recorded on books this					
year (itemize)					
		8. Dedi	uctions on this tax return	n and not charged	
. Expenses recorded on books this year and not		agai	nst book income this ye	ar (itemize).	
deducted on this return (itemize).		(a)	Depreciation S	\$	
			Depletion		
(a) Depreciation \$		(b	Depletion	Þ	
(b) Depletion \$		9 101	AL of Lines 7 and 8 · ·		\$
·			ble Income (federal Form		T
5. TOTAL of Lines 1 through 5	\$		uld equal Line 6 minus L	, , , ,	\$
Schedule H-2 – Analysis of Unappropriated I		ner Books			
Balance at beginning of year	\$	<u> </u>	ibutions: (a) Cook		\$
. Datance at beginning of year	Φ		(a) Casii		Ф
. Net income per books					
. Other increases (itemize)			(c) Proper	.y	
		6 Othe	er decreases (itemize).		
		0.000			
	7				
	7	7. TOTA	AL of Lines 5 and 6		\$
1 TOTAL of Lines 1 2 and 3	\$	8 Rala	nce at end of year (Line	4 minus Line 7)	\$

Taxpayer Name:			



Taxpayer Identifica	tion Number:									
	Income from Rent									
Col. 1 Ad	ddress of Property	Col. 2 Kind of Property	- 1	Col. 3 Gross mount of Rent	or Amort	epreciation* ization (Per Form 4562)		ol. 5 Repairs Ilain in Sch. I-1)	and oth	axes, Interest er Expenses* n in Sch. I-1)
1			\$		\$		\$		\$	
2										
_										
6. TOTAL (Enter total of Co	nter the total of Colum Dlumn 4, 5, and 6 on al depreciation and a	appropriate deducti	ion line		\$		\$		\$	
Schedule I-1	– Explanation of de	ductions claimed i	in Colu	mns 5 and 6	of Schedule	e I.				
Column No.	Explai	nation		Amount	Column No.		E	xplanation		Amount
			\$;						\$
						<u></u>				<u></u>
Supplementa 1. STATE OR COUN	I Information NTRY OF INCORPORATION	2.(a)	DATE OF	INCORPORATION	2.(b) DATE B	USINESS BEGAN	IN DC	3. IRS SERVICE CENT	TER WHERE I	FEDERAL RETURN
								WAS FILED FOR PE	ERIOD COVER	RED BY THIS RETURN
4. THE CORPORAT	'ION'S BOOKS ARE IN THE C	CARE OF –			5. LOCATED	AT -				
adjustments returns with If "YES", ple	8, has the Internal Re s to your federal incor the IRS? YES ease submit separately to the address shown	me tax return, or did NO y a detailed statemer	you file	e any amended ss previously	ас			vided OTR with enter the date	MN	M/DD/YYYY
7. Is this corpor	ration unitary with and	other entity?		YES	ONO I	f yes, explain	:			
8. Is this return	made on the accrual	basis?		YES	NO I	f no, indicate	basis ı	used: Cash B	Basis	Other (specify)
9. Did you file a for the year 2	a franchise tax return 2017?	with DC		YES	NO I	f no, state rea	ason			
	nhold DC income tax f employees during 20		our	YES	NO I	f no, state rea	ason:			
	annual information ret elating to payment of			YES	NO					
12. (a) Has the b	business been termina	ated?		YES	NO I	f yes, explain	and gi	ve date:		
(b) Have you	ı moved out of DC?			YES	NO					

YES

NO

13. Did you file an annual ballpark fee return?

Revised 09/18







Important: Print in CAPITAL letters using black ink. Attach to your Form D-20 or D-30.

OFFICIAL USE ONLY Vendor ID# 0002

	payer Identification Number Fill in if FEIN Fill in if filing a D-20 Return Fill in if SSN Fill in if filing a D-30 Return Fill in if FIII in if filing a D-30 Return Fill in if FIII in if filing a D-30 Return Fill in if FIII in if FIII in if filing a D-30 Return Fill in if FIII in if FIII in if filing a D-30 Return Fill in if FIII in if FI		
	, , , , , , , , , , , , , , , , , , , ,		
D-2	20 Return		
No	nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax Economic Development Zone Incentives Credits (see worksheet).		00
2	Qualified High Technology Company Credits from Part E, Line 5, DC Form D-20CR.	2 \$	00
3	Organ and Bone Marrow Donor Credit (see computation on reverse side).		00
4	Job Growth Incentive Act	4 \$	00
5	Enter alternative fuel credits. See instructions 5a Alternative fuel infrastructure.		
	5a Alternative fuel infrastructure. # of stations		
	5b Alternative fuel vehicle conversion. \$ 00 # of vehicles		
6	Total alternative fuel credits. Add Lines 5a and 5b only and enter here.	6 \$	00
7	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a	7 \$	00
8	RESERVED # of employees		00
9	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. If QHTC, enter here and on QHTC Schedule, Line 5.	9 \$	00
Re	fundable Credits		
10	Qualified High Technology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR.	10 \$	00
11	Small Retailer Property Tax Relief Credit	11 \$	00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(d).	12 \$	00
D-3	30 Return		
No	nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax		20
13	Economic Development Zone Incentives Credit (see worksheet).		00
14	Organ and Bone Marrow Donor Credit (see computation on reverse side)		00
	Job Growth Incentive Act	15 \$	00
16	Enter alternative fuel credits. See instructions		
	16a Alternative fuel infrastructure. # of stations		
	16b Alternative fuel vehicle conversion. \$ 00 # of vehicles		
17	Total alternative fuel credits. Add Lines 16a and 16b only and enter here.		00
18	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a	18 \$(00
19	RESERVED # of employees	19 \$	00
20	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	20 \$	00
Re	fundable Credits	o. 6	
21	Small Retailer Property Tax Relief Credit	21 \$ (00
22	Total the refundable D-30 credits, enter here and on Form D-30, Line 41(d).	22 \$	00

Revised 07/18

Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

Organ and Bone Marrow Donor Credit — Computation —									
Column 1 Credit Category	Column 2 Total Paid Leave	Column 3 Leave Credit Calculation	Column 4 Total Credit						
Organ Donor(s)	Total Paid Leave Wages \$	Col 2 amt. × 25% \$	\$						
Bone Marrow Donor(s)	Total Paid Leave Wages \$	Col 2 amt. × 25% \$	\$						
		Total of Col. 4. Enter here and on Schedule UB.*	\$						

*Line 3 of Schedule UB for D-20 filers Line 14 of Schedule UB for D-30 filers

Employer-Assisted Home Purchase Tax Credi — Computation —	t
1. Number of Eligible Employees	
2. Amount of Homeownership Assistance provided during this period to Eligible Employeesx 50%	\$
3. Tax Credit	\$
Enter amount from Line 3 on Line 7 of Schedule UB for D-20 filers, or Line 18 of Schedule UB for D-30 filers.	

Employer-Assisted Home Purchase Tax Credit

An employer who provides homeownership assistance to eligible employees through a certified home purchase program may be eligible to claim a credit against the franchise tax if certain conditions are met. See instructions and DC Code Section 47-1807.07 for further details.





Combined Group Members' Schedule

Important: Print in CAPITAL letters using black ink.

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

Taxpayer Identification Number	of Designated Agent	Taxable y	rear ending MMYY	Worldwid	е
Name of Designated Agent				elephone number	
Name of Designated Agent				elephone number	
Business mailing address line	 #1				
Dusiness maning address line					
Business mailing address line	#2				
City			State Zip Co	de + 4	
		-			
A st the designated agent and all combined members	B Taxpayer Identification Number	C Was a separate DC franchise tax return filed in the prior year?	Is the member new to the combined group?	Was gross income received from District sources?	P Does the me have nexus in
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes [
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes [
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Yes [
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Yes [
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes [
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	∏ Yes ┌

Note: If more than 14 combined members, continue list on a separate sheet of paper.



Combined Group Members' Schedule

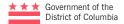
Instructions

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.

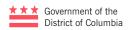


Worldwide Combined Reporting Election Form



Taxpayer Identification Number of Designated Agent	Taxable Year YYYY	Worldwide
Name of Designated Agent		Telephone number
Business address line #1		
Business address line #2		
		TTTT
City	State Zip	code +4
City	State Zip	code +4
 In accordance with the provisions of DC Official Code hereby made to report on a worldwide unitary combined 	e \S 47-1810.07 and the connection ined basis.	ombined reporting regulations, election is
A worldwide unitary combined reporting election is thereafter for a period of ten years.	binding for and applicable	to the tax year it is made and all years
It may be withdrawn or reinstituted after withdrawa request for reasonable cause based on extraordinary policy and only with the written permission from the	hardship due to unforese	en changes in DC tax statutes, law or
 Upon the expiration of the ten-year period, a taxpay election. 	er may withdraw from the	worldwide unitary combined reporting
Withdrawal must be made in writing within one year years, subject to the same conditions as applied to a second seco		lection and is binding for a period of ten
Date Beginning Tax Period: MMDDYYYY	Date Ending	Tax Period: MMDDYYYY
Authorized Circoture		
Authorized Signature		
Printed Name	Date	
Under penalties of law, I declare that the designated agent has authoriz this form and the information contained herein		

Revised 09/18



SCHEDULE SR Small Retailer 2018 Property Tax Relief Credit Important: Read eligibility requirements before completing. Print in CAPITAL letters using black ink.



THE IT ON THE ICECTS USING STUCK TIKE	
OFFICIAL USE	EONLY Vendor ID#0002
axpayer Identification Number Fill in 🔵 if FEIN Fill in 🔵 if filing a D-20 Re	eturn
Fill in if SSN Fill in if filing a D-30 Re	eturn
Enter your business name	Sales and Use Tax Account Number
Mailing address (number, street and suite number if applicable)	
City State	Zip Code +4
Address of Class 2 DC Property (number, street and suite number if applicable) for which you are claiming the cre	edit if different from above
Dity State	Zip Code +4
Certificate of Occupancy Permit Number	
If member of a Combined Group, Taxpayer Identification Number of Designated Agent	
Do not claim this credit if your qualified business is exempt from or receives any	
tax or the qualified rental retail location or the qualified owned retail location is o tax.	therwise exempt from real property
Lax.	
The credit equals the total Class 2 real property taxes paid by a qualified corpor	
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